

**AGEISM IN SOCIAL WORK EDUCATION: A FACTOR IN THE SHORTAGE
OF GERIATRIC SOCIAL WORKERS**

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ABSTRACT

AGEISM IN SOCIAL WORK EDUCATION: A FACTOR IN THE SHORTAGE OF GERIATRIC SOCIAL WORKERS

By

Elizabeth Ball

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This study examined ageism in social work students, which potentially could influence their choice to work with older adults. A sample ($N = 122$) of students from six California State Universities completed an online survey. The Relating to Older People Evaluation that measures positive and negative ageist attitudes and behaviors was the primary instrument. Three questions from the Crowne Marlow Social Desirability scale (1960) were also included. Findings did not show conclusively that ageism is a factor among social work students. However, only a small percentage of the participants indicated that their current program specialization is older adults. Additionally, only a small percentage of graduate students reported wanting to work with seniors after graduation. This is similar to data published by the Council for Social Work Education and demonstrates that a workforce gap remains. Few competent geriatric social workers for the growing numbers of older adults are available.

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CHAPTER 1

INTRODUCTION

In popular culture and in mainstream news media outlets, there have been many news stories about the rapidly increasing numbers of older adults in the United States. This is due to the Baby Boomer cohort whose members are now reaching retirement age (Azulai, 2014). Conversely, there is now much public concern about the low numbers of providers in health care and social services who are trained to work with older adults. This shortage includes social workers (Lin, Lin, & Zhang, 2015).

If there are not enough competent social workers in the field, is this potentially traced back to ageist attitudes? This inquiry will include examining the possibility that ageism is present among students in social work programs. This research may offer a possible explanation for the current shortage of social workers available to serve a growing older adult population, both in California and in the United States.

Background

The number of persons over the age of 65 in the United States, according to the 2010 U.S. Census data (Werner, 2011), totaled 40.3 million or 13.0% of the overall population of the country. Additionally, Vincent and Velkoff (2010) analyzed older data, from the 2000 U.S. Census, and their projections illustrated that the older adult population will increase from approximately 40.2 million in 2010 to 88.5 million by 2050. However, in less than 15 years, by the year 2030, Vincent and Velkoff estimated that the number of older adults will be approximately 19% of the U.S. population or approximately 1 older adult per every 5 persons living in this country.

Similar types of population projections have focused on California. According to the Eldercare Workforce Alliance (2016), the number of persons aged 65 and older in the state

equaled 5,227,964 for the year 2015. In 15 years, for the year 2030, the number of persons aged 65 and older living in California is projected to equal 8,288,241 which is a significant increase of 58.5% (Eldercare Workforce Alliance, 2016). The importance of the year 2030 indicates that the youngest members of the Baby Boomer cohort, those born in 1964, will have reached the age of 66. At this point, the entire cohort will be over the age of 65 and will be considered older adults.

According to the Bureau of Labor Statistics (2016), the need for social workers in health care settings, particularly those specializing in caring for older adults, is higher than the average of other occupations. Their report stated that employment opportunities for social workers will increase by 12% between the years 2014 through 2024. Lin et al. (2015) stated that by 2030, California will be among the top five states projected to have the highest need for social workers.

Among social work positions in health care settings, those who attain the title of Licensed Clinical Social Worker (LCSW) need to complete a Master in Social Work (MSW) degree. An individual may not choose the educational path toward licensure and may be satisfied with earning a Bachelor in Social Work (BSW) degree. These types of degrees are available in accredited programs at colleges and universities across the United States. The Council on Social Work Education (CSWE) is the organization responsible in overseeing the accreditation of these programs.

In 2016, the CSWE published their annual survey of accredited social work programs in the United States for 2015. Data were collected about programs at the baccalaureate, master's, and doctorate levels. Some facts to highlight in this report are there are more than 33 accredited BSW and MSW programs in California (CSWE, 2016, Figure 4, p. 12.). In California, the total enrollment of all programs at all levels was 9,525. Among California's undergraduate social work students, 8.9% of BSW students had aging or gerontological field placements, which was

the fifth highest in the state (CSWE, 2016, p. 23). Among California's students at the master's level, 23.6% chose aging, gerontology, or multigenerational concentration for "field of practice." This was the fourth highest in the state. In regard to the field placements of MSW students, 5% had an aging or multigenerational placement, which was the eighth highest in the state (CSWE, 2016, p. 27). This report did not ask where MSW students sought employment after graduation.

Definition of Terms

Robert N. Butler, MD (1975), who invented the term "ageism," defined it as stereotyping which occurs systemically. This definition also includes discrimination of individuals because of their age. Butler stated that ageism is society's justification of the bias towards older adults, therefore ignoring their needs and society's responsibilities towards them (1975, p. 12).

A summary of the history of the Social Security Act contains the federal government's definition of an older adult. When the Social Security Act began in 1940, the minimum age to be considered an older adult was set at 65 years of age. This age continues to be considered as the current definition (Social Security Administration, 1985, p. 12).

Multicultural Relevance

The phenomenon of the shortage of social workers for older adults encompasses many racial groups and ethnicities. According to the 2016 American Community Survey (U.S. Census Bureau, 2017), the number of older adults over the age of 60 in California is estimated to be approximately 19.2 % of the state's total population. The largest ethnic groups in this age category are Hispanic or Latino (21.1%) and Asian (15.3%). This report also illustrates the fact that the percentage of Asian older adults (15.3%) is larger than the overall percentage of Asians (14.3%) that make up California's total population (U.S. Census Bureau, 2017). This is one

example of the growing number of older adults of a specific ethnic group in California which demonstrates the need for competent and culturally sensitive social workers.

A study by Duntley-Matos et al. (2017) also demonstrated the need for culturally competent gerontological social workers. These authors focused on the needs of older Latinos in their case study of an elderly, widowed patient named Florence who presented with the unique characteristics of identifying as LGBTQ, being of low socioeconomic status, and being responsible for raising her adolescent grandchild. The authors stated that clients who resemble Florence often are underserved by providers who have ageist and discriminatory attitudes. Duntley-Matos et al. stated that it is imperative that social workers develop cultural sensitivity prior to entering the workforce.

The questionnaire used in the current study asked participants for their racial/ethnic identity and their attitudes or biases towards older adults. The sample was not limited to a particular racial or ethnic group, which created an opportunity to test the differences among different groups.

Importance to Social Work

The results of this research project are important to the field of social work because of the addition it adds to the knowledge regarding possible ageist attitudes present among undergraduate and graduate social work students. When ageism is present, it may be one factor to explain why current social work students are choosing concentration options not dedicated to older adults and therefore will not seek post-graduate employment in agencies dedicated to serving older adults. If this trend continues, there will be fewer qualified social workers to serve the growing numbers of older adults in California and in the United States.

CHAPTER 2

LITERATURE REVIEW

History of Social Work and Older Adults

Achenbaum and Carr (2014) reviewed the history of social work with older adults in the United States. They reported that at the beginning of the 20th century, some older adults remained in their homes but others were moved into asylums or poorhouses. Eventually, corporations and unions developed formal pension programs for workers and boardinghouses offered lodging and food to needy older individuals. Also, during this time, the federal government paid out pensions, built homes for retired soldiers, and created programs to assist poor, older veterans.

During the same time in the United Kingdom, the field of social work with older adults was taking shape. Biggs and Powell (2001) described the history as it occurred in their country. The authors described the relationship between professional social workers and older adults as mutually dependent upon one another, but the “user” or elderly client needed to adhere to the expectations of the social work professional. Additionally, during the early 20th century, social work with older adults emerged as a response to society’s concern that individuals in the stage of “old age” were assumed to be dependent and thus, their families needed assistance to care for those dependent, older individuals. The field of social work found itself in the gap between public or government agencies and private, charitable organizations. Since public benefit programs for older adults were increasing during this time, social workers were able to meet the needs of their elderly clients and their family members. If their clients’ needs could not be satisfied by public agencies, social workers also had the option to seek assistance through the private agencies.

