

EFFECT OF GROUP DISCUSSIONS ON EMPLOYEE

ATTITUDES TOWARD THE AGED

by

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Chapter 1

THE PROBLEM

Introduction

The population of aged Americans is increasing. In 1960, there were 16.6 million Americans aged sixty-five or older, or 9.2% of the total population. At the time of the 1970 census there were more than twenty million Americans, sixty-five years old or older; this was 9.9% of the total population. By the year 2000, this number is expected to increase to a minimum of twenty-eight million, well over 10% of the total population (Administration on Aging, 1971).

As indicated by Brotman (1972:1), "The trend in new legislation in aging seems to include switching from 65+ to 60+, not only in regard to eligibility (which could be as flexible as possible) but also in regard to allotments and analyses and planning requirements...." Brotman uses a ratio of 1.44 to convert the 65+ population figures to 60+. Thus, including all Americans who are sixty years old or older in the aged group, the total number of aged Americans for 1970 was approximately twenty-eight million. The expected figure for the year 2000 becomes approximately forty million.

For the State of Virginia, the 1970 sixty-and-over population was slightly over 538,000, or approximately 11.6% of the total population. By the year 2000, it is expected to reach 1.5 to 2 million (Virginia General Assembly, 1974:29; and Virginia Governor's Office,

1972).

Interest in serving the aged in this country is also growing. Since the first National Conference on Aging was held in 1950, there has been a rapid growth in the delivery of services to aged Americans. This growth is evidenced by increasing numbers of social clubs for aged persons, senior citizen centers, and community programs for the aged. Government bodies at both Federal and State levels are providing for special councils and provisions to render services to aged people; by 1962, each of the states had set up an agency on aging (Neugarten and Moore, 1968:20).

Increased Federal funding has provided much of the financial support necessary for expansion of services to the growing aged population. In fiscal year 1974, the National Administration on Aging awarded \$20,204,707 for 241 grants and contracts for research, demonstrations, training, and model projects (Administration on Aging, 1974:8). Funding available under the Older Americans Act and other enactments has been steadily increasing (Virginia General Assembly, 1974).

In spite of the increasing quantity of services, the quality of services still suffers due to negative attitudes among those who deliver them. Employees in service to the aged hold some of the same stereotyped views of aged people which pervade American society. The literature contains adequate references to the need to improve attitudes of service employees. To maximize the effectiveness of services, more positive attitudes need to be developed.

A particular area where there is widespread concern about employee attitudes toward the aged is that of mental health. In the mental health facilities which provide services to the aged, employee attitude appears critical. A review of the literature revealed a great deal of recent research concerning attitudes in general, attitude change, and processes of aging. However, there was a paucity of research involving changing of attitudes toward the aged. Additional research is needed to identify specific means for changing the attitudes toward the aged of in-service employees in the area of mental health.

Statement of the Problem

The problem for this study was to determine the extent to which a series of group discussions concerning the problems and needs of the aged causes a change in attitudes toward the aged among employees of residential mental health facilities for the aged. Several questions were stated to provide objectives for the study. The central question was: Will participation in a one-day series of group discussions (based on case studies of aged people) result in a change in employee attitudes toward the aged?

A secondary question was: How do participants feel about the discussion series? Although this issue was not central to the problem under investigation, it was considered an important part of the overall examination of the instructional method.

Other questions central to the study were:

1. Are attitudes toward the aged related to the age of the

employees?

2. Are these attitudes related to employee job tenure?
3. Are these attitudes related to employee education level?
4. Are these attitudes related to the type of job position of the employees?

Importance of and Need for the Study

Meeting the increasing need for services of a growing population of aged individuals will require increased development of manpower resources. A report of the Administration on Aging (1969) revealed a shortage of manpower in service to the aged. Recent hearings before the U. S. Senate Committee on Aging (1973:117) indicated a continued widespread shortage of trained personnel and a continuing and accelerating need for personnel in the future. The call was made for additional involvement of the educational community to train additional service workers, and to further develop existing in-service employees on a continuing basis (Administration on Aging, 1973).

In a sweeping chastisement of present educational programs for service employees, Korim noted that "Manpower development efforts have generally ignored the person who must on a daily basis render services to the elderly in our communities," and that "...we find that the employees directly responsible for rendering services for the elderly have no training for the functions they perform" (U.S. Congress, 1973: 170). The Virginia General Assembly (1974:13) has also called

particular attention to this need to develop present employees in service to the aged in its report on needs of the elderly.

Numerous references were made in the literature to the negative attitudes which exist among service employees. The prevalence of negative attitudes among professionals is one of the major obstacles to the delivery of services to the aged, as noted by Verwoerdt (1973:86) and Manney (1974:3). The aged are viewed as helpless, and maintenance is stressed at the expense of rehabilitation. Kramer (1974:70) has charged that "It is also typical for staff members to be either overly concerned and sucked into a situation they cannot solve, or to distance themselves, relating to the patient as a disease or thing, rather than as a human being."

In a call for more positive attitudes toward the aged, Eisdorfer (1974:64) stated:

If you throw up your hands and say "it's hopeless," it is in fact, hopeless, because you're hopeless. So there the role of the mental health professional is clear, it's to reverse that concept. Not just by bringing in false optimism, because that's absurd, but by using professional judgment and skills. There is real potential for people at every age and stage of life. And you know the old vegetative back ward mental patient does surprisingly well when you bring him out to the front ward and bring him in contact with people who do not treat him like a vegetative back ward patient. And whether we use beer and wine or Reality Therapy of a sheltered workshop or almost anything else, it makes little difference. It's the strategy of change, intervention and improvement that appears to work. If somebody cares enough to give the very best, so will the patient. If we care little and give the very worst, the patient will respond accordingly. Patients are very, very nice people. They usually do what the doctor wants them to do and expects of them...and the nurse, and the physical therapist, and the occupational therapist, and the social worker.

Because of the barrier to the delivery of services caused by

negative staff attitudes, many of the sources which called for increased in-service training gave special emphasis to the area of attitudes toward the aged. The need for developing more positive attitudes among service employees was noted by the Group for the Advancement of Psychiatry (1971:35); the Administration on Aging (1974); the Virginia General Assembly (1974); the Alcohol, Drug Abuse and Mental Health Administration of the Department of Health, Education, and Welfare (1974); and a host of others. Eisdorfer (1974:65) stressed that the need for more positive attitudes toward the aged should not be restricted to the "mental healthier," but should be common to all, including volunteer workers, educators, and others.

This study was considered to be of value not only to the field of attitude change, but to vocational education as well. Employees of all vocations need to be positive in their attitudes toward those whom they serve. It is already well known by the vocational educator that in many cases employee attitudes need to be more positive. However, although vocational educators are concerned about how attitudes of employees and future employees can be made more positive, they seldom develop controlled assessments of interventions designed for this purpose. This study sought to investigate one approach to improving employee attitudes.

Definitions

In this study, the following definitions were used:

1. Aging - A process of change, both physical and mental,

which occurs in the individual over a period of time (Dept. of HEW, 1972:x).

2. Aged - That group of individuals who are sixty years old or older (Virginia Governor's Office, 1972).

3. Attitude - A predisposition to respond to an object (the aged) in a favorable or unfavorable way (Fishbein and Ajzen, 1974:59; Allport, 1935:10). Attitudes toward the aged, for purposes of this study are defined as the scores on the attitude instrument (Appendix G).

4. Belief - A statement about an object (the aged) with which an individual agrees or accepts (believes) (Edwards, 1957:10).

5. Group Discussion - A method of involvement in group work by talking over pertinent problems either to increase the degree of participation on the part of the students or to bring about decision-making (Good, 1973:187).

6. Myth - A belief which is not supported by fact (Manney, 1974:4).

7. Stereotype - A socially-shared belief that describes an attitude object in oversimplified, undifferentiated manner (Rokeach, 1968:124).

Procedures

This section provides an overview of the procedures followed in the study. A more detailed description is included in Chapter 3.

Three case studies about the lives of aged individuals were used as a basis for discussion. These cases depict something of the

life style of the characters, and range from seven to twelve minutes in average reading time. Forty-eight employees at each of two Virginia geriatric facilities were randomly assigned to groups of twelve. Group leaders, from outside of the institutions, were asked to be democratic in leading the discussion; that is, to give some direction to the group, but not try to dominate. The series extended for one day. At the end of the discussion series, an attitude instrument was administered to the participants and to a control group of equal size which did not participate. Any differences in scoring between the two groups was attributed to the discussion series.

Because of their potential effect on attitude scores, the following variables were considered as covariates:

1. Age of employees
2. Job Tenure of employees
3. Educational Level of employees
4. Type of Job Position of employees
5. Location (institution) of employees

Statistically controlling on these variables facilitated the isolation of the exclusive effect of the treatment on attitude. Control was achieved through the analysis of covariance.

Assumptions

To facilitate the study, the following assumptions were made:

1. Attitudes of service workers are important to the delivery of services to the aged.

2. Attitudes can be assessed using a pencil-and-paper instrument.
3. Attitudes can be changed through an educational experience.

Limitations

The following limitations should be considered in drawing conclusions from this study:

1. The service employees who participated in the workshop were employees of Virginia geriatric facilities. Generalization of findings should not be made to other service workers.
2. The two facilities were not selected at random, but were chosen as being representative of Virginia's geriatric facilities.
3. In order to isolate and manipulate one variable, only one teaching method (group discussion) was used in the workshop.
4. No follow-up observation of participants was included in the study.
5. The study did not include an analysis of why negative attitudes toward the aged exist.

Chapter 2

REVIEW OF THE LITERATURE

To establish a theoretical basis for the study, a review of the literature published in the last five years was undertaken. An intensive search for relevant studies was concentrated in the following areas:

1. Theories of Aging
2. Attitudes Toward the Aged
3. Attitude Formation and Change
4. Relation of Attitude to Behavior
5. Group Discussion in Attitude Change
6. Attitude Measurement Methods
7. Design of Attitude Change Studies

This chapter provides information related to these areas.

CONFUSION OVER DEFINITIONS

A prevalent problem in studies of the aged and the training of service employees was the confusion over terminology. As noted by Rosen (1972:x), old people are referred to as "the elderly," "the aged," "the aging," "senior citizens," and the "golden agers."

Not only were there differences in terminology, but also there was confusion about a definition of an aged person. Some defined the aged as "people who have reached a stage in life where their functions

have deteriorated." The Virginia General Assembly (1974:4) defined the aged as those who have reached an age of retirement, and stated that "the mental or physical condition of the individual is rarely of any significant importance." The most common definition was that the aged are those who have lived a specified number of years. Botwinick (1973:1) mentioned one of the two most common figures used when he noted that the law makers have defined the aged for us as those who are sixty-five years of age or older. The other commonly-used figure was sixty. This study followed the present trend (mentioned earlier) to define the aged as those who are sixty or over.

The concept of attitude was also defined differently by different authors. There appeared to be general support in the literature, however, for the definition stated by Sarnoff (1960:129-143) that an attitude is a disposition to react favorably or unfavorably to a class of objects. Allport (1935:798-884) defined it similarly, except that he labeled it as a "predisposition," instead of "disposition." Rokeach (1968:110) had this to say about the confusion over the concept of attitude:

Despite the central position of attitudes in social psychology and personality the concept has been plagued with ambiguity. As the student pores over and ponders the many definitions of attitude in the literature, he finds it difficult to grasp precisely how they are conceptually similar to or different from one another. Even more important, it is difficult to assess what difference these variations in conceptual definitions make. Most definitions of attitude seem more or less interchangeable insofar as attitude measurement and hypothesis-testing are concerned.

THEORIES OF AGING

To provide a general understanding of the study of aging, an overview of the functional and interactional approaches is presented, followed by a description of four basic models of aging. The need to stress the individuality of aged persons is also emphasized.

Functional versus Interactional

According to Rose (1968), there have been two general approaches to research in gerontology. The functional approach begins with an observation of social life among aged people; then, stated Rose (1968:188) the functional theorist will exaggerate the observation so that "...it seems to be characteristic of all persons in the category observed and then seek to demonstrate why it inevitably 'must be' and cannot be changed." Existing views of aging thus become the basis for defining the aging processes.

The second approach was the interactional, which examines the aging process based on the interactions which occur among aged individuals, and between aged individuals and others in society. The interactionist weighs cultural values and meanings, but does not consider them as universal and unchanging. Life styles of aged individuals are viewed as complex and varied, rather than equal for all.

Too many practitioners follow the path of the functionalist, assuming that the roles of the aged are set, that change is not possible (HEW, 1972:3). More educational programs are needed to

provide more enlightened, realistic views.

Four Models of Aging

Mann (1972:8), in his review of theories on aging, outlined four conceptual models of aging. The Disease model treated aging like any other long-lasting terminal disease; efforts were made to aid the individual in adapting to his deteriorated and lessened activity. This approach generated negative attitudes due to the cultural stigma attached to the sick, diseased and dependent.

The second model was labeled the Production model, in which the value of an individual was based on what he produces. Man was compared to a machine; as he became older, he produced less, became costly to maintain, and finally depreciated to the point that he had to be scrapped. Growing older was thus equated with growing dependent and worthless.

The third was the Life Crisis model. Judgment of the individual was based on his ability to cope with crises. As the individual grew older, he faced increasingly more and greater crises, and the probability increased that he would face crises that he could not handle. When he could not handle his crises, he was viewed negatively. Attention was focused on the individual, not on the social system of age barriers and forced retirement which contributed to his crises.

The fourth was the Life Cycle or Agricultural model. The life of man was compared to plant life, including the stages of

germination, incubation, development, maturation, degeneration and death. The individual was conceived to develop to fruition (prime) and then to decline progressively until he died.

Common to all four of these models was the tendency to develop stereotypes and to ignore the individual. This tendency was shared by both practitioners and lay citizens.

Need to Stress Individuality

Although there was no one theory of aging that had general acceptance, there were some views of aging which appeared to have general support in the literature. One of these supported views was that there are many forms that the aging process can take. The aging person reacts to the stresses and rewards in his environment as the unique individual that he is, rather than in any stereotyped pattern. His life style and behavior will reflect this individualism. Rather than becoming more alike as they grow older, aged individuals tend to become more individual. As noted by the United States Department of Health, Education, and Welfare (1972:2), the changes associated with age occur differently and at different times among various individuals.

In spite of the facts which demonstrate that the aged are a heterogeneous group, public misconceptions about the aged continue to exist, and people still tend to view aged people as "all alike." Perhaps one of the reasons for this is that study of aging is relatively new. In order to provide more effective and efficient delivery of services to the aged, professionals need to develop an

understanding of the individuality of the aged person, a sensitivity to his problems, and a recognition of his needs. As with any other age group, an older person who becomes ill can be helped.

NEGATIVE ATTITUDES

There was adequate documentation in the literature that negative attitudes toward the aged exist among service employees, as well as the public. This section provides a discussion of this phenomenon and some of its results.

