

DISSERTATION

FACTORS INFLUENCING MASTER OF SOCIAL WORK STUDENTS TO CHOOSE TO
WORK WITH OLDER ADULTS

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ABSTRACT

FACTORS INFLUENCING MASTER OF SOCIAL WORK STUDENTS TO CHOOSE TO WORK WITH OLDER ADULTS

We are experiencing a population explosion of individuals ages 65 and older. Currently, more than 12% of the United States' population is 65 or older, and as a benchmark, over three-quarters of the current population will reach 65 (in 1870 3% of the population reached 65). In the next 50 years, the older population will double to 80 million or 20% of the total population. It is clear that people are living longer than ever before; many of those in this age group are part of the 'baby boom' born in the years 1946 to 1963.

Further, over the past century, there has been a demographic shift and by the year 2030, there will be more people over 65 than younger than 18 in the United States. These facts and numbers may lead to a shortage in the number of social workers and other care professionals to provide support and services to this population.

Schools of social work nationwide are not graduating the number of social workers anticipated to meet the needs and the demands of the growing adult population. Thus, the purpose of this study was to determine what factors are influential for Master of Social Work (MSW) students to choose gerontology and/or work with older adults.

Through the use of four focus groups, my goal was to ascertain the following: what influences and factors shape the decisions of MSW students to work with older adults, how "attitudes on aging," "life experiences," and education influence their professional focus, and what advice would they give to professionals and educators to encourage (or promote) an interest in aging among their peers.

Findings from the study showed that the lack of information, little emphasis on skill development, and practice experience in the curriculum for the social work students prevent many from feeling confident or knowledgeable about this area of practice. The focus group participants shared many insights and suggestions as to how educators and social workers can respond to the demand for more professionals in the field of gerontology. By educating and informing social work students about the value and growing opportunities, more graduating MSW students may consider this a viable career option. With an emerging awareness of the need for more social work professionals in all types of agencies and settings that serve older adults, social work professionals must be knowledgeable about and learn what they can do to contribute to the needs of an aging society and develop the resources and settings for making this contribution happen.

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Namaste ☺

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CHAPTER ONE

Introduction

The National Association of Social Workers (NASW) is the largest organization of professional social workers in the world, with 150,000 members, 90% of whom hold master's degrees. There are chapters in every state in the United States, as well as Guam, Puerto Rico, the Virgin Islands, and an International Chapter. "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, and oppressed. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society" (NASW press, 2011, p. 3).

The most widely accepted definition of social work was developed by a committee acting under the auspice of the NASW in 1973: "Social work is the professional activity of helping individuals; groups or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to that goal" (Morales, Sheafor, & Scott, 2007, p. 12).

In addition to social work being a professional activity for helping, it is often referred to as a "method of doing." Morales, Sheafor, and Scott (2010) describe it "as opposed to many academic disciplines that develop and synthesize information to expand our knowledge, social workers are concerned with applying knowledge to do a better job of serving clients" (p. 2). Further, specific themes can be identified that reflect the character of social work. Alone they may not be unique to social work, but in combination they provide a foundation on which to build an understanding of social workers and their practices. The cornerstones of this foundation include: a commitment to social betterment, goals to enhance social functioning, an action

orientation, an appreciation for human diversity, versatility in a practice perspective that looks at the wide range of human conditions, variety of settings, extensive scope of services provided, and diverse populations served. These connections make it unrealistic to assume that a single practice-approach could adequately meet the needs of all people. The social worker must have a comprehensive repertoire of knowledge and techniques that can be used to meet the unique needs of individual clients and client groups (Morales, et al., 2007, pp. 36-38).

As professionals, social workers adhere to distinct values, ethics, and overall guidelines or codes with which to guide their work and practice. Since the inception of the profession (its roots go back to the 19th century, with work in hospitals, orphanages, communities and neighborhoods, and with the poor and mentally ill), the primary aims or mission of social work was to directly serve people in need and at the same time, educate society to the uniqueness of each individual and group, and encourage social institutions to be more responsive to people (Morales, et al., 2007).

Since the emergence of social work as a critical profession in U.S. society, the political and economic climates often determine how much emphasis is placed on improving human welfare or social conditions, altering the demand on the profession to meet the needs of people and society. Although the supply of social workers may increase or decrease from time to time, it is likely that there will always be a strong demand for this profession (DuBois & Miley, 2005; Morales, et al., 2007).

Social workers confront problems such as child abuse and neglect, poverty, homelessness, health care needs, drug abuse, and domestic violence. They work directly with families, children, and older adults. Specifically, gerontological social workers offer services and supports to older adults, the elderly, and their caregivers. Comprehensive and specialized

services for older adults typically fall within the auspice of service agencies, programs, and multifaceted approaches (DuBois & Miley, 2005).

Historically, social work placed little emphasis on the elderly until the late 1950s. The 1960s brought new and increased resources into the field through governmental policies providing public assistance, such as the Economic Opportunity Act (1964) and the Older Americans Act (1965). Social workers, acting as caseworkers in departments of public assistance and welfare, provided assistance and protective services to elderly individuals who were receiving state or federally funded old age pensions. Community action agencies funded by the Economic Opportunity Act offered opportunities for state social work activities that included community organizing and economic self-sufficiency programs. The Older Americans Act allowed for social casework and social group activities as well as education and organizing activities. In the early 1970s pressure was brought to bear on the mental health system to place more emphasis on programs to meet the needs of the elderly (Cox & Parsons, 1994).

Radical cuts in human services in the 1980s dismantled many of the sources of public assistance and social services for the elderly. However, funding of health services such as Medicaid and Medicare were greatly expanded during this same time period. The consequence was the “medicalization” of most services to older adults (Cox & Parsons, 1994, p.10). Approximately 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999.

The medicalization or medical model approach forced many social workers to work with older adults in medically controlled environments, rather than in social service or community agencies. The cuts in funding in social and community settings resulted in available positions filled by volunteers or untrained paraprofessionals who were paid minimum wages. Current

thinking is that the medicalization of services to older adults is necessary as there are about 31% (11.2 million) non-institutionalized older persons who live alone (8.3 million women and 2.9 million men) and 3.7 million older persons (9.7%) living below the poverty line in both 2007 and 2008.

An executive summary published by the Council on Social Work Education (CSWE) noted that there is a significant increase in the diversity and demographics of the aging population. As a result of these increases and changes, there “will be a greater need for social workers to use their skills to enhance the quality of life for older adults and their families and to assist them in navigating ever-changing and increasingly complex health, mental health, social service and community environments” (CSWE, 2001a, p. v). The executive summary notes that social work offers a comprehensive approach to meeting individual physical, emotional, social, and spiritual needs; this perspective or approach is essential in providing services to older Americans and their families.

Due to this emerging awareness of the need for more social work professionals in all types of agencies and settings that serve older adults, professionals must articulate what they can contribute to the needs of an aging society and must develop the resources and settings for making these contributions. Social workers need to “re-establish” their presence and roles in nursing homes, hospitals, home health care agencies, and other medical-model settings to provide interventions that focus on the social and emotional needs of the elderly as they cope with disability or illness and other health issues. Social workers are needed to assist with long-term care housing, income, and other needed resources. In the wider range of non-medical gerontological settings, such as senior centers, legal services, employment and volunteer programs, professional social workers are needed to find resources and work with or train non-

professional staff to achieve solutions or provide adequate assistance to the problems these programs address (Cox & Parsons, 1994). Social workers are, and will be, serving more older and elderly persons than ever before. As previously shown, it is clear that the aged population is and will continue to be larger than ever before (Kropf, 2002).

Aging Demographics

The *Encyclopedia of Population* provides this description: . . . the aging of population is often measured by increases in the percentage of elderly people of retirement ages. The median age—defined as the age at which exactly half the population is older and the other half is younger—is perhaps, the most widely used indicator to measure this percentage. Population aging occurs when the median age of a country or region rises (Polland & Langford, 2003).

Statistics from the Administration on Aging (AoA) show that the older population (65+) numbered 39.6 million in 2009, an increase of 4.3 million or 12.5% since 1999. The number of Americans aged 45-64 typically referred to as ‘baby boomers’—who will reach 65 over the next two decades--increased by 26% during the second half of the 21st century. It is estimated that between the years 2011 and 2025, 10,000 people a day will turn 65. Over one in every eight, or 12.9%, of the population is an older American (Administration on Aging, 2010). The oldest-old population (those ages 85+) grew from just over 100,000 in 1900 to 5.7 million in 2008. The number of those 85 and over is expected to double, and the number 100 and older is expected to triple within the next 20 years.

