NURSE PRACTITIONERS’ ATTITUDES TOWARD THE ELDERLY

A Research Grant Proposal

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California State University, San Marcos

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in
Nursing
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by
Iselda Gentry

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School of Nursing
College of Education, Health, and Human Services
California State University San Marcos
Abstract

of

NURSE PRACTITIONER’S ATTITUDES TOWARD THE ELDERLY

by

Iselda Gentry, BSN, RN, PHN

Background:
The nurse’s attitudes toward the elderly have been shown to influence the care of this population of patients (Treharne, 1990) and those formed attitudes may be a result of such factors as age, gender, ethnicity, and years of experience (Gallagher, Bennett, & Halford, 2006). At the time of this proposal, there have been no studies examining the relationship between nurse practitioners’ (NP) attitudes toward the elderly and NPs’ demographic variables. Thus, additional research is needed to examine the nurse’s attitudes toward the elderly.

Research Question:
“Does the age, gender, ethnicity, and years of experience of Nurse Practitioners predict attitudes toward the elderly?”

Methods:
The study design proposed is a cross-sectional using multiple regression to explore any relationships among the nurse practitioners’ (NPs) attitudes toward the elderly and the NPs’ demographic factors (age, gender, ethnicity, and years of experience). An online survey approach will be used to collect self-reported information on the nurse practitioners’ demographics and administer the KOP scale (Kogan, 1961). The study will be conducted via on-line survey, which will be sent to Nurse Practitioners currently registered with the American Association of Nurse Practitioners™ (AANP).

Key Words:
Attitudes, perceptions, nurse practitioners, old people, elderly, old population, nursing, nurses, elderly patients, ageism, attitude formation

Dr. JoAnn Daugherty, Committee Chair

5/9/14
DEDICATION

I would like to dedicate this proposal to my Lord. I thank you for always providing me with spiritual guidance and for giving me the knowledge and love to help the sick and less fortunate. Thank you for giving me the strength to accomplish my goals in life.

To my deceased father who taught me never to give up no matter how tough life might get. Dad, I achieved this goal because you taught me to work hard and to keep on learning despite getting older. Even though you are not on this Earth physically, I know you are always by my side as my Guardian Angel….In Loving Memory of a great father and mentor:

Jose Aguayo

Rest in Peace

07/26/1953 ~ 12/11/2008

Never forgotten and loved forever
ACKNOWLEDGEMENTS

This project could have not been possible without the support of several individuals in my life. I am very grateful to California State University San Marcos, School of Nursing’s Graduate Program—its faculty and staff for guiding me in this journey. I thank my committee chair, Dr. JoAnn Daugherty, as well as my committee member, Dr. Amy Carney, who took the time out of their busy schedules to guide me through this project. A warm felt thank you to a long-time friend and mentor, Dr. Arcela Nuñez-Alvarez. Maria Nuñez, thank you for motivating and encouraging me to move forward with my educational goals.

To my husband, Craig Gentry, thank you for helping me take care of our two daughters and encouraging me to continue despite the hardships we have faced through this journey. To my daughters, Karina and Danica Gentry, thank you for making mommy laugh and being my little nurses when mommy was not feeling well.

To my mom, Rebeca Gutierrez, thank you for your unconditional love and support. You have inspired me to never give in or give up, no matter how tough life gets. You have always been my biggest role model in life. I thank you for teaching me good work ethics and passing to me your love of learning and caring for the less fortunate and sick.

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PREFACE

This project is a partial fulfillment of the requirements for Master’s Degree in Nursing as a Family Nurse Practitioner. The chair on this project has been Dr. JoAnn Daugherty and the committee member, Dr. Amy Carney.
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CHAPTER ONE: INTRODUCTION

Currently the population of those 65 of years of age and above is greater than 40 million (Howden, 2011) and is expected to rise to 72 million during the next 25 years. Of this population, two out of three older Americans have multiple chronic illnesses and exhibit functional decline (CDC, 2013). Due to the aging population, healthcare providers are faced with increased numbers of elderly patients needing specialized care. Primary care providers and midlevel practitioners such as nurse practitioners will manage many of these health-related issues. Healthcare providers, such as nurse practitioners, have a major role to play in the care of elderly individuals and their families. Attitudes toward the elderly may change with various variables such as cultural influences, age, and gender. Thus, it is imperative for primary care practitioners to have positive attitudes toward the elderly in order to deliver the appropriate care to this vulnerable population.

Attitudes toward the elderly among nurses, primarily registered nurses, nursing students, physician assistants, licensed practical nurses and physician have been researched and reported. However, there is a gap in literature regarding research of nurse practitioners’ attitudes toward the elderly. Although extensive research has been done on assessing nurses’ (primarily registered nurses) attitudes toward the elderly in acute-care and long-term settings, there have been no studies conducted of primary care practitioners in the primary care setting. Lastly, there was no
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literature found during a literature review looking at the nurse practitioners’ (NP) demographic factors in relationship to NPs attitudes toward the elderly.

This study will be based on the theoretical framework of Daniel Katz’ theory of attitude formation. This theory consists of three components: (1) cognitive, (2) affective, and (3) conative (Katz, 1960). This theory will be discussed in detail in Chapter Two.

Background and Significance

The American Association of Nurse Practitioners™ (AANP) website of NP Facts (2014) indicates there are currently more than 205,000 licensed NPs practicing in the United States. Out of the 205,000 licensed NPs, 15.2% have long-term care privileges, 87.2% are prepared in primary care and 75.6% practice in at least one primary care site. Furthermore, 48.9% of the NPs are family care focused, 18.9% are in adult care and only 3.0% are gerontology focused.

Naylor and Kurtzman (2010) state, “Nurse practitioners are the principal group of advanced practice nurses delivering primary care in the United States” (p. 893). The article states the NPs’ skills in primary care will help close existing gaps in chronic illness and elderly care.