Widespread references in American society to the aged such as "calm," "slow," "absentminded," "feeble," "dependent," and "over-the-hill" are evidence of stereotyped views of the aged. Manney (1974:3-6) provided a description of the negative attitudes of Americans toward the aged and made a case for educating service workers when he stated:

Acquisition of this substantive knowledge of aging becomes doubly important when the planner realizes that ideas, myths, stereotypes, and a distorted perspective of aging are probably the most serious obstacles to a free interchange between older people and the larger community....our society, as well as all Western societies, has tended to view aging as negative and depressing. In so doing we have foreclosed many options for older people.... Age-stereotyping is destructive for older people because it allows our casual attitudes toward age to merge with our more formal conceptions of age. Beneath all the euphemisms and unscientific prejudices, Americans view aging primarily as an irreversible biological process which systematically degrades the individual. The very word "aging" conjures up physical and biological images: gray hair, wrinkles, weakness, fatigue, bent spine, shuffling walk, sickness, pain, physical dependency. At the end of aging is death, our universal fate.

The Virginia General Assembly (1974:5) noted that "We have a tendency to consider elderly citizens as a statistic within an arbitrarily

established age group and not as individual people engaged in the natural process of growing older."

Other accounts of the myths and stereotyped thinking which is associated with the aged reported that professionals share these negative attitudes. A study by Coe (1966:1) revealed that health professionals viewed aged patients as rigid, unadaptable and slow to respond to treatment. Therapy was oriented toward custody alone. There was a feeling that senility was inevitable, that all old people became dependent and that institutionalization was final.

The Department of Health, Education, and Welfare (1972:3) identified a need for the practitioner to recognize his own bias. Practitioners have tended to project their own subjective experiences with aged relatives on to their patients, and their attitudes have tended to be negative. Further, practitioners reinforced the decreasing self-image of the older persons with whom they were dealing.

The prevalence of negative attitudes toward the aged among professional service workers is a major obstacle to the delivery of services. A report of the Administration on Aging (1974:233) pointed out that "The general complaint is that professionals treat their clients more as items to be processed than as people to be served." Older people were viewed as helpless, and too often maintenance was stressed at the expense of rehabilitation. Sulamith (1972:2) noted:

A predominant deterrent to adequate service has been the prevalence of stereotyped views of aging based on a whimsical assortment of myths, undiscerned ignorance and a range of emotional attitudes derived from the notion that it is a "waste" and "they" are going to die anyway. Teachers and students in the

service professions, and others, are often limited in both motivation and learning by such stereotyped concepts.

Clark (1968:437), in a discussion of the impact of the American treatment of the aged, stated:

The old are everywhere and more and more so. The old have never been the problem they are today because, quite simply, they were never around in such numbers as they abound today. These numerous old people would be no problem were it not for the definition of old age--the expectations, requirements, and limitations--that American culture has imposed upon this period of life.

Botwinick (1973:1) provided further support to this view when he stated that the definition of aging is 65 years of age and that "Attitudes and expectations are formed on this basis, and it would not be unreasonable to believe that many people become old because they and the world around them have accepted such a definition."

CAUSES OF NEGATIVE ATTITUDES

There appeared to be two major causes of negative attitudes toward the aged among professional service workers, and these causes have implications for attempts at change. Often they were caused by stereotypes and misinformation, and could be changed by education. Others were derived from personal conflicts and could be resolved by learning more about the aged (Group for the Advancement of Psychiatry, 1971:35).

ATTITUDE FORMATION AND CHANGE

A theoretical basis for attitude change is provided in this

section. Attitudes were frequently viewed as having three components, the cognitive, the affective and the behavioral. The cognitive component refers to the beliefs a person has about the object. The affective refers to feelings about the object. The behavioral refers to the tendency to act toward the object in a favorable or unfavorable way.

Insko (1967:345-348) pointed out that the field of attitude change is a long way from any one general theory and that..."It is apparent that existing research leaves much to be desired, both from the standpoint of methodological rigor and from the standpoint of neglected problem areas." It was the view of Triandis (1971:146) that "At the present time we can only warn the reader that attitude change is a complex area. The future is likely to give highly sophisticated models of attitude change. Until they are available, we can only give a rough map of the area."

There was a great deal of inconsistency among theorists as to how attitudes are formed and changed. Keisler (1969:345) in summarizing theories of attitude formation and change, noted that attitude change is often considered to be a cognitive process and attitude formation a simple conditioning process. Other theorists have argued that both processes occur in both formation and change, and that the formation and change processes are identical. According to Keisler (1969:345), present knowledge is inadequate to choose among these two positions. It was extremely difficult to compare the different theories on attitude change. As Keisler noted, the various

theorists do not even refer to each other, much less incorporate ideas from other theories. Eagly and Himmelfarb (1974:594) stated that:

After several decades of research, there are few simple and direct empirical generalizations that can be made concerning how to change attitudes. In fact, one of the most salient features of recent research is the great number of studies demonstrating that the empirical generalizations of earlier research are not general, but contingent on conditions not originally apparent.

In spite of conflicting theories of attitude change, there was general agreement that attitudes are learned and that they can be changed. Triandis (1971:142) pointed out that new information received from other people or through media can produce changes in the cognitive component of an individual's attitude. This position was supported by Kleg (1970). Triandis (1971:142) also noted that since there is a tendency for consistency among the components of any attitude, changes in the cognitive component will be reflected in changes in the affective and behavioral component. This was consistent with the view stated by Rokeach (1968:126,135) that an attitude toward an object is based on the set of beliefs toward that object and that attitude change is..."a change in the organization or structure of beliefs or a change in the content of one or more of the beliefs entering into the attitude organization." Thus, new information may cause a person to change or reorganize his beliefs toward the attitude object and consequently his behavior.

Another way to change attitudes was through the affective and behavioral components. That is, the stimulating of feelings (affective) about the object or the experiencing of some action

(behavioral) concerning the object can effect attitude change (Triandis, 1971:142).

RELATION OF ATTITUDE TO BEHAVIOR

Many studies have established that an individual's attitude toward an object affects his behavior toward it; the very definition of attitude recognizes this fact. One should be cautioned, however. It is obvious that there is no one-to-one correspondence between the attitude toward an object and behavior toward that object. As Triandis advised (1968:16), behavior is a function not only of attitudes, but also of norms, habits, and expectancies about reinforcement. Fishbein and Ajzen (1974:61) pointed out that although an attitude is related to the overall pattern of behavior, it is not necessarily related to any one selected behavior. This was one reason why it was often unreliable to use direct observation as a measure of attitude (Edwards, 1957). The example of the dinner guest whose attitude toward another guest of the opposite race was negative, but who behaved in a positive manner in consideration of the host, provided an illustration of this.

A concept that was often mentioned in the literature was that of "situational factors." The theory was that not only does the individual's attitude affect his behavior, but the conditions surrounding the situation also have an effect. Perhaps Rokeach (1968:126) summarized this theory best when he stated that "How a person will behave with respect to an object-within-a-situation will therefore depend, on the one hand, on the particular beliefs or

predispositions activated by the attitude object and, on the other hand, by the beliefs or predispositions activated by the situation."

GROUP DISCUSSION AND ATTITUDE CHANGE

The group discussion procedure appeared to offer particular advantages in effecting attitude change. A recommended application of this method for changing attitudes toward the aged involved the use of case studies (Group for the Advancement of Psychiatry, 1971:37). Information concerning the effectiveness of the method and the role of the group leader follows.

Effectiveness of Group Discussion Method

One advantage of the group discussion method is that it allows the learner to participate in the learning process. There is evidence that an individual is more likely to be persuaded if he participates than if he just listens to a communication. The group discussion method provides a particular advantage in that it offers the opportunity to reach the participant on all three levels - cognitive, affective, and behavioral; stimuli on any of these levels can generate attitude change. Another advantage, as Keisler noted (1969), is that many of the methodological problems are also solved if the subject (learner) is involved, so that he does not have time to look for cues of what is expected of him.

Through group discussion, individuals are able to pool their ideas and reach decisions through reflective thinking. Wagner and

Arnold (1965:7) stated that decisions from group discussion are usually based on better evidence and reason than even the most alert of us can ever reach from listening to the arguments of advocates. Group discussion elicits many ideas and views, rather than just those of one person. The process of mutual correction which occurs in groups reduces unsound assumptions.

Several studies offered promise that group discussion can be effective in attitude change. Triandis (1971:89) and Wagner and Arnold (1965:7) gave reasons for this. One reason was that the learner was active, rather than passive. Another was that he was likely to make some commitment, rather than making no commitment. A third was that he was reached on both the cognitive and the behavioral levels.

Dubois and Li (1971:22) pointed out that one application of the group conversation method was to help counteract stereotyped attitudes often found among groups of people, and to promote understanding and enrichment in such groups. Wallen and Travers (1967:482) cited five studies which provide evidence of the superiority of the group discussion method in changing attitudes and stated that:

Another purpose for which discussion techniques are advocated is that of changing attitudes, interpersonal relations, and self-concept. There is some evidence, primarily from non-school settings, that discussion methods are more effective in achieving change on these dimensions. Furthermore, it would appear that such techniques permit types of social learnings not possible in a lecture.

In a comparison of the group method and the lecture method, Flannigan (1970) found that the group method had more effect on changing attitudes and noted that "There did not seem to be any

difference in the number of times, or number of days per week a group meets, in having an effect on attitude change."

Hill (1969) indicated that in order to be effective, the discussion group must follow a plan or program and not be based on free association. Many students do not know how to proceed, unless the group leader has a method to be used by the group in discussing the topic.

Role of the Group Leader

The information which follows demonstrates the complexity of the impact of the group leader, and provides a basis for the role specified for group leaders in this study. The role of the group leader was considered to be extremely important. As Triandis (1971:168) noted, there was more attitude change when the source (group leader) was viewed as competent, attractive, and powerful, and less change when it was hostile. Credibility of the source was also important.

There are many factors that could affect the style of the group leader. Stogdill (1948:35-71) in a survey of the literature, identified five characteristics that were associated with leadership:

- 1) Capacity (intelligence, alertness, judgment)
- 2) Achievement (scholarship, knowledge, accomplishment)
- 3) Responsibility (dependability, persistence, self-confidence)
- 4) Participation (sociability, adaptability, cooperation, humor)
- 5) Status (socioeconomic position, popularity)

A study by Hare (1962:293) suggested that persons who are self-oriented tend to be more authoritarian as group leaders than the group-centered persons, who tend to be more equalitarian. The teacher-centered group may develop student hostility or withdrawal. On the other hand, the student-centered group may produce greater interaction and positive feeling.

Some group leaders emphasize the task, regardless of personal feelings of group members, while others advocate a permissive atmosphere even if it results in compromise. Gulley (1968:176) described three leadership styles that have most often been identified:

1) Authoritarian - All policy and activities are determined by the leader. His leadership is rigid and formal. He dominates the talk and any decisions that are made. He is arbitrary and autocratic, allowing minimum permissiveness. He tries to dominate, by shutting off contributions that displease him, and taking sides.

2) Laissez-Faire - The leader grants complete freedom to the group. He may answer questions, but takes no part in discussions. He does not appraise or regulate the course of events and comments only when questioned. He permits anything, prevents nothing, offers no direction or guidance.

3) Democratic - Group outcomes are the result of group discussion and group decision. The leader gives encouragement and assistance, but does not try to dominate. He tries to be fact-minded and objective in praising and criticizing. Members submit to some control and guidance in order to maintain order, efficiency, and

forward motion. However, there is a minimum of restraint and a maximum of permissiveness consistent with task productivity and positive interpersonal relations. If conflicts occur between the leader and the group, the group has its way.

Several studies have shown the laissez-faire method to be the least efficient (Lewin, 1948:81). The autocratic style was better, but did not permit enough free interaction to allow effective discussion; hostility and aggression were aroused, causing discontent. The democratic leader was most effective; there was more group-mindedness, work motivation was stronger, and teamwork and production were greatest (Gulley, 1968:179).

Wagner (1965:91) provided this description of the ideal role of the group leader:

The chairman in a discussion must lead and guide, not dictate or instruct; he should steer, not shove; he should cause the group to achieve the best that it is capable of; he should not impose his will on it except when it is for the best interests of all that some control be exerted. In the best sense, the chairman should think of himself as a servant of the group, carrying out its unspoken wishes, conserving its best interests. He must stimulate all to do their best thinking and communicating; inspire followership, organize and integrate the thoughts of those who participate, and enable the group to make optimum progress in exploring the problem before it. Such is the ideal which every leader should strive to achieve.

ATTITUDE MEASUREMENT METHODS

The literature on attitude measurement methods has stressed the use of self-report measures, to avoid the problems of direct observation measures. Keisler (1969:9) stated that attitudes are almost

universally measured by a pencil and paper instrument or verbal report, which do not include observation of overt behavior. Direct observation of behavior as an attitude measure was viewed as experimental. Although pencil and paper instruments had weaknesses, they were considered to be the best available measures of attitude. Keisler (1969:21) revealed that every theory of attitude change which he has critiqued rests on an empirical foundation of pencil and paper.

DESIGN OF ATTITUDE CHANGE STUDIES

Consideration of the following factors related to the design of attitude change studies provided a basis for the design used in this study. As pointed out by Keisler (1969:8), very few of the studies of attitude have been truly experimental; that is, they have not manipulated the single variable, but have often taken a "shotgun" approach which makes it difficult to determine which aspect of the study has caused the results. It was also revealed (Keisler, 1969:47) that the measured response in a test situation reflects the following, in addition to the underlying attitude:

- 1) Attempts at self-presentation
- 2) Characteristics of the experimental design
- 3) Characteristics of the experimenter
- 4) The measuring instrument

In self-presentation, the individual attempts to present a response that allows him to save face with the attitude tester and others in the group. To some extent, the subject responds according to what he

thinks the experimenter wants to hear.

A study by Orne (1962:777) demonstrated that subjects were more likely to be "persuaded" if they knew it was an experiment. When he asked friends to do pushups with the statement "Would you do me a favor?" he did not get compliance. But, when he asked them to participate in a short experiment and then asked them to do pushups, they all complied. When he knows he is involved in an experiment, the subject seeks cues of the response the experimenter is "looking for," just as students search examination questions for cues of what the instructor "wants" (Keisler, 1969:51). This phenomenon was referred to in the literature as the "demand characteristics" of the experiment, and was also addressed by Triandis (1971) and Insko (1967).

As a solution, an experimenter can try to conceal the intent of the experiment, or to state a purpose of the experiment that is irrelevant to the real one. A recommended procedure is to prevent the subject from knowing it is an "experiment" (Keisler, 1969:54). Triandis (1971) advised using "unobtrusive measures" and control groups.

The pretest-posttest design often resulted in subjects becoming sensitized to the test; and getting cues from the pretest that it was an "experiment" and cues of what was "looked for." This was a particular problem in attitude experiments; thus the posttest-only design has gained support.

The strong possibility of pretest-manipulation interactions poses a serious threat to external validity. This problem was

addressed by Campbell and Stanley (1963:26) and by Ary, Jacobs and Razavieh (1973), who recommended the posttest-only design to eliminate the problem. In further support of the posttest-only design, Keisler (1969:78) stated:

Use of the word attitude "change" is often mistakenly reserved for the pretest-posttest design. A posttest-only experimental design can be supplemented with a control group which receives a test at the same point in time when experimental and control groups have been treated identically. It is then correct to infer that the unmeasured pretest attitudes of experimental subjects are, within statistical limits, identical to the measured attitudes of the control group. If the posttest scores of the experimental subjects are significantly different from the test scores of control subjects, it is correct to infer that his experimental subjects indicated a significant change, even though a change score was not computed for each individual.