In the United States, two federal laws provided a dramatic shift in the manner by which aging services were delivered. The first law was the Social Security Act of 1935. This act was designed to help older adults remain independent. About 30 years later, the second, more significant law was passed, titled the Older Americans Act (OAA), in 1965. During the same year, President Lyndon Johnson signed Medicare and Medicaid into law. Title I of the Social Security Act provided older adults with an adequate source of income during their retirement years, medical insurance coverage, housing assistance, and community resources including access to reliable and low-cost transportation which ultimately gave older adults the opportunity and means to live independent lives (Achenbaum & Carr, 2014). In addition to the benefits of the Social Security Act, the OAA provided more community resources such as recreational facilities and assistance centers.

According to Biggs and Powell (2001) in the United Kingdom, after the conclusion of World War II, society viewed older adults as burdensome, especially because many changes were occurring, such as their recovery from the war and the drive to invest in future generations, which included an increased demand for childcare services. Biggs and Powell further stated that the needs of older adults were not a priority at that time. During the 1940s through the 1960s, the field of social work shifted to view clients through the lens of psychoanalysis, which viewed aging as psychologically abnormal. Professional social workers were seen to have more power over their elderly clients. These clients were also viewed as difficult and demanding, especially when applying for assistance (Biggs & Powell, 2001).

Achenbaum and Carr (2014) described an important shift, in the United States, in services for older adults during the 1980s. Services for older adults and disabled persons combined into the Administration for Community Living; this change demonstrated that older

adults had complex and numerous needs that required additional services and resources. Despite the expansion of these government programs, Achenbaum and Carr observed that families in our country still take the lead on eldercare responsibilities, while the option of institutionalization has shifted to more compassionate options for the care of vulnerable members of this population group. Likewise, in the United Kingdom, Biggs and Powell (2001) describe the same shift occurring in the 1980s. They explained that it became important to recognize that older adults are a viable part of society, functioning as productive citizens in their country. Because of this change in the perception of older adults, social workers in the United Kingdom started to place greater importance on the detection and prevention of elder abuse.

In the present political climate, these U.S. federal programs face significant pressure to provide larger amount of resources to a growing older adult population. A report published in 2017 by the Social Security Administration gave a couple of examples which illustrate this point. The *Fact Sheet* (Social Security Administration, 2017) states that approximately 9 out of 10 older adults receive Social Security payments and these payments represent approximately 33% of income for these individuals. This report also illustrated the challenge to provide benefits to increasing numbers of elderly persons by pointing out that in 1940, the life expectancy of a 65-year-old was about 14 years, meaning an individual would not live past the age of 79 years old. However, for 2017, the life expectancy is now 20 years past the age of 65, so the average individual will live at least to the age of 85 years old. The challenge is exacerbated by the fact that in 2017, there are 2.8 workers for each Social Security beneficiary, but by the year 2035, this number will decrease to 2.2 workers for each beneficiary (Social Security Administration, 2017).

When the Term Ageism Was Coined

Butler (1975), who invented the term “ageism,” defined it as stereotyping which occurs systemically because of one’s age (p. 12). Butler, a psychiatrist, invented this term in 1969 while he was in charge of the District of Columbia Advisory Committee on Aging. This committee worked closely with a local housing authority that had plans to develop an affordable housing community for low income older adults in an affluent Washington, D.C. suburb. Some of the potential residents were African American and Butler opined in an interview with the *Washington Post* that the opposition to the public housing project was not a function of racism, but was caused by ageism (Achenbaum, 2015).

Butler observed and was dismayed that ageism influenced social programs and resources intended to serve older Americans, such as Medicare, Social Security, and housing assistance, resulting in the marginalization of these individuals. Butler predicted in 1969 that ageism may replace racism as a significant social problem in 20 to 30 years (Achenbaum, 2015).

Palmore (1999) expanded upon the definition of ageism created by Butler (1975). He did this by stating that there are two types of ageism or ageist behaviors which he called negative and positive ageism. In one of his earlier works, he explained that negative and positive ageism differ in the stereotypes, attitudes, and forms of discrimination that they involve. Some examples of the negative stereotypes are illness, mental decline, ugliness, and uselessness. Some types of negative attitudes are negative opinions young people have towards older adults, negative perceptions about elders, and negative perceptions about the health and well-being of older adults. Palmore explained that negative ageism includes discrimination in such areas as employment, government social programs, and housing.

For positive ageism, the stereotypes include examples such as wisdom, dependability, political power, and affluence. Examples of positive attitudes are looking forward to retirement and the belief that when one reaches this stage, life is full of relaxation and bliss. Other positive attitudes include being grateful to be alive and the “pseudo-positive attitude” (Palmore, 1999, p. 41) of old people being beautiful. Palmore (1999) pointed out that this last type of attitude may result in a “polite lie” (p. 41). Forms of positive discrimination consist of financial advantages for older adults, such as getting access to Social Security benefits and then using a tax exemption for those benefits. Another financial advantage for older adults is when they receive discounts for meals or items purchased in retail stores, which reinforced the perception that older adults are on fixed incomes. Positive discrimination also exists for older candidates in political elections and in certain families, as an older male may be considered the family patriarch and may get to make important family decisions (Palmore, 1999).

After publishing his book in 1999, Palmore continued his work in the area of ageism. In one of his later articles, Palmore (2015) gave several compelling reasons why our society needs to be concerned about aging. One of these is that the aging processes will happen to everyone, which makes every person vulnerable over time. This results in ageism, causing discrimination towards older workers, and this bias should be viewed as a civil rights issue and as such, should not be tolerated in our society. Later in his 2015 article, Palmore continued by stating that ageist stereotypes can be internalized by older adults, which may result in negative impacts on their functioning and may result in decreased overall health and well-being.

Although he made these claims against our society, Palmore (2015) offered some suggestions to reduce this type of discrimination. Some of these suggestions included becoming more knowledgeable about the aging process, avoiding ageist jokes, avoiding the use of ageist

terms such as “old maid,” and even engaging in political actions such as class action suits to ensure that current laws against ageism are being followed, and participating in voter registration drives that assist older adults living in long-term care institutions. However, the author pointed out that not all of these suggestions have been studied. Palmore continued by stating that a steady amount of effort will be required of researchers to determine what kinds of interventions will be effective in reducing this social problem.

Twigg (2004) discussed theories of the body, identity, and resistance in feminist gerontology and how these occur among women as they age. The author did not use the term ageism, but as she presented her points, these factors appear to be the basis for age-related bias towards older adults, women in particular. She explained how the appearances of elderly people are perceived as difficult to look at and oftentimes are looked at in a derogatory manner, similar to how people with disabilities are often negatively viewed. She continued by explaining that this image does not fit the modern-day culture of consumerism which values youthfulness and physical perfection. This idealized imagery, usually directed towards women, is used in marketing campaigns of anti-aging products, resulting in an industry which promotes the denial of one’s age. Furthermore, the evidence of age, such as the presence of facial wrinkles, signifies a loss of status.

Twigg (2004) continued by describing how women lose power as they age and they become invisible in society. Because of this, women are judged harshly if they want to let their natural hair color show, or conversely, face the same judgements if they try to dress in an attractive manner, while defying society’s expectations that such a manner of dress is inappropriate for older women. These views are usually associated with ageism. Finally, as women reach old age, the same ageist attitudes exist, but are now magnified since they tend to

outlive their male counterparts and are often frail or disabled.

