Attitude of medical students toward old people in Ajman, United Arab Emirates

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ABSTRACT

Objectives. To assess the attitude of medical students toward old people and determine its association with socio-demographic factors.

Methods. A cross-sectional survey was conducted in 49 male and 74 female medical students using a self-administered questionnaire. 58 of the medical students were in their first year, 35 in their final year, and 30 in internship. Socio-demographics of the students and the Kogan Old People Scale (KOPS) scores were analysed using the Wilcoxon rank sum and Chi squared tests.

Results. The mean ages of the first-year, final-year, and internship students were 19.9, 23.3, and 24.1 years, respectively. Their respective mean scores for negative attitude were 3.95, 3.75, and 3.79 (p=0.68). The mean KOPS scores in male and female students were 3.68 and 3.97, respectively. In males the mean score decreased from 3.83 to 3.51 to 3.37 as their training progressed, whereas in females the corresponding mean score remained high, from 4.07 to 3.87 to 3.98. Nonetheless, the changes were not significant (p=0.24 for males and p=0.93 for females). The curriculum entailed no comprehensive module for geriatric health or ageing.

Conclusion. Medical education had minimal impact on the attitude of students toward old people. A comprehensive module with a clerkship may provide the exposure for developing positive attitude toward the elderly.

Key words: Aged; Attitude; Students, medical

INTRODUCTION

According to support groups for older people, the elderly are treated unacceptably, insensitively, and disrespectfully by health care staff.1 The quality of care for older adults may depend on the attitude of the caregivers,2 and health professionals worldwide have a negative attitude toward them,3,4 and hold more ageist attitudes than the general population.1 Ageism is quite prevalent and involves prejudice, discrimination, stereotypes, and attitudes during both cognitive and affective processes.4 Nurses and students working with older people express stereotypical views about old people in general.5

In a Singaporean study6 and an Australian study,7 medical students showed a positive attitude toward the elderly. However, in another study, incoming medical students had little knowledge and neutral attitude toward the elderly and had a low interest in geriatric medicine as their career.8 First-year medical students have a significantly more favourable attitude score than the more advanced students and residents; fellows in geriatrics also show a better attitude.9 In
Turkey, medical students in years 1, 4, and 6 opined that education changed their knowledge, but their own experience had more effect on attitude.10

The world population of those aged ≥60 years is 650 million, which is forecast to reach 2 billion by 2050.11 In the United Arab Emirates (UAE), the average annual growth rate for those aged ≥65 years is predicted to be 10.3% from 1999 to 2025, so the future needs of the ageing population are increasing.12 The Arab Plan of Action on Ageing to the Year 2012 emphasised the need for the professional development of good practice toward older people. Therefore, reform of undergraduate medical education with specific training in geriatric medicine is needed.13

Training in geriatrics has a positive effect on the attitude of staff. In fact, mere exposure to certain groups of older people is beneficial. There is more favourable attitude toward the care of older people among students in a geriatric ward than among those in a general ward.14 Older students and those with grandparents as role models also have better attitudes toward older people.3 Improved training and exposure to older people may raise the status of geriatrics.14 Improved status may have a positive impact on attitude, which encourages more individuals to enter the field,15 and in turn benefit the older patients.16

We assessed the attitude of medical students toward the elderly during their first year, final year, and internship using the Kogan Old People Scale (KOPS).17 Students were also asked about their preference for career in geriatrics.

METHODS

49 male and 74 female medical students of the Gulf Medical College, Ajman, UAE were surveyed using a self-administered questionnaire. Students’ names and roll numbers were kept confidential. In section 1 of the questionnaire, student age, gender, nationality, closeness of contact with older adults, determinants of attitude, and career preference were collected. In section 2, the KOPS was used. It consists of 17 positive and 17 negative statements about older adults. Responses range from ‘strongly agree’ to ‘strongly disagree’ on a 6-point Likert scale; higher total scores indicate less favourable attitudes. The KOPS is reliable and has Cronbach’s alpha coefficients of 0.75 and 0.73 for the negative- and positive-statement subscales, respectively.17 In this study, only the negative-statement subscale was used for analysis, because there was no difference between the 3 groups in the positive-statement subscale. For ease of calculation, the ‘slightly agree’, ‘agree’, and ‘strongly agree’ responses were grouped as a single ‘agree’ response, whereas the ‘slightly disagree’, ‘disagree’, ‘strongly disagree’, and ‘not answered’ responses were grouped as a single ‘disagree’ response. Section 3 was a quiz on old people’s health, the results of which have been published.18

The curriculum content was analysed based on the medical undergraduate curriculum documents, interviews with the heads of all basic science and clinical departments, and discussion with a group of students who had just passed their final-year examinations.

Data were checked for normality and assumptions of fit. The independent sample Wilcoxon rank sum test was used to compare the mean negative scores in different years of students and in males and females, whereas the Chi squared test was used to test the associations.