In 2030 the older population is projected to be twice as large as their counterparts in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total U.S. population (Federal interagency forum on related statistics, 2008). Given the changing

demographics of our population, our nation will face many challenges in meeting the needs of older adults (NASW, 2006, p. 8).

Statement of the Research Problem/Purpose of Study

The purpose of this study is to determine what factors are influential for Master of Social Work (MSW) students who choose to work with older adults. Through the use of focus groups my goal was to ascertain the following: What are the distinguishing factors that shape the decisions of MSW students to work with older adults? Do attitudes on aging, life experiences, and education influence their decisions? What are their career aspirations and what advice would they give to professionals and educators to encourage (or promote) an interest in aging among their peers?

It is documented by the CSWE, the NASW, and the Hartford Partnership Program in Aging Education (HPPAE), that social work is one profession that has been recognized as having great potential in assisting aging adults and their families. Proponents of gerontological social work have highlighted career opportunities for social workers for over 20 years, and the National Institute on Aging estimates that 40,000 to 50,000 trained, full-time social workers will be needed by 2020. The NASW estimated a larger demand of 60,000 to 70,000 positions by the year 2020 (NASW, 2006).

In a study conducted by Cummings and DeCoster (2003) it was estimated that 29,650 social workers currently worked in the field of aging. Other estimates indicate 26% of social workers currently worked directly with older adults and/or elderly persons (Damron-Rodriguez & Corley, 2002; NASW, 2006). Yet a report by the Bureau of Labor Statistics indicated that the projected need for social workers to serve the elderly would increase by approximately 39% over the decade of 2010-2019. Regardless of the estimates, more trained social workers are needed in

the area of aging. Moreover, gerontological social work is ranked consistently as one of the top ten careers in terms of growth potential (Strom & Strom, 1993; U.S. Department of Labor, 2012). Damron-Rodriguez and Corley (2002) mention that as early as 1995, the U.S. News and World Report proclaimed gerontological social work as one of the top ten growing fields. Unfortunately, the supply of masters-level degree holding practitioners competent in the area of aging seriously lags behind the need (Cummings & DeCoster, 2003).

This lack of professionals specializing in aging appears to be indicative of a lack of specific training required for social workers. Other factors for the inadequate supply for the demand include: 1) only 5% of graduate social work students have taken a course in aging (Damron-Rodriguez & Corley, 2002); 2) MSW students are not choosing a concentration in gerontology while in graduate school. Three percent (or 1,000) of 34,480 MSW graduates in the late 1990s selected this concentration (Cummings & DeCoster, 2003). A project by the CSWE, Strengthening Aging and Gerontology Education (SAGE), focused on gathering information on how the social work profession was prepared to meet the challenges and needs of working with the aging population and to develop strategies to strengthen geriatric and gerontological social work. Their executive summary (CSWE), "A Blueprint for the New Millennium," reported that 16% of BSW and 4% of MSW graduates work specifically in services to the aged. A survey of the members of the NASW found that 62% of the respondents indicated they needed aging knowledge (CSWE, 2001, p. v & p. 1). The CSWE study included information gathered from other sources (Damron-Rodriguez & Corley, 2002; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000) with emphasis on the idea that work with older adults is a highly stigmatized field of practice, stemming in large part from negative stereotypes of the elderly and a view that aging service positions are not adequately challenging. However, it was noted that a significant

portion of social workers come into contact with older people and need basic skills and knowledge to work responsibly and effectively with a growing aging population (CSWE, 2001a, pp. 1-2).

In March 2006, the NASW put out a special report, which gave details of a study titled “Social Work Services for Older Adults.” One of the most compelling findings is the “aging-out” of the frontline social worker providing direct services to clients in a wide range of community agencies. Social work will experience a *double squeeze* as a result of the baby boom phenomenon: an explosion in demand for health and social services due to the numbers—there will be an estimated 70 million people will be over age 65 by 2030—while at the same time, a substantial cohort of frontline social workers will be leaving the workforce. According to data and projections of the Bureau of Labor Statistics, “social work is one of the occupations most affected by aging of the Baby Boomers, with the retirement replacement needs for social workers 95,000 in the 2002-2008 timeframe” (NASW, 2006, p. 23). This lack of social workers combined with the increase in older adults illustrates the importance of attracting qualified MSW graduates and practitioners to the field of gerontology.

Focus of Inquiry

My interests were to conduct an in-depth qualitative study to explore what drove current and previous Master of Social Work (MSW) students at Colorado State University to choose an area of practice that addresses the needs of the older adult population. This study used four focus groups: two with MSW graduates who worked extensively with older adults, the third was current MSW students who identified interests in working with older adults, and the fourth consisted of current MSW students who identified little or no interest in working with older adults.

Specifically, the purpose of this study was to identify factors that may influence Master of Social Work (MSW) students to choose a specialization/preference to work with older adults.

1. What characteristics do MSW students who are interested in working with older adults demonstrate?
 - a. How do societal attitudes on aging influence MSW students?
 - b. How do life experiences influence MSW students?
 - c. How do and interactions with older adults influence MSW students?
2. How does the educational content and/or an internship influence MSW students?
3. What do (current and former) MSW students who are participants identify as appropriate strategies to encourage other social work students to develop an interest or consider a career working with older adults?

Significance of Study

When looking at factors and rationales used when students choose a career in aging, there is a direct relationship between work, values, and career choices (Robert & Mosher-Ashley, 2000). Those aspiring to careers in helping professions (this included psychology, sociology, and rehabilitation) attributed greater importance to intrinsic values such as altruism and creativity than to extrinsic values such as environmental conditions or monetary gain. Parental influence also plays a role in career choices—both undergraduates and graduate level students were influenced more by their mothers' careers than by their fathers' (Robert & Mosher-Ashley, 2000). Another factor in career choice is persuasive communication—a study conducted in 1990 showed how students who were indecisive about areas of study were convinced to go into nursing following persuasive communication about nursing as a career. Positive attitudes toward and direct experience with elderly persons are assumed to influence career choices to specialize

in work with older adults (Robert & Mosher-Ashley, 2000, p. 726). One dilemma they proposed was a predisposition for many students in helping professions choose to work with adolescents or juveniles who are in the system due to a host of issues and behaviors. This inclination may be due to the idea that there is “hope” for the adolescents to turn their lives around and social workers may influence their clients’ lives. MacNeil proposed this is due to reminders of one’s own immortality and that when working with any segment of the population the ultimate goal is the elimination of problems and disease; when working with older adults there is the possibility they may die (as cited in Robert & Mosher-Ashley, 2000, p. 727). Rather than focus on the impact on their well-being, social workers may feel they are a failure. Although this is a perception as clients from all age groups can and do pass away, the work is seen as more custodial than rehabilitative. In reality, some individuals often gain or sustain their level of independence. Other studies have shown that courses in gerontology increase awareness and attitudes about the elderly yet they do little to persuade students to choose that as a career path (Calasanti, 2005; Gutheil, Heyman & Chernesky, 2009). Robert and Mosher-Ashley (2000) report that exposure to and caring for elders may be more influential in encouraging of students to choose gerontology. Actual experience as opposed to classroom study may be an effectual influence on choice of potential careers.

In the reviewed literature and professional journals there are numerous studies and projects that are quantitative in design (Gutheil et al., 2009; Harris & Dollinger, 2001; Hess, 2006; Hummert, 1990; Kalavar, 2001) many of which had students fill out questionnaires before and after completion of a course, take an intergenerational attitude test, or view slides of young, middle-aged, and older adults then respond to questions about their intelligence, power, health, creativity, memory, and sociability. The students rated the older person as more healthy, creative,

and sociable, but found younger women to have more intelligence, power, memory, and energy (MacNeil, Ramos & Magafas, 1996). Although students' perception of older adults as positive roles is interesting, there was a lack of information regarding why students make career choices and what factors they consider relevant or not in choosing a career specifically focused on aging.