Ageism is often present during times when an older adult must live in an institutional setting, such as a skilled nursing facility. The body of an old person is subjected to scrutiny in these living situations. Many times, there is a lack of dignity towards nursing home residents as their bodies are routinely inspected for cleanliness, illness, or decline. This type of humiliating treatment also occurs if the older adult needs assistance with toileting. These situations are ageist and reduce the elder to an infantilized state (Twigg, 2004).

Although the ideas discussed by Twigg (2004) focus primarily on women, ageism can occur with men as well. Ojala, Pietila, and Nikander (2016) conducted a qualitative study to examine if men experience ageism. The authors also looked at the various contexts or situations that are present if these men perceive themselves to be experiencing this type of discrimination.

Ojala et al. (2016) conducted interviews with 23 Finnish men, ages 50 to 70 years, and asked them about such topics as their aging process in regard to their overall health, relationships, work, and retirement. The participants were also asked if they felt as if they had experienced ageism. Their results showed that the men were aware of age-based discrimination but none of them felt as if they had experienced this personally. Ojala et al. concluded that men are subjected to ageism. However, individuals' interpretations of their situation or of their circumstances determines if they feel they were subjected to ageism. The authors also noted that positive ageism naturally occurs between family members of different generations.

Returning to Palmore's (1999) definitions of positive and negative ageism, one could ask whether if a person reports positive ageist attitudes and behaviors, is this due to a sincere belief and intention to treat older adults kindly or is it due to social desirability? A study conducted by Cherry, Allen, Denver, and Holland (2015) looked at this issue. They examined how social

desirability may influence college students and community dwelling adults' responses about self-reported ageism. A total of 190 participants completed the Relating to Older People Evaluation (ROPE; Cherry & Palmore, 2008) survey and the short form of the Marlow-Crowne Social Desirability Scale (M-C SDS; Strahan & Gerbasi, 1972). The ROPE survey asks six questions related to positive ageism (e.g., "Offer to help an old person across the street because of their age") and asks 14 questions related to negative ageism (e.g., "Tell an old person, 'You're too old for that'."). The 10 questions on the short form M-C SDS (Strahan & Gerbasi, 1972) have true/false responses, with an equal number of each. A social desirability score is obtained; the higher score indicates an increased tendency to project social desirability.

The authors conducted a correlation analysis that compared the positive ageist ROPE questions to the M-C SDS scores ($r = 0.15, p < 0.05$). This confirmed the authors' hypothesis that positive ageist behaviors and attitudes are associated with a higher tendency to project social desirability (Cherry et al., 2015). The authors suggested that their findings may reflect a desire for people to show courtesy towards older adults. However, the authors acknowledged that engaging in positive ageist behaviors may also be motivated by a need to act in a "socially appropriate manner" (Cherry et al., 2015, p. 726). Cherry et al. (2015) suggested that these findings may hopefully signify a shift toward older adults being viewed more favorably by our society.

Ageism at Colleges and Universities

Before looking at the literature that addresses social work education, BSW and MSW students, or the presence of ageism in health care settings, a better place to begin is to look at a study with undergraduate university students who had not selected a major involving older adults or other issues in gerontology. Gross and Eshbaugh (2011) conducted a study to determine if

non-gerontology majors have negative attitudes towards older adults, which was why they were not pursuing an educational path that would lead to work in this area. Another research question they explored was if these students were not gerontology majors because they lacked awareness of career opportunities in this field.

This group of undergraduates ($N = 237$) completed a questionnaire that asked if they were aware if the university had a gerontology major and if they knew the definition of gerontology. The results showed that approximately half of the students knew that their campus had the gerontology program but 40% of the students were unaware of the major and unaware of the definition. The authors then asked those participants not interested in a gerontology major for their reasons why. Approximately 40% answered, “No one recommended working with older adults to me” and approximately 36% of the participants answered, “I am uncertain of job opportunities working with older adults.” A promising result was that only two students answered, “I have negative feelings towards older adults” and two students also responded to the statement of “Working with older adults is not rewarding” (Gross & Eshbaugh, 2011). Ageism may not have been a factor in the results of this study, but it demonstrated a lack of awareness about careers in the aging field among college undergraduates. The authors discussed that it may be necessary to “market the field” of gerontology to college undergraduates, who are mostly young adults. Additionally, they suggested that the course content relating to older adults should focus on the strengths of this population, such as their resiliency, instead of focusing on their decline in productivity (Gross & Eshbaugh, 2011).

A study by Stahl and Metzger (2013) also examined the possibility of ageism among undergraduate college students. Their study focused on students in an undergraduate psychology program at a large university. In addition to the psychology majors, the participants were also

nursing and education majors. Approximately two thirds of the participants were female ($n = 436$), with the remaining third being male ($n = 213$). Selection criteria also included the students having two living grandparents.

The participants completed questionnaires that asked about demographic data, assessed their knowledge about aging, and assessed their ageist attitudes or behaviors (Stahl & Metzger, 2013). Ageist attitudes and behaviors were measured by using the ROPE (Cherry & Palmore, 2008) instrument.

Stahl and Metzger (2013) found a significant effect of gender on positive ageist behaviors with females scoring higher than males. These researchers also found significant gender differences with females scoring higher than males regarding their knowledge of aging issues. Overall, the authors' results suggested that undergraduate students were more likely to report negative ageist behaviors if they knew less about the aging process. The authors concluded that improving aging knowledge among undergraduate students may be helpful in reducing ageism (Stahl & Metzger, 2013).

Chippendale (2015) took a different approach in a study with undergraduate college students. She investigated whether or not past or current interactions with older adults are an accurate indicator of college student's interest in working with older adults. The author also wanted to determine whether the students' perception of older adults would also influence their choice. The study participants ($N = 45$) were enrolled in undergraduate health science courses or they were taking prerequisites to prepare for medical school. Students from other disciplines included those from nursing, psychology, and graduate social work programs.

The participants completed the Image of Aging Scale (Levy, Kasl, & Gil, 2004) which looks at how individuals perceive older adults. The author also created questions that measured

interest in working with older adults, such as “I am interested in working with older adults in a professional capacity,” using a scale that ranged from “strongly disagree” to “strongly agree” (Chippendale, 2015). The results showed a strong correlation between interest in working with older adults and positive images of older adults and current amount of interaction with older adults. Chippendale’s (2015) results suggest that when students interact with older adults, this is a strong indicator that the individual will want to work with older adults. The author also pointed out that current interaction is a stronger influence as opposed to past experience. This could be an internship or volunteer opportunity. Finally, Chippendale opined that if these opportunities occur early in a student’s professional development, such as towards the end of undergraduate studies or during the professional development, such a MSW program, this may increase interest in working with older adults.

Another study looked at college student interactions with older adults and their attitudes towards their own aging process. Koder and Helmes (2008) examined factors that increased interest in working with older adults in a group of Australian students in a postgraduate psychology program. Variables related to training, personal experience with older adults, attitudes related to one’s own aging, and confidence in and perceptions of working with older adults were examined. A total of 431 students completed the surveys.

The questionnaire looked at what the students thought about the effectiveness of their training, whether they had a field placement with older adults, and past experiences with older family members. The survey also measured the students’ confidence and their interest in working with older adults (Koder & Helmes, 2008). Their results suggested that the completion of or planning to do a field placement with older adults, was a strong indicator of a planned future of working with older adults among the graduate psychology students. Also, having positive

attitudes about their own aging process was related to an interest in working with older adults (Koder & Helmes, 2008).

Chonody (2015) conducted a systematic literature review which focused on studies that addressed interventions in teaching methods in such areas as aging issues of older adults, practice with elderly patients, and changing perceptions towards older adults. The learners in the articles came from a wide range of disciplines such as social work, nursing, pharmacy, medicine, psychology, and leisure studies. After analyzing all the studies, Chonody found that interventions such as course content that focuses on older adults was effective; however, learning opportunities conducted in the field with direct experience improved students' attitudes towards older adults. The author also stated that if the older adults were community dwelling instead of frail and living in a skilled nursing facility, a lasting impression was made with students, thus influencing some to choose a career that serves older adults.