RESULTS

There were 58 first-year, 35 final-year, and 30 internship medical students. Their respective mean±standard deviation ages were 19.9±1.66, 23.3±1.10, and 24.1±1.26 years. Their respective mean KOPS scores were 3.95, 3.75, and 3.79 (p=0.68, Wilcoxon rank sum test, Table 1). The respective mean KOPS scores in male and female students were 3.68 and 3.97. In males the mean score decreased from 3.83 to 3.51 to 3.37 as their training progressed, whereas in females the corresponding mean score remained high, from 4.07 to 3.87 to 3.98. Nonetheless, the changes were not significant (p=0.24 for males and p=0.93 for females, Wilcoxon rank sum test, Table 1).

Male students had a better attitude toward elderly people than female students, except for 3 negative statements: “It’s hard to figure out what makes old people tick”; “Old people bore others while talking about the good old days”; and “They are too untidy”
Significantly more females than males agreed to the following negative statements: “Old people are set in their ways and are unable to change”; “Old people have too much power in business and politics”; “Old people pry into the affairs of others and give unsought advice”; “To be liked old people must first get rid of their irritating faults”; “Most old people are pretty much alike”; and “Old people are constantly complaining about the behaviour of the younger generation” (Table 2).

Overall, the most commonly agreed negative statements were: “Old people are set in their ways and are unable to change” (76%); “They are constantly complaining about the behaviour of the younger generation” (71%); and “Most old people make excessive demands for love and reassurance” (63%) [Table 2].

Comparing the first-year, final-year, and internship medical students, significant differences were noted in 8 of the 17 negative statements (Table 2). In 3 statements: “It’s hard to figure out what makes old people tick”; “Most old people are pretty much alike”; and “They are constantly complaining about the behaviour of the younger generation”, there was a pattern of increasing negative attitude with increasing years of training. In the remaining statement: “It is foolish to claim that wisdom comes with age”, negative attitude was significantly greater in first-year and internship students than in final-year students.

There was no comprehensive curriculum module on geriatric health or ageing. Neither the students nor faculty felt they covered geriatric medicine adequately. Only 1.6% of the students opted for a career in geriatrics.

DISCUSSION

First-year students who had limited knowledge and care of the elderly had a higher mean KOPS negative score, compared to final-year and internship students who had some theoretical and clinical experience in geriatrics. Similar results have been noted in other studies.6,9,19

In our study, female students had more negative scores than males in all 3 groups. This could be due to the fact that most students were from South East Asia and the Middle East, in which cultures females
are responsible for the care of older adults in the family. In a Jordanian study on nursing students’ attitudes toward the elderly, females had more negative attitudes than males.20 This is in contrast to other studies that report more positive attitudes in female students.21,22 Overall, the most commonly agreed negative statements were: “Old people are set in their ways and are unable to change” (76%); “They are constantly complaining about the behaviour of the younger generation” (71%); and “Most old people make excessive demands for love and reassurance” (63%). This could be based on the experience of these students in their own families, as most came from cultures where the elderly live with their children and grandchildren. Such attitude can be overcome to an extent if students first deal with healthy old people rather than the very ill ones in nursing homes. This may avoid stereotyping all old people as unhealthy.23 Many older adults live independent productive lives; maintaining best health and quality of life is important to them. Interactions with healthy older adults during medical training improves students’ attitudes toward the elderly.24

There was no comprehensive curriculum module on geriatric health or ageing. However, many geriatric issues were taught by different departments at various levels of the undergraduate curriculum. This highlights the need to consolidate appropriate geriatric undergraduate medical education. Geriatric education improves medical students’ attitudes toward the elderly.25-27 Early exposure may increase students’ awareness of geriatrics and comfort levels with older people.28 Other interventions to instil positive attitudes toward older people in students is mentors-on-ageing programmes, in which students interact with healthy, active, older adults.24 Inter-generational service-learning projects enable exposure of students to issues of ageing, mental health, nutrition, and fitness through service to older adults.29