In their text, *A Profession of Many Faces*, Morales, Sheafor and Scott (2007, 2010) cite a survey by the Center of Disease Control and Prevention that 73 percent of people 65 and older rated their health as good to excellent relative to others their age. Indications of good health are often shadowed by the emphasis on problems and chronic medical concerns. Another notable reality is contemporary parents and children will spend more of their time as adults together than ever before; this speaks directly to the opportunity to develop deep bonds of rapport and empathy (Morales, Sheafor, & Scott, 2010, p. 349). As a result in our nation's decline in fertility, society must face the fact that the average family has more parents than children. Reinforcing the belief that we must both meet the needs of older adults by providing opportunities for long-term health care and medical assistance, in addition to giving recognition to the vast number of elderly who are healthy, independent, and willing to contribute to the enhancement of their families' and our community's well-being (Morales, Sheafor, & Scott, 2010). I am excited to look at questions and answers from students who can begin to promote change, new attitudes, and new directions for the aging population. It is my hope that we will be better equipped to supplement their education and course work, provide training, or whatever is necessary to promote this field of study and career focus, meeting the demands for care of this population.

Delimitations

The Colorado State University (CSU) School of Social Work, located in Fort Collins, Colorado, is the longest standing public master degree program of social work (MSW) in the

state. The School of Social Work has committed to preparing a cadre of master level graduates to develop a full range of skills and competencies to work and provide services for individuals of all ages, with an emphasis on diversity and social and economic justice. Included in this qualitative study were MSW students previously enrolled in the School of Social Work's program during the years 2008-2011; also included were MSW students who were currently enrolled at the time of the study (2013-2014).

Assumptions

All students and participants interviewed will be honest and forthright with their responses to the questions. It is assumed by the researcher that the participants who have made the choice to work with older adults have done so out of direct positive experiences, a recognition of the value of the population and the career focus, and because of specific personality characteristics. It is assumed that those who do not choose to specialize in gerontological social work and prefer other populations (young adults, children, women's issues, etc.) would not be inclined to change their focus based on educational content, or awareness of societal attitudes or misconceptions.

Definitions

1. 'Ageism' refers to widespread negative attitudes expressed toward older adults (Butler, 1969). "Ageism can be seen as a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplishes this with skin color and gender. This view of 'old people' categorizes them as senile, rigid, in thought and manner, old-fashioned in morality and skills...Ageism allows the younger generation to see older people as

different than themselves; thus they subtly cease to identify with their elders as human beings” (Butler, 1969, p. 243).

2. Aging is a process that begins at birth, continues throughout life, and marks the passage of years. “Aging” commonly refers to people over a given age, such as 60 years old (Harrigan & Farmer, 2000). With the recognition of increasing life expectancy and the wide range of years, ages are subdivided as the young-old: those 55 to 64, the old: 65 to 74; older-old: ages 75 to 84, and the very old: 85+ (NASW, 1995). The 2012 United States Census reports that 13.7% of the population was over 65. The Administration on Aging reports that those 85 years and over showed the highest percentage increase. In 2000, there were 18.4 million people ages 65 to 74 years old, representing 53 percent of the older population. The 75-to-84-year-olds numbered 12.4 million people (35 percent), and those ages 85 and over numbered 4.2 million people (12 percent). These age groups represented 6.5 percent, 4.4 percent, and 1.5 percent of the total U.S. population, respectively (Administration on Aging, 2000).

3. Baby boomers: “the birth rate in the United States began to rise in 1946 as WWII was ending and a low level was not reached until 1964, nearly 20 years later. This increase of the birth rate called the baby boom generation accounted for roughly one-fifth of the U.S. population in 2000” (Kaye, 2005, p. 13). The earliest baby boomers had their 65th birthday in 2011.

4. The practice of gerontological social work is a professionally responsible intervention to 1) enhance the developmental, problem solving and coping capacities of older adults and their families; 2) promote the effective and humane operating systems that provide resources and services to older people and their families; 3) link older people with systems that provide them with resources and opportunities; and 4) contribute to the development and improvement of

policies that support persons throughout the lifespan (Berkman, Dobrof, Harry, & Damron-Rodriguez, 1997, p. 55 cited in Damron-Rodriguez & Corley, 2002).

Gerontological social workers (those who chose a specialization in working with older adults) provide a holistic coordination of care by assessing the social, psychological, environmental, and economic situation of older adults. They are knowledgeable about systems of care, community services, and resources available, as well as being available to work more closely with both older adults and their families.

5. Hartford Partnership Program: Starting in 1998, the Hartford Foundation provided grants to support: 1) preparation of social work faculty for research and leadership, 2) dissertations focused on gerontological social work, 3) bringing geriatrics into the social work curriculum and 4) reengineering the masters' practicum to better prepare students for practice with older clients. For baccalaureate, masters, and doctoral students, junior faculty, and practicing social workers, Hartford Foundation programs helped to define and promote the role of social workers to improve and provide vital services in the care of older adults (Fredriksen-Goldsen, Bonifas & Hooyman, 2006; Mason & Sanders, 2004).

The grant administrators (i.e., social work faculty) were required to look at competencies in the domains of values and ethics, interventions, assessment and policy, and how to apply them to the issues of aging and older adults. It was their task to ensure the students mastered these competencies while enrolled in a MSW program. The competencies identified were taught in the field internships and in seminars held twice monthly. During the course of the grant, students who were accepted to participate in the HPPAE program attended these seminars.

Researcher's Perspective

I became involved in this field of study a number of years ago when the School of Social Work at Colorado State University (CSU) received a grant from the Hartford Foundation. The grant provided resources and incentives to increase student and faculty awareness of the aging population both locally and nationally. Within the School of Social work, our goal was to encourage interaction with professionals in the community who worked in the field of aging and to infuse more aging-informed content into social work courses. Faculty from CSU, members of the community who represented agencies working directly with older adults, and members/professionals who were themselves older met monthly to discuss issues on aging and to identify community needs to support the older adult population.

A portion of the grant was used for a day-long conference on aging for students, faculty, and community members. The conference invited guest speakers (who gave personal accounts of their lives, experiences, and life work), provided networking among agencies that served older adults, and engaged in learning about the older community to understand how to foster relationships that could benefit our classrooms, internships, and areas of study. Unfortunately, we were unable to continue the monthly meetings when the funding ended, and the initial excitement gave way to previous routines. Fortunately, in 2009, three of my colleagues approached me to work with them applying for another Hartford grant with a focus on the MSW program to train and instruct students to work in the field of aging. The Hartford Foundation was working closely with the Social Work Leadership Institute (SWLI) to provide training and funding at a number of universities across the nation to build, support, and help MSW programs develop a foundation in working with the older population. Through working with my esteemed colleagues, community partners, area agencies, and MSW students, I feel we made great strides.

We incorporated more content into our curriculum, we placed more students in aging specific agencies, and we brought more attention and focus to the older adults and aging. This concentration/specialization area helped our School be competitive with other programs that have similar programs.

Summary of Chapter

Addressing the needs of older people is one of the most neglected areas in the fields of mental and physical health and demands more research, knowledge, and skill development among social workers in the United States. In addition, social workers should be prepared to work with older people in many settings. Social work practice with older adults encompasses an array of skills, knowledge, and competencies to address their complex needs. Community resources and policies are often different from what serves other members of the population. Specific to the field of gerontology and to the provisions laid out by the Hartford Foundation and the Social Work Leadership Institute, master degree students must learn and incorporate competencies into their professional practice. The term competence is defined as the demonstration of the integration of knowledge, values, and skills into practice (Hooyman, 2009). Competence is a “particular useful descriptor for professional practice, because it not only includes the expertise to perform a function but suggests the capability to translate that expertise into useful actions” (Morales et al., 2007, p. 161). The domains of the competencies in the geriatric social work initiative (GSWI) are focused on values and ethics; aging services, programs and policies; theories and interventions; and assessment. Students, who are immersed in these competencies, prepare for geriatric-competency and improve the care and well-being of older adults and their families; this will go a long way toward meeting the increased demands and needs for more trained professionals. The competency-based curriculum is designed to be

flexible and address practice at both the micro and macro levels with the recognition that social workers in the field of aging be proficient at both levels. For example, at the micro level to guide interventions the social worker may look at the individual's background, family relationships, cultural factors, physical and emotional health, and resources available. At the macro level, prevailing economic conditions, policies that guide funding and eligibility for programs or settings, and strengthening or creating community resources are examined. Future needs and demands for older adults will be different from those of today. Understanding the "terrain" in which people are living and changes in employment, social security, and education will be relevant for decent standards of living. Developing the perspective to initiate or support public education and social legislation that will protect and enhance the quality of life for older adults is important (Morales et al., 2010).