Ageism in Social Work Education

Research has explored the resistance to working with older adults among social workers and several factors were uncovered. Social work students have reported beliefs that there is low pay and status in work with older adults (Hooymann & Lubben, 2009), and that older adults are not motivated to change and therefore the work is not rewarding (John A. Hartford Foundation, 2009). These beliefs coincide with limited exposure to this population in the classroom and field (Wang & Chonody, 2013).

Wang and Chonody (2013) conducted an extensive systematic review of the literature about social workers' and social work students' attitudes regarding older adults. They found in 20 studies that met their criteria for inclusion that social work students had more positive attitudes toward aging than did other majors and more knowledge about aging. Social work students'

attitudes were mostly positive, except that more students had negative attitudes about older men than older women. Male students had more negative views toward older adults compared to females. Attitudes were more negative toward the older ages of the population. Social work students' who lacked exposure to older adults and had taken minimal or no coursework on ageing were more likely to have negative views.

Some issues were found to impact social work education, especially the low numbers of faculty who specialize in gerontology or aging. Wang and Chonody (2013) questioned the quality of the course content on aging and older adults as well. Finally, these authors stated that field experience with older adults is a strong factor in developing gerontological social workers.

Cummings, Adler, and DeCoster (2005) investigated 382 MSW students' attitudes about older and adults and the aging process, their understanding of gerontology, and factors that could predict interest in working with older adults. The students completed surveys 1 month prior to graduation. These surveys included the Attitudes Toward Aging Inventory (ATAI; Sheppard, 1981) and another survey exploring the following topics: gerontological education; frequency of contact with older adults; whether work with this population was rewarding; skills and knowledge in the area of aging; perception of work with older adults; and interest in working with older adults. Higher scores on the ATAI instrument reflected positive attitudes towards older persons (Cummings et al., 2005).

The results of this study demonstrated that when students had personal and professional interaction with older adults during an internship, it had a positive influence upon interest in geriatric social work. The results also showed that students' attitudes towards aging issues were not a factor in regards to influencing a student's choice to work with this population. However, factors related to educational content, such as knowledge, skill development, and sense of reward

or gratification in regard to working with older adults, were considered important to the student participants. The results also reflected students' desires to actively engage with elderly clients during field placements. One key finding from this study was that 60% of the students surveyed indicated that they would be more interested in an internship targeted towards older adults if a stipend were included. The authors speculated that this type of financial incentive may be helpful in attracting students to work with this population (Cummings et al., 2005).

In 2006, Hooyman (2006) wrote a report for the CSWE that explored social work education which focuses on older adults and looked for opportunities for improvements. She explained that a greater awareness about the unique needs of older adults can be integrated into social work foundation courses. Hooyman stated that faculty can evaluate the usefulness and effectiveness of materials which focus on aging. Finally, Hooyman also noted the need for a "critical mass of gerontology faculty" (p. 70) by either creating faculty development initiatives or recruiting additional faculty with a commitment to the older adult population. However, even if the need for additional faculty is met, it may be difficult to teach social work students important issues related to aging if the amount of material available is insufficient. This factor was addressed by an analysis of social work textbooks conducted by Tompkins, Larkin, and Rosen (2006).

The above authors wanted to determine if the textbooks used for BSW and first year MSW students adequately covered aging content for foundation courses, especially in the areas of practice, policy, research, diversity, and human behavior (Tompkins et al., 2006). They also wanted to determine if the textbook content about aging was accurate and up to date, and if the textbook content addressed well known competencies in the area of older adults. After consulting with over 400 CSWE-targeted gerontology faculty members, field instructors, and doctoral

students, it was determined that 214 textbooks met their study criteria (Tompkins et al., 2006).

The authors reported that out of 9,828 pages reviewed, 309 pages or about 3% of the content directly related to older adults (Tompkins et al., 2006). In terms of book chapters, the 9,828 pages made up 298 chapters. Out of these chapters, four specifically addressed older adults and three out of these four chapters were in one HBSE textbook. When the authors examined the CSWE's critical areas of aging, the results were still poor. Of the reading material reviewed by the authors, 38 pages or 6% of the material addressed cultural diversity in older adults. For the area of social work practice for this population group, 2% of the textbook content addressed older adults. The authors concluded that this amount is inadequate to properly educate and to train social work students to serve the needs of elders and their families (Tompkins et al., 2006).

Greenfield, Morton, Birkenmaier, and Rowan (2013) examined a specific initiative targeted to increase competencies of future geriatric social workers, as students progressed through graduate social work programs. The authors conducted a secondary data analysis of the Hartford Partnership Program in Aging Education (HPPAE), a project designed to address the educational needs of geriatric social workers, that was intended to recruit, educate, and maintain the numbers of these new professionals when they enter the workforce. This initiative began in 1998 and was being used in over 70 graduate schools of social work. Greenfield et al. (2013) wanted to determine which specific HPPAE program features were related to improvements in competencies for graduate social work students working with elderly clients. The other research question for these authors was to determine what individual student traits were also related to improvements in competencies.

The results of the secondary data analysis demonstrated that full-time students showed greater improvements in retaining knowledge about aging issues as compared to part-time

students. Other results included improvements in their knowledge base of aging issues when they participated in HPPAE for 2 years compared to students who participated for a year. Another key finding was incorporating competencies related to aging issues into a school's current curriculum, which can reinforce important concepts and skills as students progress through their internship (Greenfield et al., 2013).

Kim, Lee, and Sims (2017) performed a study that introduced the concept of productive aging to a group of BSW and MSW students ($N = 72$). They examined the effectiveness of a lecture delivered to the study participants that covered such topics as ageism, positive perspectives towards aging, and the attributes that contribute to positive aging for an older adult. The students were given a pre-test and a post-test. The measure, originally written for nurses, was altered for the social work students. Six questions asked about "positive perceptions" towards older adults and eight questions asked about "negative perceptions." The authors wanted to test if students' ageist attitudes could be changed after hearing the lecture.

The intervention, the lecture about productive aging, was presented during the classes of these students, as a supplement to their current social work course. The authors did not specify if the course was a foundation or an advanced practice course. When the authors looked at the differences between the students' pre-test and post-test scores, the results showed an increase in positive perceptions of the students after hearing the lecture content. Also, the negative perceptions of the students decreased after hearing the lecture (Kim, Lee, & Sims, 2017).

The authors suggested the improvement in the post-test scores was attributed to the content of the lecture demonstrating how older adults can engage in healthy or productive aging. The lecture content addressed such common ageist stereotypes as older adults being a burden to society, resistant to change, and incapable of being independent. Kim et al. (2017) suggested that

this intervention, in the form of the lecture, could be incorporated into current social work curricula and could change students' awareness, or lack of, in regard to older adults.

Additionally, the authors suggested that this intervention may prevent ageism among future social work professionals. They acknowledged the small size of the sample, and that this was a pilot study that can be expanded for future research, possibly employing a mixed methods approach.

While the CSWE has examined and addressed improvements and enhancements needed by university social work programs to better serve the growing numbers of older adults, the National Association of Social Workers (NASW) conducted a national study of LCSWs in 2004 (Whitaker et al., 2005). Simons, Bonifas, and Gammonley (2011) used data from this study, specifically focusing on LCSWs who identified themselves as geriatric social workers ($N = 181$). They analyzed this secondary data to determine if they could identify any factors that could predict a commitment to working with older adults.

