

Social care students preference to work with older people and their attitudes towards self-ageing process

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Abstract

This research project was conducted employing quantitative research strategy. A survey was distributed among social care students in one third-level institution on Ireland's east coast to determine their preference to work with older people and to establish a potential relationship between students choosing this career and the Reaction to Ageing Questionnaire (RAQ). The RAQ is an attitude towards self-ageing measurement tool. It represents 27 statements related to self-ageing and responses ranging from 1 'disagree very much' to 6 'agree very much' are measured using the Likert scale. The RAQ scores are divided into three categories, including geophobes with negative attitudes, gerophiles with positive attitudes and neutral.

The analysis of 91 completed surveys revealed that work with older people was not the least preferred career opportunity, as the most unappealing choice was work with immigrants. However, work with older people was not a very popular career choice either, and the mean score was close to that of working with immigrants. The most common reason cited for considering work with older people as less appealing was lack of interest. Some social care students provided controversial comments about work with older people, reflecting stereotypical outlooks that work with older people does not entail professional expertise. However, contrary to previous research, the summation of the RAQ scores showed that the majority of social care students hold neutral attitudes to self-ageing and older people. The analysis of different relationships with the RAQ scores revealed that male social care students are more likely to have negative attitudes to self-ageing than females and that age has no impact on attitudes towards self-ageing and older people. The main thrust of this research showed that attitudes towards self-ageing do not have a significant impact on students' choice to work with older people, which signifies that these attitudes are not a major barrier in recruiting social care students. The main barrier is the negative construction of this type of social care work itself. It is considered that urgent steps need to be taken to promote students' interest in this area of practice; otherwise there may be a risk of a severe crisis in social care human resources for providing non-medical care to older people, taking into account rapidly changing demographics and the reduction of potential informal carers. The main recommendation is to introduce an innovative educational curriculum, which will facilitate students' interest in working with older clients.

Introduction

The past few decades have brought about profound social change in Ireland. One of the most significant transformations has been the rapid change in Irish demographics; in particular, increased life expectancy and the number of people aged over 65 years as a proportion of the total population. According to 2006 population Census, there are nearly half a million people (467,926) aged over 65 years living in Ireland, accounting for just over 11 per cent of the total population. This number is expected to grow as predictions suggest that one in four Irish people will be aged over 65 years by 2041, with the greatest increase expected to occur in those aged over 80 years (cited in O'Shea, 2006, p 9). The estimates also suggest that this year alone, 388 Irish citizens will turn 100 years old, and this number will only rise in the future (Reilly, 2012). These figures indicate that during the next decade older adults will form a distinct group of people with a variety of health and social care needs, and the greatest challenge for policy makers and service providers will be planning and responding to increasing care demands of the older population (Timonen and Doyle, 2007).

Non-medical care for older people in Ireland constitutes a complex and interwoven mix of formal and informal care provisions. Traditionally, informal care arrangements have been provided by a family member (usually a woman), while formal care comes from three main sources including private, public and non-profit (Timonen et al., 2006). Although the common belief, which is widely reflected in many social policy papers, is that informal care is the most desirable type of care for older people in Ireland, this may be difficult to achieve considering changes in traditional family type, in particular a decreasing birth rate and increased participation of women in the labour force (Timonen and Doyle, 2007). The significant reduction of potential informal carers will place high demands on formal non-medical care provisions that will have to develop the most appropriate ways of providing quality care to older people in order to ensure that older adults can maintain independent living in the community for as long as possible (O'Dwyer and Timonen, 2009).

The above facts indicate that a lot of social care human resources will be needed to adequately respond to the growing care demands of this client group. As a result many current social care students may find themselves practicing in this area of work upon their graduation. In order to provide holistic and best quality of care to older people, social care students need to be adequately prepared, have a good knowledge of the ageing process and, most importantly, be

willing to work with older people (Quinn, 1999). However, not all qualified social care practitioners and students may want or choose this area of social care as the most desirable field for practice.

A literature review suggests that many health and social care professionals and students consider work with older people as the 'least attractive' career opportunity due to its 'lower professional status' (Le Counteur et al., 1997; Lun, 2011). Abbey et al. (2006) point out that work with older adults usually involves lower pay and is perceived as a less skilful type of work, which does not require much professional expertise, except provision of basic needs. Recent research carried out among first year nursing students indicated that many future nurses give preference to paediatric nursing over geriatric and do not aspire to work with older people, considering this work as less interesting in comparison with other nursing career opportunities (Henderson et al., 2008). In addition, a lot of research conducted among other health care practitioners indicated that those involved in direct work with older people do not value their professional contribution in increasing the quality of life of older adults and commonly share negative and stereotypical attitudes towards this client group (Pursey and Luker, 1995). Negative attitudes and stereotypes towards older people are also considered a major barrier in recruiting health and social care students to work with older people (Gellis et al., 2003; Gething et al., 2004).

Sousa and Figueiredo (2002) highlight that in Western societies older people are stereotyped as rigid, senile, boring, useless, dependent, and disabled. Many people fear old age because this period of life is considered as a time of poverty, illness, loss and social disengagement. Walsh (1989) highlights the paradox of old age: 'people fear old age as much as they fear not living long enough to reach it' (cited in Sousa and Figueiredo, 2002, p. 269). This phenomenon is contradictory in its nature, as ageing and growing old is an inalienable part of human life (Stuart-Hamilton, 2000). However, the research suggests that these stereotypes and fear of old age lead to development of negative attitudes and ageism towards older people (Nelson, 2005).