The reference (above) to "within statistical limits" refers to the need for random assignment. As Keisler (1969:44) and Campbell and Stanley (1963:25) pointed out, random assignment assures that the various groups were comparable before the experimental manipulation was administered. Any differences among the groups can be attributed to "something" that happened after the random assignment. Appropriate tests of significance allow one to draw conclusions from the results.

Perhaps the best discussion of the choice of design for attitude experiments was that by Insko (1967:3-6), who stated that the pretest-posttest design has been most popular in research on attitude change. The problem with this design, the possibility that exists of interaction between the pretest and experimental manipulation, was re-emphasized. This prevents generalizability to an unpretested population. Insko (1967:5) pointed out that one of the problems in

attitude research has been the tendency to use the pretest design, in spite of its shortcomings, and stated:

We really, however, need more information about the circumstances under which a pretest x persuasive manipulation interaction might or might not occur. Satisfactory and thorough evaluation of attitude change research based on before-after designs cannot be achieved until such information is possessed.

The posttest design, according to Insko (1967:5), has the advantage of "controlling for everything that the before-after design does and, in addition, not creating the opportunity for a pretest interaction to occur." Simplicity of the design was considered to be another strong point. Further, it was considered valuable in field use, since it requires so little cooperation from subjects.

Both experimenter bias and experimenter effect can cause different outcomes. Two experimenters can obtain different outcomes if their expectations (bias) differ; it is not known whether this is due to manipulation in the process of the experiment or in the behavior of the experimenter corresponding to his expectations (Keisler, 1969:54). A particular experimenter may have some idiosyncrasies (effect) which interact with conditions in the experiment to cause a given result.

There are no easy answers for controlling for the effect and bias of the experimenter. It is doubtful that the problem can be solved by having one experimenter run all conditions (Keisler, 1969: 55). He may still exhibit unconscious behaviors (such as differential smiling) which may interact with the treatments. Further, some experimenters may be overconscientious and behave such that they

actually reduce the treatment effect. Use of experimenters who are unaware of the design will not necessarily control for bias; they may develop hypotheses of their own after they become familiar with it. It would appear that the best control would be to provide replications of the experiment, using different experimenters, to improve generalizability.

The argument for using "live" experimenters, as opposed to programmed materials, was that greater impact and realism was achieved. In order to reduce bias, much of which occurs during the posttest, the posttest can be administered by someone who is blind to the experiment. If the test administrator treated the test as if it were unrelated to the preceding experiment, then the subjects may be less likely to connect the two. To reduce bias in manipulations of the experiment, the experimenters should be blind to all manipulations except their own. Further, if manipulations are administered simultaneously, using printed instructions, bias is unlikely.

The attitude test itself can contribute to the response. This pointed up the need for an instrument with demonstrated reliability and validity.

CHAPTER SUMMARY

This chapter provided a theoretical basis for conducting the attitude change study, identified variables which needed to be controlled in the experiment, and provided a basis for controlling them. Literature related to the study revealed that:

1. A current trend is to define the aged as those who are sixty years old or older (Virginia Governor's Office:1972).
2. There is general agreement that an attitude is a predisposition to respond toward a class of objects (the aged) in a favorable or unfavorable way.
3. Literature on aging evidences a general tendency in American society to form negative attitudes toward the aged due to stereotyped, mythical thinking (Manney, 1974:3-6).
4. These negative attitudes exist among professionals in the health professions, as well as among the general populus (Coe, 1966:1).
5. Negative attitudes among professionals form a major obstacle to the delivery of services (Sulamith, 1972:2; and Clark, 1968:437).
6. In spite of conflicting theories, attitudes are learned and they can be changed (Triandis, 1971:142).
7. Attitudes can be changed by presenting new information (cognitive), by generating feelings (affective), or through experience (behavioral) (Triandis, 1971:142).
8. One's attitude toward an object and one's overall pattern of behavior toward that object are related (Fishbein and Ajzen, 1974:61).
9. The group discussion method is an effective means to counteract stereotyped attitudes (Dubois and Li, 1971:22).
10. Pencil-and-paper instruments appear (at present) to be the most reliable method for assessing attitudes (Keisler, 1969:9).

11. The effectiveness of the leader in group discussions can be affected by many factors. The democratic leader is the most effective (Gulley, 1968:179).

12. The posttest-only design offers particular advantages in attitude change studies (Campbell and Stanley, 1963:26).

13. To control for experimenter effect, replication should be built into the design (Keisler, 1969:55).

14. Experimenter bias should be controlled through the use of printed instructions and by keeping the experimenters blind to all manipulations except their own (Keisler, 1969:55).

Chapter 3

RESEARCH METHODOLOGY

This study attempted to determine the extent to which a series of group discussions concerning the problems and needs of the aged causes a change in attitudes toward the aged among employees of residential mental health facilities for the aged. Through group discussion, employees participated in examining some of the problems of the aged and considered some of the myths associated with the aged. The purpose was to form more enlightened beliefs and consequently more favorable attitudes. Procedures for the study are described in this chapter, including information on the population and sample, experimental design, procedures for the intervention, instrumentation, and statistical methods.

POPULATION AND SAMPLE

The target population consisted of employees of residential mental health facilities which provide services to the aged. The accessible population consisted of employees of State-operated mental health facilities in Virginia. A description of the sample follows.

The Sample

Two residential, State-operated mental hospitals were used for the study - Catawba Hospital, Catawba, Virginia; and Southwestern

State Hospital, Marion, Virginia. These two facilities were not chosen at random, but were considered by the researcher to provide a representative sample. Two different locations (facilities) were included in the study so that an examination could be made of any differences in the effect of the treatment due to location.

The two facilities were similar in that both operated a variety of programs designed to rehabilitate aged patients. Both facilities had a staff of direct care personnel (nurses, aides, psychiatric personnel) to work directly with aged residents. A support staff of maintenance personnel, administrators and others was also found in both facilities.

The sample for the study consisted of eighty direct care and sixteen indirect care employees on the day shift (7:30 AM - 4:00 PM) at each hospital, for a sample size of 192. Direct care employees were those whose job involved direct contact with residents; indirect care employees were those who did not have direct contact with residents. Both direct care and indirect care employees were included in the study because both have important interactions with aged residents.

EXPERIMENTAL DESIGN

The study uses the posttest-only control group design as described by Campbell and Stanley (1963). The form of this design was as follows:

R	X	O_1
R		O_2

The design indicates that subjects were randomly assigned (R) to two separate groups. Only the experimental group received the treatment (X); the second group, which served as a control group received no treatment. For this study, the treatment (X) consisted of a one-day series of discussions based on cases which describe the lives of aged people. The same posttest measure (O_1 , O_2) was administered to both the control and experimental groups. The posttest measure in this study was attitude toward the aged.

This design has particular advantages in attitude change studies (Keisler, 1969:78). As noted by Campbell and Stanley (1963:8), the use of control groups and randomization controls for the following sources of invalidity:

1. History - In this study, the possibility of some concurrent event, outside of the treatment, contributing to attitude change.
2. Maturation - The effect of growth in the subject over time which may contaminate the study.
3. Testing - Effect of pretest on subsequent attitude score.
4. Instrumentation - Effect due to changes in measuring instruments or procedures.
5. Regression - Effect due to selection based on extreme scores.
6. Selection - Effect due to differential membership in treatment and control groups.

7. Mortality - Effect of loss of subjects in treatment or control groups.

8. Interaction of Selection and other factors - Effect of a combination of selection and other variables.

9. Interaction of Testing and X - Effect of sensitivity to the experimental variable due to pretest.

Since the variables of age, job tenure, education level, type of job position, and job location (institution of employment) might be related to attitude, data on these variables were collected for each employee in the sample. Using these variables as covariates, an analysis of covariance was calculated to excise their effects on the criterion (attitude score), thus allowing a more precise analysis of the exclusive effect of the treatment.

PROCEDURES FOR THE INTERVENTION

In describing procedures for the intervention, attention is given to assignment to groups, materials for discussion, group discussion procedures, and role of the group leader.

Assignment to Groups

At each of the two facilities, Catawba and Southwestern, an alphabetical list of the direct care employees and indirect care employees on the day shift was prepared and the names numbered. Using a table of random numbers, eighty names were selected from each list of direct care employees. The first name of the eighty was assigned to

the control or experimental group, based on the flip of a coin. The remaining seventy-nine were assigned to the control or experimental group on an alternating basis. A similar randomization procedure was followed for the indirect care personnel. Random assignment was used to control for the possibility of selection into groups, and to allow any resulting differences to be attributed to the treatment. The randomization is indicated in Table I.

Table I

Randomization of Sample at Each Institution

	Group	
	Treatment	Control
Catawba:		
Direct Care	40	40
Indirect Care	8	8
	<u>48</u>	<u>48</u>
Southwestern:		
Direct Care	40	40
Indirect Care	8	8
	<u>48</u>	<u>48</u>
Total	96	96

Employees in the experimental group participated in a one-day training session consisting of a series of group discussions. The session was confined to one day to control for the possibility of history and interaction effects. Within the experimental group, employees were randomly assigned to four discussion groups of twelve each, as indicated in Table II.

Table II

Random Assignment to Discussion Groups

	Discussion Group							
	1	2	3	4	5	6	7	8
Catawba	12	12	12	12				
Southwestern					12	12	12	12

The session was conducted at the respective institutions in classroom facilities used for regular in-service training programs.

Members of the control group did not participate in the training session. To control for the Hawthorne effect, the session was not labeled as "experiment," but was treated as any other in-service training session. The employees who did not participate with the experimental group received the same training following the experimental group.

Materials for Discussion

Participants were provided with a selection of case studies (see Appendix A) which describe actual experiences of aged people. These cases were developed by Sulamith (1972), and incorporate the recommendations of fifty-four judges, including professionals in the field of aging, students of several service professions, and aged people. The judges made recommendations not only concerning the cases' relevance to learning about aging, but also concerning authenticity and emotional impact. The cases were designed to provide a broad perspective on aging in an attempt to reduce stereotyped views, and were designed for use in education to the service professions. One of the purposes was to develop more realistic views, to create an awareness of the need to provide more relevant services, and to stimulate sensitivity to the rights and needs of aged individuals.

The use of such cases has several advantages:

- 1) It provides a common experience for group interaction.
- 2) It allows the student to relate the characters in the story to characters he has known personally.
- 3) It relates details and facts that are often missed in real life.

These cases provided an effective overview of life among the aged. However, they did have limitations; they have not been tested for effectiveness in achieving attitude change, although Sulamith (1972:16-17) does offer testimonials from several people who have changed their stereotyped thinking as a result of reading the cases.

Another limitation was that the characters in the cases tended to be of lower middle and working class background; they were urban dwellers, rather than rural; and some ethnic minorities were not specifically portrayed (Sulamith, 1972:18).

Group Discussion Procedures

Subjects were asked to read and discuss the cases, one at a time. A list of questions was provided to facilitate discussion (Appendix B); each participant was given a copy of the questions by the group leader. The discussion questions were based primarily on the content of the cases, but some were adapted from a list of questions developed by the Department of Health, Education, and Welfare (1974:48) for use in discussion of attitudes toward aging; and from a list developed by Hill (1969) for use in structuring an effective discussion session.

It was conceivable that the discussion might become deeply involved in one case and continue into the following discussion periods, rather than moving on to the next case. Because of the need to stress the individuality of the aged person, group leaders were asked to move on to the next case at the beginning of each discussion period, even if the discussion of the previous case had not been terminated. This allowed the participants to examine several different characters (aged individuals) presented in the cases.

Role of the Group Leader

Group leaders were instructed to use the first ten minutes to

introduce themselves and to have each participant introduce himself. The training session then followed the schedule in Appendix F. Because the sequence in which the cases were discussed could possibly affect group outcome, the sequence was specified on the schedule, rather than allowing each group leader to establish his own sequence. The group leaders were asked to administer an evaluation instrument (Appendix E) after the last discussion period, and to assemble the groups for a "staff development inventory." The attitude inventory was administered in the guise of a "staff development inventory" by a member of the hospital staff. Neither the group leaders nor the test administrator knew that the training session and the test were related.

Since so many factors could affect the style of leadership exercised by the group leader, individuals from outside the hospitals were used as group leaders and their roles specified; a total of eight group leaders were used, four at each location. Selection criteria were minimal; the only requirements for the group leaders were that they have experience in leading group discussions and experience (personal or professional) relating to the aged. The instructions to group leaders (Appendix C) called for them to be democratic and were based on the leader duties described by Wagner and Arnold (1965:92) and on Gulley's description of the democratic leader (1968:176).

The study did not directly control the effect of the group leaders. However, participants were asked to indicate the style of leadership exercised by the group leader, using the form provided in Appendix D. The results of this rating were used for descriptive

purposes to indicate whether or not group leaders in the study led their respective groups in a democratic manner.

INSTRUMENTATION

To provide data necessary to the analysis of the experiment, an instrument relating to the role of the group discussion leaders, an attitude instrument and employee information form, and a workshop evaluation instrument were used. A description of these instruments follows.

Instrument to Assess Role of Group Leaders

In view of the importance of the role of the group leaders, it was considered important that the general behavior of these leaders should be revealed in the study. Since no suitable instrument for this purpose was identified in the literature, one was developed (Appendix D). The form contains three relatively simple statements, from which the participant can choose one to describe the leader in his group.

Discussion Series Evaluation Instrument

To obtain the participants' evaluation of the value and adequacy of the discussion series, a workshop evaluation instrument developed by Kropp and Verner (1957:215) was used (Appendix E). The instrument appeared to have great potential in permitting comparisons of different types of educational activities, because of its generality. The method of construction of the instrument followed the procedure of Thurstone and Chave (1929). Selection of the items on the instrument

and the computation of scale values for each item were based on the ratings of seventy judges who were chosen at random (Kropp and Verner, 1957:213).

Attitude Inventory and Employee Information Form

The attitude inventory (Appendix G) consisted of 137 statements related to old people. Respondents were asked to indicate whether they agree or disagree with each statement by circling either "yes" or "no." In scoring the instrument, a value of 1 is assigned for each yes answer. Since all items are negative, a lower score represents a more favorable attitude; a higher score represents a less favorable attitude. Scores approach an interval level measurement; that is, one may specify distances between numbers, but there was no absolute zero as on the ratio level. The inventory was developed by Tuckman and Lorge (1953: 249-260), and reliably yields a measure of an individual's general attitude toward the aged, having a test-retest reliability measure of .96. As noted by Shaw and Wright (1967:462-3), the inventory was not reliable on sub-components of attitude; thus, sub-component scores are not presented in this study. A review by Shaw and Wright (1967:462-3) of validity measures on the inventory indicate that it has adequate validity for use in attitude change studies.

An Employee Information Form (Appendix G) was used to collect the following data for each individual in the sample:

1. Type of Job Position

2. Age
3. Education beyond high school
4. Tenure

This form was attached as a cover sheet for the attitude inventory.

STATISTICAL METHODS

To facilitate the analysis of data, the following statistical hypotheses were stated:

1. $H_0 : \mu_1 = \mu_2$
 $H_1 : \mu_1 \neq \mu_2$

where μ_1 was the mean criterion score of the group of employees who participated in the discussion series, and μ_2 was the mean score of the group of employees who did not participate. The criterion score was the score on the attitude instrument.

2. $H_0 : \rho_{ay.tejlr} = 0$
 $H_1 : \rho_{ay.tejlr} \neq 0$

where $\rho_{ay.tejlr}$ represents the population correlation coefficient between variable a (age) and variable y (attitude), after partialing out the effects of t (tenure), e (education level), j (type of job position), l (location), and r (treatment).