Age is something that doesn't matter, unless you are a cheese.

-Bille Burke

CHAPTER TWO

Literature review

The goal of this chapter is to present a review of the literature in regard to ageism; attitudes, experiences, and educational programs, which students have had directed towards older adults. The chapter provides an overview of the research that identifies why some students choose social work as a career and why they do not choose social work. Further, I will discuss two theories that explain how individuals make career choices and then apply these theories to career choices to work with older adults.

In first encounters, age is one of the earliest characteristics noticed about other people. In that moment, we, consciously or not, base our conversation and interactions with people based on their age. “How should I address them? What are their political views? What do they know about current and popular culture? Do I need to be conscious of my words or how loud my voice is?” When we perceive or guess someone’s age, we infer social and cognitive abilities, liberal or conservative views, and even physical abilities. These inferences guide how we behave and what information we give, seek, heed, and remember (Cuddy & Fiske, 2002). Certainly we look at other things, and age is not the only way we assess people--gender, ethnicity, height, all may be factors. Yet age is the only characteristic of people that changes with certainty. Moreover, stereotyping of and discriminating against older adults are typically not noticed and are often unchallenged in comparison to ethnicity, religion, or sexual preferences. We disparage older adults and the elderly and these “invisible” stereotypes are often without fear of censure. Indeed, noticing a person’s age in a casual encounter is not inherently offensive. It is what we do with that information that can be destructive or harmful (Cuddy & Fiske, 2002, p. 4).

Attitudes can sometimes be a result of societal “isms” from uncertainties, beliefs about a group, or discrimination of a group. For example, students often believe things they hear and see at home, in the community, and in the media, which may influence a belief, even if the source lacks accuracy or is misguided. As an example, older adults are often stereotyped or discriminated against because of societal fears of aging, which results in “ageism” and what it implies.

The literature and studies reviewed suggest that many attitudes are not always directed at others, people’s fears and perceptions of aging are based on their realities. By looking at these fears, they may be able to recognize how they impose them on other people.

Ageism Defined

What exactly is ageism and where does it stem from? The original definition of ageism dates back to 1968, when Butler coined the term “ageism” (Butler, 1969, p. 243). At that time, he was chairman of the District of Columbia Advisory Committee on Aging and was working on a housing project for low-income older adults. In the course of an interview with the *Washington Post*, he was asked if the negativism against the housing project was a function of racism; in this instance he viewed it more as one of ageism. Butler’s awareness of ageism was manifested in a wide range of phenomena, on both individual and institutional levels. These include stereotypes and myths, outright disdain and dislike, simple subtle avoidance of contact, and discriminatory practices in such areas as housing, employment, and health care. Negative images are conjured up of old ‘geezer’ and ‘burdens’ of old age and dependency, fueling the deprecation of older people (Butler, 1969, p. 243).

Butler (1980) stated there are three aspects to ageism: prejudicial attitudes, discriminatory practices, and institutional norms that “reduce [the elderly/older adults’] opportunities for a

satisfactory life and undermine their personal dignity” (p. 8). The concept of ageism embodies the belief, evaluation, and potentially the behavioral aspect of the definition of attitudes. There are several assumptions embedded in Butler’s definition. First, attitudes can influence behavior. Ageism affects behavior on all levels of society; individual as well as structural. Butler implies that ageist attitudes are inherently negative and cause harm. Even if the assumptions are not true, one thing is relevant; negative attitudes toward older adults can lead to discriminatory behavior, which can, and often does affect all levels of society.

Levy and Banaji (2002) define ageism as “an alteration in feeling, belief, or behavior in response to an individual’s or group’s chronological age” (p. 49). They make two claims: first, one of the most insidious aspects of ageism is that it can operate without conscious awareness, control, or intention to harm. The idea is that there exists implicit ageism--as evidenced by the fact that there are no hate groups who target the elderly as there are hate groups who target members of religious, racial, and ethnic groups. Even gender prejudice has produced the recognition of those who have explicit antipathy toward one or the other groups (e.g., male chauvinists, men haters). In contrast, social sanctions against expressions of negative attitudes and beliefs about the elderly are almost completely absent. In the context of a lack of ‘strong’ explicit hatred toward the elderly and wide acceptance of negative feelings and beliefs, the role of implicit attitudes and knowledge about age becomes especially important. Second, all humans, to varying degrees, are implicated in the practice of implicit ageism. The mental processes and behaviors that show sensitivity to age as an attribute are automatically produced in everyday thoughts and feelings, judgments, and decisions of ordinary folk, such as the readers and writer of this paper. There are large differences in such attitudes; the research findings on implicit age

stereotypes and prejudice usher in new implications for policies intended to guard and protect equal treatment that otherwise erodes with age (Levy & Banaji, 2002).

The goal is to review the literature as it applies to the issues of ageism, attitudes toward older adults, experiences, and gerontological social work.

Attitudes on Aging

Attitudes consist of three components: a belief, a favorable or unfavorable evaluation, and a behavioral disposition. DeLamater (as cited in Schigelone, 2003, p. 36) describes an “attitude” as a representation of how a person feels about an object. Belief may be based upon factual information, but it is evaluation of information about the object that is thought to be the attitude. One of the most important components of DeLamater’s definition is he associates attitudes with behavioral disposition or behavioral intentions. It cannot be said an attitude always relates to a behavior, the important thing is that attitudes may lead to behaviors. While attitudes themselves can be interesting, it is the behavior resulting from them that is most important. These behaviors are sometimes seen in discriminatory practices and in avoiding contact or work with older adults.

Holding negative attitudes and discriminating against older adults varies by gender; with men being more negative and showing more discrimination against older adults than women (Hawkins, 1996; Kalavar, 2001; Kimuna, Knox, & Zusman, 2005). Kalavar (2001) conducted a study to determine the validity that gender makes a difference in who the bias is against and who is demonstrating gender-based ageism. In a quantitative study of 200 college students, ages 18-49, the study attempted to show that male college students displayed more ageist attitudes than female college students. In addition, using the Fraboni Scale of Ageism (FSA), he hoped to determine if students preferred professionals/service providers of certain age categories. The list

included 13 occupations—doctor, dentist, barber/beautician, school bus driver, congressional representative, therapist, telephone operator, pilot, lawyer, car mechanic, teacher, pharmacist, and lab technician. These occupations represent various skills that range from attention to detail, experience, expertise, communication skills, and ‘hands on’ experience to knowledge of contemporary trends. Interestingly, the students felt a 25 year old is too young to be a congressional representative, yet they felt 50 years of age was too old to be a pilot. The majority of college students identified the 30-49 age groups as the preferred age for doctors, dentists, pilots, lawyers, congressional representatives, bus drivers, and therapists. The 60+ age group was not mentioned by any participants for the following service providers: doctor, pilot, lawyer, and car mechanic. Kalavar found that female respondents were less likely to hold negative attitudes or be ageist compared to male respondents. He surmised this was due to lifespan developmental processes, life experiences, and greater exposure to adults of all ages. Gender socialization may play an important role in the formation of ageist attitudes. There tends to be higher levels of ageism and less knowledge about older/elderly individuals by males, in part due to less interaction with older adults. He suggested further research is needed to ascertain why males have less exposure and interaction with older adults, than do females (Kalavar, 2001, p. 512).

In the text, *A Functional Approach to the Theory of Attitudes*, Katz (1960) writes “people need standards or frames of reference for understanding their world and attitudes help to supply such standards” (p. 175). People form attitudes often referred to as ‘stereotypes’ about objects or people with whom they may have had minimal or no contact. Stereotypes, while not always accurate, provide “order and clarity for a bewildering set of complexities” (Katz, 1960, p. 175). These attitudes may be derived from a myriad of sources—other people’s experiences, the media, society, and community events. These types of attitudes help people make sense of the

complex world as they allow them to categorize objects or people and predict how interactions with those objects might turn out. This was reinforced by Pillemer, Moen, Wethington, and Glascoe (2000) who observed modern American society is largely segregated by age. As a result, many attitudes about older adults are based on perceptions forged by secondary sources, not in experience.

