

Young People's Perception of the Elderly and its Likely Impact on Healthcare Delivery Service

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Abstract

Young people are at the vanguard of most healthcare delivery services to the elderly. Their attitudes on healthcare delivery service could be influenced by the perceptions they hold of elderly persons. Slevin (1991) noted that young people's negative attitudes toward the elderly might be implicated in the slow growth of gerontological nursing in the UK. A study of young people (undergraduates) from both developing and developed nations identified elderly traits that they perceived to be "Unattractive."

Participants were from Nigeria (n=86); Brazil (n=232); the USA (n=221); and Ireland (n=194). Unattractive traits fell into the categories of Personal; Interpersonal; and Need.

With the unattractive traits in mind, participants were asked to rate their tendencies to *not* help: 1) their elderly parents, and 2) the elderly persons.

Results found that no significant differences between respondents from the developing and the developed countries: Unattractive traits could *not* prevent the participants from wanting to help elderly parents (Developing Countries: Mean = 3.74; SD = 1.23; Developed Countries: Mean = 3.84; SD = 1.27; $t = 1.03$; $df = 611.112$; $P = 0.302$).

Also, results found that no significant differences between participants from the developing and developed countries: Unattractive traits could prevent participants from wanting to help elderly persons who are not parents (Developing Countries: Mean = 2.73; SD = 1.22; Developed Countries: Mean = 2.75; SD = 1.34; $t = 0.137$; $df = 643.98$; $P = 0.891$).

While unattractive traits could not prevent young people from helping elderly parents, it would prevent them from wanting to help elderly people who are not parents.

The results have implications for intergenerational helping relationships.

Keywords: Young people; Unattractive traits; Parents; The elderly; Healthcare service

One's attitude could point to the direction of a behavior. Therefore, when an attitude is expressed, it could signal a resultant behavior. In this study, it is suggested that young people's attitude toward elderly

persons is important to explore, as it might predict their tendencies to wanting to help them or not.

Attitude does not always predict behavior, however.

For example, in a study of three cultural groups (Caucasian-Canadians, Chinese-Canadians and Hong Kong-Chinese) Chappell and Funk (2012) reported that attitude did not predict certain aspects of behavior such as assistance with basic and instrumental activities of daily living to elderly persons [1,2]. It did, however, predict emotional support (among the two Chinese groups), companionship (among Hong Kong-Chinese) and financial support (among Chinese-Canadians). So, while an attitude could predict certain behaviors it may not predict others (as mentioned above), or while an attitude could predict different behaviors, it depends on who is involved (parent or not parent).

In order for attitude to more accurately predict behavior, Ajzen (1991) Theory of Planned Behavior (TPB), noted that both Intentions and Perceived Behavioral Control (PBC) are required to determine behavior. Intention is measured by plans or the motive to act; and PBC by the perceived control or confidence (or self-efficacy) the person has in performing the behavior [3].

The plan or motive to act (Intention) might be influenced by the perceived control or confidence to act (PBC) that a person has over a situation, resulting in behavior. While Intention can be influenced by subjective values and cultural norms, it could be at variance with the Perceived Behavioral Control (e.g., negative attitude about elderly persons may be at variance with the ability to help). Therefore, the ability to help could be present but not the compassion. The theory of planned behavior (TPB) has been helpful in predicting health behaviors (e.g., McEachan, Connor, Taylor, & Lawton, 2011) and is based more on the cognitive aspect and less on the emotional side of predicting behavior (e.g., Manstead & Parker, 1995). However, both cognitive and emotional dimensions are important in predicting behavior from attitudes (e.g., Ajzen & Fishbein, 2005) [4,5].