Their results identified such factors as amount of social work experience, experience in geriatric settings, and their perceptions about the quality and thoroughness of their training. Their data analysis also demonstrated that a greater amount of work experience in geriatric settings, combined with their perception their social work education provided excellent preparation, increased the odds of these practitioners to remain working in geriatric settings (Simons, Bonifas, & Gammonley, 2011). Another finding was that LCSWs who are committed to working with older adults have an 82% higher chance of remaining in these settings if the services are reimbursed by Medicare. If the LCSW has less than 5 years' experience working with seniors, the odds of this individual remaining in this field was reduced by 76% as opposed to the LCSW who has 16 years or more experience with this population (Simons et al., 2011). Based on these

findings, the authors suggested that career training interventions need to occur early in the LCSW's professional development to attract them to or retain them in practice with older adults. A limitation of this study is that the data used were almost 15 years old.

Ageism in Health Care Settings

Although there is a need for additional health care providers to serve the needs of older adults, the issue of ageism remains. An example of this is a qualitative study conducted by Ben-Harush et al. (2016). They focused on physicians, nurses, and social workers in health care settings in Israel ($N = 20$). Interviews were conducted with focus groups and the data were analyzed to determine the themes. After completing the data analysis, these researchers found three main themes. These were perceived difficulties of working with older adults, communication patterns that were discriminatory in nature, and the tendency to give inappropriate care to elderly patients.

For the first theme, Ben-Harush et al. (2016) found that all three groups reported difficulties with older adults and perceived this population difficult with which to work. Part of this perception was that older adults are stubborn, resistant to change, and want to dictate how the treatment should proceed. For the second theme, the participants felt that older adults were not interested in their own treatment because they hardly asked questions. The study participants also admitted to ignoring the older patient and addressing the younger family members (Ben-Harush et al., 2016). Some of the social workers offered other explanations such as lacking awareness that older patients can make decisions for themselves or that they are unable to express their wishes (Ben-Harush et al., 2016).

For the third theme, the participants discussed various ways in which elderly patients receive treatments that are lower in quality as compared to better treatment options offered to

younger patients. The participants acknowledged certain practices which are discriminatory and age-biased. The social work participants shared many examples of inappropriate treatment, resulting in lack of dignity among older adults. These participants stated that they observed older adults being forced to wear diapers, making workload demands easier for nurses. The authors stated that these inappropriate practices are ageist, thereby taking away an older patient's sense of independence and dignity, making this patient more dependent. The authors concluded that ageism is the main factor that influences these treatment options (Ben-Harush et al., 2016).

Chrisler, Barney, and Palatino (2016) reviewed literature that addressed ageism in the health care system and the challenges of older women to get proper medical treatment. The authors explained when older adults apply for social service benefits, there is an expectation they should appear weak or frail. If this expectation is not met, there could be a denial of the benefits. Chrisler et al. also discussed various ways health care providers demonstrate ageism towards their elderly patients. The researchers stated that doctors are often not comfortable or do not feel challenged managing the chronic conditions that commonly are present among older adults. Many doctors would rather treat acute conditions that present in younger patients. Another factor that results in ageist attitudes among doctors is the lower rates of Medicare reimbursement for their elderly patients. Consequently, when older adults are aware of these ageist attitudes from their doctors, some become non-compliant with their treatment plans or cancel their follow up appointments (Chrisler, Barney, & Palatino, 2016).

Another situation these researchers asserted that causes ageism in medical settings is when medical providers assume that symptoms or declines in functioning justify treating older adults as children or they assume that older patients are incapable of understanding an explanation about their condition or their treatment. Chrisler et al. (2016) argued that not only is

this frustrating to these patients but it also could result in doctors not paying attention to the concerns or complaints of their elderly patients, resulting in a missed diagnosis of a serious medical problem.

Finally, medical providers' ageist attitudes toward their older patients may result in not screening for drug or alcohol use problems, because there is an assumption that this does not exist in this age group. Also, for example, when a widow meets a new partner and becomes sexually active, a physician may forget to or may not want to discuss safe sex practices or the possibility of sexually transmitted diseases. These stereotypes result in additional health risks for older adults (Chrisler et al., 2016).

Phibbs and Hooker (2017) examined some of these factors as discussed by Chrisler et al. (2016), using secondary data from the Health and Retirement Study, a public use dataset from the University of Michigan. The researchers hypothesized that ageist stereotype threat is closely associated with ageism in health care settings. "Stereotype threat" indicates that individuals who are part of a social group, such as older adults, may be judged by the negative stereotypes of that particular group (Steele, Spencer, & Aronson, 2002, p. 380). The researchers also wanted to determine if age-related bias was reported by individuals who felt poorly about their own aging processes and whether this resulted in higher instances of ageist stereotype threat.

The sample used by Phibbs and Hooker (2017) was 1,662 adults over the age of 50 who lived independently in their communities and participated in the 2012 wave of the Health and Retirement Study. The participants answered a question on a survey that asked about whether or not they feel judged because of their age when they go to their doctor's office. The participants also completed a survey that addressed self-perceptions related to aging. The mean age of the participants was 66 years old. The authors found that participants who had very poor self-

perception of aging reported more instances of ageist stereotype threat. Another result reported was these same participants also had a higher chance of experiencing an ageist stereotype threat in a medical setting. Lastly, the perception of having a greater sense of control over one's health was associated with a lower chance of reporting an ageist stereotype threat (Phibbs & Hooker, 2017). The authors concluded by stating approximately 10% of their participants reported worries or concerns about being judged by their medical providers due to their age. This 10% equals approximately 8.5 million older adults in the United States, using 2013 U.S. Census data. Eliminating this form of ageism may improve health outcomes for older adults (Phibbs & Hooker, 2016).

Conclusion

Researchers have made some progress in understanding the barriers to social workers' interest in working with older adults. Research has focused on attitudes among social work students and medical professionals as well as licensed social workers and found that bias and discrimination continues. Researchers have examined the ageing content and faculty expertise with older adults in social work education. However, the knowledge is still limited regarding resistance and the need for social workers with training to work older adults remain great.

CHAPTER 3

METHODS

Design

This study was a quantitative analysis to provide insight regarding attitudes that may influence social work students, both at the undergraduate and graduate levels, to specialize and work with populations other than older adults. After obtaining approval from the Institutional Review Board of California State University, Long Beach, this study was carried out by surveying current BSW and MSW students enrolled in accredited social work programs at California universities.

Participants and Procedure

The researcher contacted the 23 directors of schools of social work in California in order to generate a sufficient sample size of survey participants. All of the social work programs at these universities are accredited by the CSWE. The directors of six schools (in Bakersfield, Fresno, Long Beach, Stanislaus, San Diego, and San Francisco) were amenable. The social work programs at the Fresno, Long Beach, San Diego, and San Francisco campuses offer both BSW and MSW programs. The Bakersfield and Stanislaus campuses only offer the MSW program. After obtaining IRB approval, the researcher contacted the six directors, via email, and attached an invitation to participate that contained a Survey Monkey link, which was the data gathering tool. The directors then emailed their students the link and the accompanying invitation to participate that was provided by the researcher. Before answering the survey questions, the participants read an informed consent. Proceeding to the next page demonstrated the respondents' acknowledgement of confidentiality and demonstrated an agreement to be a study

participant. Once the participants completed the questionnaire, they received instructions regarding how to enter a drawing to win one of five \$25 gift cards to Starbucks.

The sample consisted of 127 participants from the six schools of social work, who completed the questionnaire via the Survey Monkey website. The criteria for participation were that the person had to be over 18 years of age and currently enrolled in either a BSW or MSW program of study. Five surveys were not used because they were incomplete and contained too many unanswered questions. The final sample equaled 122 completed surveys ($N = 122$).