3. $H_0 : \rho_{ty.aejlr} = 0$
 $H_1 : \rho_{ty.aejlr} \neq 0$

where $\rho_{ty.aejlr}$ represents the population correlation coefficient between variable t (tenure) and variable y (attitude), after partialing

out the effects of a (age), e (education level), j (type of job position), l (location), and r (treatment).

$$4. H_0 : \rho_{ey.atjlr} = 0$$

$$H_1 : \rho_{ey.atjlr} \neq 0$$

where $\rho_{ey.atjlr}$ represents the population correlation coefficient between variable e (education) and variable y (attitude), after partialing out the effects of a (age), t (tenure), j (type of job position), l (location), and r (treatment).

$$5. H_0 : \rho_{jy.atelr} = 0$$

$$H_1 : \rho_{jy.atelr} \neq 0$$

where $\rho_{jy.aejlr}$ represents the population correlation coefficient between variable j (type of job position) and variable y (attitude), after partialing out the effects of a (age), t (tenure), e (education level), l (location), and r (treatment).

$$6. H_0 : \rho_{ly.aejtr} = 0$$

$$H_1 : \rho_{ly.aejtr} \neq 0$$

where $\rho_{ly.aejtr}$ represents the population correlation coefficient between variable l (location) and variable y (attitude), after partialing out the effects of a (age), e (education level), j (type of job position), t (tenure), and r (treatment).

Several statistical methods were utilized in testing the hypotheses. The data were analyzed by computer, using the equipment available in the Computer Center of Virginia Polytechnic Institute and State University. Computer programs utilized in the analysis were:

1. BMD03R - Step-wise Multiple Regression with Case Combinations, available in the Computing Center.

2. MANOVA - Multivariate Analysis of Variance, available from the Office of Educational Research, College of Education, Virginia Polytechnic Institute and State University.

Before testing the first hypothesis to determine if a difference existed between the treatment and control group, the mean criterion scores (attitude scores) for the two groups were adjusted. Multivariate analysis of covariance was used to make this adjustment. As Popham (1967:223) indicates, analysis of covariance is an extension of the analysis of variance which allows the researcher to statistically equate the groups with respect to one or more variables which are relevant to the dependent variable. It allows one to study groups which are unequal on an important variable as though they were equal in that respect. Any number of variables may be adjusted so that they do not confound the analysis of the independent-dependent relationship being studied. Analysis of covariance determines the magnitude of the relationship between the control variables (covariates) and the criterion variable and then statistically readjusts each criterion score, to compensate for any control variable disparity existing between the groups. Analysis of variance was then used to test for differences in adjusted means (Popham, 1967:225). Covariates used were age, tenure, education level, type of job position, and location.

Partial correlation coefficients were computed to test the hypotheses concerning the relationship of age to attitude, tenure to

attitude, education to attitude, type of job position to attitude, and location to attitude. The partial correlation technique allows the researcher to control the effect of one or more variables while examining the relationship between two other variables. That is, it allows one to study the relationship of variable x to variable y after ruling out the effect of variable z (Popham, 1967:94). It was possible to control the influence of any number of variables in this manner, partialing out or holding constant the effects of such variables while studying any two.

For purposes of testing each hypothesis, a .05 α level was established. All tests used in the study were appropriate for the interval level scores used in the analysis (attitude score). Critical values for the statistics used in the study are summarized in Table III. Critical values of F used in this study were derived from a table of F values by Ferguson (1971:452). Critical values of the partial correlation coefficients were derived from a table of critical values of correlation coefficients (Ferguson, 1971:457).

Table III

Critical Values for Statistics Used in the Study

Statistic	Degrees of Freedom	Critical Value at .05 Level
Analysis of Variance	1 and 185	3.90
Partial Correlation	185	.195

Chapter 4

ANALYSIS OF DATA

The primary purpose of the study was to determine whether or not a series of group discussions concerning the problems and needs of the aged causes a change in attitudes toward the aged among employees of residential mental health facilities for the aged. This chapter describes the analyses of the data. Statistical tools used in the analyses were the one-way analysis of variance, multiple classification analysis of covariance, and partial correlation. Analyses include a comparison of treatment and control groups on attitude; relationships of age, tenure, education level, type of job, and location to attitude; the role of group leaders; and attitudes of participants toward the discussion series.

Comparison of Treatment and Control Groups on Attitude

An attitude inventory was completed by each individual in the sample. Individual attitude scores are listed in Appendix H. Mean scores and adjusted mean scores for the treatment and control groups are presented in Table IV.

Prior to testing the hypothesis that no difference exists between the two groups on attitude, the mean scores were adjusted through the analysis of covariance, using the following five covariates:

1. Age
2. Tenure
3. Education Level
4. Type of job position
5. Location

Table IV

Mean Attitude Scores by Group

<u>Group</u>	<u>Mean Score</u>	<u>Adjusted Mean Score</u>
Treatment	60.385	60.068
Control	71.625	71.942

The analysis of covariance adjusts the means of the two groups to compensate for differences between the groups in regard to the control variables (covariates). The general model (Dixon, 1973:707) for the analysis has the form

$$y = \mu_1 + \beta_1(x_1 - \bar{x}_1) + \dots + \beta_p(x_p - \bar{x}_p) + e$$

In step 1, the group means and group sums of cross-products were computed using the equations

$$m_{ik}^{(j+1)} = m_{ik}^{(j)} + d_k$$

$$w_{ik_1k_2}^{(j+1)} = w_{ik_1k_2}^{(j)} + j(j+1)d_{k_1k_2}$$

$$d_k = \frac{(x_{i, j+1, k} - m_{ik}^{(j)})}{j+1}$$

Covariances were estimated by

$$\hat{\text{cov}}(x_{k_1}, x_{k_2}) = w_{ik_1k_2} / (n_i - 1)$$

In step 2, the grand means, the between group sums of cross-products, the pooled within group sums of cross-products, and the total sums of cross-products were given by

$$m_k = \frac{1}{n} \cdot \sum_{i=1}^g n_i m_{ik}$$

$$b_{k_1k_2} = \sum_{i=1}^g n_i (m_{ik_1} - m_{k_1})(m_{ik_2} - m_{k_2})$$

$$w_{k_1k_2} = \sum_{i=1}^g w_{ik_1k_2}$$

$$\tau_{k_1k_2} = b_{k_1k_2} + w_{k_1k_2}$$

$$n = \sum_{i=1}^g n_i$$

The between, within and total covariance matrices were obtained by dividing $(b_{k_1k_2})$, $(w_{k_1k_2})$, $(\tau_{k_1k_2})$ by their degrees of freedom, $g - 1$, $n - g$, and $n - 1$, respectively.

In step 3, the regression coefficients were estimated by

$$\hat{\beta}_{k_1} = \sum_{k_2} w_{k_1k_2}^{-1} w_{k_1k_2}^{-1} \rho + 1$$

The estimates of the adjusted group means were given by

$$\hat{\mu}_1 = m_{i, p} + 1 + \sum_{k=1}^p \hat{\beta}_k (m_k - m_{ik})$$

The one-way analysis of variance was calculated on the adjusted mean attitude scores for the treatment and control groups. This method involves the steps specified by Dixon (1974:601), and outlined as follows:

1. The Within Sum of Squares = $s_w = \sum (x_{ij} - \bar{x}_i)^2$
 The Within Degrees of Freedom = $n - k - 5$
 The Within Mean Square = $m_w = s_w / (n - k - 5)$
2. The Between Sum of Squares = $s_b = \sum n_i (\bar{x}_i - \bar{x}_1)^2$
 The Between Degrees of Freedom = $k - 1$
 The Between Mean Square = $m_b = s_b / (k - 1)$
3. Total Sum of Squares = $s_w + s_b$
 Total Degrees of Freedom = $(n - k) + (k - 1) - 5 = n - 1 - 5$
4. F Ratio = m_b / m_n

Results of the analysis of variance are presented in Table V.

The F ratio for treatment effects exceeded the critical value at the .05 level (critical value = 3.90). Thus, the hypothesis

$H_0 : \mu_1 = \mu_2$ was rejected.

Table V

Analysis of Variance of Adjusted
Attitude Scores by Group

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F
Between Groups	6668.250	1	6668.250	17.389*
Within Groups	70944.875	185	383.486	
Total	77613.125	186		

* p < .001

Relationships of Age, Tenure, Education Level, Type of Job, and Location to Attitude

Partial correlations were computed and tested to determine the relation of age, tenure, education level, type of job, and location to attitude. The partial correlation of each of these variables to attitude gave a measure of the relation between each variable and attitude while holding the effect of the other variables constant.

The partial correlations were computed using the formula provided by Dixon (1973:340):

$$R_i = \frac{-r_{i, Q+1}}{\sqrt{\frac{1 - r_{i, Q+1}^2}{1 - r_{i, Q+1}^2}}} \quad i = 1, \dots, Q$$

These correlations are presented in Table VI.

Table VI

Partial Correlations of Specified Variables
to Attitude

Variable	Partial Correlation Coefficient
Age	0.23865*
Tenure	0.01538
Education Level	-0.30748**
Type of Job Position	0.03880
Location	-0.15124
Treatment	-0.29312**

* $p < .05$

** $p < .01$

In testing the significance of the partial correlation coefficients, the degrees of freedom were calculated using $(n - 2) - 5$. Degrees of freedom for testing a correlation coefficient would be determined by taking the sample number minus two. For partial correlation coefficients one additional degree of freedom is lost for each covariate used in the calculation (in this case 5). Degrees of freedom for the test of each coefficient were $192 - 7 = 185$.

The critical value of the correlation coefficient at the .05 level with degrees of freedom of 185, using a two-tailed test, was

.195. This was determined from a table of critical values of the correlation coefficient (Ferguson, 1971:457).

In examining the correlation of each of the five variables (age, tenure, education level, type of job, and location) to attitude, the effects of the other four variables of the five were held constant through the partialing procedure; the effect of treatment was also partialled out.

The partial correlation of age to attitude was 0.23865. This exceeded the critical value at the .05 level; thus, the hypothesis $H_0 : \rho_{ay.tejlr} = 0$ was rejected.

The partial correlation between tenure and attitude was not significant and the hypothesis $H_0 : \rho_{ty.aejlr} = 0$ was not rejected.

The partial correlation of education level to attitude was -0.30748. This exceeded the critical value at the .05 level. The hypothesis $H_0 : \rho_{ey.atjlr} = 0$ was rejected.

The partial correlation of type of job position to attitude was not significant, so that the hypothesis $H_0 : \rho_{jy.aejlr} = 0$ was not rejected. The partial correlation of location to attitude was also not significant and did not support the rejection of the hypothesis $H_0 : \rho_{ly.aejtr} = 0$.

Analysis of the Role of Group Leaders

Each participant in the discussion series completed a form which indicated his assessment of the role behavior of the group leader for his group. This form is shown in Appendix D. The number

of participants making each of the three possible responses are presented in Table VII.

Table VII

Assessment by Participants of
Role Behavior of Group Leaders

Response	Number of Participants Making Response by Group							
	1	2	3	4	5	6	7	8
The group leader gave encouragement and guidance but did not try to control the talk and any decisions made by the group	12	12	10	11	12	12	11	11
The group leader tried to control the talk and any decisions made by the group	0	0	2	1	0	0	1	1
The group leader allowed complete freedom, offering no direction or guidance	0	0	0	0	0	0	0	0

As indicated in Table VII, a majority of participants in each group rated the group leader's behavior as democratic; that is, as having provided encouragement and guidance but not having tried to control the talk and decisions made by the group.

Analysis of Attitudes of Participants
Toward the Group Discussion Series

A workshop evaluation instrument developed by Kropp and Verner (1957:215) was used to assess participants' attitudes toward the discussion series. The instrument is shown in Appendix E. The participant checked those statements that he considered to be descriptive of the workshop (for example, "Exactly what I wanted.") Using the score values for each item, an overall rating of the workshop for each individual was calculated; this data is presented in Table VIII.

Table VIII

Participants' Attitudes Toward
the Discussion Series

	<u>Discussion Groups</u>							
	1	2	3	4	5	6	7	8
Ratings	2.39	2.76	2.39	2.05	3.11	2.09	2.53	2.50
	2.53	2.80	3.32	2.76	3.35	2.53	2.80	2.53
	2.80	3.23	3.32	2.80	3.35	2.80	3.07	2.66
	2.80	3.33	3.38	2.93	3.35	2.81	3.07	2.80
	3.07	3.35	3.54	3.07	3.36	2.92	3.08	2.80
	3.28	3.38	3.56	3.28	3.37	3.07	3.08	3.11
	3.35	3.64	3.59	3.32	3.38	3.08	3.18	3.38
	3.54	3.64	4.18	3.59	3.38	3.32	3.23	3.74
	3.85	3.85	4.80	3.61	3.38	3.32	3.38	3.88
	4.27	3.85	5.30	3.64	3.76	3.38	3.38	3.89
	4.80	4.13	5.30	3.88	3.88	5.36	3.64	3.98
	6.81	5.07	5.43	4.90	5.62	7.64	6.10	4.68
Mean Rating	3.62	3.59	4.01	3.32	3.61	3.53	3.38	3.33

A mean rating for each discussion group was calculated and is shown in Table VIII. The grand mean rating of the discussion series by all participants was 3.55. The highest possible rating on the instrument of 1.13 would indicate that the experience was one of the most rewarding the participant ever attended. Assignment of the lowest possible rating of 10.89 would indicate that the experience was a complete waste of time. A median rating of 5.3 would indicate that the experience was fair. The mean rating of 3.55 in this case indicates that the participants as a whole considered the discussion series to be an above average educational experience. They considered it to be helpful and to have served its purpose. These interpretations are based on the guidelines provided by Kropp and Verner (1957:214) for using the evaluation instrument.

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the study, conclusions based on the results of the study, and recommendations for further study.

Summary

The major objective of this study was to determine the effect of a series of group discussions concerning the problems and needs of the aged on attitudes toward the aged among employees of residential mental health facilities for the aged. The central question for the study was: Will participation in a one-day series of group discussions (based on case studies of aged people) result in a change in employee attitudes toward the aged? A secondary question was: How do participants feel about the discussion series? Other questions central to the study were:

1. Are attitudes toward the aged related to the age of the employees?
2. Are these attitudes related to employee job tenure?
3. Are these attitudes related to employee education level?
4. Are these attitudes related to the type of job position of the employees?

A one-day group discussion series was conducted, using three case studies about the lives of aged individuals. These case studies

were developed to mitigate stereotypes associated with the aged.

The sample investigated in the study consisted of 192 employees of two Virginia mental health institutions serving the aged. At each location, forty-eight employees were randomly assigned to a treatment group to participate in the discussion series, and forty-eight to a control group which did not participate.

Participants were randomly assigned to eight discussion groups, four at each location. Group leaders (one for each discussion group) came from outside the two institutions, and were selected on the basis of having had experience in leading group discussions and experience relating to the aged.

At the end of the discussion series, an attitude instrument was administered to the participants and to the control group, to provide a measure of attitudes toward the aged. Those who participated in the discussion series completed two other instruments:

1. An instrument to indicate their evaluation of the value and adequacy of the discussion series.
2. A form to indicate the role behavior exercised by the discussion group leaders.