Individualism and Collectivism

Triandis and Bhawuk (1997), Based on Triandis and others' previous works, suggested the following as universal dimensions for individualism and collectivism:

- a. Definition of self: Individualists view self as autonomous from groups. They do not feel obligated to share resources but Collectivists do (Markus & Kitayama 1991; Reykowski 1994) [6,7].
- b. Structure of goals: In individualist cultures, an

individual's goals relate to those of the in-group whereas in collectivist cultures, the individual's goals are subsumed within that of the in-group (Triandis 1988; Shwartz 1992, 1994). Triandis (1994) defined the in-group as "sets of individuals with whom a person feels similar" (p. 43). In general, collectivist in-groups are ascribed (e.g., caste, kin, caste, race, tribute, religion, village, nation) where as individual is tin-groups are achieved (e.g., similar beliefs, attitudes, values, actions, programs, occupations) [8-11].

- c. Emphasis on norms versus attitudes: In individualist cultures attitudes, personal needs, perceived rights, and contracts determine social behavior norms; in collectivist cultures duties and obligations determine social behavior instead (Miller 1984, 1994; Davidson et al. 1976) [12-14].
- d. Emphasis on relatedness versus rationality: In individualist cultures, rationality is emphasized but in collectivist cultures relatedness is most important. In rationality emphasis on costs/benefits of relationships, but in relatedness, priority is on relationships even if not to the person's advantage (Kim et al. 1994) [15].

Due to the influences of globalization, however, the individualism and collectivism dichotomy is not so clear cut between developed and developing societies. For example, Eyetsemitan, et al (2002) identified in developing societies, the following three environmental dimensions: Global, Developed (Western) and Developing (non-Western). Acculturation patterns could occur between an individual and any one or more of these dimensions. For example, a person can embrace western values only; another person non-western values only; and yet another, both western and non-western values combined. Furthermore s/he can exhibit those values either consistently or situationally [16].

According to Hofstede (2001), According to both the U.S. and Ireland would fit into individualist cultures while Nigeria and Brazil would fall under collectivist cultures (but with exposure to Westernization influences, cf. Eyetsemitan et al, 2002) [16]. As individualists, young people in the U.S.A. and Ireland are likely to have care dispositions toward elderly persons based on rationality and cost/benefit values. Conversely, as collectivists young people in Nigeria and Brazil are likely to exhibit care dispositions toward elderly persons (cf. Triandis & Bhawuk 1997) governed by norms, duties, and obligations. With western acculturation influences, as stated earlier it is hard to make a strict dichotomy

between individualist and collectivist cultures [17,18].

Relationship between Life Satisfaction and Job Satisfaction

In general, life satisfaction could affect job satisfaction (e.g., Judge et al, 1998; Judge and Watanabe, 1993; and Tait et al, 1989) [19-21]. Therefore, young people who are not satisfied with elderly people (based on perceived unattractive traits) may not be satisfied working with them. They could experience a lack of person-organization fit if in the healthcare delivery field.

In a study of people who are chronically dissatisfied and those who are occasionally dissatisfied Judge (1993) noted a difference in employee turnover. Turnover was more with the latter [22]. People who are chronically dissatisfied will be dissatisfied whether in or out of a job. But turnover is only one aspect that demonstrates poor commitment to a job. Absenteeism, tardiness, low productivity and calling in sick are others; and chronically dissatisfied employees could demonstrate all of those while keeping their jobs.

The participants' majors in this study were not indicated, but a good number of them might end up in the healthcare delivery field--the fastest growing industry in the developed world. Therefore, the attitude young people bring to the health care delivery industry might be of future concern.

Hypotheses

1. Respondents from developed societies with individualist cultures (U.S. and Ireland) will have stronger tendency to not help elderly persons based on perceived negative traits, than respondents from developing societies with collectivist cultures (Brazil and Nigeria).
2. Respondents from developed societies with individualist cultures (U.S. and Ireland) will have stronger tendency to not help elderly parents based on negative traits, than respondents from developing societies with collectivist cultures (Brazil and Nigeria).