Instrument

The survey had basic demographic variables which included gender, age, ethnicity, social work concentration, the type of population selected to work with after graduation, and whether the respondent had spent time with grandparents growing up. The questionnaire also contained questions from the ROPE instrument developed by Cherry and Palmore (2008). The authors explained that when they came up with the title of their instrument, it was their intention to leave out the word “ageism” which may encourage potential participants to complete the survey and provide honest answers. ROPE has 20 questions and is designed for a person to self-report ageist behaviors or attitudes. This instrument consists of six questions that measure positive ageism and 14 questions that measure negative ageism (Cherry & Palmore, 2008). Additionally, three items from the Crowne and Marlowe Scale (1960), which measures social desirability, were embedded in the questionnaire.

Analysis

After collecting the data via the Survey Monkey website, it was tabulated and reviewed using SPSS 24 Statistics software for data analysis. The instrument created for this study contained a total of 31 questions. After the participants answered the first eight questions that

pertained to demographic information, the rest of the questions, 9 through 31, were items from the ROPE questionnaire and the three social desirability questions (See Appendix A). The possible responses were “Never” (scored as 1), “Sometimes” (scored as 2), and “Always” (scored as 3).

Before data could be analyzed by the SPSS software, three scores had to be calculated. These were Positive ROPE Questions scale, Negative ROPE Questions scale, and Social Desirability scale. The Positive Questions scale consisted of the scores from questions 9, 11, 13, 15, 17, and 24. The scores of the responses were summed and then divided by the maximum score of 18 (the six positive ageism questions multiplied by the highest score of 3). The Negative Questions scale consisted of questions 10, 12, 14, 16, 18 through 22, 25 through 27, 29, and 30. The scores of these questions were summed and then divided by the maximum score of 42 (the 14 negative ageism questions multiplied by the highest score of 3). The scores were calculated in the same manner as Cherry and Palmore (2008) and Allen, Cherry, and Palmore (2009) scored their data in their studies. Duplicating their scoring methods made it easier to compare the results of this study with their work.

Questions 23, 28, and 31 were used for the Social Desirability scale. The original scale, published by Crowne and Marlowe (1960), scored these questions as “True” or “False.” The responses for this survey’s instrument were recoded in SPSS 24 software. The “Sometimes” or “Always” responses were recoded as “True” and the “Never” responses were recoded as “False.” According to Crowne and Marlowe’s scale, questions 23’s and 28’s True responses are scored higher to indicate social desirability. True responses were assigned a value of 2 and False responses were assigned a value of 1. Conversely, question 31 was scored in a reverse manner.

An answer of False reflects social desirability and these responses were assigned a value of 2 and True responses were assigned a value of 1.

For data analysis, a value of .05 was considered statistically significant. Chi square, independent samples t-test, analysis of variance (ANOVA), and correlation analysis were used. Analysis also included reliability testing of the survey instrument.

CHAPTER 4

RESULTS

Demographic Characteristics of the Participants

During a period of 3 weeks, an online survey was presented to students in BSW and MSW programs at six California State Universities. The campuses that participated were in Bakersfield, Fresno, Long Beach, Stanislaus, San Francisco, and San Diego. Demographic data are illustrated in Table 1. The final sample size was 122 participants. The ages ranged from 20 to 61, with a mean age of 29.84 years old ($SD = 8.92$). The majority of the participants, 88.5% ($n = 108$), were women, while 11.5% ($n = 14$) were men. The responses for racial or ethnic background were as follows: 52.5% respondents identified as Hispanic/Latino ($n = 64$), 23.8% of the participants were European American ($n = 29$), 13.1% identified as Asian ($n = 16$), 6.6% of the respondents identified as African American ($n = 8$), 2.5% identified as Other ($n = 3$), and 1.6% of the respondents identified as Biracial ($n = 2$).

The majority of the respondents, 71.3% were MSW students ($n = 87$) and 28.7% ($n = 35$) were BSW students. Only the MSW students were asked about which population they want to work with after graduation. Out of this group, 43.9% ($n = 43$) of the respondents want to work with children and families, 25.5% ($n = 25$) of the respondents want to work with mental health or substance use clients, 15.3% ($n = 15$) of the respondents want to work with adults and older adults, 11.2% ($n = 11$) want to work with other clients, and 4.1% ($n = 4$) of respondents want to work with military or veteran clients. These totals are summarized on Table 2. Most of the graduate students, 47.1% ($n = 41$), reported wanting to work with children or families. Only 16.1% ($n = 14$) reported wanting to work with adults or older adults after graduation.

TABLE 1. Demographic Characteristics & Descriptive Statistics of Sample Participants (N = 122)

	<i>N</i>	%
MSW or BSW		
MSW Students	87	71.3
BSW Students	35	28.7
Program Concentration		
Children & Families	57	46.7
Mental Health/Substance use	28	23
Adults/Older Adults	23	18.9
Military/Veteran & Other	14	11.5
Field Placement/Employment with OA		
Yes	59	48.4
No	63	51.6
Age		
20-26	57	46.7
27 +	65	53.3
Ethnicity		
African American	8	6.6
Asian	16	13.1
European American/Caucasian	29	23.8
Hispanic/Latino	64	52.5
Biracial	2	1.6
Other	3	2.5
Gender		
Female	108	88.5
Male	14	11.5
Spent time with grandparents		
Yes	82	67.2
No	40	32.8
MSW Only/Population after graduation		
Children & Families	43	43.9
Mental Health/Substance use	25	25.5
Adults/Older Adults	15	15.3
Military/Veteran	4	4.1
Other	11	11.2

TABLE 2. Population Groups MSW Students Want to Work with After Graduation (N = 87)

	<i>N</i>	%
Children/Families	41	47.1
Mental Health/Substance Use	23	26.4
Adults/Older Adults	14	16.1
Military/Veteran	4	4.6
Other	5	5.7

Research Question

The purpose of this study was to determine if ageist attitudes or behaviors influence social work students, in both undergraduate and graduate social work programs, to specialize and work with older adult populations.

Findings

The ROPE survey items, questions nine through 22, 24 through 27, 29, and 30, were tested for validity and reliability. Cronbach's alpha was adequate ($\alpha = 0.71$) for this test. Additionally, the Social Desirability questions were also analyzed for reliability but this result was poor ($\alpha = .22$)

Initial data analysis was conducted using independent samples t-tests that compared Positive and Negative ROPE mean scores between MSW and BSW students, men and women, and younger and older students. These tests did not yield any statistically significant results. Independent samples t-tests comparing Social Desirability mean scores between MSW and BSW students and younger students and older students did not yield any statistically significant results. However, comparing the Social Desirability mean scores between men and women did show a statistically significant difference. Scores were significantly higher for men ($M = 5.86, SD = .36$) than for women ($M = 5.50, SD = .65, t(25) = 2.02, p < .001, d = .69$).

Table 3 illustrates the ROPE mean scores and Social Desirability scale mean scores of the different groups. MSW students had slightly lower negative ageism scores ($M = .45, SD = .07$) than BSW students ($M = .46, SD = .07$) but BSW students had slightly higher positive ageism scores ($M = .71, SD = .12$) than MSW students ($M = .68, SD = .12$). MSW students had higher Social Desirability scores ($M = 5.59, SD = .60$). Asian students ($M = 5.75, SD = .45$) and Biracial students ($M = 6.00, SD = .00$) had the highest Social Desirability mean scores out of the different ethnic groups represented. An ANOVA was used to compare ROPE mean scores and the Social Desirability scores among students of different racial groups. This analysis did not show any statistically significant differences among the groups.