Mean attitude scores were computed for the treatment and control groups. Using age, tenure, education level, type of job position, and location as covariates, analysis of covariance was utilized to compute adjusted means of 60.038 for the treatment group and 71.942 for the control group. Analysis of variance was then utilized to test whether a difference existed between the two groups

in regard to attitude, with the α level set at .05. The F-ratio was significant.

To examine the relation of each of the five variables of age, tenure, education level, type of job position, and location to attitude, the effects of the other four were held constant through the procedure of partial correlation. The effect of treatment was also partialled out. In testing the partial correlations an α level of .05 was established and a two-tailed test was used in each instance. The partial correlations of these variables to attitude were:

1. Age	0.23865*
2. Tenure	0.01538
3. Education	-0.30748*
4. Type of Job Position	0.03880
5. Location	-0.15124

The partial correlations of age to attitude and education level to attitude were significant. The partial correlations of tenure to attitude, type of job position to attitude, and location to attitude were not significant.

Conclusions

Based on the results of this study, the following conclusions were drawn:

1. The discussion series did result in a change in attitude toward the aged among participants. As noted by Keisler (1969:78), the use of randomization allows one to infer that unmeasured pretest attitudes of experimental subjects are identical to those of control

subjects, and that differences in posttest scores indicate a change. Analysis of covariance was used to adjust the mean scores for the treatment and control groups, resulting in adjusted means of 60.038 and 71.942, respectively. The average score for participants was more than eleven points less than that for non-participants. This lower scoring represents more favorable attitudes toward the aged due to the treatment. This outcome was consistent with research indicating that new information about an object can produce a change in attitude toward that object (Triandis, 1971:142). It tended to support the position of the Group for the Advancement of Psychiatry (1971:37) that the use of case studies and group discussion is useful in achieving attitude change. It also was consistent with the evidence cited by Dubois and Li (1971:22), Wallen and Travers (1967:482), and Flannigan (1970) that the group discussion method is effective in attitude change.

2. Older employees tended to have less favorable attitudes toward the aged than younger employees. There was a partial correlation of 0.23865 between age and attitude, significant at the .05 level. In order to interpret this correlation coefficient in terms of variance, the coefficient was squared. The square of 0.23865 was 0.05695, indicating that only 0.05695 of the variance in attitude was explained by (or predictable from) the variance in age. Even though the correlation was significant, it was still relatively low; that is the strength of the relationship was not great.

3. More highly educated employees tended to have more

favorable attitudes toward the aged than less educated employees. The partial correlation between education level and attitude was -0.30748 , significant at the .05 level. The square of -0.30748 was 0.09454 , indicating that only 0.09454 of the variance in attitude was explained by the variance in education level. Here again, the strength of the relationship was not great.

4. The data did not indicate any significant relationship between tenure and attitude, between type of job position (either direct care or indirect care) and attitude, and between location and attitude. The partial correlations were 0.01538 , 0.03880 , and -0.15124 , respectively, each of which was not significant at the .05 level.

5. In their evaluation of the discussion series, the participants rated it above average, considering it to be helpful and to have served its purpose. This indicated that the employees welcomed this educational experience as worthwhile and rewarding.

6. A majority of the participants in the discussion series rated the group leaders' behavior as democratic; that is, as having provided encouragement and guidance but not having tried to control the talk and decisions made by the group. Evidence cited by Gulley (1968:179), Lewin (1948:81), and Wagner (1965:91) indicated that democratic group leaders are more effective in contributing to the purposes of the group. Results of the discussion series may be different if non-democratic leaders are utilized.

Recommendations for Further Study

This study supports the contention that a series of group discussions of the needs and problems of the aged can result in a change in attitude toward the aged among employees who serve the aged. The following recommendations for further study are offered:

1. It appears that the most productive investigation to extend the present study might be to perform followup studies to determine how stable such change in attitude actually is over time. Although a change has occurred, it may be only a temporary phenomenon. Reassessments of attitude at a later date would be valuable in this regard.

2. Followup analyses of job performance would not only indicate if the change is lasting, but would help to define exactly what the change means. In this study, participants' attitudes were made more favorable as measured by an eleven-point improvement on an attitude instrument. Even though the instrument reliably reflects attitude, it does not indicate precisely how much this improvement is worth in terms of changed behavior toward the aged. Since there is a tendency for consistency among the cognitive and behavioral components of attitude (Triandis, 1971:142), it may be reasonable to expect a subsequent improvement in behavior toward the aged. However, only an examination of employee behavior following the improvement can yield information necessary to make this determination.

3. Further study is needed to more clearly identify those

variables which contribute to attitudes toward the aged. The computed correlations of the variables of age, tenure, education level, type of job position, and location of employment to attitude are reported in this study. All of these correlations were relatively small and should not be used for purposes of prediction. The greatest value of computing such correlations on variables which may bear a relation to attitudes toward the aged, however, is in their potential for explaining the phenomenon of attitude.

4. Studies using other populations of employees in service to the aged would be valuable. The findings of this study would apply only to employees of similar facilities for the aged.

5. Finally, there is an extreme paucity of research in regard to attitudes toward the aged, particularly in regard to changing such attitudes. This lack of research makes it difficult to cross-validate the findings of the present study. In view of this, a replication of this study within the same target population would be in order.

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APPENDIXES

APPENDIX A: CASES FOR DISCUSSION

Case #1

AUNT BECKY

by Shura Saul

"Listen, Aunt Becky," Rita said seriously. "I want you to think about moving to another apartment. Your legs aren't getting any better -- you have to stop climbing three flights of stairs."

Becky Brown stirred impatiently. "Where will I move?" she retorted with some anger. "Here I'm paying \$65 a month for four rooms. Where will I get such a low-rent apartment? I can't afford to pay any more than that. Besides, your Uncle Bob wouldn't be happy anywhere else. I know he'll give me a hard time if I say I want to move."

Rita sighed as she looked around the dingy, old apartment. Aunt Becky had done her best to make it cheerful. Prints and pictures rested, somewhat crookedly, against the dirty walls; magazines in gay colors were stacked untidily on the bookshelves. Although she had no children of her own, Aunt Becky has been a baby nurse. The house was cluttered with snapshots of "her babies" -- at all stages of their development, from infancy to marriage. She had retained contact with many of the families for whom she had worked. It has been a happy job, helping the young mothers care for their newborn babies; teaching them the small practical things that made mothering more fun, less burdensome. Aunt Becky had taken no courses -- but she had brought the folk lore and lessons of a lifetime of hard work. And she always had

APPENDIX A: (Continued)

a joke or story to drive the lessons home. Her apartment bore a happy, lopsided grin -- much like her own easy, hearty laughter.

But the window blinds were dusty . . . the windows streaked with dirt . . . the paint peeling . . . the faded old curtains beginning to tear. Aunt Becky's housekeeping was severely limited by her increasing and numerous physical infirmities.

Becky followed her niece's eyes around the room. "I know," she said, "it looks pretty rundown to you, but to Uncle Bob and me, it's home."

"But -- Aunt Becky --."

Becky interrupted. "Okay, okay, my dear," she said, "I promise to think about it."

Uncle Bob had retired years ago. That is, he had been retired. They let him work until he was 80 years old. (How much longer, they had said to him, did he think they'd be able to keep him?) He was almost 90 now. A thin, wiry man -- he had kept up his own morale by the simple expedient of refusing to alter his lifelong daily routine. He would leave the house each morning to go "downtown" -- even though he had no job to go to. He spent his days in the public squares, the parks, sometimes a library or a movie. He would dawdle, over an occasional beer -- or a very long-lasting cup of coffee in the automat. Then in the late afternoon he'd return home, just as if he'd been to his job.

This suited Becky -- for it left her free to continue her own

APPENDIX A: (Continued)

busy, active routines as housewife, club member, relative and friend. Becky had her capable hand in lots of things. Many people enjoyed her warm, hearty company and counted on her kind help when it was needed. Of course, now her activity was curtailed by her stubbornly painful feet. She was able to go out less and less. She used the telephone more and more. But she still commanded her own life -- firmly, loudly, and with humor.

That same evening, however, Bob was late. Becky waited nervously for him . . . her anxiety increasing as afternoon grew into dusk and then evening. There was nowhere to telephone. Nothing to do to ease the nagging fear in her breast. She sat at the window, looking down into the street.

The young policeman who knocked at the door made Becky feel very old indeed. He had brought Bob home. Bob, who had wandered for hours, having taken the wrong subway and lost his way. He'd been mugged, rolled, robbed and ridiculed -- and he staggered into Becky's arms weeping and cursing. The young policeman suggested politely that she not let him out alone anymore. "You better watch him, ma'am," he told her, "he might get hurt worse the next time."

She calmed Bob, fed him, bathed him, and put him to bed like one of her babies. But there was no sleep that night for Becky. She lay awake thinking long and hard. If Bob couldn't find his way home here -- what would happen to him if they ever moved to a new home?"

No, Becky decided, as the first fingers of dawn pushed her into

APPENDIX A: (Continued)

the next day, we're not moving from this house. Steps or no steps. Feet or no feet. If I have to be dragged up on a pulley, we will not move.

In vain Rita argued. In vain, she pointed out that if they would move to a housing project with an older adult center, Becky and Bob would both find friends . . . new things to do . . . Bob wouldn't feel he had to go "downtown" each day.

"Apply now," Rita implored. "You may have to wait a year to be placed."

But Becky had made her decision and nothing would change it.

Even though Bob became increasingly disoriented.

Even though her own legs sometimes refused to move another step. (Sometimes, when no one was looking, Becky would sit her huge bulk on the landing and gently slide down a few steps at a time -- holding on to the railing -- just to avoid standing on her feet.)

She was very careful to take excellent care of herself, for she knew Bob's life depended on her ability to function.

When Rita was called to the hospital, she found that Aunt Becky had broken a hip. Bob was devastated. Cousins and nieces rallied around to help care for him while Aunt Becky stayed in the hospital for the necessary surgery. When she was ready to be discharged, she wouldn't hear of going to a rehabilitation center. She took the walker, and went home to be with Bob. Rita never did know how she got up those three terrible flights of stairs. Subsequently,

APPENDIX A: (Continued)

however, when she was summoned by the doctor for follow-up visits at the hospital clinic, the hospital social service department sent an ambulance with two men who would carry her down, and then up again.

She was indomitable. Day after day she sat in her living room, leaning on the walker, issuing clear demanding orders to her various helpers. She joked, she laughed, and she dictated.

Only at night, she wept. Wept and worried -- for she knew Bob had cancer, and that she herself wasn't well. What would become of them?

Finally the doctor told her that if she wanted to live and care for Bob, she better undergo serious surgery. That was when she reopened the discussion with Rita.

"What are my alternatives?" she asked. "I'm beginning to feel that I can't manage our lives anymore. And I can't watch over Bob. He's been losing his way . . . he's been mugged three times."

Rita hesitated. Things had become quite difficult by now. Family members, themselves with home problems, were travelling from all over the city to help. The Department of Social Service provided a part-time domestic worker . . . but there were thousands of additional small chores for which she had no time. Time was running out. It no longer seemed reasonable to apply to housing . . . a year, at this point, seemed too long to wait.

Yet, it's pretty tough to tell your favorite aunt, who had helped you with your own four babies . . . and shared your joys in

APPENDIX A: (Continued)

their growing up . . . to apply to an institution.

Becky spared her. With a deep sigh, she asked, "How long do you think I'll have to wait if I apply to the home for the aged?"

Rita helped her with the forms, the telephone calls, the home visits from the caseworker. The process lasted several months. Finally, Mr. and Mrs. Brown received formal notice to report for an interview with Mr. Johnson, an admitting social worker, and for their physical and psychiatric examinations.

The Home for the Aged was a solid old building. It stood on a hilltop overlooking what had once been a pocket of quiet in the growing city, but now the center of a noisy, crowded, very poor ghetto community. On this gloomy day, the building looked like a monolithic gray mass against the clouded sky. The indoor hallways were in tones of gray -- unrelieved today, by a single ray of sunshine. The building was quiet. A few old people shuffled softly about in the lobby. White-coated staff members walked about briskly, laughing and chatting with each other, often in brittle rapid Spanish.

Rita, Becky and Bob were greeted by Mr. Johnson and ushered into his office. The interview went pleasantly. Mr. Johnson was gentle with Uncle Bob who, unthreatened, responded rather appropriately. When they went upstairs for the physical and psychiatric exams, Rita waited anxiously for them in the lounge. When Mr. Johnson returned to summon her, she knew by his look that he had hit a snag.

Back in the tiny office, the social worker turned to Aunt Becky.

APPENDIX A: (Continued)

"Mrs. Brown," he said, "the doctors have certified you for immediate admission. We could have you here in residence within two weeks."

"And my husband?" Becky asked. "We are applying as a couple you know. We don't want to be separated. Can he be admitted just as soon?"

The social worker shook his head. "I'm sorry," he said. "The doctors will not admit him at all."

"But why?" she asked.

"He's too disoriented. Our facility is not equipped to cope with him," was his reply.

"But I'll take care of him," she implored. "I'll watch over him. I won't let him get in anybody's way."

"We can't permit that. You see, you are here to be taken care of yourself."

There was no recourse. The doctors had decided. Of course, Mr. Brown could be referred to a private nursing home . . . they would be glad to make a referral . . .

Aunt Becky stood up in the middle of his speech. Leaning on her walker with one hand, gripping Uncle Bob's coat sleeve with the other, she said, "I'm sorry we took up your time, Mr. Johnson. Thank you, but no thanks."

Rita drove them both home and somehow managed to help them upstairs. Aunt Becky never said another word about the application, about moving, or about any other kind of change. She went back to her

APPENDIX A: (Continued)

seat in the living room, back to the routine of giving orders to anyone who could be pressed into service. Only she smiled less. And laughed not at all. And the sunny beam had left her kindly face.

About six months later, Uncle Bob died after a short illness at home. When her mourning period was over, Aunt Becky picked up the phone and called Mr. Johnson.

"My husband is dead now," she told him. Her voice was firm, unclouded by tears. "I can dispose of my household in about three weeks. How soon can you admit me to your institution?"

APPENDIX A: (Continued)

Case #2

BE FRIENDLY

By Shura Saul

When Mary Brenner reported for her first day of work in the apartment house, she knew immediately that the dishevelled whitehaired lady in the lobby was Mrs. Redmont. She had been told about the slender old woman who always sat there, glum and lonely. But she had not been prepared for the dirty black dress with the untidy slip hanging beneath the torn hem. She had not been adequately warned about the curved despondent shoulders, the small head hanging sadly to one side, the wrinkled, haggard face. And she was particularly shocked at the stark blue eyes which stared hungrily into the emptiness around her.

Mary nodded a pleasant good morning and entered the office, where she hung up her coat and started the coffee. The sunny room was filled with plants and bright pictures. Mrs. Bergson, the housing manager, was to be gone for six months and she, the new secretary, had been briefed to fill in for her.

"Be friendly," Mrs. Bergson had told her, "it's part of your job to let the tenants feel they can count on you for certain little things. We provide special housing for the elderly, and we encourage independence . . . but everyone needs a little help sometime. I'm so glad you're taking this job; I can see you'll be nice to them."