It is possible to distinguish two main theoretical frameworks that attempt to explain adoption of negative stereotypes towards older people. The functional perspective suggests that negative attitudes and stereotypes serve a protective function, which helps younger generations to deny the threatening aspects of old age, such as death, and refuse the idea that they will eventually become members of this outgroup (*ibid*). The terror theory suggests that members of Western

cultures are socialised through the religious prism, which stresses that death is the time to pay for what a person has done during their life. As a result younger people tend to distance themselves from older generations as it reminds them about their own mortality and 'time to pay for their sins'. Younger people may adopt ageist and negative attitudes that may be expressed through ageist behaviour, such as openly blaming older people for their current state (Weiten et al., 2011).

The common theme of these two theories is that people fear death, and as a result of this anxiety they adopt negative attitudes towards older people. These theories suggest that negative attitudes can appear on a personal and cultural or social level (Gething et al., 2004). The attitudes that appear on a cultural or social level explain attitudes towards older people in general, while negative attitudes adopted on a personal level indicate that people fear self-ageing and as a result develop ageist outlooks towards older people (Gething, 1994).

However, Guinn (1999) points out that these attitudes occurring on both levels do not transpire in a vacuum and are socially constructed. It is particularly evident in advertisements for beauty products, where women are encouraged to look young for as long as possible, and birthday greeting cards that imply that being a year older should be an issue (Nelson, 2005). Such a construction gives the clear message that ageing is an undesirable life process, which leads to fear and anxiety of one's own ageing and adoption of negative attitudes and even ageist behaviour towards older adults, thus indicating that these two levels are interlinked (Stuart-Hamilton, 2000).

Health and social care professionals, as the ones who provide direct care to older people, should be free from prejudice towards self-ageing and older people. Unfortunately, a lot of research suggests that health and social work practitioners engaged in provision of direct care to older people share the same negative stereotypes and attitudes as the rest of the population (Nelson, 2005). The research conducted by Gething et al. (2004) among nurses practicing in gerontology in Australia, the UK and Sweden found significant cross-validation of negative attitudes towards self-ageing and older people. The results of this study show that almost one-third of nurses practicing in geriatric care in three different Western countries have negative attitudes to self-ageing and older people.

An extensive body of literature outlines the attitudes of different medical professions towards self-ageing and older adults (Mandy et al., 2007). A lot of research was carried out to establish potential relationships between medical professionals' age and gender and attitudes towards older people. However, the results focusing on the impact of a person's age and gender on negative attitudes towards self-ageing are very unclear. While some research suggests that there is a correlation between age, gender and attitudes to self-ageing and older people, where younger people and males are considered as having more negative attitudes (Gellis et al., 2003), other researchers did not find any significant relationship between these variables, arguing that all medical professionals are equally exposed to negative attitudes and ageist behaviour towards older people (Gething et al., 2002).

It is important to note that while it is generally believed that negative attitudes towards self-ageing and older people may lead to ageist treatment in providing care, the potential relationship between these two variables has never been established (Pursey and Luker, 1995). However, there is some literature to suggest that negative attitudes of those providing care to older people have an impact on both job satisfaction (Abbey et al., 2006) and overall quality of care provided to older people (Gething et al., 2002). For these reasons, it is particularly important to address the attitudes of future social care workers, in order to ensure that the much-needed care they will probably provide to older people is of the highest possible standard.

There is also an extensive amount of research focusing on medical students' attitudes towards both self-ageing and older people (Gattuso and Saw, 2004; Le Counteur et al., 1997). Although the attitudes of social work students and their choice to work with older people have been subject to some scrutiny (Lun, 2011), the attitudes of social care students towards older people have been widely ignored. Two reasons could explain this limited data. First of all, social care may be considered as quite a 'young' profession in comparison to medical and social work practice fields (Share and McElwee, 2005). Secondly, as Gallagher (2005) specified, care provisions for older people in Ireland have been significantly influenced by the medical model, and the social care contribution in working with older people has been quite fragmented. While the input of social care practitioners in the area of older people care has been rapidly increasing, this profession is also expected to fill in the gap of adequate care provision to ensure that older people can maintain independent living in the community for as long as possible. In lieu of such considerations, it becomes evident that it is important to understand

future social care workers' attitudes to older people and realise the impact these attitudes may have when considering this field of social care as a potential career opportunity. This research project will aim to provide additional knowledge about attitudes of social care students towards self-ageing and older people and their preference to practice in this area of social care.

Research Question

This research will attempt to explore factors affecting social care students' preference to work with older people as well as to assess how adequately they feel prepared to work with this client group. The main interest of this research is to identify social care students' attitudes towards self-ageing and the possible relationship between these attitudes and choice to work with this client group. Leaning on previous research in health and social work fields, the researcher hypothesises that working with older people may be considered as the least appealing career opportunity among social care students, and their preference may be linked to negative attitudes to self-ageing. The researcher will also endeavour to establish a potential relationship between social care students' attitudes and their age and gender, in order to establish more understanding in this contradicting area of research.

Methodology

This research project was conducted employing a quantitative research strategy. While this research strategy has many limitations, such as providing restricted statistical data, which does not entail in-depth considerations of responses (McDonald, 2006), it is commonly used by researchers in assessing attitudes and opinions of interest groups (Giddens, 2009). In addition, this research project may be considered as applying a positivist functional approach in exploring the area of interest, as it aims to reflect on current realities of social care students attitudes towards self-ageing and work with older people, and this approach is usually addressed through a quantitative research strategy (Bryman, 2008).

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The participants of this study included social care students from first to fourth year currently studying for the bachelor's degree in applied social care in one of the third-level institutions on the east coast of Ireland. The target population included a total of 127 students. The sampling method used in this research project is non-probability sampling, as it entailed obtaining data from a population with specific characteristics (Abbott and Sapsford, 1998), in this case full-time students enrolled only in one third-level institution in Ireland.