Harris and Dollinger (2001) conducted a study that assessed knowledge, anxiety, and attitudes about older adults and about the students' own aging in 256 college students. Students were either enrolled in an upper level psychology course on aging (128 students) or in an introductory psychology course (128 students), which offered no content on aging. To assess knowledge and attitudes about one's own aging, students were administered the Facts on Aging Quiz (FAQ) and the Knowledge of Aging and the Elderly Quiz (KAE) (Kline, Scialfa, Stier, & Babbitt, 1990) and the Anxiety about Aging Scale (AAS) (Lasher & Faulkender, 1993); and the Aging Semantic Differential (ASD) (Rosencranz & McNevin, 1969) at the end of the semester. The primary goal was to determine whether those who participated in the aging course differed significantly in knowledge of and attitudes toward the elderly and the aging process from those not having a formal class on aging. Their study revealed significant differences in knowledge of aging, perceptions of the elderly, and attitudes toward an average 70-year-old. The means of the two groups indicated that students enrolled in the aging course answered significantly more items correctly on the FAQ and the KAE and rated older adults more positively on the ASD than those in the other course. There were no significant differences between the two groups on personal anxiety about aging, with the exception of the Fear of Old People dimension of the AAS. This dimension relates more to feelings about old people than it does to personal anxiety about one's own aging. On this particular scale (AAS), those in the upper level aging class

reported significantly less anxiety toward older people than those in the introductory course. Taking a course on aging appeared to foster more positive attitudes toward older adults, and it was evident both groups of students recognized common stereotypes and held negative perceptions or stereotypes of older adults. This is especially relevant for students pursuing careers in working with an older population. The findings showed that attitudes toward older adults have important implications for how the elderly are treated by younger generations.

Harris and Dollinger (2001) asked the question: when it comes to planning and implementing policies concerning the older adult population and making decisions about the care needed for this population on what will younger generations and soon to be professionals base their decisions? Widespread negative attitudes toward older adults can lead to poor treatment, ageism, and discrimination, in addition to decreased self-esteem, happiness, and well-being among older adults and the elderly.

In another study about attitudes, researchers found male graduate social work students and undergraduate students had less favorable attitudes toward older adults, than their counterparts. Gellis, Sherman and Lawrence (2003) conducted a study with a focus on first year graduate social work students' knowledge of and attitudes toward older adults and investigated the predictors of positive attitudes toward older people. Male and female students were administered the Aging Semantic Differential (ASD) (Intrieri, von Eye, & Kelly, 1995), a 26-item instrument measuring attitudes or perceptual predisposition of respondents toward older adults. The social object was a 70 year old person whom students rated on these factors/subscales: 1) instrumental, a measure of adaptability and vitality, and rating persons as capable of pursuing goals, adaptive to change, and being productive (sample items are "busy," "healthy," "flexible"); 2) autonomy, a measure of self-sufficiency and particularly, the

contribution of an individual to the social system relative to the person's dependence on it (sample items include "independent," "productive," and "strong"; 3) acceptability, a measure of the person's social interaction in the environment (sample items include "generous," "cooperative," and "friendly"); and 4) integrity, a measure of a sense of satisfaction with oneself (sample items include "secure," "optimistic," and "satisfied"). On the ASD, male students had an overall score indicative of a negative attitude toward older adults. Three of the subscales showed negative attitudes, while one (acceptability) was slightly in the positive range. Findings also suggest beginning first year MSW students (both male and female) have negative impressions of older people.

Researchers and practitioners in gerontological social work commonly agree on the importance of addressing the attitudes held toward the aging population, from general misconceptions to intergenerational relationships, and to governmental policy formulation. Unfortunately, the presumed associations between knowledge and attitude are difficult to verify without valid measures. Further, it is important to identify factors that predict positive perceptions of social values of older people to develop new directions for curriculum that underscore the healthy and productive aging process.

Yoon and Kolomer (2007) found that older persons are living longer and healthier and are capable of being more productive and less dependent than what many people believe. Despite this trend, young adults persistently hold negative attitudes and stereotypes about older persons. The goals of their study were to develop a valid, reliable measure of social values of older people and to assess its utility as predictor of career choice by social work students. Quantitative data was collected from 204 social work students (BSW, MSW, and PhD) enrolled in a southwestern university. The instrument used was a version of the 13 item aging opinion instrument developed

by Kafer, Rokowski, and Lachman (1980), the social values of older people (SVOP) scale modified by changing linguistic expression and adding several items relevant to the social value of older people. The authors felt “productive aging” has become of increasing interest from researchers, practitioners, and policy makers (Yoon & Kolomer, 2007, p. 650). Although what is meant by “productive aging” is subject to interpretation, they use this definition: “productive aging refers to the contributions of older people to their own welfare and that of their communities and society at large” (Caro, Bass & Chen, as cited by Yoon & Kolomer, 2007 p. 650). Productivity includes everything from work (paid and unpaid) to other activities, which are hard to evaluate, such as sharing knowledge, expertise, wisdom, and guidance. In this sense, it is important to recognize that older adults play a pivotal role to provide unquantifiable support and guidance for their families, communities, and society. Productivity is one social value that is important to society; if older adults have social value, this increases others’ desire to work with them and decreases barriers that interfere with the ability of older persons to contribute to society. The researchers state there is a wide range of barriers that interfere with the ability of older people to contribute to society. Those barriers can be divided into attitudinal (how it relates to personal and societal attitudes) and structural (the practical features of the physical environment such as bureaucracy and infrastructure) (Yoon & Kolomer, 2007, p. 651).

Negative attitudes among health and human professionals and students are significantly correlated to deciding their practice area (Peterson, 1990; Schigelone, 2003; Weir, 2004). Studies in the medical profession showed that first-year nursing students exhibit the greatest evidence of negative attitudes toward older patients (McCray, 1998). A longitudinal 3-year study with 86 nursing students confirmed only one student expressed a desire to work with older adults at graduation (Haight, Christ & Dias, 1994; cited in Yoon & Kolomer, 2007, p. 652). Another study

reviewed by Yoon and Kolomer was a five year study of first-year medical students; who showed unfavorable attitudes toward older adults, including negative and significant influences on decision making around their care and treatment (Rueben, Fullerton, Tschano, & Croughan-Minibane, 1995; cited in Yoon & Kolomer, 2007, p. 652). The researchers emphasized that social work is not a field immune to ageist attitudes, 4% of MSW students declared aging as an area of concentration and 5% of all MSW students took a course in aging (Berkman, Dobrof, Harry & Damron-Rodriquez, 1997; CSWE, 2001; Gellis, Sherman & Lawrance, 2003; Gibson, Park-Choi, & Cook, 1993; Kimuna, Knox & Zusman, 2005).

Kane's (1999, 2004) study with 333 social work students reported neutral attitudes toward older adults and a moderate interest to work with them. Of 15 practice areas, only 14.8% of the sample stated a preference to work in gerontology. Common factors associated with positive attitudes toward older adults include: a) females and older students have more favorable attitudes toward older persons (Gellis, Sherman & Lawrance, 2003); b) frequent grandparental contact and positive relationship characteristics were identified as potential moderators of understanding (Haight et al., 1994); c) a close relationship with an older person (relative or not) (Hawkins, 1996); d) when elders are seen as mentors, representing a wise elder experienced in life transitions (Yoon & Kolomer, 2007).

Kane's (2004) study confirmed previous findings and predictors of positive attitudes toward older adults. Of the 333 BSW and MSW respondents, older students and women had more positive attitudes than men; those with living great grandparents had healthier attitudes; those having a general awareness of the aging process, had more than a primary interest in the field. Thus, positive attitudes and perceptions toward the social value of older people is directly associated with a career choice of gerontology by social work students. Accordingly, the scale he

used, Social Value of Older People (SVOP) can be useful as a critical indicator to screen social work students' career preferences. This study found, if equipped with accurate knowledge, social work students will perceive older people more positively and will be more likely to have a primary interest to work with older people. Accordingly, this study suggested a greater need for illuminating positive aspects in gerontology educational curriculum.