TABLE 3. Mean ROPE and Social Desirability Scores by Class Level, Gender, Ethnicity, and Age ($N = 87$)

	Positive Questions	Negative Questions	Social Desirability Questions
MSW	0.68 ($SD = 0.12$)	0.45 ($SD = 0.07$)	5.59 ($SD = 0.60$)
BSW	0.71 ($SD = 0.12$)	0.46 ($SD = 0.07$)	5.43 ($SD = 0.70$)
Gender			
Female	0.69 ($SD = 0.12$)	0.45 ($SD = 0.07$)	5.50 ($SD = 0.65$)
Male	0.69 ($SD = 0.11$)	0.47 ($SD = 0.07$)	5.86 ($SD = 0.36$)
Ethnicity			
African American	0.70 ($SD = 0.13$)	0.43 ($SD = 0.07$)	5.50 ($SD = 0.53$)
Asian	0.74 ($SD = 0.13$)	0.49 ($SD = 0.08$)	5.75 ($SD = 0.45$)
European American	0.67 ($SD = 0.12$)	0.47 ($SD = 0.07$)	5.69 ($SD = 0.44$)
Hispanic/Latino	0.68 ($SD = 0.11$)	0.44 ($SD = 0.06$)	5.42 ($SD = 0.68$)
Biracial	0.72 ($SD = 0.00$)	0.46 ($SD = 0.02$)	6.00 ($SD = 0.00$)
Other	0.74 ($SD = 0.18$)	0.49 ($SD = 0.04$)	5.33 ($SD = 0.94$)
Age			
20-26	0.67 ($SD = 0.11$)	0.45 ($SD = 0.07$)	5.56 ($SD = 0.63$)
27 +	0.71 ($SD = 0.12$)	0.46 ($SD = 0.06$)	5.52 ($SD = 0.64$)

Correlation analyses were conducted on the overall mean scores for all sample participants ($N = 122$), for both positive ROPE and negative ROPE scores, and with the overall mean Social Desirability scores. The result between the positive ROPE scores and the Social

Desirability scores was close to being statistically significant, $r(122) = -.18, p = .053$, but the association is weak. There was no statistical association between the negative ROPE scores and the Social Desirability score.

CHAPTER 5

DISCUSSION

This study was designed to examine if ageist attitudes or beliefs influence social work students, at both the undergraduate and graduate levels, to choose to work with older adults or to choose to work with other population groups. If ageist attitudes are present, could this account for the shortage of geriatric social workers? The results of this study's data analysis do not show ageism as a factor among the social work students who were surveyed. However, some of the results from this study resemble results found in the literature, specifically the studies published by Cherry and Palmore (2008), Allen et al. (2009), and Cherry et al. (2015).

When comparing this study's mean ROPE scores, for both positive and negative ageist questions, to those in the published studies reviewed, this study's positive ROPE scores were higher but so were the negative ROPE scores as well. The positive ROPE scores of this study suggest that the students studied here are more respectful towards older adults. Conversely the higher negative ROPE scores also suggest higher tendencies of ageist attitudes of this study's participants. The student participants of published studies live in the southeast region of the country as compared to this study's participants who live in larger, urban areas of California, such as Long Beach, San Francisco, and San Diego. This could reflect different regional attitudes in addition to the larger sample sizes used in the published studies. Additionally, the college students in the previous studies (Cherry & Palmore, 2008; Allen et al., 2009; Cherry et al., 2015) included students in other disciplines besides social work.

Social Desirability's Influence upon Self-Reported Ageism

Social desirability consists of engaging in behaviors that, while accepted and expected, are unlikely to be adhered to by any one individual (Crowne & Marlowe, 1960). An example of

this would be if a person becomes envious when a friend experiences success. However, this person knows it is not acceptable to feel this way. The need to portray oneself in a positive light is the motivation behind social desirability. The person in this example pretends to be happy, but in reality, he or she doesn't feel that way. This construct is reflected in the questions of the social desirability scale created by Crowne and Marlowe (1960). The presence of social desirability needs to be accounted for as it is examined in the context of discrimination, such as ageism. After recoding the questions for this study's Social Desirability scale, the maximum score a person could have is 6 and the minimum score is 3. The mean Social Desirability scores for this study's separate groups ranged from 5.33 to 6.00. Some interesting results to examine, although they were not statistically significant, were that MSW students' Social Desirability scores were higher than BSW students and Asian students had higher scores than students in the other ethnic groups. Question 23 stated, "I am always willing to admit when I made a mistake" (Crowne & Marlowe, 1960). A response of True for this question reflects a social desirability bias. Every participant of this study answered True for this question. Question 28 stated, "I have never been irked when people expressed ideas very different from my own" (Crowne & Marlowe, 1960). Social workers are taught to accept individuals from different backgrounds from their own, and to collaborate with different professionals, many whom have different attitudes, thoughts, and ideas.

The data analysis revealed a significant difference in social desirability scores between men and women. The majority of social workers are women and this was reflected in the results of this study. It is possible that men, while they are students and while practicing in the field, may feel pressure to allow social desirability to influence their attitudes. Another result of this study that demonstrated the influence of social desirability was the correlation analysis between

the overall Positive ROPE means scores and the Social Desirability mean scores. However, it is important to note the level of significance was .053, which is just outside of the limit of .05. The Pearson correlation coefficient, $r = -.18$, shows a weak, inverse relationship. This association between the Positive ROPE scores and the Social Desirability scores suggests that low Positive ROPE scores indicate ageism but at the same time, there is a higher tendency for Social Desirability. If this result had been statistically significant, the argument could be made that an individual would want to project Social Desirability or make such a statement to conceal ageist attitudes or behaviors. This relationship can be examined more closely in future studies.

When a student decides to pursue an educational and career path in social work, much class time and study are devoted to learning about various forms of discrimination or bias in the forms of racism, sexism, or discrimination towards LGBT individuals. Ageism is included in these forms of discrimination or bias. A social worker is expected to be open-minded, increase one's awareness about these forms of discrimination, and cultivate an awareness of other cultural groups, which is known as cultural competency. Social desirability could influence a social worker or a social work student to hide thoughts or opinions that are considered sexist, racist, or ageist.

MSW Students' Responses Regarding Populations to Work with Post Graduation

The MSW participants were asked about the populations groups with whom they want to work after earning their graduate degrees. A large proportion, 47.1%, reported their preference for children and families. The students who want to work with older adults post-MSW graduation made up 16.1% of this sample, which was the third largest group. This proportion is smaller than reported by the CSWE for the year 2015. Their data stated that 23.6% of

California's MSW students chose an aging or a gerontology concentration, which represented the fourth largest group in this state (CSWE, 2016, p. 23).

When looking at the program concentrations represented in the overall sample, 18.9% of the students reported an adults and older adults concentration, which was also the third highest group. This is compared to the largest group, 46.7%, of students who reported a children and families concentration. Although this sample size is small, these results may reflect that students are resistant to working with older adults which will still demonstrates a need for competent social work professionals to serve a growing senior population.

Limitations

There were some limitations that may have affected the outcome of this study. After obtaining IRB approval, the researcher contacted the six directors of the social work schools that originally agreed to pass the invitation, informed consent, and survey instrument to their students. This occurred after this past Thanksgiving break. It was early December, 2017, when the students of the participating universities received their invitation to take part in the survey. This was towards the end of the fall semester and students are usually preparing for final exams, completing the semester, and preparing for the winter holiday season. If the students had been invited to participate earlier in the semester, this may have resulted in an increased response rate of completed surveys. It is difficult to generalize these results to social work students in the state of California. Also, an increased response rate could possibly yield statistically significant results for independent samples t-tests and ANOVA analyses. Lastly, this study's sample did not yield a wide variety of different ethnic group members which resulted in small subgroup comparisons. For example, small groups such as Biracial students ($n = 2$), African American students ($n = 8$),

or Other students ($n = 3$) did not produce reliable data. This could be improved by combining these small groups into a larger one prior to analyzing the data with the statistics software.