The data was collected through the distribution of surveys, which is the most commonly used research method in quantitative research, especially in gathering data about issues that cannot be easily observed, such as attitudes (Macionis, 2005). The survey presented a series of written closed and open-ended questions focusing on different aspects of the research questions (see Appendix 1). The fact that the survey included both types of questions, which allowed choosing an answer from the fixed set of responses and providing more in-depth opinion in unstructured questions, signifies that the survey used in this research project is a semi-structured questionnaire (Giddens, 2009). First, three questions in the semi-structured questionnaire focused on the demographics of respondents, which included questions on their year in college, gender and age.

The survey also included questions on students' preference to work with different client groups. Students were asked about how adequately they feel prepared to work with these groups and to give their personal judgement about the impact of course learning on preparation to work with potential service users. These questions were presented as closed questions, using the Likert

scale. This scale is based upon the assumption that each statement carries equal 'weight' and is commonly used in the investigation of attitudes and opinions (Kumar, 2010).

Within this questionnaire, the Likert scale presented 5 measures of different statements where 1 was 'not preferred at all', 2 'not preferred', 3 'preferred a little', 4 'preferred', and 5 'highly preferred'. The Likert scale was also used to indicate how adequately students felt prepared and their opinion on how course learning prepares them to work with different client groups. The scale employed measures ranging from 1 meaning 'not prepared at all' to 5 'extremely prepared'. The reliability analysis of these scales using Cronbach alpha values indicated that all three scales used in this questionnaire are reliable and consistent, as their statistical reliability mean varied from .402 to .792, which is within the recommended range for smaller number of items (fewer than 10 items) in the scale (Briggs and Cheek, 1986 cited in Pallant, 2006). In its simplest form the reliability analysis indicates that these scales are consistent in measuring students' preferences and personal opinions on preparation level, and would produce similar results in future (Black, 2006). Students were also asked to provide reasons for the most and least preferred career opportunities, as well as to consider at what age they view a person as being old. Both of these questions were presented as open-ended and allowed more detailed answers (McDonald, 2006).

The final part of the questionnaire provided the Reactions to Ageing Questionnaire (RAQ). The RAQ is the attitude to ageing measurement developed in Australia in the early 1990s (Gething, 1994). This measurement attempts to reflect attitudes that appear on a personal level and provides 27 different statements in relation to self-ageing. The response rating varies from 1 'disagree very much' to 6 'agree very much'. The summation of the RAQ provides scores ranging from 27 to 162, where higher scores are regarded as more positive (Gething et al., 2002). The most common classification of the result is the division of respondents' total scores into three main categories: gerophobes, neutral and gerophiles. The gerophobes classification indicates lower scores ranging from 27 to 79 and highlights that a person has negative attitudes towards self-ageing. The neutral category includes scores between 80 and 119, while total scores of more than 120 indicate that the respondent has positive attitudes to self-ageing and falls into the gerophiles category (Mandy et al., 2007).

Previous research indicated a significant relationship between the RAQ and the Aging Semantic Differential and Facts on Aging Quiz, which attempt to assess attitudes towards older

people on a social level. This correlation suggests that the RAQ has potential validity in measuring both attitudes towards self-ageing and older people in general (Gething et al., 2002). The previous analysis of statistical reliability of the RAQ indicated Chronbach alpha coefficients ranging from .86 to .89 (Gething et al., 2004). In the current study Chronbach alpha value was .753, which is within the recommended range and represents good internal consistency (Brace et al., 2006).

Prior to distribution of the questionnaire, it was proofread and approved by two people, who gave their feedback on structure and wording of the questions, and questions were edited according to relevant feedback. This was obtained to ensure that the research method has internal validity, which can be explained in simple terms as measuring what the researcher wants it to measure (Bell, 2007).

The questionnaires were administered during lectures in March 2012. The lecturers were consulted prior to administration and all information about the purpose of the research was explained. It indicated that lecturers acted as the 'gatekeepers' and their verbal informed consent was essential for the ethical considerations of the research project and gaining access to the research population (Abbott and Sapsford, 1998). The questionnaires had a consent form attached at the front of the survey (see Appendix 2). The nature and purpose of the study were verbally explained to the participants and they were kindly asked to read the front page carefully. These instructions were necessary to ensure that participants gave their informed consent to participate in this research project, which is one of the key principles of ethical quantitative research (Giddens, 2009). The researcher was also obliged to ensure anonymity and confidentiality of research subjects. The anonymity was ensured through avoiding questions about specific personal information such as name or address, and upon completion no one, even the researcher, could identify the respondent (Black, 2003). The participants did not have to sign the consent form or in any other way disclose their identity. The completion of the questionnaire was considered as evidence of consent, which is considered an appropriate strategy in research employing surveys (David and Sutton, 2004). The confidentiality of participants was protected by providing the minimum of questions on demographics, which reduced the possibility to identify the respondent. Careful consideration was given in presenting the results on demographics and establishing relationships between different variables and the RAQ, in order to ensure compliance with the ethics of quantitative research.

The confidentiality of the third-level institution was also protected by avoiding mentioning the name of the college (Kumar, 2010).

The most fundamental concept of ethics in research is reducing any potential risks of causing harm to participants (Giddens, 2009). While surveys are usually considered as carrying less risk than interviews (David and Sutton, 2004), emotional issues or anxiety may be brought up by any question, including a participant's age (Kumar, 2010). In order to ensure 'no harm' principle, students were made aware that their participation in the study was voluntary and that they had a choice of whether to participate or not (Abbott and Sapsford, 1998). Even though the consent form requested participants to fill in all questions in the questionnaire, it stressed that these questions should be filled in only if participants decide to participate in this research project. The researcher provided her contact information so that research subjects could seek additional information or address potential issues in relation to their participation in the study. The very end of the questionnaire provided an empty space to leave any relevant comments and indicated that participants could expect a copy of the anonymised results upon request. It offered an opportunity to involve social care students in the research process and provided a chance of greater influence on the outcomes of the research (Giddens, 2009). The data protection considerations were also taken into account. All completed surveys were kept into researcher's home office and data was stored in her private laptop, which is secured with the password known only to researcher (Bell, 2007).