When we look at professionals from other helping professions, they, too, hold negative attitudes and biases toward older adults. For example, Schigelone (2003) wrote a report on health care professionals' attitudes toward older adults. She states "most of us have attitudes about elderly people, positive and negative, but due to the age-structured nature of our society, most of us do not have extensive contact with the elderly until we are elderly ourselves" (Schigelone 2003, p. 32). Many health care professions are experiencing a shortage and reluctance of trained geriatric personnel to work with older adults and the elderly: social work, medicine, psychiatry, and nursing. In addition, professionals who work with older people are often found to treat them and their health needs differently than if their clients had been younger. Unfortunately, such "different" treatment is often inferior treatment (Schigelone 2003, p. 32). The question she posed was "why do health care professionals (HCP) treat older clients differently," and what is the premise for negative attitudes directed at older adults/elderly? A thorough review of the literature of health care providers' (defined as physicians, nurses, physical therapists, psychologists, psychiatrists, nursing home employees, and social workers) attitudes toward older adults uncovered an almost uninterrupted common theme. Attitudes are less than positive and no substantial differences can be found across professions (p. 34). Schigelone gave many examples of how these HCP treated older adults differently than younger adults. One of these is a study that was aimed at social workers, nurses, and physicians. There were two groups; one group

heard a series of lectures on mental illnesses that affect older adults, the other group did not hear the lectures. The training did not modify attitudes nor did it cause divergence between the two groups. Another example is Wilson and Hafferty (1993) who studied fourth year medical students, some of whom had taken an elective course on aging and were compared to those who had not: no difference was found in specialty choice among the two groups.

Similarly, in a course (intervention) with medical, nursing, and social work students involving lectures, discussions, and interviews of elderly in various settings, Carmel, Cwikel, and Galinsky (1992) found that pre- and post-intervention working with seniors was ranked by the students below all other age groups. Schigelone's (2003) empirical research reviewed in this article showed that HCPs hold less than favorable attitudes toward older adults and interventions aimed to change these attitudes did not succeed.

Ageist Attitudes and the Aging Process

One of the issues that seem to be prevalent is how do we address the ageist attitude and educate students and professionals about the aging process.

Altpeter and Marshall (2003) brought together students from 12 departments at the University of North Carolina at Chapel Hill to serve as an advisory board for the graduate, interdisciplinary certificate in aging program, and to provide leadership in aging education across the campus. They recognized in students' future careers, it was inevitable students would interact with a diverse population of older adults through direct clinical, human services, policy and program development, urban and rural planning, biomedical and psychosocial research, academic educational programs, and continuing education, or legal advocacy.

Qualitative data were gathered from 12 undergraduates enrolled in the fall of 2002 – (8 seniors, 3 juniors, 1 sophomore; 3 males and 6 minorities). They ranged in age from 19 to 30.

Students were asked to consider the likelihood of reaching age 100, to define common terms such as life span and ageism and to describe the similarities and differences of adolescence and old age and their impact on intergenerational understanding. The findings showed discussions and exercises are successful ways for imparting content, instilling aging awareness and sensitivity, and coaxing students to reflect on their own aging. Students actively demonstrated knowledge of general life expectancies for racial and gender groups, they were able to recognize the connections and impact of their current lifestyles and health behaviors on future health status. Student comments included “aging is a process” and they were getting a more meaningful understanding of the concept that “we’re all aging” (Altpeter & Marshall, 2003, p. 753). All participants felt that people (of all ages) need to learn more about the dynamics of aging and how to be sensitive to older adults.

Life Experiences

Kimuna, Knox and Zusman (2005) assessed the perceptions college students held about aging and older people. The participants were 441 students ages 17 to 49 with a median age of 19. There were 118 males and 323 females; 356 (83%) students identified as ‘White’ (their term) and 41 (14%) as African Americans. This study explored direct contact with older relatives as well as working with older people as influential in attitudes toward the elderly. Demographic variables of age, gender, and educational level were found to be inconclusive predictors. Students’ experiences with older people were measured by personal contact with older relatives and previous work experience with older people. Personal contact and agreement of beliefs about older people were measured using 5-point Likert scales. The older the students, the older they considered old being; additionally direct contact with older individuals influenced what age one considers as old. Males cited 58 years and females cited 62 years as the age they consider old—

the average age that was considered “old” was 60. African American students consider a person to be ‘old’ at age 64, and the white students consider ‘old’ to be 60. The quality of contact is related to more positive attitudes; for example, students with older parents also have a different /positive perception of older adults. In addition, most respondents perceive aging according to the frequency of contact with older people. White students were significantly more likely to agree that social services are readily accessible by older people and less likely to agree that grown children should allow their parents to live with them and that the government should take care of older people who are poor. This finding reflects mainstream American culture where nuclear families are exalted and independence from extended families is encouraged. The authors noted that although there has been increased publicity and concern about the rights of older people, attitudes do not appear to be changing. They suggest it would be beneficial to expose students to the different social service agencies in the community and provide knowledge of older people’s social issues. Exposing students to diverse groups through a mentor system might change these unrealistic beliefs.

Schwartz and Simmons (2001) investigated the validity of the contact hypothesis that cooperative contact with individual members of an out-group can lead to more positive attitudes toward the out-group as a whole. The out-group was older adults, and the study examined the relationship between young adults’ contact with older adults and their attitudes toward the elderly in general. Sixty-two (28 males and 34 females) college-aged participants were given a questionnaire that assessed the frequency and quality of their contact with older men and women and their implicit attitudes toward the elderly. Two scores were obtained for each participant, one assessing their attitude toward elderly men and the other toward elderly women. A two-way analysis of variance was performed on the attitude scales, with frequency of contact and quality

of contact serving as the independent measures. The findings confirmed that self-reported quality, but not frequency, of contact was significantly related to more positive attitudes.

Two additional variables were noted by the researchers: a) if the environment of the contacts occurred is in a “less-favorable” setting, this made a difference in attitudes—for example, going to a ‘nursing home’ or long-term care facility versus a senior center; b) the type of contact—when students heard a lecture or story being told by an older adult they responded more favorably than if the person was ill or needed assistance. In their discussion, Schwartz and Simmons (2001) believe these findings are important from both a theoretical and a practical standpoint. Theoretically, the findings are consistent with research indicating that *contact quality* is an integral factor in the relationship between members of different ‘groups’. Favorable contact is significantly related to participants’ attitudes toward the elderly; this complements and expands on the work of other researchers (i.e., Wittig & Grant-Thompson, 1998). Further, contact quality may account for the positive influence effects on attitudes toward an “out-group.” This finding is important as it may explain why contact with older adults under less than favorable conditions may have no effect or may intensify negative attitudes and/or stereotyping.

Intergenerational Experiences

Quality experiences with older adults are not widely reported in the literature. The information found was related to intergenerational experiences and those of grandparental relationships. Strom and Strom (1992) looked at intergenerational relationships and programs, which bring the old and young together for the benefit of both. Their research found at every age, people’s importance is defined in terms of the amount of attention others give them and the impact on human affairs. The worth of interaction between children and older adults has been demonstrated in a variety of programs, for example, at the University of Florida; for 20 years,

students from an elementary school have visited and built relationships with residents at long-term care facilities. The greatest benefits reported by the children are growth in their level of commitment to helping older friends, learning to assist them in coping with disabilities, acquiring a positive attitude of aging, and gaining valuable insights about death and dying. The Center for Social and Urban Research at the University of Pittsburgh operates a program called 'Youth in Service to Elders'. Students, 14-22 years of age, are brought into weekly contact with older adults to improve the psychological well-being of the elders and enhance the students' own self-esteem. The youth organize games and exercises for people with arthritis, poor eyesight, or other disabilities. In a corresponding nationwide government based Foster Grandparent Program, men and women from low-income backgrounds help ease the caretaking burden experienced by one-parent families and school attending mothers.

Most remarkable about intergenerational programs and relationships is their consistent record of success regardless of the organization, age group combinations, or featured activities. For older adults, the experience usually leads to a greater sense of purpose and self-satisfaction. The young participants gain from providing assistance, receiving help, establishing friendships, and recognizing the older population as caring and interesting (Strom & Strom, 1993).