Methods

Participants

The total sample of 732 respondents is made up of the following: 221 from the U.S. (Mean age = 21.4 years; S.D. =

6.91); 194 from Ireland (Mean age = 19.50; S.D. = 3.76); 86 from Nigeria (Mean age = 25.58; S.D. = 4.86) and 231 from Brazil (Mean age = 24.11; S.D. = 6.60). Participants were under-graduates of various disciplines who voluntarily completed the questionnaires administered by the author and collaborating instructors in their respective countries. Males made up 34% (and females 66%) of the U.S. sample; 52% (and females 48%) of the Irish sample; 79% (and females 21%) of the Nigerian sample; and 43% (and females 57%) of the Brazilian sample. Among the respondents with previous experiences helping elderly persons, 66% were from the U.S.A., 35% from Ireland, 91% from Nigeria, and 72% from Brazil. Respondents from developing countries with collectivist cultures significantly indicated previous helping experience with the elderly (Mean = 1.23; SD = 0.43) than respondents from developed societies with individualist cultures (Mean = 1.51; SD = 0.54; $t = 7.61$; $df = 714.39$; $P = 0.000$). This might be due to the average age difference in the respondents of the collectivist cultures who were relatively older, or the value systems in their cultures. The nature of help was not specified as this could vary across cultures, and therefore left to the interpretation of the respondents. More importantly, help was understood as something positive done on behalf of an elderly person.

Measures

In attitude study, researchers rely on two types of instrument: open-ended questions and rating scales (Slotterback and Saarnio (1996) [23]. With open-ended questions negative, stereotypic views of the elderly are prevalent but with rating scales, there are mixed results of positive (e.g., Murphy-Russell et al. 1986) and negative attitudes (e.g., Kite et al. 1991) (e.g., Weinberger & Millham 1975) [24-26]. Therefore, (e.g., Kite et al. 1991), as Slotterback and Saarnio (1996) noted, both methods call for different information-retrieval demands of respondents [23].

Respondents in this study were told to generate elderly traits (in order of importance) that they considered to be "unattractive." Based on these unattractive traits, they were then asked to rate their tendencies to not help their elderly parent and elderly persons, respectively. Respondents' ratings of their tendencies to not help based on the traits they themselves had provided, was to assess the behavioral dimension of their attitudes. The questionnaire, however, did not determine what factors other than unattractive traits could influence their tendencies to not help the elderly.

Materials

The material was a 12-item questionnaire that included background information like institution, age, sex, and whether respondents had previously helped the elderly or

Also, the questionnaire requested the respondents to list (in order of importance) elderly behavior traits that they perceived as “unattractive”. Respondents were also to rate their tendencies to not help their elderly parents and the elderly persons who are not their parents, based on the unattractive traits. Based on a Likert scale of 1 (strongly agree) to 5 (strongly disagree) participants responded to the statements: “These behavior traits can prevent me from wanting to help my elderly parents” and “These behavior traits can prevent me from wanting to help an elderly person.

Procedure

The U.S.A. sample was collected by the author by administering the questionnaire to his students in a small mid-western college, while his associate shelped with data collection in the other countries by administering the same questionnaire to their respective students. The Nigerian sample comprised of students from an urban university located in the northern part of the country; the Irish sample comprised of students also from an urban university located on neither the northern part of that country, while the Brazilian sample from drawn from a university located in alargecity.

Undergraduates, given their shared background in formal education, make an ideal population for cross-cultural comparisons.

In all of the countries except Brazil, the questionnaire was administered in English. In Brazil, however, the

not. The understanding and type of help was left to the respondents’ interpretation, as help could vary from society to society. At least “help” indicated doing something positive for the elderly in the past.

questionnaire was translated from English to Portuguese and then back-translated to English by the collaborating instructor and her graduate student, and then an agreement was reached between them as to the accurate Portuguese version. The questionnaire had a brief description of the nature of the study, and respondents were informed that their names were not required and that they should feel free to not respond to any or all of the questions.

Results

Only the first “unattractive” trait was able to be analyzed due to the unequal number of traitst hat each respondent came up with. Not all the respondents came up with five “unattractive” traits. From a qualitative analysis of “unattractive” traits (based on agreement between the author and his research assistant), three broad categories emerged: Personal, Interpersonal, and Need (seeTable1).A fourth category, Supernatural, was too negligible for analysis. These are loose categories as some items could fit into more than one category.