All gathered surveys were numbered in random sequence and entered into research software. The data was analysed using the Statistical Package for Social Science (SPSS) 17.0. Simple analyses of descriptive statistics and frequencies were run. In order to establish potential correlation between participants' age and the RAQ scores, Pearson's correlation test was used. The relationships between non-parametrical variables such as the RAQ classifications and participants' gender and their preference to work with older people were identified by conducting Pearson's chi-square contingency or cross-tabulation table analysis. However, it is important to note that a relationship does not mean causality; it only indicates that there is an association between two variables among different groups (Brace et al., 2006). In this research project, the relationship indicated a possible difference between gerophobes, gerophiles and neutral social care students and their choice to work with older people.

Results

A total of 106 surveys were returned, representing a response rate of 81 per cent. However, because of missing data 13 questionnaires were removed from the data analysis. Therefore, 91 completed questionnaires were analysed, which included 24 participants attending first year (26.4 per cent), 21 attending second year (23.1 per cent), 27 enrolled in third year (29.7 per cent) and 19 students currently completing their honours degree in social care (20.9 per cent).

Demographics

The analysis of demographics indicated that males accounted for 16.5 per cent ($n = 15$) of the total sample, while females formed a large group, representing 83.3 per cent of the sample ($n = 76$), establishing a 5:1 female to male ratio studying a degree in social care. The analysis of participants' average age was based on 90 responses as 1 participant failed to indicate their age. Consequently, the average participant's age was 23.15 years ($SD = 7.87$), ranging from 17 to 51 years old. The significant number of participants fell into the category of non-mature students aged between 17 and 23 years, representing 65.9 per cent ($n = 60$) of the total sample.

Preference for working with different social care client groups

Social care students' choice to work with different clients groups was analysed running descriptive statistics. Table 1 summarises students' preferences for practice fields, including mean score and standard deviation of each client group. This data indicates that social care students described in this study mainly preferred to work with young people (mean = 3.68, $SD = 1.11$) and children (mean = 3.71, $SD = 1.20$). The least preferred career opportunities were working with immigrants (mean = 2.76, $SD = 1.05$), followed by working with older people (mean = 2.85, $SD = 1.04$). Twenty-four (26.37 per cent) of the respondents considered work with older people as a preferred or highly preferred career opportunity, while 27 students (29.67 per cent) gave this social care area little preference and 40 participants (43.95 per cent) indicated that they would prefer not to work with this client group.

Table 1: Social care students' preference for practice with different client groups

Client Group	Mean	Std. Deviation
Children	3.71	1.20
Young	3.96	1.12
Older people	2.85	1.04
People with Disabilities	3.51	1.16
People with Addiction	3.58	1.09
Homeless People	3.31	1.16
Survivors of Domestic Violence	3.35	1.13
Immigrants	2.76	1.06
Members of Travelling Community	3.14	1.18

Reasons for considering work with older people as a 'highly preferred' and 'not preferred' career opportunity

A thematic analysis of the unstructured responses of seven cases who gave work with older people highest preference revealed that the most common reason for considering work with older people as the most appealing career opportunity was previous positive experience in this area ($n = 4$). Another reason for considering this field of social care as 'highly preferred' was interest ($n = 2$). One participant who gave older people the highest scoring in preference indicated reasons not related to this client group.

The thematic analysis of reasons for considering work with older people as a 'not preferred at all' and 'not preferred' career opportunity ($n = 40$) outlined that the majority of those giving no preference to work with older people ($n = 17$) expressed having no interest in working in this area. The comments outlined that respondents did not feel as 'passionate' and 'satisfied' about developing a career in this area of social care, and one respondent disclosed:

'Old people do not interest me as much as other areas. I feel there is little need for social care in this field'.

Other reasons for putting no preference to work with older adults included lack of experience in this area ($n = 8$) and previous negative experience ($n = 5$). Three participants disclosed that they have insufficient knowledge about this field of social care. In addition, two participants expressed controversial reasons for not preferring work with older people, such as:

‘Perhaps older people would be ranting, thinking they know everything and I don’t like that.’

‘I’m not comfortable with the whole changing nappies, etc.’

The remaining five participants who gave ‘no preference’ to work with older people failed to indicate underlying reasons for their choice.

Participants’ opinions on personal preparation level to work with different client groups

The analysis of descriptive statistics on students’ opinions about their personal preparation level indicated that participants personally felt quite adequately prepared to work with young people (mean = 3.79, SD = 1.06) and children (mean = 3.78, SD = 1.04). Students’ responses indicated that they felt they had some preparation on a personal level to work with people with disabilities (mean = 3.25, SD = 1.30), homeless people (mean = 3.02, SD = 1.34), older people (mean = 3.01, SD = 1.19) and people with addiction problems (mean = 2.95, SD = 1.21). Participants considered having little or no preparation on a personal level to work with survivors of domestic violence (mean = 2.67, SD = 1.17), members of the travelling community (mean = 2.58, SD = 1.13) and immigrants (mean = 2.34, SD = 1.09).

Participants’ opinions on course learning preparation to work with different client groups

The descriptive statistics revealed that participants felt that their course learning most adequately prepared them to work with young people (mean = 3.92, SD = .89) and children (mean = 3.89, SD = 1.09). While future social care practitioners indicated that their studies offer some preparation to work with people with disabilities (mean = 3.18, SD = 1.03) and older people (mean = 3.16, SD = 1.13), they felt that their course learning provided less preparation to work with people with addiction (mean = 2.97, SD = 1.3), homeless people (mean = 2.89, SD = 1.03), survivors of domestic violence (mean = 2.87, SD = 1.07), members of the travelling community (mean = 2.69, SD = 1.01) and immigrants (mean = 2.32, SD = .976).