Another possible limitation of this study was how the questions were scored, specifically the negative ROPE questions. In the three published studies (Cherry & Palmore, 2008; Allen et al., 2009; Cherry et al., 2015), high positive ROPE scores indicate respectful or deferential attitudes or behaviors towards older adults. However, for the negative ROPE questions, high scores indicate having ageist attitudes or bias towards older adults. If the negative questions were reverse-coded, they would then have the same direction as the positive ROPE scores. These two scores could then be combined into one, overall ROPE score

In an attempt to keep the timeframe brief for student participants to complete this survey instrument, three questions from the Crowne Marlowe Social Desirability (1960) scale were added to this questionnaire. The original 1960 scale has 33 items, with True/False answers. This amount is large but there are several published versions of the short version of this scale, including the one that was used by Cherry et al. (2015), written by Straham and Gerbasi (1972) which consisted of 10 True/False items. The additional questions plus using the scoring method used by Marlowe-Crowne might also increase the validity and reliability.

Future Research

The addition of qualitative data, in a mixed-methods study, could provide rich information which may reveal student attitudes towards working with older adults or working with other populations. Their attitudes may not be ageist but focus groups and interviews can reveal themes related to misconceptions about aging or an individual's quality of life in later adulthood. Additionally, interviews may reveal the connection of social desirability and student

views of aging, ageism, and older adults. Quantitative results can be improved with a more representative sample.

Implications

An organization such as the John A. Hartford Foundation offers grants to encourage graduate social work students' opportunities to explore work with older adults (Wang & Chonody, 2013). Although the data from the present study did not show high levels of ageism present among social work students, it did demonstrate a lack of interest in working with older adults. This is similar to the data published by the CSWE in 2016. The lack of interest will not close the gap between the need for services and the number of educated and competent social work professionals available to serve the large population of older adults. It will require further collaboration with organizations such as the John A. Hartford Foundation or the Southern California Geriatric Social Work Education Consortium which can provide financial incentives to social work students and give them access to unique employment opportunities in settings that serve the needs of older adults.

APPENDICES

APPENDIX A
SURVEY INSTRUMENT

SURVEY INSTRUMENT

Survey on Attitudes Regarding Statements About Older Adults

The purpose of this survey is to gather information regarding attitudes that may influence social work students, in both undergraduate and graduate social work programs, to specialize and work with populations other than older adults. This survey is being conducted as part of a thesis project. The results of this research will be presented in a completed thesis. The results will also be presented to committees and/or agencies to which the data is relevant. Your information will remain confidential.

In the following section, you will be asked demographic questions about yourself. Please answer the questions with the answer that is most appropriate to you.

Q1. Are you an undergraduate (BSW) or a graduate student (MSW)?

BSW

MSW

Q2. Please enter your program concentration/specialization.

Children/Families

Mental Health/Substance use

Adults/Older Adults

Military/Veteran

Other

Q3. Have you completed a field placement/volunteer work or employment in a setting with older adults?

Yes

No

Q4. Please enter your age

Q5. What is your racial/ethnic background?

African American

Asian

European American/Caucasian

Hispanic/Latino

Biracial

Other

Q6. What gender do you most identify with?

Male

Female

Transgender

Q7. Did you spend time with your grandparents growing up?

Yes

No

Q8. MSW ONLY-What population do you want to work with after graduation?

Children/Families

Mental Health/Substance use

Adults/Older Adults

Military/Veteran

Other

In this section, you will be presented with questions which ask you to rate your attitudes regarding statements about older adults.

How often do you:	Never	Sometimes	Often
Q9. Compliment old people on how well they look, despite their age.			
Q10. Send birthday cards to old people that joke about their age.			
Q11. Enjoy conversations with old people because of their age.			
Q12. Tell old people jokes about their age.			
Q13. Hold doors open for old people because of their age.			

	Never	Sometimes	Often
Q14. Tell an old person, "You're too old for that."			
Q15. Offer to help an old person across the street because of their age.			
Q16. When I find out an old person's age, I may say, "You don't look that old."			
Q17. Ask an old person for advice because of their age.			
Q18. When an old person has an ailment, I may say, "That's normal for your age."			
Q19. When an old person can't remember something, I may say, "That's what they call a 'Senior Moment.'"			
Q20. Talk louder or slower to old people because of their age.			
Q21. Use simple words when talking to old people.			
Q22. Ignore old people because of their age.			
Q23. I am always willing to admit when I made a mistake			
Q24. Vote for an old person because of their age.			
Q25. Vote against an old person because of their age.			
Q26. Avoid old people because of their age.			
Q27. Avoid old people because they are cranky.			
Q28. I have never been irked when people expressed ideas very different from my own.			
Q29. When a slow driver is in front of me, I may think, "It must be an old person."			
Q30. Call an old woman, "young lady," or call an old man, "young man."			
Q31. There have been times when I was quite jealous of the good fortune of others.			

APPENDIX B
INFORMED CONSENT

CONSENT TO PARTICIPATE IN RESEARCH

Ageism in Social Work Education as a Factor Regarding Shortage of Gerontological Social Workers

You are asked to participate in a research study conducted by Elizabeth Ball, a candidate for a Masters of Social Work, MSW, from the School of Social Work at California State University, Long Beach. The study will be used for my thesis. You were selected as a possible participant in this study because you are 18 years of age or older and are enrolled as a BSW or as an MSW student at a Council of Social Work Education accredited university.

PURPOSE OF THE STUDY

The purpose of the study is to provide insight regarding attitudes that may influence social work students, in both undergraduate and graduate social work programs, to specialize and work with populations other than older adults.

PROCEDURE

If you agree to participate in this study, you will be asked to participate in the survey online via Survey Monkey. You will be asked basic demographic questions and you will be asked to rate your attitudes regarding statements about older adults. The survey will take approximately 10 minutes. The survey will be distributed online in the month of December.

POTENTIAL RISKS OR DISCOMFORTS

There are minimal risks to participation in this study. Although no online survey is completely confidential, confidentiality will be maintained to the degree permitted by the technology used. Another possible risk is distress when considering your attitudes toward old adults. If you feel that any particular question is too personal, or if you are stressed when considering any question, you are free to refrain from answering or you can stop at any time.

[They want you to match the list in

POTENTIAL BENEFITS TO SUBJECTS AND/OR SOCIETY

There are no direct benefits to you for participating in the research. On a larger scale, information you provide will add to the knowledge base of professional social work.

PAYMENT FOR PARTICIPATION

You will not receive payment for your participation. As an incentive for completing the questionnaire, you may choose to be entered into a raffle for one of five \$25 Starbucks gift cards. Only one drawing will occur and five participants will win. To enter the drawing, email the researcher at Elizabeth.Ball@student.csulb.edu.

CONFIDENTIALITY

Surveys are submitted through an internet survey provider (Survey Monkey) and IP addresses will not be collected during the survey. By completing this survey, you are voluntarily agreeing to participate. All survey responses will be kept on an encrypted flash drive in a locked file for three years. After the third year, the researcher will destroy them.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary and you will not be penalized in any way if you prefer not to participate.

IDENTIFICATION OF INVESTIGATORS

If you have any questions about the study, please feel free to email the principal investigator Elizabeth Ball, Elizabeth.Ball@student.csulb.edu or the thesis advisor, Jo Brocato, Ph.D., at Jo.Brocato@csulb.edu.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this study. If you have any questions regarding your rights as a participant in this research study, you may contact the Office of University Research, California State University, Long Beach, 1250 Bellflower Blvd, Long Beach, CA 90840; Telephone: (562) 985-5314 or email to ORSP-Compliance@csulb.edu.

CONSENT OF RESEARCH SUBJECT

By completing and submitting this survey, I am affirming that I am 18 years of age or older and I am indicating my consent to participate in this research.

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