Nurses’ definitely hold particular attitudes toward the elderly when caring for them in a particular healthcare setting (Courtney, Tong, & Walsh, 2000). Research has demonstrated that the attitudes toward the elderly held by nurses can affect the care of the elderly patient (Treharne, 1990). For example, Courtney, Tong & Walsh (2000) indicates when older patients are perceived as argumentative or complaining, the nurse may not take the patient’s seriously; thus, affecting the care the patient receives, length of hospitalization and recovery. Furthermore, this study found knowledge deficit among medical-surgical nurses relating to ageing affected the quality of care in the older patients. The registered nurses’ knowledge deficit of reduced sight, hearing,
and touch among the elderly affected performing nursing care. Additionally, previous studies found that nurses’ demographic factors play a key role in the formation of nurses’ attitudes toward the care of the elderly (Gallagher, Bennett, & Halford, 2006).

In doing a review of literature, there were no studies examining the relationship between nurse practitioners’ demographic factors and their attitudes toward the elderly patient. Prior research has explored the attitudes of registered nurses, physicians and physician assistance, but none exploring the nurse practitioners’ attitude toward the elderly. Thus, Gallagher et al. (2006) state there is a gap in research focused on the attitudes toward the elderly among nurse practitioners (NP) and how the demographic constituents, such as age, gender, ethnicity and years of experience, influence those attitudes.

**The Problem**

The nurse’s attitudes toward the elderly have been shown to influence the care of this population of patients (Treharne, 1990) and those formed attitudes may be a result of such factors as age, gender, ethnicity and years of experience (Gallagher, Bennett, & Halford, 2006). At the time of this proposal, there have been no studies examining the relationship between nurse practitioners’ (NP) attitudes toward the elderly and NPs’ demographic variables.

**Purpose of the Research**

The purpose of the study is to investigate the relationship between nurse practitioners’ demographic variables and their attitudes toward the elderly.

**Research Question**

The research question is “Does the age, gender, ethnicity, and years of experience of nurse practitioners predict attitudes towards the elderly?”
Research Variables

The dependent variables in this study are the demographic factors, which include age, gender, ethnicity and years of experience. The independent variables explored are the attitudes toward the elderly held by nurse practitioners.

Summary

Individuals in our society are living longer than ever. The elderly population is estimated to rise to 72 million within the next 25 years (CDC, 2013). Literature has shown a gap regarding nurse practitioners’ attitudes toward the elderly. It is important to investigate the relationship between nurse practitioners’ demographic variables and their attitudes toward the elderly.
CHAPTER TWO: LITERATURE REVIEW

Introduction

The databases reviewed for this literature review included CINAHL, PubMed, and Google Scholar. Fifty-two (52) article abstracts were reviewed for inclusion, from that list, 30 were selected for further review, and seven were included in this proposal. Literature search terms included nursing, nurses, healthcare professionals, providers, nurse practitioner, older people, elderly, elderly patients, aged, practice setting, attitudes, setting, nurses’ attitudes, quality of care, demographic factors, demographic, attitude instruments, aging instruments, Kogan’s Old People scale, theory, attitude formation, attitude model and ageism. The search was limited to English and peer-reviewed. The researcher concentrated on journal articles primarily focusing on the attitudes of nurses toward the elderly.

Qualitative data published by the UK Health Advisory service in the *BMJ* (2001) suggested that health care personnel affect both the quality of treatment of the older people and their dignity and autonomy. This article states, “A nurse’s pessimistic viewpoint can translate into a loss of dignity, identity, and decision-making power for seniors” (p.669). UK Health Advisory authors Lothian and Philp conclude that negative attitudes towards the elderly maybe related to knowledge deficit of “cultural sensitivities” (p. 669).

In 1995, Lookinland & Anson published “Perpetuation of ageist attitudes among present and future health care personnel: implications for elder care.” This comparative-descriptive-correlational study (n = 150) focused on describing and comparing the attitudes of registered nurses, as well as health career worker study students working with the elderly population in the
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clinical setting. Furthermore, this study examined the relationship of demographic variables and these healthcare workers’ attitudes toward the elderly. The demographic variables explored by this study included age, gender, ethnicity, educational level, training in geriatrics, primary area of clinical work, years of clinical experience, type of work facility, amount of time spent with the elderly and exposure to well vs. ill elderly individuals. The Kogan’s Old People (KOP) Scale (Kogan, 1961) was used to explore the nurses and students’ attitudes toward the elderly. This study found that attitudes scores revealed that gender and ethnicity were significantly related to registered nurses’ attitudes ($p \leq 0.05$). Kogan reported reliability coefficients ranging from 0.73 to 0.83 for the negative scale and 0.66 to 0.77 for the positive scale. Furthermore, males ($n=62$), African-Americans ($n=69$) and Asians ($n=64$) showed unfavorable attitudes. Finally, education level and practice setting were associated with the students’ scores on the KOP’s negative scale scores, while years of clinical experience was related to the KOP’s positive scale scores.

Hope (1994) conducted a quantitative research study that examined nurses’ attitudes toward the elderly in different care settings by utilizing Kogan’s Old People (KOP) Scale (Kogan, 1961) as the tool. The KOP questionnaire was mailed to nurses staffed in acute care of elderly patient setting ($n=73$) and in acute medical settings ($n=76$). This study concluded that nurses working in different healthcare settings held differing attitudes toward older individuals.

Söderhamn et al. (2001) study found nursing students ($n=192$) less than 25 years of age ($n=73$, $P < 0.05$) hold more negative attitudes toward the elderly than individuals greater than 25 years of age ($n=119$, $P < 0.05$). Yet, no differences related to age were found among the registered nurses. Likewise, Hope (1994) found no significant relationship with age and the nurses’ attitude score.
Similarly, Courtney et al. (2000) did a literature review of acute-care nurses’ attitudes towards older patients. These researchers primarily reviewed studies on positive and negative attitudes of acute-care nurses toward the elderly. The researchers concluded that even though there are instruments to measure attitudes towards older people, and are reliable and valid, these instruments are outdated. The researchers proposed the development of new research instruments that include both a patient and caring component.

The Kogan’s Old People (KOP) scale, also known as Kogan’s Attitudes Towards Older People Scale, (Kogan, 1961) was developed to examine individual’s attitudes toward the elderly. The KOP scale is designed as a six-point Likert scale consisting of 34-times. Seventeen (17) items reflect negative sentiments toward older people and another 17 items reflecting positive sentiments. The KOP has demonstrated good validity and reliability with Crohnbach’s alpha ranging from 0.73 to 0.83. The instrument has been used around the world for over fifty (50) years to examine the attitudes of healthcare professionals.