Table 2 provides the results of students' opinions about course learning preparation to work with different client groups split by the progress on their social care degree, including mean and standard deviation of actual scores. In relation to older people, it is very clear that students' opinions about their professional preparation level to work with this client group steadily diminish with the progress in their course learning. While first year students expressed that their course learning adequately prepares them to work with older people (mean = 3.5, SD = .93), fourth year students did not share such an optimistic opinion about their course learning preparation to practice in this social care area (mean = 2.94, SD = 1.35).

Table 2: Social care students' opinions about course learning preparation to work with different client groups

Year in college	Children		Young People		Older People		People with Disabilities		People with Addiction		Homeless People		Survivors of Domestic Violence		Immigrants		Members of Travelling Community	
	MEAN	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
N = 91																		
1st	3.17	/ 1.28	3.54	/ .77	3.51	/ .93	3.46	/ 1.02	3.63	/ .88	3.33	/ .963	3.42	/ 1.06	2.13	/ .99	2.36	/ 1.09
2nd	4.31	/ .73	4.14	/ .91	3.14	/ .96	3.05	/ .86	3.19	/ .83	3.01	/ .77	2.90	/ .700	2.33	/ .79	2.95	/ .67
3rd	3.88	/ .97	3.71	/ 1.06	3.07	/ 1.07	2.96	/ 1.06	2.56	/ 1.19	2.86	/ 1.06	2.74	/ 1.26	2.63	/ 1.04	3.15	/ .95
4th	4.31	/ .95	4.26	/ .65	2.94	/ 1.35	3.26	/ 1.19	2.47	/ 1.29	2.26	/ 1.09	2.31	/ .86	2.11	/ .99	2.1	/ 1.02
Total	3.89	/ 1.08	3.92	/ .89	3.16	/ 1.07	3.18	/ 1.03	2.97	/ 1.13	2.89	/ 1.04	2.87	/ 1.07	2.32	/ .98	2.69	/ 1.02

Old age, the Reactions to Ageing Questionnaire (RAQ) and different relationships

Respondents were asked to indicate at what age they consider a person as being old. The most common response was 70 years of age or more, which was proposed by 42 respondents (46.2 per cent). Twenty-six participants (28.6 per cent) viewed a person as being old at the age of 60 years or more, most commonly citing pension age ($n = 12$), which begins at 65 years. Twelve students (13.2 per cent) considered old age as being 80 years old or older, while 7 people (7.7 per cent) viewed a person as being old at the age of 50 years or older. Two participants failed to indicate at what age they view a person as being old. In addition, as this question was presented as an open-ended question, one participant explained that being old depends on 'how the person feels' and another respondent outlined that 'it depends on what the person looks like'.

The summation of the RAQ scores highlighted that four participants (4.4 per cent) fell into the gerophiles category or as having positive attitudes towards self-ageing and older people. Eight respondents (8.8 per cent) were classified as gerophobes with negative attitudes, and the vast majority of social care students, consisting of 79 participants (86.8 per cent), were considered as having neutral attitudes towards self-ageing and older people. Table 3 summarises the RAQ scores based on participants' gender and age group.

Table 3: Participants the RAQ category.

	Gerophobes	Neutral	Gerophiles	Total
Gender				
Male	4	11	0	15
Female	4	68	4	76
Total	8	79	4	91
Age Group				
17 – 23	2	55	3	60
24 – 30	1	11	0	12
31 – 40	4	8	1	13
41 +	1	4	0	5
Total	8	78	4	90*

*One participant failed to indicate their age and was excluded from the analysis

The cross-tabulation table analysis between participants' gender and their attitudes to self-ageing category indicated a weak relationship ($\phi = .279$) between these variables. However, as the chi-square analysis showed that three cells had an expected count of less than 5, the exact significance test was selected for Pearson's chi-square. The exact test showed that there was a relationship between gender and attitudes towards self-ageing: $X^2(2, n=91) = 7.693$, exact $p = 0.29$. This indicates that male participants may be considered as having more negative attitudes towards self-ageing than females. This relationship may be partially evident, considering that none of the male participants fell into the gerophiles classification category (see Table 3).

Pearson's correlation analysis was run to identify a potential relationship between the RAQ actual scores and participants' ages. This analysis showed that there was no significant correlation ($r = -.16$, $n = 90$) between these two variables, highlighting that for respondents in this research project actual age had no impact on their attitudes towards self-ageing and older people.

The potential relationship between the RAQ scores category and preference to work with older people was identified by the Pearson's chi-square test. This analysis showed that 11 cells had an expected count of less than 5, so an additional exact test was run. The exact analysis of students' preference to work with older people and their attitudes towards self-ageing showed that there was no significant relationship between these variables ($X^2(8, n=91) = 9.435$, exact $p = 0.12$). These results indicated that all three categories, including gerophobes, neutral and gerophiles, had very similar opinions about their preference to work with older adults, and their attitudes had no impact on choosing this social care field as a potential career option.

Discussion

The findings of this research project only partially support the research questions. First of all, work with older people was not the least preferred career opportunity among social care students, as the most unappealing type of social care practice considered by respondents was work with immigrants. However, work with older people was not a very popular choice as a career preference either as the average score for preference to work with this client group was very close to that of working with immigrants. Only a quarter of respondents considered work with older people as a preferred career option, while over 40 per cent of all respondents would not prefer work with older people upon their graduation. Considering in general terms, these findings support research carried out among health (Henderson et al., 2008; Le Counteur et al., 1997) and social work students (Quinn, 1999) indicating that work with children and young people are usually the most appealing career opportunities. This demonstrates that future social care practitioners are not an exception in this case.