Paton, Sar, Barber and Holland (2001) examined data from a study of graduate (n = 172) and undergraduate students (n = 67) designed to identify what characteristics influence students' knowledge of and interest in working with older persons. This study found a strong positive relationship between the number of personal and professional experiences with older persons and students' level of interest in working with older persons. Personal and professional experiences consistently have been found to be associated with interest in working with older persons. Those who had personal experiences, such as having lived with, having cared for, or has had a positive

personal experience with older persons had an interest in gerontology (Carpenter, 1996; Shimamoto & Rose, 1987, cited in Paton et al., 2001, p. 172). Interest in understanding one's own aging process, as well as that of family members or friends, was found to be a powerful motivator for interest in working with older persons (Carpenter, 1996; cited in Paton et al., 2001, p. 172). They cite other researchers who have described students' positive experiences with older persons in rotational or experiential portions of classes (King & Cobb, 1983; Shimamoto & Rose, 1987; Siegler, Cotter, Goldberg, Brice & Ellis, 1996; cited in Paton et al., 2001, p. 172).

A quantitative study (Paton et al., 2001) had students complete a six-page questionnaire. The majority were social work students (62.9%), of those 59.0% were graduate students; the other 37.1% were nursing students. 82.0% of the students reported having frequent contact with a close relative over 60 years old and 42.2% indicated having frequent contact with a relative over 80 years old. Almost one-half (48.3%) of the students had worked in a setting in which the majority of the clients were over 60 years old, and 31.6% had worked in a long-term care setting. A strong positive relationship was found between the number of students' personal and professional experiences with older persons and level of interest in working with older persons. There was a strong positive relationship between how positive students felt about their experiences and their level of interest in working with older adults (Paton et al., 2001, p. 182).

Olsen (2011) examined the linkages among self-efficacy, curriculum, and field experience on student attitudes and interest in working with older adults. Graduate level social work students (n = 252) were surveyed, of those, 88.1% were women, 11.9% were men, their ages ranged from 21 to 64 years, with a mean age of 30.85 years. The students were surveyed regarding perceived self-efficacy to intervene with older clients, the amount of aging content in the curriculum, and practicum experience with older adults. Regression analysis showed a

relationship between attitudes toward older adults and perceptions of self-efficacy. Correlations revealed that self-efficacy was significantly related to levels of gerontological content in curriculum, as well as, practice experience; yet practice experience had the stronger influence.

Olsen's premise was that self-confidence has a major impact on one's educational and career decisions. Thus, students' and professionals' beliefs in their capability to intervene with a particular population or issue plays a large part in career choice. Self-efficacy was the underlying theme to explain how one comes to believe in his/her own capabilities. A component of social-cognitive theory, self-efficacy is defined as "beliefs in one's capabilities to organize, and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3; cited in Olsen, 2011, p. 594). Within social-cognitive theory, self-efficacy is seen as a primary factor underlying motivation and specific capabilities to particular tasks and contexts. Self-efficacy can be applied to social work and social work education. Comparisons between levels of self-efficacy among professionals and student interns provide evidence for its utility as a means of evaluating professional growth. Even though social workers have traditionally worked with society's most intransigent populations, research suggests that a sense of self-efficacy mitigates the potential for job burnout. Perceptions of self-efficacy appear to act as a protective factor, increasing coping ability and perseverance in the face of challenge (Olsen, 2011, p. 595). Consequently, enhancing self-efficacy may be a valuable avenue to encourage students to engage with challenging issues. For his study, Olsen developed survey items (on an ordinal rather than ratio scale to have consistency in answers) specific to social work with older adults. Self-efficacy was operationalized through measurement of students' perceptions regarding their capability to perform interventions with older clients. A combination of six items was used to measure students' level of confidence and nine items from Kane's (1997) Perceptions of Adequacy for

Direct Practice with Elders were used to assess perceptions of self-efficacy. Kane's scale asks respondents' perceptions of adequacy rather than self-efficacy, the 15-item scale was to target respondents' capability to perform skills related to intervention with older adults. Students reported their level of experience working with older adults in field practicums through responses on the Practice Skills Inventory (PSI) modified to include 'older adult' or 'elderly client' (O'Hare & Collins, 1997). Finally, students were asked to report the level of gerontological content across the MSW curriculum to assess the influence of content on attitudes and interests in working with older adults. Two outcome variables were used: a) attitudes toward older adults; and b) interest in social work practice with older adults. Findings revealed limited levels of confidence to work with older adults. Scores on perceptions of adequacy for direct practice reflected moderate levels of perceived adequacy to carry out geriatric social work skills. Students indicated limited confidence to intervene with older adults, a majority of students (52.8%) reported a lack of confidence in ability to assist older adults to cope with the challenges of aging. Students either disagreed (53.2%) or strongly disagreed (14.3%) that they felt confident in their abilities to provide social work assistance to older adults. In contrast, the sample reported a high degree of confidence to work with adults (65.5% agree and 25.4% strongly agree) and adolescents (48.4% agree and 36.9% strongly agree). As found in other studies, the majority of the students indicated a preference to work with children and adolescents; they agreed with the statement that working with young people was gratifying because of the potential to affect for long-term change. Additionally, nearly three-fourths of the students reported agreement or strong agreement that people are more resistant to change as they get older. Olsen's results supported the hypothesis that students' perceptions of self-efficacy to work with older adults would be associated with greater interest in working with them. Students who expressed greater self-

efficacy had increased positive attitudes toward older adults. Also, perceptions of self-efficacy were significantly related to level of gerontological content in MSW curriculum, as well as related practicum opportunities to practice skills. Perceptions of self-efficacy are particularly important with regard to attitudes toward clients, as well as career choice. The experience of employing practice skills was the stronger predictor of self-efficacy when compared to aging curriculum alone. Thus, we may infer that practical experiences are a necessary component of enhancing self-efficacy (Bong & Skaalvik, 2003; Pajares, 2002; as cited in Olson, 2011). These findings offer insights into how social work education can enhance students' willingness to work with challenging issues and populations.

Educational Factors

Educators have a responsibility to develop curricula that provide students with a solid knowledge base to further aging research and to prepare professionals to be competent service providers (Shenk & Bradley, 2001; as cited in Gutheil et al., 2009). Other researchers (Greene, 2005; Scharlach, 2000) have indicated that social work education represents an important avenue for dealing with the issues and needs of older adults; however, insufficient resources have been devoted to relevant coursework. Classroom learning and opportunities for engagement with older adults helps students acquire knowledge, shift attitudes, and influence career choices in the field of aging (Shenk & Bradley, 2001; Stafford, 2001; Stanberry & Azria-Evans, 2001). Coursework on physiological and psychological processes of aging increases knowledge and improves attitudes toward aging (Harris & Dollinger, 2001).

Due to the need to attract more social workers, attention has been directed to students' interest in the field of aging. A cross-national study documents less interest in working with older adults than with other age groups (Weiss, 2005). Fredriksen-Goldsen, Bonifas, and

Hooyman (2006) found that infusing aging content into curriculum increased students' interest slightly; but students did not see the material as relevant to their careers. Yet, Cummings et al., (2006) found that infusing aging content into foundation courses increased students' perceptions of career opportunities and the importance of gerontological social work.

The use of case studies is important to disciplines that rely on critical thinking and problem solving, as it gives students the opportunity to apply knowledge and skills in addressing problems similar to those in everyday clinical practice. This method provides students with direct experience and an opportunity for immediate feedback and reflection on their assessments and discussions of practice interventions. Content examples of the cases included: 1) one or more older adults as the focal point; 2) a context for teaching and learning generalist practice content already taught in the course; and 3) opportunities to challenge stereotypes associated with aging (Gutheil et al., 2009, p.57). Their post-case survey measured level of interest in working with older adults, attitudes toward older adults, knowledge of aging, coursework on aging, and demographics (age and gender). To understand students' interest in aging after the intervention (case study presentation/one class session minimum), their interests were compared to 'an intuitive estimate of normal levels' (Rubin & Babbie, 2008, p. 59). The normal estimates came from an earlier study reported on in 2002 with students at the same institution. In the first study, 22.4% of the students were interested in working with older adults, compared with 32.8% in the later study, a statistically significant change. Providing information to students on aging in a structured process through practice courses may impact their interest. The result showed that taking a course on aging did not emerge as a significant variable. Age and attitude about the level of 'vitality' (defined as independent/dependent; busy/idle) were predictors of interest in working with older adults. The stereotype that older people are dependent and uninvolved in life may

discourage student interest and points to the value of using case material that does not reinforce this image (Gutheil et al., 2009, p. 61). Another implication was older students were more willing than younger students to work with older adults, as they may appreciate some of the struggles and share some of the same issues.