In addition, recent international researchers have examined the KOP’s validity and reliability. For example, Matarese et al. (2002) conducted a descriptive cross-sectional study to test the validity and reliability of the Italian version of the KOP scale, as well as compare its psychometric properties with those obtained from previous validation studies. The study’s findings indicated that the Italian version of the KOP scale revealed an average content validity of 0.81.

Ogiwara et al. (2007) published “Reliability and Validity of a Japanese Version of Attitudes Towards the Elderly Scale”. The study used a multiple regression analysis ($n=180$) which found that neither the amount of clinical practice, gender nor cohabitation with the elderly
influenced the attitudes of the respondents. This study also found the 34-item KOP scale to have an item-to-tool correlation \((p < 0.01)\) and Cronbach’s alpha reliability ranging from 0.85 to 0.87 respectively. A convenience sample of 314 practicing Japanese physiotherapist participated in the study. The KOP scale was mailed to the Japanese physiotherapist and a return rate of 57.3% was obtained. Per Ogiwara et al. (2007), the number of men was 79 (43.9%) and women 101 (56.1%). Furthermore, the mean (SD) number of years the respondents’ clinical experience was 8.9. The results of the multiple regression analysis indicated that the amount of clinical practice, the gender nor cohabitation with the elderly had any influence on the attitudes towards the elderly of the respondents.

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**Major Variables Defined**

Polit & Beck (2012) define variables as “an attribute that varies, that is, takes on different values (e.g., body temperature, heart rate) and variables in quantitative research are used to “understand how or why thing vary, and to learn if differences in one variable are related to differences in another” (p.50). In exploring the relationship between the nurse practitioners’ (NPs) attitudes toward the elderly in this proposed study and the NPs demographic factors (age, gender, and years of experience), the dependent variable is the NPs’ attitudes toward the elderly and the independent variables are the NPs’ demographic factors mentioned.

**Demographic Variables.** The variables defined in this study are age, gender, years of experience, ethnicity and practice setting. Age refers to the chronological age, in years, of the participant. Gender is defined as self-reported female, male, or other. Other refers to individuals who self-identify as being transgendered. Years of experience denotes the nurse practitioners’
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length of time working as a nurse or advanced nurse. Ethnicity refers to an individual’s identification with a category of people sharing common ancestral, social, cultural or national experience. Primary care setting refers to the participants practice setting (e.g., clinic, private practice, skilled nursing facilities and nursing homes) where the nurse practitioner most often works or cares for a particular patient.

**Attitudes.** Matarese et al., (2013) define attitudes as a “tendency to evaluate an entity with some degree of favor or disfavor ordinarily expressed in cognitive, affective and behavioural responses” (p. 176).

**Nurse Practitioner.** The U.S. National Library of Medicine and National Institutes of Health define nurse practitioner (NP) as “a nurse with a graduate degree in advanced practice nursing” (The U.S. National Library of Medicine and National Institutes of Health, 2012). This definition can be broadened to say that NPs are registered nurses (RN) who have completed advanced didactic and clinical education beyond the RN role.

**Elderly.** The term elderly in this proposed study is defined as individuals over the age of 65 years.

**Theoretical Framework**

This study will be based on the theoretical framework by Daniel Katz’ attitude formation theory (Katz, 1960). The theory of attitude formation is composed of three components: (1) Cognitive, (2) Affective, and (3) Conative. The cognitive component deals with the knowledge and perceptions that are acquired by a combination of direct experiences with the attitude object and related information from sources. The word “object” refers to a person, place, thing or event. Second, affective component denotes the emotions or feelings associated with a particular object.
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Last, conative component is the likelihood that an individual will undertake a specific action or behave in a particular way with regards to the object. Katz (1960) proposed attitudes are determined by the functions served by individuals. Katz proposed that change of attitudes can be seen during social change. An example used was that of ones’ ownership of the older car and the new car. The new car is seen as reliable and safe, whereas the older vehicle can be perceived as non-reliable, unsafe and the possible need for constant maintenance. This example can be used in attitudes toward the elderly. An older nurse practitioner may hold positive attitudes toward the elderly. Whereas a younger nurse practitioner who has had limited exposure to the elderly, may not hold the same attitudes as an older nurse practitioner or an NP who has more experience working with the elderly. Lookinland & Anson (1995) state, “When one hears the term ‘old’ used to describe an individual, an immediate mental picture is formed stereotypical and generalized attitudes provide accessible frame of reference for individuals to interpret their universe” (p.48). This framework will be used to guide the researcher’s findings as to whether determinants such as age, gender, ethnicity and years of experience are predictors of the nurse practitioners’ attitudes toward the elderly.

Summary

The possible relationship between the theory of attitude formation and the major variables will be analyzed upon data analysis of data collected from nurse practitioners. Therefore, it is imperative for this study to be undertaken in order to find any connection between the nurse practitioners’ demographic information (age, gender, ethnicity, years of experience and practice setting) and their attitudes toward the elderly.
CHAPTER THREE: METHODOLOGY

Introduction

Prior research looking at nurses’ attitudes towards the elderly has used a variety of measurement tools to look at predictors of attitude (Hope, 1994). Yet, the Kogan’s Old People (KOP) Scale (Appendix A) was chosen for this research because it is the most commonly used instrument to identify nurses’ attitudes towards older individuals. The KOP is a self-administered questionnaire developed by Nathan Kogan in 1960. According to Ryan et al. (2007), the KOP covers “stereotypes in respect of residential patterns, cognitive styles, personal appearance, personality and discomfort with older people” (p.96). Furthermore, the use of the KOP scale has been used in gerontological research (Hilt, 1997).

Research Question

“Does the age, gender, ethnicity, and years of experience of Nurse Practitioners predict attitudes toward the elderly?”

Identification of Setting

The study will be conducted via on-line survey, which will be sent to Nurse Practitioners currently registered with the American Association of Nurse Practitioners™ (AANP). According to the 2012 AANP Annual Report, their membership consisted of 37,695 members in 2012 (American Association of Nurse Practitioners, 2012). The AANP is organized into 11 regions each comprised of states within a geographic area. For example, Region 9 consists of California, Nevada, Arizona, Hawaii and the Pacific U.S. Territories. The AANP membership specialties, as reported in the 2012 Annual Report, are as follows: 63.02% Family Practice,
20.89% Adult, 7.60% Acute care, 2.35% Women’s Health, 2.08% Gerontology, 1.68% Pediatrics, 1.25% Mental Health, 0.90% Oncology and 0.21% Neonatal. In addition, the AANP 2012 Annual Report provided data on the years of experience among their members. It is reported that 4% have 5 years or less of experience, 20% have 6 to 10 years of experience, 20% 10 to 15 years, 8% 16-20 years and 6% with 21 and more years of experience.