Some authors argue that work with children and young people is usually based on the belief that professional intervention can bring more positive changes in the lives of these service users, thus showing that practitioners have done something tangible in helping children and young people, which itself increases professional and personal satisfaction (Darvas and Hegyesi, 2003). On the other hand, work with older people is usually regarded as less fulfilling in terms of professional ambition, as it is difficult to measure the impact of intervention and service users' age is an important factor (Quinn, 1999). Older people are associated with death and any intervention is considered as bringing only temporary benefits in improving quality of life of this client group (Shaw, 1994).

Social care students' accounts provided multiple reasons for considering social care with older people as a less appealing career opportunity. The most common response indicates that students have no interest in working with older people. Lack of interest in work with older generations was a common topic reported by other researchers (Henderson et al., 2003), who also outlined that interest can usually be promoted through exposure and experience in working with this client group (Gellis et al., 2003). However, the findings of this research project indicated that previous experience in working with older people had both positive and negative effects in choosing this career area. While those students who had positive experience in this type of practice considered work with older people as a highly preferred career opportunity, it

appears that negative previous experience resulted in complete rejection of work with older adults as a practice field. Stevens (2011) found very similar results in investigating nursing students' preference to work with older people, establishing that 'previous work experience of working with older people was a guarantee that just about any other career destination was preferable' (p 547). In addition, some students provided quite controversial comments for their non-preference for work with older adults, which reflected a very stereotypical outlook about older people and working with this client group. Such negative expressions are very concerning, taking into account that the social care profession is expected to provide a lot of non-medical formal care to older clients in the future (Gallagher, 2005). These outlooks represent questionable students' knowledge about ageing and rapidly changing demographics. However, it is important to note that while students' opinions about their preference for working with different client groups highlighted that social care students find work with older people less interesting and satisfactory than work with young people or children, the actual interpretation of these results should be treated with extreme caution. The question on preference to work with different client groups employed a multiple response option, so more than one area of social care could have been highly preferred or not preferred at all; thus the reasons may have been related to several client groups, including older people.

The assessment of social care students' preparation on both a personal level and through course learning showed that students considered themselves as having some preparation to work with older clients, as strictly speaking this client group came in the middle of both questions focusing on how adequately students felt prepared to work with different clients. These findings are contrary to many researches carried out among health care students (Pursey and Luker, 1995), where authors often argue that students have little or no preparation to work in the area of older people care (Abbey et al., 2006). Nevertheless, these results may clash because of a difference in the nature of care provided between these areas, where social care work with older people would be mainly non-medical (Timonen et al., 2006). However, it is important to indicate that this research project has never attempted to assess actual knowledge and has purely focused on students' personal opinions about their preparation level to work with different client groups. Taking into account this factor, it is possible to perceive a significant difference in opinions expressed by first and final year students regarding their course preparation to work with older people, where those at the beginning of their studies felt much more confident to work with older people than those who have reached the final stage of learning.

Stevens (2011), in his study of nursing students, found a similar trend where both competence and interest in work with older people gradually diminishes with the progress in course learning, and where those who enter practice fields have little preference to work with older clients. The results of this research project can be considered as thought-provoking, taking into account that final year social care students are currently completing a 'Growing old and alienation' module, which provides in-depth knowledge about care needs of older people. It may mean that students completing their honours degree in social care can have a better understanding of the fact that work with older clients is not simply provision of basic needs and involves a lot of assessment, care planning, advocacy and liaison with different agencies (Sussex and Scorfield, 2004), and thus cause them to be more critical about their preparation level.

The analysis of the Reactions to Ageing Questionnaire revealed that the majority of social care students hold neutral attitudes towards self-ageing, while less than 10 per cent of students were classified as gerophobes and even less as having positive attitudes towards self-ageing and older adults. These results suggest that a very small proportion of social care students have negative attitudes towards self-ageing and older people and that social care students tend to balance between positive and negative attitudes. However, this attitude neutrality can be viewed from at least two perspectives. One perspective would indicate that balancing between positive and negative attitudes towards older people may have potential negative implications for both choosing work with older people as a career option and delivering quality of care to this client group (Gething et al., 2004). Another school of thought would present neutral attitudes as a more positive aspect of working with older people (Pursey and Luker, 1995). The author of this research project is more convinced to accept the second opinion, taking into account the nature and definition of social care (Share and McElwee, 2005). Thus, it is possible to argue that social care students' neutral attitudes indicate that they tend to hold more positive attitudes towards self-ageing and older people.

The research findings established some relationships between gender and attitudes towards self-ageing, and did not indicate any correlation between these attitudes and participants' age. These findings partially support Gellis et al. (2003) results, which concluded that male social work students tend to have less favourable attitudes to self-ageing and older people, which is

also evident in this research project. However, as the division of females and males in this research project was very unequal, representing a 5 to 1 ratio, it is difficult to estimate the validity of such results. In addition, it is necessary to mention that social care itself is a highly gendered profession, representing a similar ratio to that discovered in this study (McElwee et al., 2003), so relationships between social care practitioners and students' attitudes towards self-ageing and gender can be open to speculation. Considered in more general terms, the lack of a relationship between age and RAQ scores suggests that demographics do not have a lot of impact on social care students' attitudes towards self-ageing, indicating that students of any age can be classified as gerophobes, gerophiles or neutral. Previous research findings support this concept (Gethling, 1994; Gething et al., 2004).