The Personal traits were made up of those traits that describe the elderly as a person; the Interpersonal traits describes the relationship that elderly people have with the younger generation (and with their peers); and the Need traits describes the deficiencies that elderly person shave (e.g., physical).The table below shows for each country, the number of respondents and the percentages of respondents for each trait category identified.

Personal	USA (n =221) Crabby Grumpy Stubborn Unhygienic Pessimistic Angry/bitter Selfish	Ireland (n =194) Grumpy Temper Bitter Unhygienic Pessimistic	Nigeria (n =86) Ignorance Unhygienic Temper Lack education Drunkeness	Brazil (n =231) Grumpy Lack education Stub born Selfish Grouchy Unhygienic Bitterness
	-29%	-38%	-37%	-39%
Interpersonal	Stereotype of young people	Scared of young people	Bossy Un appreciative Arrogant Overbearing	Arrogant
	Arrogant Bossy	Critical of modern ways Rude	Dislike modern ways Wicked	Difficulty adapting to new ways

	Hard to understand Impolite	Ungrateful Aggressive	Aggressive Untrustworthy	Do not get involved with family
				Authoritarian
	-43%	-30%	-41%	-33%
Need	Demanding Helpless Slow moving	Helpless Incontinent Deafness Senile Disease	Too expectant	Cognitive difficulty Depression
	Memory lapses Incontinent Require extra care	Illness		Money grubbers Dependent Slow
	-17%	-18%	-6%	-11%

Table 1: The typical “unattractive” elderly traits by category and percentages of respondents who reported them.

With no significant difference, young people in both collectivist cultures and individualist cultures, reported that “unattractive” traits could prevent them from wanting to help elderly persons (Developing Countries: Mean = 2.73; SD = 1.22; Developed Countries: Mean=2.75; SD=1.34; $t=0.137$; $df= 643.98$; $P= 0.891$). But, in wanting to help elderly parents, “unattractive” traits could not prevent respondents in both developing and developed countries; also with no significant differences (Developing Countries: Mean = 3.74; SD= 1.23; Developed Countries: Mean= 3.84; SD= 1.27; $t= 1.03$; $df= 611.112$; $P= 0.302$).

Discussions and Conclusions

Respondents from both developing and developed societies, all agreed that “unattractive” traits could prevent them from wanting to help elderly persons, but not elderly parents. While in developing societies (collectivist cultures) helping parents might be seen as an obligation, in developed societies (individualist cultures) it might be more of voluntarily rendering help to a group member without an obligation. Unfortunately, the reasoning behind young people’s kind dispositions toward their parents despite the perceived negative traits, were not explored but assumed. Future studies should be done to explore this.

For elderly persons (not parents), however, “unattractive” traits could prevent young people from wanting to help them, in both collectivist and individualist cultures. While this was expected in developed societies (with individualist tendencies), this represents a shift for young people in developing societies (collectivist cultures)

where norm and relatedness and respect for the elderly are valued (cf. Triandis 1994) [11]. Again, further studies are required. With acculturation influences, young people in developing societies may be embracing Western values of rationality and cost/benefit analysis in social relationships.

Future studies should also provide respondents with different scenarios: While “unattractive” traits could prevent a helping tendency in one situation, they may not in another. Furthermore, not all “unattractive” elderly traits might have the same strengths to prevent helping tendencies.

Also, young people’s commitment to working with elderly persons in the healthcare delivery industry should not be measured by turnovers only. Other indices of commitment should be taken into consideration as well e.g., absenteeism, tardiness, productivity levels and quality and calling in sick.

With Ajzen’s (1991) theory of planned behavior (TPB), both Intention (influenced by attitudes, subjective values and cultural norms) and perceived behavioral control (PBC) (e.g., resources and ability to help) do determine behavior [3]. But, as noted earlier, Intention and PBC can run at cross purposes to not determine behavior. This study provides an important step for future studies to explore the saliency of unattractive elderly traits that could impede helping behaviors; and the circumstances under which it would happen. Also, how unattractive elderly traits have impacted on employed young people in the healthcare delivery service industry.

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