Research Design

The study design proposed is a cross-sectional using multiple regression to explore any relationships among the nurse practitioners’ (NPs) attitudes toward the elderly and the NPs’ demographic factors (age, gender, ethnicity, and years of experience). An online survey approach (Appendix A) will be used to collect self-reported information on the nurse practitioners’ demographics and administer the KOP scale (Kogan, 1961).

Population and Sample

The participants will be recruited using convenience sampling methodology. Nurse Practitioners who are currently active members with the AANP will be contacted upon approval of the AANP Sampling Program. The Nurse Practitioners will need to be actively working. Nurse practitioners working in the acute care setting, working with the pediatric and neonatal population and retired NPs will be excluded from participation into the study.

The required sample size for this study was calculated to be 85 in order to achieve a power of 0.80 (Faul, Erdfelder, Buchner & Lang, 2009) (Appendix C). The calculated sample size (n=85) provided for a 0.15 effect size in a multiple regression analysis with an alpha level of 0.05. An additional 20% was added for loss factors. Therefore, the desired number of participants was set at 102.
Measurement Methods

The online survey will cover the following nurse practitioners’ demographic information: gender, age, ethnicity/race, years of experience, primary care setting, and specialist gerontologist education. It is important to note that the research will be looking primarily at age, gender, ethnicity and years of experience information. The online survey will also include the Kogan’s Old People (KOP) scale (Kogan, 1961). The New School for Social Research was contacted to obtain permission for the use of this scale. The researcher was informed that the scale is now public domain.

The KOP scale consists of 34-item Likert type scale with 17 matched positive and negative statements. An example of negative-positive pair is “most older people tend to let their homes become shabby and unattractive” and “most old people can generally be counted on to maintain a clean, attractive home” (Doherty, Mitchell, & O’Neill, 2011). Kogan investigated the scale’s reliability and reported Spearman Reliability to coefficients ranging from 0.66 to 0.83 (Kogan, 1961). Literature review of studies researching nurses’ attitudes toward the elderly using the KOP scale have reported the Cronbach’s alpha coefficients ranging from 0.73 to 0.83. The normal range of values for Cronbach’s alpha is between .00 and + 1.00 (Polit & Beck, 2012). Thus, a higher level reflects a higher level of consistency.

Data Collection Process

The American Association of Nurse Practitioners’™ sampling program will be contacted for permission to recruit participants. Once permission is given by the American Association of Nurse Practitioners’™, Institutional Review Board (IRB) approval will be sought through California State University San Marcos. Participant enrollment and data will be collected upon
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approval by the IRB and will be collected at one point in time. The online survey will have an informational section explaining the study, any risks or benefits and how to obtain the results.

The online survey will cover the following demographic information: age, gender, ethnicity/race, practice setting, years of experience, and specialist gerontologist education. Lothian and Philp (2001) state, “more positive attitudes towards older people were found among nurses working in elderly care than among nurses working in acute care (which covers all ages) and attributed this to a more specialized training in gerontology” (p.669). Attitudes with of nurse practitioners (NPs) with gerontology specialist will be compared to NPs without this degree of specialty. The demographic information listed was commonly used in other research studies exploring nurses’ attitudes toward the elderly. Data collected will be stored in a secured location, such as a locked safe or cabinet. Back-up electronic data will be kept at a secondary, secure location and any information stored in an electronic device will be encrypted. The IBM SPSS Statistics 22 software will be used to analyze data.

Coding and Scoring

The KOP scale (Kogan, 1961) will be scored as directed by the author of this research instrument. The scale compromises of 34-item Likert scale containing 17 positive and 17 negative statements. Odd numbered items contain a negative statement, while even numbered items contain a positive statement. In accordance with the structure of the scale, negative statements are marked as 6 5 4 3 2 1, from right to left, while positive statements are marked as 1 2 3 4 5 6, from left to right. The scores for every item are added together to give a total score; 34 is the lowest and 204 is the highest score obtained from the scale. A high score obtained from the scale indicates a positive attitude towards the elderly. Demographic information will be used by
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using raw data for items such as age and years of experience. The age of the participant is scored as a ratio. The participants are to write the age in years. Thus, the years of experiences are scored as ordinal and the participants are to write the years of experience as a number. Lastly, gender will be scored by assigning 0 to Male, 1 for Female and 2 for other.

Data Analysis

IBM SPSS Statistics 22 software will be used to perform the data analysis. The analyses will consist of multiple regression analysis using the F-test, descriptive statistics, frequency distributions and bivariate correlation. The alpha level of significance will be set at $p \leq 0.05$. The proposed analysis will consider the 6-item Likert scale and scale score as interval level data. The nominal and ordinal data obtained from the demographic data will be converted into dummy variables and entered into the regression equation. Regression analysis will be used to determine to see if there is a relationship between NP’s demographic data and attitudes toward the elderly.

Bias

The use of convenience sampling can be a source of possible bias due to the participants self-selecting to participate in the study. Participants will be recruited via membership in a professional nurse practitioner (NP) organization. Those who choose to participate may provide different responses than those who do not participate. The sample may not be representative of the target population. An additional source of bias may come from the KOP instrument. The KOP instrument identifies nurses’ knowledge and attitudes toward the elderly and not necessarily of the elder patients (Courtney, Tong, & Walsh, 2000). Finally, the researcher’s own
personal knowledge of and attitudes toward the elderly may affect the researcher’s ability to interpret data collected.

**Ethical Considerations**

The CSUSM Institutional Review Board (IRB) approval will be obtained. No participants under the age of 18 will be included in the research. There are no incentives for the participation in this study and the survey is completely voluntary. The first page of the online survey will contain a consent form, which will need to be electronically signed in order to proceed. To assure anonymity, the participants will be asked not to place their names in the online survey questionnaires. Participants’ addresses will not be saved. The prospective participants will be assured that their privacy will be protected at all times. The researcher shall provide her contact information in the event the participants have questions and/or comments.

