

HSc. 310 - Lecture 2

Attitudes toward aging

HSc 310 Aging & Health

Attitudes are ...

Acquired through personal experiences

ie. clinical placements, education, opinions of others

Our attitude often motivates us take action

ie. volunteering for charity, community service

Components of Attitude

- **Cognitive component**
 - in relation to society “smoking”
- **Evaluative component**
 - emotions/feelings regarding an issue “euthanasia”
- **Behavioral component**
 - readiness to respond “increased tuition”

HSc 310 Aging & Health

There are three distinct components of attitude...

Cognitive component is generated by all our thoughts about an object in relation to society...for example smoking we know its taste, smell and disease it causes as well as regulations on who can purchase tobacco and where you can smoke it.

Evaluative component involves our positive/negative emotions/feelings we have regarding an issue...for example the right to euthanasia for the terminally ill.

Behavioral component addresses our willingness to respond. If the behavioral component is strong enough we may take action to see that our attitudes are heard or protected.

Ageism

- Distaste for growing old
- Disease, disability
- Fear of being powerless
- Uselessness and death
- We question the physical and mental capabilities of older adults....
- Therefore we pass judgment based upon age rather than based on the individuals abilities...

HSc 310 Aging & Health

Today both our culture and society play strong roles in our perceptions of older adults.

Positive words such as mature, veteran, older adult...

Negative words, coot, geezer, bidy, ...

The more we use these words the less offensive they become

Classification

- **Middle age...40-65 yrs.,**
10-30% of function relative to peak values in young.
- **Old age...65-75 yrs.,**
further loss in function.
- **Very old age...75-85 yrs.**
substantial impairment observed.
- **Oldest old age... 85+ yrs.**
supportive care often required.

HSc 310 Aging & Health

Middle age- loss of function begins.. Declines in aerobic power, muscle function and size, this is reflective of attitudes to slow down..take it easy...retirement.

Old age - continued loss of function, cope with diseases associated with aging such as heart disease, osteoporosis, type-II diabetes, arthritis....

Very old age - use of gait aids, hearing aids, medications, coping with serious medical events.

Oldest old - often require substantial care, institutionalization, home care services, family/ spouse care “caregivers”.

Crossing over from middle age to old age

- Perceived role loss - retirement
- Functional declines - hearing, mobility aids
- Loss of independence - drivers license
- Consequently the older adult begins to act old because society expects them to ...
- Remember that older adults are not a homogenous group

HSc 310 Aging & Health

Family values....

**“BE KIND TO YOUR
CHILDREN AS THEY
WILL PICK YOUR
NURSING HOME”**

HSc 310 Aging & Health

The family structure changes and roles are switched....parents are now directed by their children. Often we try to do what we think is best and overlook what the parent would like to do....

‘Move our mother from her home in Toronto to a assisted living community here in London, so she will be closer to us. Often the older adults is visited even less and has difficulty adjusting to their environment.

Factors that influence the attitudes of health professionals toward older adults

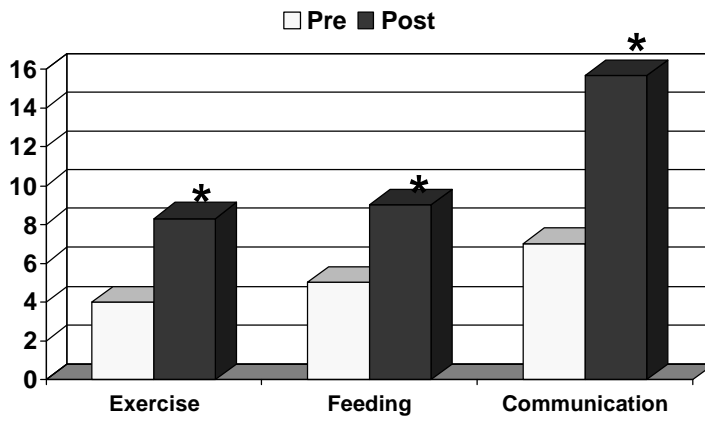
- Age
- Ethnicity
- Relationship with grandparents
- Work environment
- Education level
- Prior experience
- Academic education
- Clinical education

Restorative Care

- Restoration of physical function independence dignity & well-being...
- Through the provision of education and practical training of LTC staff...



Results -- Staff Knowledge



- A statistically significant ($p < .05$) improvement *

Attitudes and social policy

- **Rationing of resources**
health care funding,
health insurance coverage
- **Responsibility for allocation of resources**
government, hospitals, lobby groups,
public, older adults?
- **Allocation of scarce resources**
research, care, prevention

HSc 310 Aging & Health

**“To the elderly, death
may be acceptable but
disability and
dependence are not”**

Ron Cape, 1973

HSc 310 Aging & Health