<table>
<thead>
<tr>
<th>Negative statement</th>
<th>Male (n=49)</th>
<th>Female (n=74)</th>
<th>p Value (Chi squared test)</th>
<th>First-year (n=58)</th>
<th>Final-year (n=55)</th>
<th>Internship (n=35)</th>
<th>Total (n=123)</th>
<th>p Value (Chi squared test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better if most old people lived in residential units with people of their own age</td>
<td>13 (27)</td>
<td>23 (30)</td>
<td>0.36</td>
<td>16 (28)</td>
<td>11 (31)</td>
<td>9 (30)</td>
<td>36 (29)</td>
<td>0.32</td>
</tr>
<tr>
<td>It’s hard to figure out what makes most old people tick</td>
<td>23 (47)</td>
<td>44 (40)</td>
<td>0.11</td>
<td>23 (40)</td>
<td>23 (66)</td>
<td>21 (70)</td>
<td>67 (55)</td>
<td>0.007</td>
</tr>
<tr>
<td>Most old people are set in their ways and are unable to change</td>
<td>32 (65)</td>
<td>61 (82)</td>
<td>0.02</td>
<td>44 (76)</td>
<td>24 (69)</td>
<td>25 (83)</td>
<td>93 (76)</td>
<td>0.38</td>
</tr>
<tr>
<td>Most old people prefer to quit work as soon as pensions or their children can support them</td>
<td>18 (37)</td>
<td>30 (40)</td>
<td>0.4</td>
<td>26 (45)</td>
<td>12 (34)</td>
<td>10 (33)</td>
<td>48 (39)</td>
<td>0.45</td>
</tr>
<tr>
<td>Most old people tend to let their homes become shabby and unattractive</td>
<td>12 (24)</td>
<td>27 (36)</td>
<td>0.11</td>
<td>20 (35)</td>
<td>10 (29)</td>
<td>9 (30)</td>
<td>39 (32)</td>
<td>0.18</td>
</tr>
<tr>
<td>It is foolish to claim that wisdom comes with age</td>
<td>20 (40)</td>
<td>30 (40)</td>
<td>0.56</td>
<td>30 (52)</td>
<td>7 (20)</td>
<td>13 (43)</td>
<td>50 (41)</td>
<td>0.01</td>
</tr>
<tr>
<td>Most old people have too much power in business and politics</td>
<td>18 (37)</td>
<td>39 (53)</td>
<td>0.06</td>
<td>22 (38)</td>
<td>17 (49)</td>
<td>18 (60)</td>
<td>57 (46)</td>
<td>0.13</td>
</tr>
<tr>
<td>Most old people make one feel ill at ease</td>
<td>23 (47)</td>
<td>39 (53)</td>
<td>0.32</td>
<td>36 (62)</td>
<td>17 (49)</td>
<td>9 (30)</td>
<td>62 (50)</td>
<td>0.01</td>
</tr>
<tr>
<td>Most old people bore others while talking about the good old days</td>
<td>22 (45)</td>
<td>28 (38)</td>
<td>0.27</td>
<td>24 (41)</td>
<td>16 (46)</td>
<td>10 (33)</td>
<td>50 (41)</td>
<td>0.59</td>
</tr>
<tr>
<td>Most old people pry into the affairs of others and give unsought advice</td>
<td>12 (25)</td>
<td>34 (46)</td>
<td>0.01</td>
<td>17 (29)</td>
<td>18 (51)</td>
<td>11 (37)</td>
<td>46 (37)</td>
<td>0.1</td>
</tr>
<tr>
<td>To be liked, most old people must first get rid of their irritating faults</td>
<td>17 (29)</td>
<td>37 (50)</td>
<td>0.01</td>
<td>18 (31)</td>
<td>18 (51)</td>
<td>15 (50)</td>
<td>51 (42)</td>
<td>0.08</td>
</tr>
<tr>
<td>To maintain a nice residential neighbourhood, not too many most old people should live in it</td>
<td>18 (37)</td>
<td>30 (40)</td>
<td>0.4</td>
<td>33 (57)</td>
<td>8 (23)</td>
<td>7 (23)</td>
<td>48 (39)</td>
<td>0.001</td>
</tr>
<tr>
<td>Most old people are pretty much alike</td>
<td>18 (37)</td>
<td>43 (58)</td>
<td>0.01</td>
<td>20 (35)</td>
<td>21 (60)</td>
<td>20 (67)</td>
<td>61 (50)</td>
<td>0.006</td>
</tr>
<tr>
<td>Most old people are too untidy</td>
<td>17 (35)</td>
<td>25 (34)</td>
<td>0.53</td>
<td>26 (45)</td>
<td>10 (29)</td>
<td>6 (20)</td>
<td>42 (34)</td>
<td>0.04</td>
</tr>
<tr>
<td>Most old people are irritable, grouchy and unpleasant</td>
<td>11 (22)</td>
<td>24 (32)</td>
<td>0.15</td>
<td>21 (36)</td>
<td>8 (23)</td>
<td>6 (20)</td>
<td>35 (29)</td>
<td>0.19</td>
</tr>
<tr>
<td>Most old people are constantly complaining about the behaviour of the younger generation</td>
<td>29 (59)</td>
<td>58 (78)</td>
<td>0.01</td>
<td>31 (53)</td>
<td>31 (89)</td>
<td>25 (83)</td>
<td>87 (71)</td>
<td>0.001</td>
</tr>
<tr>
<td>Most old people make excessive demands for love and reassurance</td>
<td>27 (50)</td>
<td>50 (68)</td>
<td>0.11</td>
<td>43 (74)</td>
<td>19 (54)</td>
<td>15 (50)</td>
<td>77 (63)</td>
<td>0.04</td>
</tr>
</tbody>
</table>
preference for geriatrics is very low. Positively influencing the learner’s attitude before and during medical school through meaningful experiences in caring for older adults is needed, as knowledge alone may not improve interest in geriatrics as a career.8

The results of this study cannot be generalised to places with different cultural values and religions, owing to the small sample size drawn from one university. As the curriculum in geriatrics education was deficient, a comprehensive module of geriatrics with clerkship may facilitate attainment of knowledge and positive attitude toward the elderly by students.

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REFERENCES