**Summary**

As indicated, data collection will be obtained from nurse practitioners who are members of the American Association of Nurse Practitioners™ (AAPN). The data collected will be analyzed as suggested and the researcher will examine the findings from the analyses to see if the demographic information being looked at are predictors of nurse practitioners’ attitudes toward the elderly. The researcher is hoping to obtain the sufficient amount of participants as the membership for the AANP is high compared to the sample size needed according to G* Power calculation (Appendix E).
CHAPTER FOUR: GRANT ELEMENTS

The databases reviewed for possible grants included CINAHL, PubMed, and Google search engine. Grant search terms included geriatric grants, nursing grants, educational grants, elderly grants. The search was limited to English and grants geared towards the education of providers towards the elderly population. The following healthcare agencies were found to offer grants, which would prepare healthcare providers in providing better care for the elderly population: Agency for Healthcare Research and Quality (AHRQ), Robert Wood Johnson Foundation, American Geriatrics Society (AGS), National Institute of Health (NIH), National Institute of Nursing Research, American Nurses Foundation and the Donald W. Reynolds Foundation.

After reviewing the mission statement, grant requirements and goals of the various healthcare agencies, three of those agencies were chosen as potential grants according to the feasibility of each. The first agency considered was the Donald W. Reynolds Foundation. This foundation has an “Aging and Quality of Life Program” whose goal is to improve the quality of life for the elderly by preparing providers to provide better care to the elderly population (www.dwreynolds.org). The organization was not chosen due to this initiative being driven by invitation only. The organization does periodic requests for proposals; however, unsolicited proposals are not accepted.

The second organization offering funding opportunities is the American Geriatrics Society (AGS) whose focus is to improve care for older adults. AGS offers programs to support the student researcher. One of AGS research foundation offering grants it the Retirement
Research Foundation (RRF). According to AGS, “RRH is devoted to improving quality of life for older Americans” through its grant programs (www.americangeriatrics.org). The RRF grant programs support direct service, advocacy, education and training programs for professionals working with elderly, as well as research to find the causes and solutions to problems within the elderly population. This source of funding was not chosen as the proposal and projects need to have a local focus in the following areas: Illinois, Indiana, Iowa, Kentucky, Missouri, Wisconsin, or Florida.

The third organization considered and chosen is a nursing research grant through the American Nurses Foundation (ANF). The American Nurses Foundation was founded in 1955 as the “research, education, and charitable affiliate” of the American Nurses Association (ANA) (ww.anfonline.org). The foundation’s programs benefit nurses and consumers wherever the nurses practices. Furthermore, the foundation provides funding for beginning and experienced nurse researchers in both the clinical and academic setting. The ANF provides funds to conduct studies that contribute toward advanced nursing practice and patient care. The program offers a research grant of $5000.00 to research whose goal is to improved healthcare delivery. The requirements were reviewed and it was determined that this source of funding made a good fit with the research objectives of the principal research investigator.

**Budget**

Iselda Gentry is the Principal investigator (PI) and will be devoting 20% of her time on this project. The PI is donating her time to the project as the funding source for this project prohibits reimbursement of salary. Her responsibilities on this project will include: overall management to ensure adherence to the stated aims, design and timetable; monitoring
expenditures of grant funds; and ensuring the project accomplishes its stated objectives in a
timely fashion. She will have the primary responsibility of directing data analysis, preparation of
the final report and dissemination study findings.

**Research Related Costs**

A laptop computer and printer will be used for the data analysis, data storage, production
of reports and for research correspondence. The price of the laptop computer is $1200.00. The
cost of the laser printer is $200.00. The total cost of the computer and printer is $1400.00 for the
entire year of the grant project. IBM SPSS 22 Software will be used to facilitate quantitative
analysis. Furthermore, an encryption software will be used to ensure the security of documents.
MS Suite software will be used. The total price for the IBM SPSS 22 software, encryption
software and MS suite is $ 900.00 for the entire grant project. An external USB portable hard
drive will be used to back up files in the computer in the event the computer stops working. The
estimated price for the external hard drive is $ 60.00 for the entire year of the grant project. The
cost for the statistician consultant for the year will be $1500.00 ($ 150.00 X 10 hours) and the
research assistant will be $ 900.00 ($15.00 X 60 hours). Lastly, the cost of general office
supplies for the entire year of the grant sums up to $ 240.00. This cost will cover copy paper and
printer ink cartridge.

**Timeline**

The projected timeline for completion of this project is one year. The initiation of the
project will commence soon after permission to recruit participants from the American
Association of Nurse Practitioners™ is received, as well as approval from the Institutional
Review Board (IRB) of California University San Marcos is provided. The timeline is
NURSE PRACTITIONERS’ ATTITUDES TOWARD

categorized in segments of four quarters. Each quarter will consist of three months. During quarter 1, the principal investigator (PI) will start the data collection by making an online survey available to the participants. Subsequently, in quarter 2, the PI will perform the coding and scoring of the data collected. The PI will perform the data analysis starting during quarter 3. The PI will use the IBM SPSS statistics 22 software to perform the data analysis. Finally, quarter 4 will consist of drafting the final report including the discussion and recommendations of the study. Dissemination of the results will be done during the last 2 months of quarter 4.

**Dissemination**

Upon completion of the analysis and interpretation of all data, the findings will be disseminated at a local conference and in publications. Three potential nursing conferences were considered for discussion of the project’s findings and recommendations. The first of the conferences would be locally. The first conference is the California Association of Nurse Practitioners. The California Association of Nurse Practitioners holds monthly events as well as a yearly conference. The second conference is a national conference held by the American Association of Nurse Practitioners (AANP). The third conference is also an annual conference held by the Gerontological Advanced Practice Nurses Association. All three conferences are focused on the advance practice of nursing and the well-being of the population. Power point presentations will be used to demonstrate the research findings.

A manuscript will be submitted to one of the following peer reviewed nursing journals: Journal of Advanced Nursing, the Journal for Nurse Practitioners and the Journal of Gerontological Nursing. The three journals focus on the treatment and management of patients. The Journal of Gerontological Nursing, especially, focuses on the practice of gerontological
nursing which is pertinent to the proposed study. The findings of the proposed study will also be emailed to the participants.