The exploration of the RAQ classification of attitudes and preference to work with older people revealed that all three categories, including gerophobes, neutral and gerophiles, had very similar preferences to work with older people, indicating that all three categories gave little priority to considering this social care field as a potential career. These findings are contrary to many authors who suggest that negative attitudes towards self-ageing and older people are major barriers in recruiting health and social care professionals to work with older people (Gething, 1994; Gething et al., 2004), as this research showed that even those students who hold positive attitudes towards self-ageing do not aspire to work with older clients. These facts highlight that even though attitudes towards self-ageing and older people are not major obstacles in choosing to work with older people, the very little priority given to this client group shows that actual barriers exist. Quinn (1999), in her study of social work students' attitudes, outlines that it is necessary to draw a clear distinction between attitudes towards self-ageing, older people in general, old people who use different social work services and social work with older people itself. While previous research indicated that the RAQ has potential validity in measuring both attitudes to self-ageing and older people in general, the relationship between these two concepts is very unclear (Gattuso and Saw, 1998) and it does not provide an opportunity to measure attitudes towards social care work with older people. In addition, Pursey and Luker (1995) argue that many researches fail to make a distinction between negative attitudes towards self-ageing, older people as a hegemonic group and negative feelings and attitudes towards this area of practice, thus failing to realise that work with older people itself is structured in a way that creates many barriers for students to consider it as potential career opportunity. The study of Henderson et al. (2003) appears to support this statement, indicating that students usually hold positive attitudes towards older people in general but lack

interest in working with this client group because of actual negative attitudes towards the work of caring for older people. This research project failed to capture the difference in social care students' attitudes towards self-ageing, older people in general and work with older people, emphasising that these concepts are different in nature. That is why the researcher could not identify any relationships between attitudes to self-ageing and preference to work with older adults, and could not fulfil the main hypothesis of this research project.

The most thought-provoking findings of this study outlined that while third-level education equips students with some basic skills to work with older people, it appears that education has very little impact on promoting students' interest in choosing this field as a potential social care career opportunity. Le Counteur et al. (1997) suggested that education plays a key role in increasing students' interest to work with older people and recommended that students should be exposed to older people from the first year of their training, and this training should be constructed in a way that emphasises that work with older adults is highly professional, satisfactory, and above all positive and practical. In addition, Henderson et al. (2003) argue that the educational curriculum should be innovative, attempting to identify students' attitudes toward work with older people and evaluate the effectiveness and delivery of any course addressing the needs of older clients. Only advanced education in the area of older people care can ensure increased interest and motivation to enter this area of practice, thus avoiding a potential crisis in social care human resources in non-medical care of older people (Lun, 2011).

The exploration of social care students' preference to work with older adults and their attitudes to ageing is very recent and contributes to better understanding of students' opinions about work with older people. However, this research project has many limitations that cannot be ignored in interpreting actual results. First of all, even though the survey was distributed over a period of three weeks to ensure external validity (Macionis, 2005), the researcher excluded the consideration that third year students were on their practice placement, which itself might have narrowed their preference areas, and that fourth year students were completing a module related to work with older people, which might have influenced their attitudes towards self-ageing. Considered in more general terms, Ireland is currently facing an economic crisis, which has significantly reduced social care work opportunities and this might have impacted on students' answers about preference fields of practice, where a lot of students were giving some preference to different client groups, indicating that they would be happy to get any job. Also, the results presented in this research project should be treated with extreme caution, as they

present the opinions of social care students enrolled in only one third-level institution in Ireland, thus making it very difficult to generalise these results to the entire social care student population (Giddens, 2009).

Conclusion

This research project provided a snapshot of social care students' choice to work with different client groups and their attitudes towards self-ageing. It highlights that future social care practitioners have very similar priorities in choosing different practice fields to their counterparts in medical and social work areas, where the main priority is given to working with young people and children, while work with older people is considered as a less appealing and interesting area of practice. Even though the research did not establish any relationship between students' preference to work with older people and their attitudes towards self-ageing, as the majority of students were classified as having neutral attitudes, it was possible to identify that attitudes towards older people and self-ageing are not major barriers in recruiting social care practitioners. However, it also presented that this barrier exists because a lot of social care students would not consider working with older people as a most desirable career opportunity. The main barrier that makes work with older people less appealing is the way the work with this client group is actually constructed. This construction gives the negative impression that work with older people is lacking professional status, poorly paid, less satisfactory, does not require much professional knowledge and entails only provision of basic needs. As a result of this negative impression almost half of social care students would not chose this practice field as a potential career option.

Even though this research project has many limitations, it also raises a number of questions that should be addressed through future research. First of all, as the area of social care students' attitudes and preference to work with older people is a new area of research, more in-depth consideration should be given to students' reasons for lack of interest in working with older clients. This could possibly be achieved through mixed methods of both quantitative and qualitative research strategy. Also it is necessary to establish a clear and scientific correlation between social care students' attitudes to work with older people and their actual preference in seeking a career in this area of social care. Finally, it is necessary to examine different strategies that would help to deconstruct students' negative attitudes towards work with older people and increase their interest in this field.

This research project suggested that one of the strategies that can help to deconstruct negative attitudes towards work with older people is an innovative educational curriculum, which would present work in this area as highly professional and rewarding in terms of personal and

professional satisfaction. There are a number of recommendations that will help adopt more creative techniques in the delivery of a module focusing on work with older people.

First of all, in order to present work with older people as a more appealing career opportunity it is necessary to change the name of the module 'Growing old and alienation', as even its name contributes to a negative construction of both old age and work with older people. Secondly, it is necessary to invite more guest speakers, who will present their work as positive and highly professional, which involves a lot of assessment, care planning and therapeutic work. The guest speakers will encourage students to seek more experience in this area and help them to realise that this work entails both professional and practical delivery of care. As the research indicated that male students have less positive attitudes to self-ageing, it would be beneficial to invite both female and male social care practitioners, who will act as positive role models, showing that male carers are also needed in work with older people. Videos of recorded interviews with older people, providing their life stories and circumstances of the present and past will, increase students' exposure to potential service users and promote an interest in work with older clients. Finally, third-level institutions should take a proactive approach in responding to the growing care demands of older people and any module that is developed to increase students' interest in work with older adults should be carefully monitored and evaluated in terms of its effectiveness.

Of course work with older people is not for everyone. However, if urgent steps are not taken in promoting students' interest in this career field, the future of caring for older people may face a severe crisis in social care human resources. This crisis would have tremendous negative implications for the older Irish population, as a lot of older people would not be able to maintain independent living in the community and would be forced to enter nursing homes. This fact is very concerning and is interfering with the quality of life concept.