APPENDIX A: (Continued)

Mary dusted the immaculate desk, watered the plants, and wondered about Mrs. Redmont. She'd been told that the old lady had come home from a hospital about two months ago (what kind of hospital? Mary wondered) and she seemed very, very lost. At first, some of the tenants had tried to be friendly, but she never let them come into her apartment where she lived alone. She pushed off their advances, and so they got tired of trying to be nice. Now, they were distressed and angry about her. Mary could see that her appearance would be frightening and disturbing to others. It certainly disturbed her.

As soon as she began typing, the telephone rang. It was Mrs. Gerson, apartment 5B, demanding -- in clipped tones -- to know whether this was the new secretary. Mary said yes, and what could she do for her.

"I just want to tell you that Mrs. Redmont is sitting in the lobby again. I don't know if anyone told you, but really, she should be sent upstairs. She makes this place look like an institution. It's terrible, Miss . . . what is your name, anyway?"

"My name is Mary Brenner."

"Well, Miss . . . is it Miss or Mrs.?"

"Mrs. Brenner, but you can call me Mary."

"Well, Mary -- we really don't want the whole neighborhood to think, just because elderly people live in this apartment house, that we're all mental patients. Send her upstairs, right away."

APPENDIX A: (Continued)

Mary finished at the commanding, angry voice -- the disdainful words. "Don't worry, Mrs. Gerson," she said, "I'll take care of it."

She put the receiver down softly and went out to introduce herself to the lonely, rigid old woman. Mrs. Redmont answered politely, but stiffly, drawing away from the outstretched hand. She refused the offer of a cup of coffee. Troubled, Mary returned to her typing. A few minutes later, she noticed that Mrs. Redmont had left the lobby.

Each day it was the same. As soon as Mary began her typing, one of the upstairs tenants would call, angrily demand that Mrs. Redmont be sent upstairs. Mrs. Redmont always left, quietly, shortly after the phone call, even though Mary never told her anything about them. Mary began to realize that Mrs. Redmont was quite aware of the nature and content of the calls . . . of the feelings of the tenants.

It would appear then -- Mary mused when she had connected Mrs. Redmont's exit from the lobby with the telephone calls -- that this lady is not quite as detached as she seems to be. In fact, she continued to herself, she's quite aware . . . and sensitive about things.

One morning, hearing agitated voices at the mailbox, Mary went to investigate. The postman was grumbling to Mrs. Gerson.

"Look at this mailbox. It's so jammed up with old mail, I can't put anything else into it. Why the devil doesn't she take

APPENDIX A: (Continued)

out her mail?"

Mrs. Gerson turned to Mary. "See all the problems she makes for us! She doesn't do anything like she should. She just sits there dirty and crazy-looking. She doesn't belong here . . . I wish somebody would send her back to the hospital. She just doesn't care about a thing."

Shocked, Mary replied, "Oh, I'm sure she doesn't want to go back, . . . and as Mrs. Gerson began to sputter an angry reply, Mary said to the postman, "Why don't you just give it all to me. I'll bring it to her. She's right there in the lobby."

Mrs. Redmont showed no interest in the mail. She made no effort to accept the proffered packet of postcards and circulars. Mary hesitated, then asked, "Shall I sort it out with you?"

Refusing to take the lack of response as a negative, Mary sat down beside the woman and began to handle the mail. She was quite surprised to find postcards from Austria, South America, Japan. She commented on one beautiful scenic card.

Mrs. Redmont looked at it and said, "That is from my old friend from Austria. Now she lives in Argentina. We both left the old country at the same time. We haven't seen each other for 36 years."

As Mary continued to comment on the postcards, she learned that Mrs. Redmont had lived in many lands, and had friends and family all over the world.

APPENDIX A: (Continued)

She picked up Mrs. Redmont's mail daily after this and they would talk about some of it. Mrs. Redmont never opened the mail herself, but listened when Mary read it aloud to her. She never took the letters upstairs with her.

Mary learned a great deal about Mrs. Redmont during these talks. Especially that her husband had died while she herself was in the hospital . . . that she couldn't forgive herself for this . . . that she couldn't stand the lonely emptiness of her apartment . . . that she hated to eat alone and never cooked anything . . . that she wasn't taking the medicine that the doctor had prescribed when, at her insistence, he had discharged her from the hated hospital. It was sad to hear these things. Mary felt quite powerless as there was little she could do to change any of it.

But, each day, as she talked Mrs. Redmont's blue eyes became a sittle less stark. Her drawn face softened. She seemed a little less remote.

Once, when Mary fumbled with the key to the outer door, Mrs. Redmont came and opened it from the inside. Mary's thanks were profuse. After that she needed no key. Mrs. Redmont opened the door each day. Mary continued the invitations to coffee -- but Mrs. Redmont inevitably refused . . . politely, but firmly.

One morning, instead of inviting Mrs. Redmont into the office for coffee only to be refused, Mary brought two cups out to the lobby. The gesture was accepted, and the two ladies began to

APPENDIX A: (Continued)

sip comfortably together. But very soon the telephone rang, and Mary ran in to answer it. Next morning, when she again brought the coffee out, Mrs. Redmont said, "Maybe, Mrs. Brenner, I'll come into your office with you so if the telephone rings, you won't have to run like yesterday."

She cares, she cares . . . Mary's heart hummed a lilt to her thoughts. She's not detached, she cares.

Now, each morning, Mrs. Redmont joined Mary in the office for breakfast. They added toast and jam to the coffee. Mrs. Redmont put on a little weight. One day, she wore a new blue dress. When Mary admired it she told her it had been hanging in her closet since before her hospitalization, but this was the first time she'd put it on.

"It's just the right color for you," Mary told her, and was rewarded by a soft blush in Mrs. Redmont's pale face.

Since Mrs. Redmont was now in the office, and not in the lobby, the telephone complaints stopped. As the tenants drifted in for their bits of business, she would greet them for, having lived in the building for several years, she knew most of them by name. A little surprised first, they began to respond. Sometimes, Mr. Farber, a lonely old gentleman from the seventh floor, would drop in and Mary set up a informal afternoon teatime for them. She glowed with pleasure when the two old people left the office together. One sunny afternoon she saw them walking in front of the

APPENDIX A: (Continued)

house. On the next rainy day, they chatted quietly together in the lobby.

Over coffee, Mary told Mrs. Redmont that the doctor had urged her to take some pills, as she seemed a little poor-blooded. Mrs. Redmont said, "You should listen to him, Mrs. Brenner. You are a young woman. You need to keep your strength up."

"And you," Mary smiled back. "You should listen to your doctor. You need to keep your strength up too."

Mrs. Redmont didn't answer. The next day, when Mary hadn't brought her own pills, Mrs. Redmont said, "Why didn't you bring the pills, Mrs. Brenner? Bring them tomorrow -- and don't forget them."

"I'll make a deal with you, " Mary replied, "I'll bring mine and you bring yours. We'll remind each other . . . and we'll help each other to be healthy."

Although Mrs. Redmont didn't promise, the next day she produced, with a shy smile, an unopened bottle of pills. After that, the two women took their medication regularly, together.

Mrs. Redmont's appetite increased and her spirits rose. When Mary offered to take her to the beauty parlor to have her hair done for the spring holiday, Mrs. Redmont agreed. On her return, she collected more than one compliment from her neighbors.

It was just after the beauty parlor trip that Mrs. Gerson came into the office with a small brown package.

"This is for you," she said, handing it to Mary, "happy

APPENDIX A: (Continued)

holiday."

"Oh, Mrs. Gerson, you shouldn't have . . . "

"No, no," the clipped voice interrupted, "I have a reason. You are very nice to all of us . . . call up taxis in the rain . . . help with mail and bills . . . "

"It's only my job," Mary said softly.

"Yes -- and you do it very well. We are all glad you are here. We worried when Mrs. Bergson was leaving for awhile . . . but now, we hope you stay with us. This little gift is not for that . . . I brought it for you because you are so nice -- so nice to Mrs. Redmont."

Almost in tears, Mary accepted the gift. Her ears echoed with the disdainful words of that first angry telephone call from this same lady, only a few months ago.

In May, Mrs. Bergson returned. She smiled "hello" to the pleasant-faced lady in the neat blue suit sitting in the lobby. Not until she walked into the office did she realize the woman's identity.

"Mary," she said, "What happened? I didn't recognize Mrs. Redmont."

Mary looked up from the typewriter and smiled at her boss.

"Welcome home, Mrs. Bergson," she said merrily, "don't you remember that you told me to be friendly with the tenants?"

APPENDIX A: (Continued)

Case #3

THE ASHTRAY

By Shura Saul

Mr. Barker added his morning coffee cup to the small pile of last night's supper dishes in the sink, and wondered what to do next. He looked out the kitchen window of his small two-room apartment down into the grey alley below. He had a bird's eye view of untidy garbage pails, broken furniture and an assortment of old bottles, cans and newspapers. Despite the ugly scene, the jagged bits of sunshine splintering the greyness invited him outdoors.

Well, maybe he'd do a bit of shopping for his supper. Where was his wallet? He went back to the bedroom to search his jacket pocket. Not there! Instead, he felt a round, lumpy object and withdrawing it, beheld in his hands a freshly fired, beautifully glazed ashtray. Where had this come from: He couldn't recall buying it. Oh yes, this looked like something from the pottery class at the senior citizens center. Had he made it? It certainly was well done! He couldn't quite remember making this one, though. He could recall the feel of soft clay in his fingers . . . the power of shaping it . . . struggling with it until it looked like something you wanted. He enjoyed doing that! Ah -- there had been a time, there had been a time . . . he had shaped many things, especially cloth. Making a pattern was no easy job, but he was an artist. He could take a piece

APPENDIX A: (Continued)

of cloth, any kind of cloth, and he could cut it and twist it and pin it and shape it until it looked exactly as his mind's eye had seen it.

He'd never forget the day a new customer came into the dress shop where he worked. There was a hump on her back, and one shoulder was quite a bit higher than the other. Could he fit a dress for her? Could he? He had fashioned a dress for her that had really changed the way she looked. She needed it for her son's wedding, and when she tried it on, finished, she was radiant! "Thank you, thank you," she had said, "I was ashamed to go to my own son's wedding. But now, the way I look in this dress, I'll be proud to be seen."

Mr. Barker glowed, remembering. He had felt so proud of himself that day. Proud to be able to do something like that . . . proud of his talent . . . his power to make things.

Oh yes, he was an artist all right. He had pictures in his mind all the time! But it was a long time since anyone had noticed what he could do. Well, he must have made this ashtray recently. He took the bright blue dish and went to place it in his kitchen cupboard. Reaching up, he was surprised to see five or six other brightly glazed pottery pieces sitting on the shelf. Where had they all come from? Thinking hard, he seemed to remember carrying them home from the crafts shop a few weeks ago. Well, he'd save them for the holidays. Give them to his children and grandchildren as gifts. They, at least, would be proud to have a piece of his work.

His work. He turned to look at three newly hung pictures on

APPENDIX A: (Continued)

the wall. All his -- painted last summer in the art class in the park. How beautiful the trees had been! He had stared and stared for so many hours at the twisted branches, heavy with delicate greenery -- until he thought he would never forget the sight. He hardly remembered the task of the painting -- just the pleasure of drinking in the beauty of the scene. Bending closer to look at the pictures, he frowned as he noticed the signatures in the lower right-hand corner. Two of them read O'Brien, a third one read Seeman. By golly -- what right did those men have to put their names on his pictures? They must have done it when the pictures were drying in the shop. Angrily he wondered how he could blot out the names without spoiling the paintings themselves. Better ask Mr. Lewis, the art teacher, next time he'd see him.

Now -- when would that be? What was today anyway? Monday? Friday? If it was Monday, then he would have seen his children yesterday -- they always saw him on Sundays. Had he been with them yesterday: He couldn't recall. But if today was Friday, then he'd have been at the center yesterday . . . and he couldn't remember that either! He looked at the calendar hanging on the wall -- but that was a monthly calendar. He could tell it was October, all right, but what week was it, and what day? Panic seized him. What if this were Tuesday or Thursday, the days he went to the center? He wouldn't want to miss his day there!

Looking for clues, his eyes went to the clock. So much time seemed to have passed since he had found the blue ashtray! But it was

APPENDIX A: (Continued)

less than ten minutes. How slowly time could drag . . . oh, he sighed and slipped on the jacket.

Now, why was it he had pulled out that jacket? He couldn't remember why he was standing here, ready to leave the house. Automatically, he groped for his wallet but it wasn't in his pockets. Where could he have put it? He walked around and around the small apartment, opening and shutting drawers and closet doors . . . digging into the pockets of his old winter coat . . .

He became more and more anxious. Where could that wallet be? How could he walk out of the house without it? His housekey was in the change purse.

Sweat glistened on his forehead as he searched and searched. Finally, in frustration, he sat down despondently -- a small, white-haired man -- frightened and defeated.

What should he do now? Beside the telephone, in large, easily read print, hung the phone number of the bookstore where his daughter worked. Almost desperately, he lifted the phone and dialed.

"Hello, book shop," Flossie's voice always sang a little when she answered the telephone. It lifted his spirits just to hear her.

He put a smile into his own voice. "Hello, my dear. It's your father."

"Papa, are you all right?"

He loved and hated the quick note of concern that crept into her voice when he called her at work. He realized that she worried

APPENDIX A: (Continued)

about him. He also realized that any call from him might mean a problem for her.

"Nothing wrong, Flossie, nothing wrong," he said cheerily.

"How are you? And the children?"

"Papa, I just spoke with you last night. Nothing has changed since last night!" a slight tone of impatience crept into her voice, now that she knew that he was all right. "Why are you calling?"

How could he answer. Should he tell her he'd forgotten what day this was . . . that he couldn't find his wallet . . . that he was ready to go out but couldn't remember why . . . that he'd found a strange ashtray in his pocket and didn't know how it got there . . . what was he to answer?

Craftily, he said, "Well, my dear, I'm just going out for a little while. I thought maybe, if you called me, and didn't find me home, you would worry."

"Oh, thank you papa. That's nice of you. Where are you going?" then added quickly, "Of course, today is Thursday, and you're getting ready to go to the center."

Ahah -- thought Mr. Barker gleefully, then it was Thursday. I must have known it all along. Aloud, "Yes. That's right, I'll do a little shopping on the way, and I'll have lunch at the center."

"Don't forget to take some money along," Flossie said, then added, "Not too much papa. It's no good to carry too much extra with you. Anyone could lose money, you know."

APPENDIX A: (Continued)

"You're right, you're right. Let me see," he said into the telephone, "how much shall I take?"

"Take a few dollars," she suggested, "and leave the rest home." She lowered her voice almost to a whisper. "You remember, papa, last Sunday we decided to put all your money away in a special place, so when you leave the house you wouldn't worry? Remember?"

Yes, by golly, he did remember. But where was that special place? He racked his brain . . .

"Sure, sure," he said heartily into the telephone, "think I'd forget such a thing?"

"Papa," she said softly, "be sure you close the door of the linen closet -- before you leave the house. That way, it will be okay."

Of course, the linen closet! They had slipped a small bag of change and singles under the pile of sheets in the linen closet -- so he would have carfare and shopping money for the whole week. That's where the wallet was!

He chided Flossie. "What's the matter with you? Don't worry about me. I can take care of everything myself. I have to go now."

"Have a good day, papa, I'll call you tonight."

"Goodbye." She hung up, satisfied that she had played the game again today . . . and papa had won his round. Straightening her shoulders as if a huge load had rolled off her back, she turned to the waiting customer . . .