**Summary**

The selected grant is a nursing research grant through the American Nurses Foundation (ANF). The grant offered by the ANF is of $5000.00. The proposed timeline for the completion of the project is one year. The total proposed cost of the study is of $2920.00. The results will be disseminated at the local conference and national conferences held by the California Association of Nurse Practitioners, the American Association of Nurse Practitioners (AANP), and the Gerontological Advanced Practice Nurses Association. Finally, a manuscript of the be submitted to a peer-reviewed nursing journal.
Appendix A

KOGAN’S ATTITUDES TOWARD OLD PEOPLE SCALE

Directions: Circle the LETTER on the scale following each statement, according to the following key, that is closest to your opinion of old people.

Key:

Strongly Slightly Disagree Agree Slightly Strongly
Disagree Disagree Agree Agree

A.................B...............C.............D...............E.................F

1. It would probably be better if most old people lived in residential units with people their own age.
   A.................B...............C.............D...............E.................F

2. It would probably be better if most people lived in residential units with younger people.
   A.................B...............C.............D...............E.................F

3. There is something different about most people; it’s hard to find out what makes them tick.
   A.................B...............C.............D...............E.................F

4. Most old people are really no different from anybody else; they’re as easy to understand as younger people.
   A.................B...............C.............D...............E.................F

5. Most old people get set in their ways and are unable to change.
   A.................B...............C.............D...............E.................F

6. Most old people are capable of new adjustments when the situation demands it.
   A.................B...............C.............D...............E.................F

7. Most old people would prefer to quit work as soon as pensions or their children
can support them.

A....................B.......................C.................D...................E........................F

8. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.
A....................B.......................C.................D...................E.......................F

9. Most old people tend to let their homes become shabby and unattractive.
A....................B.......................C.................D...................E.........................F

10. Most old people can generally be counted on to maintain a clean, attractive home.
A....................B.......................C.................D...................E........................F

11. It is foolish to claim that wisdom comes with age.
A....................B.......................C.................D...................E.......................F

12. People grown wiser with the coming of old age.
A....................B.......................C.................D...................E.......................F

13. Old people have too much power in business and politics.
A....................B.......................C.................D...................E.......................F

14. Old people should have power in business and politics.
A....................B.......................C.................D...................E.......................F

15. Most old people make one feel ill at ease.
A....................B.......................C.................D...................E.......................F

16. Most old people are very relaxing to be with.
A....................B.......................C.................D...................E.......................F

17. Most old people bore others by their insistence on talking “about the good old days”.
A....................B.......................C.................D...................E.......................F

18. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.
A....................B.......................C.................D...................E.......................F

19. Most old people spend too much time prying into the affairs of others and giving unsought advice.
NURSE PRACTITIONERS’ ATTITUDES TOWARD

A............B............C............D............E............F

20. Most old people tend to keep to themselves and give advice only when asked.
    A............B............C............D............E............F

21. If old people expect to be liked, their first step is to try to get rid of their irritating faults.
    A............B............C............D............E............F

22. When you think about it, old people have the same faults as anybody else.
    A............B............C............D............E............F

23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.
    A............B............C............D............E............F

24. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.
    A............B............C............D............E............F

25. There are a few exceptions, but in general most old people are pretty much alike.
    A............B............C............D............E............F

26. It is evident that most old people are very different from one another.
    A............B............C............D............E............F

27. Most old people should be more concerned with their personal appearance; they’re too untidy.
    A............B............C............D............E............F

28. Most old people seem quite clean and neat in their personal appearance.
    A............B............C............D............E............F

29. Most old people are irritable, grouchy, and unpleasant.
    A............B............C............D............E............F

30. Most old people are cheerful, agreeable, and good humored.
    A............B............C............D............E............F
31. Most old people are constantly complaining about the behavior of the younger generation.
A..................B..................C..................D..................E..................F

32. One seldom hears old people complaining about the behavior of the younger generation.
A..................B..................C..................D..................E..................F

33. Most old people make excessive demands for love and reassurance than anyone else.
A..................B..................C..................D..................E..................F

34. Most old people need no more love and reassurance than anyone else.
A..................B..................C..................D..................E..................F
Appendix B

Demographic Information

What is your gender?
☐ Female
☐ Male
☐ Other: _________

Please enter your age in years
_____________

How would you classify yourself?
☐ Arab
☐ Asian/Pacific Islander
☐ Black/African-American
☐ Caucasian/White
☐ Hispanic/Latino
☐ Would rather not say
☐ Other: __________

Practice Setting
☐ Private Clinic
☐ Skilled Nursing Facility (SNF)
☐ Nursing Home
□ Other: ________________

Please enter your years of experience as a nurse practitioner

_____________________

Specialist gerontologist education

□ Yes

□ No
Appendix C

Nurse Practitioners’ Attitudes Toward the Elderly

Informed Consent Form

Purpose of the Study:
This is a study in nursing being conducted by Iselda Gentry, a graduate student at a university located in Southern California. The purpose of the study is to investigate the relationship between nurse practitioners’ demographic variables and their attitudes toward the elderly.

What will be done:
You will complete a survey, which will take 15-20 minutes to complete. The survey includes answering questions from the Kogan’s Old People scale tool. We will also ask for demographic information (e.g., age, gender, ethnicity, years of experience and practice setting) which will be used to establish the relationship between nurse practitioners’ demographic variables and their attitudes toward the elderly.

Risk or discomforts:
No risks or discomforts are anticipated from taking part in this study. If you feel uncomfortable with a question, you can skip that questions or withdraw from the study. If you decide to quit at any time before you have finished the questionnaire, your answers will NOT be recorded.

Confidentiality:
Your response will be kept completely confidential. We will NOT know your IP address when you respond to the Internet survey. Only the researcher will see your individual survey responses and results of our content analysis. All information will be kept on a secured zip drive in a locked cabinet.

Decision to quit at any time:
Your participation is voluntary. You are free to withdraw your participation from this study at any time. If you do not want to continue, you can simply leave this website. If you do not click on the “submit” button at the end of the survey, your answers and participation will not be recorder.

How the findings will be used:
The results of the study will be used for scholarly purposes only. The results from the study will be presented at professional conferences. The results may be published in a professional journal in the field of nursing.