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Appendices

Appendix 1: Survey

1. What year are you currently completing? Please tick appropriate

☐₁ 1st Year

☐₃ 3rd Year

☐₂ 2nd Year

☐₄ 4th Year

2. What is your gender?

☐₁ Male

☐₂ Female

3. What is your date of birth? Please write in

4. On a scale of 1 to 5, where 1 is 'not preferred at all' and 5 is 'highly preferred' to what extent would you prefer to work with the following groups? Please circle your answer

Children	1	2	3	4	5
Young People	1	2	3	4	5
Older People	1	2	3	4	5
People with Disabilities	1	2	3	4	5
People with Addiction	1	2	3	4	5
Homeless People	1	2	3	4	5
Survivors of the Domestic Violence	1	2	3	4	5
Immigrants	1	2	3	4	5
Travellers	1	2	3	4	5
Other (Please specify):	1	2	3	4	5

5. Please give reason for most preferred option:

6. Please give reason for least preferred option:

7. On the scale between 1 and 5 where 1 is 'not prepared at all' and 5 is 'extremely prepared', to what extent do you feel prepared to work with the following groups? Please circle your answer

Children	1	2	3	4	5
Young People	1	2	3	4	5
Older People	1	2	3	4	5
People with Disabilities	1	2	3	4	5
People with Addiction	1	2	3	4	5
Homeless People	1	2	3	4	5
Survivors of the Domestic Violence	1	2	3	4	5
Immigrants	1	2	3	4	5
Travellers	1	2	3	4	5
Other (Please specify):	1	2	3	4	5

8. On the scale between 1 and 5 where 1 is 'not prepared at all' and 5 is 'extremely prepared', to what extent do you feel your course learning prepares you to work with the following groups?

Children	1	2	3	4	5
Young People	1	2	3	4	5
Older People	1	2	3	4	5
People with Disabilities	1	2	3	4	5
People with Addiction	1	2	3	4	5
Homeless People	1	2	3	4	5
Survivors of the Domestic Violence	1	2	3	4	5
Immigrants	1	2	3	4	5
Travellers	1	2	3	4	5
Other (Please specify):	1	2	3	4	5

9. In your opinion, what age would you consider as old/elderly? (i.e. 18 years old)
Please write your answer below
- _____

10. On a scale of 1 to 6 where 1 is 'disagree very much' and 6 is 'Agree very much', please circle how you feel to the following statements

		Disagree very much	Disagree somewhat	Disagree a little	Agree a little	Agree somewhat	Agree very much
1	Old age will be an enjoyable time of life	1	2	3	4	5	6
2	I worry that I might become senile and lose my mind	1	2	3	4	5	6
3	I hope that I might look back on my life with a sense of pride	1	2	3	4	5	6
4	I will be more lonely than I am now	1	2	3	4	5	6
5	Old age brings satisfactions that are not available to the young	1	2	3	4	5	6
6	Becoming frail is rarely an issue which concerns me	1	2	3	4	5	6
7	I worry about dying and leaving behind those I love	1	2	3	4	5	6
8	It worries me that I won't enjoy life as much as I do now	1	2	3	4	5	6
9	I find the thought of growing old depressing	1	2	3	4	5	6
10	Life can get better once you pass middle age	1	2	3	4	5	6
11	I will regret the loss of strength and attractiveness	1	2	3	4	5	6
12	I don't feel there is much to be scared about becoming an older person	1	2	3	4	5	6
13	I worry about the loss of independence	1	2	3	4	5	6

14	I expect to be a loving, caring person	1	2	3	4	5	6
15	I will be able to accept the death of friends and loved ones as a natural part of life	1	2	3	4	5	6
16	I look forward to growing old with someone I love	1	2	3	4	5	6
17	I worry about becoming frail	1	2	3	4	5	6
18	I will become more irritable and grouchy than I am now	1	2	3	4	5	6
19	Others may find me difficult to get along with	1	2	3	4	5	6
20	I will be more set in my ways and reluctant to change	1	2	3	4	5	6
21	I won't like growing old	1	2	3	4	5	6
22	I do not worry about the thought of becoming senile and losing my mind	1	2	3	4	5	6
23	I will worry about the loss of loved ones around me	1	2	3	4	5	6
24	In my old age I will be as enthusiastic about life as I am now	1	2	3	4	5	6
25	There is a lot to look forward to with regard to being old	1	2	3	4	5	6
26	I won't feel as safe on my own as I do now	1	2	3	4	5	6
27	I am concerned about who will care for me if I become frail	1	2	3	4	5	6

11. Please feel free to add anything else about ageing, your preference, research itself or any other comments:

Thank you very much for your participation. Anonymised results will be available upon request from [REDACTED]@student.dkit.ie

Appendix 2: Consent form

Attitudes of social care students to self-ageing process and how it affects their preference to working with older people.

March, 2012

You are being invited to participate in a research study about attitudes to self-ageing. This is the [REDACTED] Research Project conducted by [REDACTED] Dundalk IT social care student. The main aim of this research is to understand how attitudes to self-ageing affect preference to working with older people.

Your participation in this research is voluntary. Your answers will remain confidential and anonymous. No one will be able to identify participants, as you do not have to indicate your name anywhere in this questionnaire.

If you decide to participate in this research please fill out the following questionnaire as precisely and accurately as you can. By filling in this questionnaire you give your voluntary consent to participate in this research project. The questionnaire will take about 15 minutes to complete.

Your answers are very important for accuracy of the research data and success of the Final Research Project. **Please make you sure that you filled in all questions in this questionnaire.**

If you have any questions or concerns about completing the questionnaire or about being in this study, you may contact [REDACTED] at [REDACTED]@student.dkit.ie or alternatively at [REDACTED]