APPENDIX A: (Continued)

Mr. Barker smiled as he hung up. Now he was set for the day. He slipped his wallet out from its hiding place, checked keys and money. Turning toward the mirror in the hall, he caught the first sight of himself that morning. He had not shaved. He was still wearing his pajama tops under the jacket; and he had been about to walk out wearing his slippers! Barker, get hold of yourself! He shook his finger at the mirror. Briskly he went into the bathroom, shaved, cleaned his razor, wiped the sink carefully, put on a fresh shirt, found a better jacket, slipped on his street shoes. Then he took a paper shopping bag and, locking the door carefully behind him, left the building and stepped out into the street towards the bus stop.

He watched the streets carefully, as the bus carried him along. There was a time you could tell one street from another easily . . . the gay barber shop poles, the signs on the small stores, . . . you never missed your stop. Now, one street looked like another . . . the tall brick projects all the same -- you had to watch carefully for the small black sign that read "Senior Citizens Center." One day he had missed it and had ridden all the way to the end of the line -- feeling like a fool. The bus driver had looked at him as if he were an addled old man -- and had insisted on collecting a second fare for the trip back.

He couldn't afford a double carfare, so it was necessary for Mr. Barker to watch very, very carefully as the bus wound its way to the senior center.

APPENDIX A: (Continued)

Entering the craft shop, he saw the slim figure of Mr. Lewis half-hidden inside the closet. Mr. Lewis was a gentle, soft-spoken young fellow who made you feel good just being with him. Even though he wore a beard, he never made you feel clumsy or foolish.

"Hello," Mr. Barker said jovially, "What are you doing in that closet?"

Mr. Lewis straightened up. "Hi," he said, "I'm looking for some lost pottery. Last week we fired a beautiful bright blue ashtray that Mrs. Johnson made, and it just seems to have disappeared."

Mr. Barker became uneasy as Mr. Lewis went on. "I seem to be getting awfully careless with things, lately," he said. "I'm missing some good work from the summer program, too. Some pictures. Some pottery. I don't know what I'll do when the people come to ask for them. I'm terribly ashamed. You folks put so much into the work you do -- it's wrong for me to misplace it."

Mr. Barker listened with growing anxiety. Why did he feel so trapped, he wondered, and why were his palms suddenly sweating? He set down his shopping bag in the corner of the shop saying, "Don't worry, Mr. Lewis. You'll find them all. Everybody knows you do your best. No one will blame you."

But, for some reason, he began to feel terribly uncomfortable. Leaving his shopping bag behind, he sauntered out toward the lounge where he heard music and laughter. There was a nagging, nameless, uncomfortable feeling in his entire being all day. He spent the rest

APPENDIX A: (Continued)

of the day away from the shop.

By five o'clock, people began to drift out of the building. Mr. Barker suddenly realized that he didn't have his shopping bag, and went to the receptionist.

"Mrs. Gold," he said, "please give me my shopping bag. I left it here when I came in."

"I'm sorry, Mr. Barker," she answered, "I don't have your shopping bag here."

"Please look," he insisted, "I brought it into the office when I came into the center."

"You didn't give it to me. Was there someone else here when you came in?"

"I don't know," he answered with growing impatience. "But I'm sure it's here, Mrs. Gold."

"Maybe you didn't bring it today," she offered.

"Yes, I did," he said -- very angry now, sure he had brought the bag with him.

"Come into the office and look around," she invited.

He entered her office, searching through drawers and closet, muttering angrily. When he found nothing, he shouted, "Somebody took it. Who took it? Who took my shopping bag?"

In vain did the office staff, and the few people in the hall seek to calm him. Mr. Barker shouted loudly that his bag had been stolen . . . the office was responsible . . . what was the matter with

APPENDIX A: (Continued)

them anyway, treating people this way!

Hearing the commotion, Mr. Lewis came to the hall. When he understood the problem, he came into the office, carrying the bag.

"Is this what you're looking for, Mr. Barker?"

Mr. Barker grabbed the bag. "You see," he shouted at Mrs. Gold, "I told you somebody took it. He took it . . . and you tried to make me think I didn't have it today. You can drive a man crazy that way!"

Mr. Lewis tried to set him straight. "You left it in the shop, yourself, Mr. Barker," he reminded the man gently. "Remember, you came in when I was looking for the lost pottery?"

"Well," Mr. Barker shouted, "I didn't take your pottery but you took my shopping bag."

Despite all efforts to sooth him, Mr. Barker left the building angry and disturbed, and took the bus home.

He unlocked the door and entered the apartment. With great care, he removed his wallet from his pocket and placed it inside the copper vase in the hallway. A good hiding place until tomorrow!

He fixed himself some supper, washed and dried the accumulated dishes in the sink. As he opened the kitchen closet to put the dishes away, he saw again the multi-colored gleam of pottery on the shelf.

Why did they distress him so, he wondered. He reached up for the blue ashtray. It was smooth and cool in his sweaty, trembling palm. He looked at it thoughtfully. Yes, he might have made it. He

APPENDIX A: (Continued)

might have made all those lovely things. He knew how to make things.
He was an artist . . . how dare anyone think . . . well, let them
think . . . things. He knew how to make things. He was an artist . . .
how dare anyone think . . . well, let them think . . .

They were his. All of them. His.

APPENDIX B: AGENDA FOR DISCUSSION

The following questions are provided to help you analyze and interpret each case:

1. What are the themes and sub-themes of the case? Discuss.
2. What are the problems of the aged person which you perceive in the case?
 - a. What situations of increased dependency, reduced independence, or loss of control over self and life do you perceive?
 - b. What threats to the dignity of the individual did you observe?
 - (1) Traumatic experiences
 - (2) Situations that caused feelings of fear and insecurity
 - (3) Other threats
 - c. What other problems (if any) are described in the case?
3. How accepting were the characters in the case of help from others?
4. How did the characters search for strength to deal with their lives?
5. What were the sources of life satisfaction of the characters?
6. How did the characters try to be involved in things?
7. Do the problems and concerns presented in the case exist with older people we know?
 - a. What are some examples?
 - b. What are the causes; why do the problems exist?
8. What can be done about these problems? What steps can we take:
 - a. In the community?
 - b. On the job?

A selection from the following supplementary questions may be discussed after those above, as time allows:

1. What are some ways in which our community and society have neglected the needs of older people?
2. What are the needs of older people as you see them?
3. What resources do communities need to meet the needs of the aged?

APPENDIX B: (Continued)

4. What are the rewards and penalties of aging?
5. How does an older person's environment affect the way he feels?
6. How do older people feel about retirement and curtailment of activities?
7. Can you think of an older person you know well? Describe that person to the group.

APPENDIX C: INSTRUCTIONS TO GROUP LEADERS

1. Cases for Discussion

The cases for discussion describe actual experiences of aged people. They incorporate the recommendations of fifty-four judges, including professionals in the field of aging, students of several service professions, and aged people. Recommendations were made concerning the cases' relevance to learning about aging, their authenticity and their emotional impact. The cases are designed to develop more realistic views of aging and to stimulate sensitivity to the rights and needs of aged individuals.

The use of cases provides a common experience for discussion, and allows the participant to relate characters in the cases to personal experiences. Further, cases can relate details and facts that are often missed in real life.

2. Questions for Discussion

A set of questions has been provided to help you in leading the discussion. These questions are based primarily on the content of the cases, but some were adapted from a list of questions developed by the Department of HEW for use in discussions of the aging; and from a list developed for use in structuring an effective discussion session.

3. Schedule and Procedures for Discussion

8:50 - 9:00 Introductions of Group Leader and Participants
9:00 - 10:20 Case #1. Begin by having the participants read the case titled "Aunt Becky." Follow with a discussion based

APPENDIX C: (Continued)

on the list of questions provided.

10:20 - 10:40 Break

10:40 - 12:00 Case #2. Begin with the case titled "Be Friendly," even if time did not allow for discussing all aspects of Case #1.

12:00 - 1:00 Lunch

1:00 - 2:20 Case #3. Begin with the case titled "The Ashtray," even if time did not allow for discussing all aspects of Case #2.

2:20 - 2:30 Evaluation of Discussion Series:

- a. Administer "Information About Group Leaders" Form
- b. Administer Discussion Series Evaluation Instrument

2:30 - 2:50 Break. Before going on break, ask the participants to reassemble after the break to complete a survey form to provide information being collected by Hospital staff development personnel.

4. Leadership Style

Several studies of group processes have revealed that the democratic group leader is the most effective. Where the leader follows the democratic style, motivation of the group is strongest, teamwork is greatest and production is highest. We would like for you to follow this style in leading the discussions in your group. Please observe the following:

APPENDIX C: (Continued)

- a. Group outcomes should be the result of group discussion and group decision.
- b. As leader, you should give encouragement and assistance, but not try to dominate.
- c. You should lead the group toward accomplishing the task, but allow maximum permissiveness while maintaining positive relations among group members.
- d. Try to be objective and fact-minded in any praising and criticizing of discussion.

5. Prepare in Advance

In order to prepare for the discussion series, please observe the following:

- a. Familiarize yourself with the problem for discussion. Examine the materials and questions for group discussion. Summarize for yourself (or read about) some of the critical problems faced by the aged person.
- b. Acquaint yourself with the discussion group. Look for feedback that tells you who is quick to pick up ideas, and who needs encouragement.
- c. Plan the discussion. Try to anticipate any problems. Try to decide in advance how you are going to guide the discussion on each question, and yet remain permissive.
 - (1) How will the discussion be started?
 - (2) How will group members be stimulated to discuss

APPENDIX C: (Continued)

each item?

(3) How will the less enthusiastic members be encouraged to participate?

d. Try to follow the agenda for discussion, and the description of leadership role (democratic), which have been provided.

e. Call attention to points of agreement, to prevent undue laboring of ideas. Do not just summarize what has been said, but tie the comments together for the group, drawing inferences based on what has been expressed. Interpret for the group, but do not comment on every contribution. Also, do not force the group to adhere closely to the prearranged agenda.

f. Try to deal tactfully with the individual who tries to monopolize the conversation. Encourage the shy individual.

g. Try to keep the group on the subject.

h. Try to prevent antagonism and to reconcile extreme differences.

i. Make a short, interesting concluding statement to summarize the main issues and agreements expressed by the group.

APPENDIX D: INFORMATION ABOUT GROUP LEADER

Please place a check (✓) in the blank by the statement that most closely describes the leader in your group.

_____ The group leader gave encouragement and guidance but did not try to control the talk and any decisions made by the group.

_____ The group leader tried to control the talk and any decisions made by the group.

_____ The group leader allowed complete freedom, offering no direction or guidance.

APPENDIX E: DISCUSSION SERIES EVALUATION INSTRUMENT

Please read all of the following statements, and place a checkmark by as many statements as necessary to describe your reaction to the discussion series.

Score
Value

- 1.13 1. _____ It was one of the most rewarding experiences I have ever had.
- 1.58 2. _____ Exactly what I wanted.
- 2.25 3. _____ I hope we can have another one in the near future.
- 2.77 4. _____ It provided the kind of experience that I can apply to my own situation.
- 3.40 5. _____ It helped me personally.
- 4.02 6. _____ It solved some problems for me.
- 4.44 7. _____ I think it served its purpose.
- 4.96 8. _____ It had some merits.
- 5.30 9. _____ It was fair.
- 6.02 10. _____ It was neither very good nor very poor.
- 6.78 11. _____ I was mildly disappointed.
- 6.97 12. _____ It was not exactly what I needed.
- 7.19 13. _____ It was too general.
- 7.45 14. _____ I am not taking any new ideas away.
- 8.19 15. _____ It didn't hold my interest.
- 8.62 16. _____ It was much too superficial.
- 9.29 17. _____ I leave dissatisfied.
- 9.69 18. _____ It was very poorly planned.
- 10.26 19. _____ I didn't learn a thing.
- 10.89 20. _____ It was a complete waste of time.

APPENDIX F: SCHEDULE FOR THE DISCUSSION SERIES

8:50 - 9:00 Introductions

9:00 - 10:20 Case #1 - "Aunt Becky," followed by group discussion

10:20 - 10:40 Break

10:40 - 12:00 Case #2 - "Be Friendly," followed by group discussion

12:00 - 1:00 Lunch

1:00 - 2:20 Case #3 - "The Ashtray," followed by group discussion

2:20 - 2:30 Evaluation of discussion series:

 Administer "Information About Group Leaders"
 form

 Administer Discussion Series Evaluation
 Instrument

2:30 - 2:50 Break

2:50 - 3:30 Administration of Attitude Inventory

APPENDIX G: ATTITUDE INVENTORY AND
EMPLOYEE INFORMATION FORM

For the first part of our survey, please give us some basic information about you and your job. (Do not give your name on the form).

Job Position (Check One)

___ Direct Care

___ Indirect Care

___ Age (Write in years of age)

___ Education level (Write in number of years of formal education or training beyond high school)

___ Tenure (Write in number of years worked in the area of geriatrics)

APPENDIX G: (Continued)

DIRECTIONS: Below are statements about old people. If you are in general agreement with these statements, put a circle around the Yes. If you are in general disagreement with the statement, put a circle around the No. Answer all questions. If you are not sure, guess. All answers will remain confidential.

- | | | | |
|-----|----|-----|--|
| Yes | No | 1. | Old people need glasses to read. |
| Yes | No | 2. | They are absent-minded. |
| Yes | No | 3. | They need less food than younger people. |
| Yes | No | 4. | They are in the happiest period of their lives. |
| Yes | No | 5. | They spoil their grandchildren. |
| Yes | No | 6. | They are kind. |
| Yes | No | 7. | They repeat themselves in conversation. |
| Yes | No | 8. | They cannot learn new things. |
| Yes | No | 9. | They are poor eaters. |
| Yes | No | 10. | They get upset easily. |
| Yes | No | 11. | They prefer to live alone. |
| Yes | No | 12. | They prefer to be alone. |
| Yes | No | 13. | They have to be careful of their diet. |
| Yes | No | 14. | They are proud of their children. |
| Yes | No | 15. | They are set in their ways. |
| Yes | No | 16. | They need less sleep than younger people. |
| Yes | No | 17. | They are not important in the family affairs. |
| Yes | No | 18. | They vote for the political candidate who promises the largest old age pensions. |
| Yes | No | 19. | They are grouchy. |
| Yes | No | 20. | They worry about unimportant things. |
| Yes | No | 21. | They are better off in old age homes. |
| Yes | No | 22. | They have to go to bed early. |
| Yes | No | 23. | They expect their children to support them. |
| Yes | No | 24. | They are forgetful. |
| Yes | No | 25. | They are easily moved to tears. |
| Yes | No | 26. | They are more interested in religion. |
| Yes | No | 27. | They have many accidents in the home. |
| Yes | No | 28. | They are old-fashioned. |
| Yes | No | 29. | They are a burden to their children. |
| Yes | No | 30. | They feel sorry for themselves. |
| Yes | No | 31. | They need a nap every day. |
| Yes | No | 32. | They like to just sit and dream. |
| Yes | No | 33. | They are calm. |
| Yes | No | 34. | They are hard to get along with. |
| Yes | No | 35. | They feel cold even in warm weather. |
| Yes | No | 36. | They are unproductive. |
| Yes | No | 37. | They think the world is headed for destruction. |
| Yes | No | 38. | They become insane. |
| Yes | No | 39. | They never take a bath. |
| Yes | No | 40. | They never fully recover if they break any bone. |

APPENDIX G: (Continued)

- Yes No 41. They usually live with their children.
 Yes No 42. They are conservative.
 Yes No 43. They are very talkative.
 Yes No 44. They are hard of hearing.
 Yes No 45. They are out of step with the times.
 Yes No 46. They like old songs on the radio.
 Yes No 47. They are stubborn.
 Yes No 48. They die soon after retirement.
 Yes No 49. They cannot taste differences in food.
 Yes No 50. They believe in a life after death.
 Yes No 51. They have too much power in business and politics.
 Yes No 52. They like to be helped across the street.
 Yes No 53. They like to give advice.
 Yes No 54. They make friends easily.
 Yes No 55. They are suspicious of others.
 Yes No 56. They think the future is hopeless.
 Yes No 57. They worry about their health.
 Yes No 58. They cannot manage their own affairs.
 Yes No 59. They would like to be young again.
 Yes No 60. They are touchy.
 Yes No 61. They have a few friends.
 Yes No 62. They never had it better.
 Yes No 63. They are good to children.
 Yes No 64. They have lost most of their teeth.
 Yes No 65. They like religious programs on the radio.
 Yes No 66. They respect tradition.
 Yes No 67. They walk slowly.
 Yes No 68. They feel that their children have failed them.
 Yes No 69. They are selfish.
 Yes No 70. They frequently quarrel with their children and relatives.
 Yes No 71. They should not marry.
 Yes No 72. They suffer from constipation.
 Yes No 73. They hold on to their opinions.
 Yes No 74. They are afraid of the dark.
 Yes No 75. They like to be waited on.
 Yes No 76. They spend much time in bed because of illness.
 Yes No 77. They cannot remember names.
 Yes No 78. They are lonely.
 Yes No 79. They collect many useless things like string, paper and old shoes.
 Yes No 80. They have poor coordination.
 Yes No 81. They get no sympathy from their relatives.
 Yes No 82. They like to play checkers or dominoes.
 Yes No 83. They object to women smoking in public.
 Yes No 84. They hide their money.
 Yes No 85. They like to doze in a rocking chair.