Contact information:
If you have concerns or questions about this study, please contact Iselda Gentry at gentr008@cougars.csusm.edu. By beginning the survey, you acknowledge that you have read this information and agree to participate in this research with the knowledge that you are free to withdraw your participation at any time without penalty.
Appendix D

California State University
SAN MARCOS

Application for Approval for Research Involving Human Subjects:
Request for Exemption - Individual Investigator Project

Submission Procedures:
1. The researcher completes application
2. If the researcher is a student, their faculty advisor must review the application and sign the application in IRBNet. Additional instructions can be found on the last page of this application.**
3. The researcher submits the application and accompanying documents to IRBNet. [http://www.csusm.edu/go/irb/forms.html](http://www.csusm.edu/go/irb/forms.html)

For assistance completing this form, please review the resources located at [www.csusm.edu/irb](http://www.csusm.edu/irb).
If you have any questions, please refer to the IRB website or contact the IRB staff at (760) 750-4209 or irb@csusm.edu.

Please answer each section completely and as concisely as possible. Use lay terms as IRB members have diverse backgrounds.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Nurse Practitioners’ Attitudes Toward the Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Start Date</td>
<td>January 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faculty/Staff Investigator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Investigator: (if the student is the primary investigator)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>

| Faculty Advisor Name | JoAnn Daugherty, PhD, RN, OCN |
|-----------------------------------------------|
| Phone Number |  |

Checklist: Check which of the following items are included, as applicable:

- [ ] Survey(s), questionnaires, or interview questions. If this is an online survey, please provide a pdf copy of the survey.
- [ ] Ed.D Students ONLY: Attach the required UCSD-CSUSM-IDP IRB Cover Sheet. Please be sure to sign the form, scan it, and submit it with your application as a separate document.
- [ ] Students Researchers ONLY: Faculty advisor has approved the project and has signed the application in IRBNet.
NURSE PRACTITIONERS’ ATTITUDES TOWARD

A. Type of Exemption Requested: The following categories of research are currently approved for exemption. Please indicate the type(s) of exemption you are requesting. For more information on each of these categories, see the [Exempt Research Guidelines](#).

- Research conducted in established educational settings, involving normal educational practices such as:
  - Research on regular and special education instructional strategies.
- Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement) EXCEPT (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, AND (ii) when any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.
- Survey procedures or interview procedures EXCEPT (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, AND (ii) when any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.
- Observational research of public behavior EXCEPT (i) when the information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects, AND (ii) when any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation. (If observational research involves children, there must be no interaction between the observer and the research participants.)
- Archival research of existing data. Research records are either publicly available or all identifying information has been removed.
- Research participants are appointed public officials or candidates for public office.
- Evaluation of public benefits or service programs, which are conducted by or subject to the approval of federal department or agency heads.
- Tests and food quality evaluation and consumer acceptance studies if the food has been found to be safe by the FDA or other food safety agency.

B. Please answer the following questions about your research.

<table>
<thead>
<tr>
<th>Yes</th>
<th>My research participants belong to a vulnerable population (e.g., children under 18 years of age if studied outside a normal classroom setting, prisoners, pregnant women, or any other vulnerable population.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>My research deals with sensitive topics such as behavior, which, if publicly disclosed, could be damaging to research participants or place them at risk of criminal or civil liability, be socially stigmatizing, or influence employability, insurability, or access to services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>My research participants will experience some physical or mental stress, discomfort, or harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>I will be recording my participants using audio-tape, videotape, or photographs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>My data can be linked to an individual subject (e.g., either through subject name, a coding system, or through identifiable samples of individual participants' data in responses in a publication or presentation of this research.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If you answered 'yes' to any of the above questions, your project may not qualify for exempt status. You may need to apply for an expedited or full review. Please consult with the IRB Chair.

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NURSE PRACTITIONERS’ ATTITUDES TOWARD

If, based on the above questions, your research appears to qualify as "Exempt," please provide brief answers to each of the following questions. Please answer each question thoughtfully. Incomplete applications will significantly affect the time to approval.

1. Describe the nature and purpose of your research activity, including why the question is important, and how your study will attempt to answer it. Include from your literature review supports this. Do not include methodology in this section.

   The purpose of the study is to investigate the relationship between nurse practitioners' demographic variables and their attitudes toward the elderly. Literature review showed it is important to assess nurse practitioners' attitudes towards the elderly.

2. Provide a step-by-step explanation of your research activities and methodologies that involve human subjects. Be thorough. You must provide enough detail so that the IRB can determine that your research qualifies for exemption.

   A demographic survey and the Kogan's OldPeople scale will be provided to nurse practitioners registered with the American Academy of Nurse Practitioners via an online survey.

   For research conducted in established educational settings, please state how the research activity (not the instructional materials) is a "Normal Educational Practice."

   Not Applicable

3. Describe the participants that will be involved in your research. How will you be selecting/recruiting your population? Will anyone be excluded from participating? If you have multiple participant groups such as students and teachers or children and parents, please describe each population.

   Participants of this study will include Nurse Practitioners registered with the American Academy of Nurse Practitioners

4. How many participants will be involved in your research? Provide a quantity for each population group.

   102

5. Are you employed at this site? Yes No

   Faculty Advisor Approval: **

   Once the student researcher has completed the application, they must e-mail their application to their faculty advisor for review. When the faculty advisor approves the application, the student will upload their application and documents to IRBNet and share the package with the faculty advisor for official approval. The faculty advisor must have an account in IRBNet to approve the application. The faculty advisor will receive a notification via e-mail that the application package has been shared with them and that they need to sign off on the application package in IRBNet.