APPENDIX G: (Continued)

- Yes No 86. They like to think about the good old days.
 Yes No 87. They feel tired most of the time.
 Yes No 88. They are bad patients when ill.
 Yes No 89. They are in their second childhood.
 Yes No 90. They feel that their children neglect them.
 Yes No 91. They are afraid of death.
 Yes No 92. They are fussy about food.
 Yes No 93. Their voices break.
 Yes No 94. They prefer old friends rather than make new ones.
 Yes No 95. They love life.
 Yes No 96. They spend most of their time reading or listening to the radio.
 Yes No 97. They would like to live their lives over again.
 Yes No 98. They die of cancer or heart disease.
 Yes No 99. They avoid going out in bad weather.
 Yes No 100. They are untidy and careless about their appearance.
 Yes No 101. They take a keen interest in politics.
 Yes No 102. They frequently are at loose ends.
 Yes No 103. They develop infection easily.
 Yes No 104. They should not become parents.
 Yes No 105. They worry about financial security.
 Yes No 106. They are critical of the younger generation.
 Yes No 107. They are tight in money matters.
 Yes No 108. They dislike any changes or interference with established ways of doing things.
 Yes No 109. They are usually supported by their children or old-age pensions.
 Yes No 110. They are very sensitive to noise.
 Yes No 111. They are in the way.
 Yes No 112. They marry persons much younger than themselves.
 Yes No 113. They are anxious about the future.
 Yes No 114. They are cranky.
 Yes No 115. They suffer much discomfort.
 Yes No 116. They expect obedience and respect from their children and grandchildren.
 Yes No 117. They meddle in other people's affairs.
 Yes No 118. They are bossy.
 Yes No 119. They prefer to read newspapers rather than books.
 Yes No 120. They have no interest in the opposite sex.
 Yes No 121. They cannot concentrate, even on simple tasks.
 Yes No 122. They have a high automobile accident rate.
 Yes No 123. They get love and affection from their children.
 Yes No 124. They like to gossip.
 Yes No 125. They feel miserable most of the time.
 Yes No 126. They are careless about their table manners.
 Yes No 127. They become less intelligent.
 Yes No 128. They frequently talk to themselves.

APPENDIX G: (Continued)

- Yes No 129. They do not take part in sports.
Yes No 130. They feel that young parents do not know how to
bring up children properly.
Yes No 131. They die after a major operation.
Yes No 132. They are a nuisance to others.
Yes No 133. They are helpless.
Yes No 134. They are insecure.
Yes No 135. They have a high suicide rate.
Yes No 136. They are not useful to themselves or to others.
Yes No 137. They have a chance to do all the things they
wanted to do.

APPENDIX H: ATTITUDE SCORES AND PERSONAL DATA
FOR EMPLOYEES IN THE SAMPLE

<u>Employee</u>	<u>Att. Score</u>	<u>*Group</u>	<u>Age</u>	<u>Tenure</u>	<u>**Edu- cation</u>	<u>***Job</u>	<u>****Location</u>
1	80	T	30	6	0	D	S
2	97	T	47	6	0	D	S
3	50	T	48	5	2	D	S
4	82	T	35	3	0	D	S
5	67	T	49	2	3	D	S
6	71	T	36	2	2	D	S
7	66	T	19	1	2	D	S
8	61	T	42	3	2	D	S
9	44	T	53	2	0	D	S
10	13	T	30	6	5	D	S
11	36	T	34	2	0	I	S
12	81	T	51	0	0	I	S
13	76	T	28	3	1	D	S
14	87	T	49	8	1	D	S
15	69	T	30	5	1	D	S
16	64	T	40	2	1	D	S
17	53	T	26	2	2	D	S
18	70	T	53	5	1	D	S
19	61	T	30	0	2	D	S
20	77	T	56	2	2	D	S
21	73	T	34	0	2	D	S
22	88	T	42	4	1	D	S
23	59	T	50	1	0	I	S
24	51	T	47	1	1	I	S
25	45	T	41	20	0	D	S
26	44	T	20	1	2	D	S
27	84	T	45	8	0	D	S
28	76	T	22	1	2	D	S
29	46	T	24	1	0	D	S
30	61	T	26	3	0	D	S
31	67	T	47	2	2	D	S
32	39	T	21	0	4	D	S
33	74	T	32	1	0	D	S
34	69	T	50	1	0	I	S
35	21	T	54	15	2	I	S

*Group - T=Treatment; C=Control

**Education - Number of years beyond high school

***Job - D=Direct Care; I=Indirect Care

****Location - S=Southwestern State Hospital; C=Catawba Hospital

APPENDIX H: (Continued)

<u>Employee</u>	<u>Att. Score</u>	<u>Group</u>	<u>Age</u>	<u>Tenure</u>	<u>Education</u>	<u>Job</u>	<u>Location</u>
36	24	T	57	10	3	D	S
37	98	T	53	0	0	I	S
38	71	T	28	2	2	I	S
39	67	T	35	9	1	D	S
40	66	T	38	20	1	D	S
41	94	T	50	3	6	D	S
42	72	T	45	4	1	D	S
43	41	T	31	2	0	D	S
44	21	T	32	5	3	D	S
45	20	T	29	2	6	D	S
46	62	T	30	8	0	D	S
47	66	T	37	2	0	D	S
48	53	T	25	5	1	D	S
49	87	C	59	3	0	I	S
50	84	C	31	3	0	I	S
51	88	C	48	2	0	I	S
52	101	C	49	6	0	I	S
53	59	C	41	3	1	I	S
54	73	C	23	6	5	I	S
55	39	C	47	1	1	I	S
56	114	C	52	0	0	I	S
57	58	C	33	2	4	D	S
58	103	C	39	5	5	D	S
59	103	C	50	7	1	D	S
60	104	C	61	11	3	D	S
61	91	C	51	0	2	D	S
62	80	C	42	3	0	D	S
63	85	C	23	2	1	D	S
64	73	C	40	10	1	D	S
65	88	C	40	3	0	D	S
66	81	C	26	3	0	D	S
67	44	C	30	5	0	D	S
68	88	C	32	3	0	D	S
69	69	C	20	9	4	D	S
70	72	C	20	4	3	D	S
71	65	C	21	0	1	D	S
72	105	C	19	9	0	D	S
73	83	C	21	5	2	D	S
74	42	C	19	2	1	D	S
75	87	C	22	0	2	D	S
76	91	C	29	4	0	D	S
77	93	C	45	0	0	D	S
78	91	C	24	3	0	D	S
79	33	C	38	3	0	D	S
80	43	C	23	0	4	D	S

APPENDIX H: (Continued)

<u>Employee</u>	<u>Att. Score</u>	<u>Group</u>	<u>Age</u>	<u>Tenure</u>	<u>Education</u>	<u>Job</u>	<u>Location</u>
81	42	C	22	0	4	D	S
82	74	C	55	1	0	D	S
83	70	C	33	1	0	D	S
84	72	C	41	9	0	D	S
85	75	C	52	3	0	D	S
86	63	C	30	1	6	D	S
87	70	C	20	0	2	D	S
88	89	C	38	15	0	D	S
89	75	C	60	5	6	D	S
90	73	C	42	4	2	D	S
91	90	C	45	3	0	D	S
92	95	C	37	5	0	D	S
93	58	C	28	4	0	D	S
94	80	C	20	0	2	D	S
95	83	C	20	1	2	D	S
96	49	C	58	8	0	D	S
97	74	T	54	1	5	I	C
98	81	T	33	0	2	I	C
99	56	T	40	7	2	D	C
100	53	T	43	3	2	D	C
101	00	T	22	1	5	D	C
102	40	T	31	4	4	D	C
103	61	T	41	3	0	D	C
104	45	T	58	8	6	D	C
105	65	T	25	6	1	D	C
106	64	T	20	0	0	D	C
107	74	T	20	3	0	D	C
108	82	T	48	4	0	D	C
109	60	T	39	3	2	I	C
110	80	T	56	7	0	D	C
111	56	T	42	5	4	D	C
112	34	T	31	5	0	D	C
113	74	T	59	6	0	D	C
114	72	T	48	7	0	D	C
115	94	T	42	5	0	D	C
116	42	T	23	2	2	D	C
117	52	T	27	2	2	D	C
118	92	T	62	7	2	D	C
119	42	T	27	1	5	D	C
120	68	T	53	3	0	I	C
121	36	T	45	7	3	I	C
122	57	T	30	6	0	D	C
123	10	T	27	2	5	D	C
124	49	T	28	1	4	D	C
125	87	T	42	5	0	D	C

APPENDIX H: (Continued)

<u>Employee</u>	<u>Att. Score</u>	<u>Group</u>	<u>Age</u>	<u>Tenure</u>	<u>Education</u>	<u>Job</u>	<u>Location</u>
126	54	T	26	1	0	D	C
127	61	T	45	7	0	D	C
128	79	T	38	6	5	D	C
129	76	T	57	7	0	D	C
130	66	T	34	5	0	D	C
131	48	T	32	7	0	I	C
132	70	T	23	2	0	D	C
133	74	T	33	6	1	I	C
134	71	T	56	16	5	D	C
135	56	T	55	2	0	D	C
136	24	T	25	1	6	D	C
137	55	T	55	7	7	D	C
138	39	T	39	1	0	D	C
139	55	T	37	15	0	D	C
140	84	T	51	7	7	D	C
141	71	T	41	1	0	D	C
142	43	T	44	4	4	D	C
143	53	T	39	1	0	D	C
144	58	T	22	2	0	I	C
145	116	C	59	1	0	D	C
146	54	C	48	3	3	D	C
147	24	C	31	5	3	D	C
148	73	C	41	3	1	D	C
149	103	C	56	7	0	D	C
150	104	C	49	8	3	D	C
151	45	C	39	1	4	D	C
152	62	C	64	3	3	D	C
153	17	C	25	0	4	D	C
154	29	C	25	1	4	D	C
155	82	C	30	6	8	D	C
156	88	C	28	0	5	D	C
157	35	C	41	7	0	D	C
158	70	C	38	4	0	D	C
159	62	C	53	4	0	D	C
160	64	C	49	3	3	D	C
161	64	C	46	3	0	D	C
162	13	C	28	2	4	D	C
163	66	C	33	6	0	D	C
164	68	C	29	1	4	D	C
165	97	C	27	6	0	D	C
166	20	C	22	1	4	D	C
167	20	C	24	1	5	D	C
168	20	C	43	3	2	D	C
169	94	C	20	2	0	D	C
170	83	C	49	2	0	D	C

APPENDIX H: (Continued)

<u>Employee</u>	<u>Att. Score</u>	<u>Group</u>	<u>Age</u>	<u>Tenure</u>	<u>Education</u>	<u>Job</u>	<u>Location</u>
171	81	C	48	3	2	D	C
172	87	C	44	2	0	D	C
173	70	C	40	4	2	D	C
174	58	C	27	4	4	D	C
175	88	C	22	4	0	D	C
176	87	C	57	6	0	D	C
177	79	C	46	6	0	D	C
178	65	C	51	5	4	D	C
179	80	C	34	6	0	D	C
180	81	C	54	10	0	D	C
181	91	C	39	4	2	D	C
182	72	C	30	2	0	D	C
183	84	C	37	5	0	D	C
184	66	C	35	3	0	D	C
185	63	C	50	6	0	I	C
186	50	C	41	7	0	I	C
187	75	C	18	1	0	I	C
188	62	C	20	1	0	I	C
189	77	C	40	0	4	I	C
190	73	C	62	11	0	I	C
191	72	C	30	2	0	I	C
192	67	C	22	4	0	I	C

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EFFECT OF GROUP DISCUSSIONS ON EMPLOYEE
ATTITUDES TOWARD THE AGED

by

Robert E. Lewis

(ABSTRACT)

The problem for this study was to determine the extent to which a series of group discussions concerning the problems and needs of the aged causes a change in attitudes toward the aged among employees of residential mental health facilities for the aged. The study also sought to determine how participants felt about the discussion series. Other questions central to the study were:

1. Are attitudes toward the aged related to the age of the employees?
2. Are these attitudes related to employee job tenure?
3. Are these attitudes related to employee education level?
4. Are these attitudes related to the type of job position of the employees?

Three case studies about the lives of aged individuals were used as a basis for discussion. Forty-eight employees at each of two Virginia geriatric facilities were randomly assigned to groups of twelve to participate in the discussion series. Group leaders from outside of the institutions led the discussion,

after which an attitude instrument was administered to the participants and to a control group of equal size.

Before testing to determine if a difference existed between the treatment and control groups, the mean criterion scores (attitude scores) were adjusted. The analysis of covariance was utilized in making the adjustment using age, job tenure, education level, type of job position, and location as covariates.

Partial correlations were computed and tested to determine the relation of age to attitude, tenure to attitude, education level to attitude, type of job position to attitude, and location to attitude.

The findings indicated that the discussion series did result in a change in attitude among participants. Participants rated the series as an above average educational experience, indicating that it was valuable and rewarding. The partial correlations between age and attitude and between education level and attitude were significant at the .05 level, with older employees evidencing less favorable attitudes and more highly educated employees evidencing more favorable attitudes. Although these two correlations were significant, they were still relatively low; that is, the strength of each relationship was not great.

It was recommended that further study be undertaken to determine the stability of the attitude change achieved in the study, and to indicate the value of such change in terms of more favorable behavior toward the aged.