   Instructions on sharing the project can be found on the IRBNet videotaining site. There is a section in the video called Sharing This Project. The link and the login for the training is on the CUSM IRB website under How to Submit to IRBNet.

   https://www.cusm.edu/iris/about/irisnet.html

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Appendix E
ANF Budget Amount: $5000.00

**ANF BUDGET**

Principal Investigator: Iselda Gentry

<table>
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<tr>
<th>COST CENTER</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>PERSONNEL:</td>
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</tr>
<tr>
<td>(Salary for principle investigators and co-investigators is prohibited: Iselda Gentry)</td>
<td>$0</td>
</tr>
<tr>
<td>SUPPLIES:</td>
<td></td>
</tr>
<tr>
<td>Printer, portable hard drive, general office supplies</td>
<td>$500.00</td>
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<tr>
<td>EQUIPMENT:</td>
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<tr>
<td>IBM SPSS 22 Statistics Software, Symantec Encryption Software, MS Suite</td>
<td>$900.00</td>
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<tr>
<td>TRAVEL:</td>
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<tr>
<td>(For consultants/experts should not exceed 20% of budget). Travel is prohibited for principle investigators and co-investigators: Not applicable</td>
<td>$0</td>
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<tr>
<td>COMPUTER COSTS: (No personal computers):</td>
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<tr>
<td>Laptop Computer</td>
<td>$1200.00</td>
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NURSE PRACTITIONERS’ ATTITUDES TOWARD

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<tr>
<th>Other:</th>
<th>$2400.00</th>
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<tbody>
<tr>
<td>(Up to 10% indirect cost is allowed):</td>
<td></td>
</tr>
<tr>
<td>Statistician ($150.00 X 10hrs) = $1500.00</td>
<td></td>
</tr>
<tr>
<td>and research assistant $900.00 ($15.00 X 60</td>
<td></td>
</tr>
<tr>
<td>hrs)</td>
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<table>
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<tr>
<th>Total:</th>
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<tbody>
<tr>
<td>All items above must include justification</td>
<td></td>
</tr>
<tr>
<td>Must not exceed maximum amount for award</td>
<td></td>
</tr>
</tbody>
</table>
**TOTAL BUDGET**

Principal Investigator: Iselda Gentry

A. What is the total amount needed to complete this project? $ 5000.00

B. If the total amount exceeds the maximum amount of the award granted by ANF, Please list any additional sources and amounts of funding already obtained for the project (include in-kind goods and services committed). Describe what research expenses these funds will cover.
   Not applicable

C. If the total amount exceeds the maximum amount of the award granted by ANF, Please list any additional sources to which you plan to submit the proposal or to which you have submitted and notification is pending. Provide the date you expect to be notified of the outcome, the amount requested and the research expenses the budgets will cover. **It is the responsibility of the applicant to notify ANF immediately when additional funding is awarded. Failure to do so may result in disqualification.**
   Not applicable

D. Please explain how or what part of the proposed project will be conducted if funding from ANF is obtained, but funding from other sources is not obtained.
If funding is received from ANF, the monies will go towards a statistician and research assistant.
### Biographical Section

**COMPLETE THIS FORM FOR PRINCIPAL INVESTIGATOR, CO-INVESTIGATOR(S), CONSULTANT(S), AND ADVISOR(S)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Iselda Gentry, BSN, RN, PHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a U.S. Citizen?</td>
<td>☐ Yes ☐ No (Indicate visa/expiration if applicable): Permanent Visa-No expiration</td>
</tr>
</tbody>
</table>

| Current Title and Place of Employment | Registered Nurse Case Manager at: Physicians Data Trust 161 Thunder Drive, Suite 212 Vista, CA 92083 |

### Education (Begin with Baccalaureate Training and Include Postdoctoral)

<table>
<thead>
<tr>
<th>Institution/Location</th>
<th>Degree</th>
<th>Year Conferred</th>
<th>Scientific Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>California State University San Marcos, San Marcos</td>
<td>BA</td>
<td>2004</td>
<td>General Education and minor in Human Development Nursing Family Nurse Practitioner</td>
</tr>
<tr>
<td></td>
<td>BSN</td>
<td>2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MSN</td>
<td>2012-</td>
<td></td>
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</table>

**Major Research Interest / Area of Expertise**

My interest is in the field of geriatric advanced nursing. The aging population has sparked my interest into evidence-based geriatric advanced nursing. The

**Role in Proposed Project**

☐ Principal Investigator

☐ Co-Investigator

☐ Consultant
The ultimate goal is to improve the care given to the elderly.

Briefly describe the role of this individual project:

The nurse’s attitudes toward the elderly have been shown to influence the care of this population of patients (Trehane, 1990) and those formed attitudes may be a result of such factors as age, gender, ethnicity and years of experience (Gallager, Bennett & Halford, 2006). Currently, there have been no studies examining the relationship between nurse practitioners’ (NP) attitudes toward the elderly and NPs’ demographic variables. The purpose of the study is to investigate the relationship between nurse practitioners’ demographic variables and their attitudes toward the elderly. The research question is “Does the age, gender, ethnicity and years of experience of nurse practitioners predict attitudes towards the elderly?”

**Research and Professional Experience**

Starting with the present position, list training and experience relevant to the project. List all or most representative publications. List all previously funded research and indicate your role in the project e.g., principal investigator, co-investigator. All funded research listed must include the total project budget. Use this form and the two (2) attached pages as needed, for each individual.

**Biographical Sketch – Research and Professional Experience**

Starting with the present position, list training and experience relevant to the project. List all or most representative publications. List all previously funded research and indicate your role in the project e.g., principal investigator, co-investigator. All funded research listed must include the total project budget. Use this page and the following attached page as needed, for each individual.
Iselda, RN, MSNc is the primary investigator (PI) for this research study. She is in a Master’s program at CSUSM, specializing in Family Nurse Practitioner and has over 20 years of experience in the medical field. The following Master’s level research work was successfully completed in the Fall of 2014 and met course competency requirements in both Nursing Research and Biostatic for Advanced Nursing Practice: 1) The defense of a draft proposal for a quantitative research study to identify the relationship between nurse practitioner’s demographic variables and their attitudes toward the elderly and 2) The utilization of the nursing research process in a cross-sectional design using multiple regression to explore any relationship among the nurse practitioners’ (NPs) attitudes toward the elderly and the NPs’ demographic factors (age, gender, ethnicity and years of experience). An online survey approach will be used to collect self-reported information on the nurse practitioners’ demographics and administer the Kogan’s Old People (KOP) scale. The primary investigator will complete data collection, analysis, present the project to the Institutional Review Board (IRB), as well as review of the budget. She will devote 20% of her time to this grant project. She is not looking for reimbursement. She will be devoting her time to this one year project. The total research cost of this one year project is $5000.00. The breakdown of the research related costs are highlighted on the budget form.
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