Educators may need to show students that older adults have the potential to be vitally involved regardless of their level of capability—this is a natural fit with the strengths perspective and counteracts the stereotype that being dependent means lack of vitality. If students recognize that older clients are engaged in the process of living, they will be more interested in working with this population. It is valuable for instructors well versed with cases to convey positive perspectives to students and not inadvertently promote negative stereotypes.

Examining the impact of an infusion model, Cummings, Cassie, Galambos, and Wilson (2006) reviewed data regarding the use of infusion of gerontological materials throughout curriculum to enhance students' attitudes toward older adults, their knowledge of aging-related issues, and their perceptions of gerontological social work. A quasi-experimental design compared outcomes for graduate students exposed and not exposed to gerontological curriculum/infusion. Those exposed showed a greater improvement in their view of aging-related career opportunities and in their belief of the importance of gerontological social work

The rationale for this study was to confirm the decline of gerontology programs. Findings show 34% of all accredited programs offering an MSW had an aging component compared with 9% of BSW programs; 97% of social work programs identified gerontology as an important component to social work education, yet 53% lacked field opportunities in gerontology and 21% lacked faculty trained to teach aging courses.

Cummings and DeCoster (2003) conducted a national survey of accredited social work programs offering a master's degree with a specialization, concentration, and/or certificate in gerontology. The authors reported an 18% decrease in programs with a gerontology focus since a survey conducted by Lubben, Damron-Rodriguez, and Beck (1992).

Educators have tried to deal with the decline of gerontological programs in a number of ways: using aging-focused lectures, requiring course assignments to focus on (or interact) with older adults, and adding aging specific courses to the curriculum. Collectively this research indicates that exposing students to basic aging related issues and allowing them to interact with older adults can lead to enhanced attitudes toward older adults, improved knowledge, and increased interest in gerontological specialization. Given the decline in social work programs focused on gerontology (and the decline of interest), many social work educators advocate for the infusion method to enhance aging related knowledge and attitudes toward older adults. Infusion of gerontology-specific content may produce social workers who are prepared to deal with issues associated with aging, whether working in aging-specific or more general social work settings.

Their infusion project initially looked at aging related-content within the social work foundation curriculum (Cummings & DeCoster, 2003). The amount of gerontological content in the practice and research courses was sparse. The goal was to increase the aging related content and to provide increased opportunities for faculty, field instructors, and community agencies to discuss and exchange ideas related to gerontology content. As part of their study, they developed a series of forums or community meetings for discussions with faculty, field instructors, community leaders, and agency personnel. These forums were used to brainstorm ideas about curriculum change, use of students in the agencies, tasks and learning opportunities, and ensuring

the needs of the agencies and the students' (learning) were met. By involving key stakeholders/agency representatives, changes made to curriculum or how students were trained would increase their sense of ownership (and commitment) in the project. Both qualitative and quantitative data were collected, analyzed, and integrated into the plan for curricular change with a series of aging content modules. The information provided in these modules was directly related to content for all foundation practice, policy, human behavior, and research courses. Modules employed discussions, readings, written assignments, and newer approaches (Web-based exercises, Internet, and videos) and were given to faculty to use in specific courses. An assessment of the use of the aging-related modules revealed that the number of course sections containing gerontological information more than doubled in the project.

To explore the impact of the aging infusion model on students, the following hypotheses were examined: 1) treatment group students will have a greater increase in aging knowledge and a greater decrease in aging anxiety from pre-test to post-test than control group students; and 2) treatment group students will have a greater increase in perceptions of gerontological social work from pre-test to post-test than control group students.

Findings (Cummings & DeCoster, 2003) showed that overall MSW and BSW students reported favorable impressions of gerontological social work with the majority indicating serving elderly people is currently an important part of social work and will continue to be important. Students were less confident that gerontological social work offers good career opportunities. About 12% indicated they were interested in working with older adults after graduation. Students indicated some interest in receiving aging-related information and were a "little to somewhat" interested in completing a field placement serving older adults. Analysis of variance (ANOVAs) were conducted to determine whether students exposed to the gerontological infusion program

had a greater increase in aging knowledge, attitudes, and perceptions of gerontological social work than students the year prior to infusion. Treatment group students showed greater gains at post-test than did control group students. The treatment group showed greater gains at post-test in self-rated aging knowledge than did the control group. Specifically, the infusion of gerontology content into the curriculum did have an impact on students' perceptions.

With a goal to compare outcomes of a gerontological social work curriculum-enrichment at a Midwestern university, Dorfman, Ingram, Murty, and Han Li (2008) outlined a project. In their literature review, they discussed studies that showed mixed student attitudes ranging from slightly ageist to positive. One study used a pre- and post-test design (Lee & Waites, 2006) which reported significant changes in student attitudes after the infusion of gerontological content into the curriculum. In contrast, an earlier study cited by Lee and Waites (2006) found a significant decline at post-test in interest in working with older people among social work students who had taken a gerontology course (Davis-Berman & Robinson, 1989).

Interventions other than coursework, such as experiential learning experiences, may be effective in affecting student attitudes. Studies of MSW students (Cummings & DeCoster, 2003; Burke, 2003) show there is little interest in working with elders and a preference to work with younger age groups. A lack of gerontological knowledge and experience with or exposure to older adults increases the hesitancy students felt. When students received both infused gerontological content and worked directly with older adults, their levels of knowledge and interest increased (Burke, 2003).

Among MSW students, Gellis, Sherman and Lawrence (2003) reported an overall lack of knowledge of aging and showed that gerontological knowledge increases with content infused in the curriculum; however knowledge or coursework alone does not increase interest in working

with older adults. There is a need for gerontological skill development (self-rated) in social work students as one of the predictors of interest in aging-related work (Gellis et al., 2003). Exposing students to direct experiences with elders, such as internships or inter-generational service-learning projects, can facilitate skills development.

Another study by Olsen (2007) is appropriate because the focus is somewhat different than the others that discuss gerontology content. Olsen begins with a reiteration of the definition of ageism (Butler, 1969) to describe the phenomenon of negative bias and discrimination and indicates that ageist stereotypes among social workers result in avoidance of gerontology despite the growing need in an aging society (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). Through the use of convenience sampling, 252 MSW students were recruited—both advanced standing and concentration students from four CSWE accredited schools in Florida. (Florida has one of the largest populations of persons 65 and older in the nation.) The students participated in classroom surveys regarding perceptions of the level of gerontology context in the programs, their attitudes toward older adults, and level of interest in gerontology careers. The findings showed high levels of positive attitudes toward elderly, yet the students thought the curriculum did not include sufficient content on aging issues (need more information on social policies and the effects of ageism on older adults); challenges encountered by older adults were addressed only slightly in courses. There were limited electives in gerontology and careers in gerontology were discussed only slightly or not at all. Theories on aging and information on the aging process received limited attention in the MSW curriculum. Olsen found that the majority (90.0%) of the respondents reported that MSW curriculum did not include sufficient content on gerontology (p. 988). Over half (50.8%) reported that information on social policies and older adults was addressed minimally. In regard to students' knowledge of challenges, field practicum

opportunities, and theories of aging and information on the aging process, each were rated by the students as being provided only slightly or moderately in the curriculum (Olsen, 2007, p. 988).

A recommendation would be to increase geriatric education by using the infusion method of teaching. The strengths-based perspective of the social work profession would seem ideally suited to countering the views of aging that emphasize disengagement and decline. Building on a strengths-based model that integrates social work values of human rights and social justice, Patterson (2004) advocated a model of infusion that integrates readings and films depicting alternatives to the typical portrait of aging (often reflecting disease and a medical model of intervention). Olsen advocates for addressing the social issues and victimization of older adults in areas of risk including vulnerability to poverty, exploitation and abuse, criminal victimization, depression and suicide, and the impact of “ageism” in health care.

Evidence of older adults as a population at risk was the focus of a study by Koerin and Harrigan (2002) that found the increasingly transient lifestyle of many Americans has limited the availability of family support for older family members. For dependent elderly without the options of family support and in-home or community care, skilled care in nursing facilities is often used; yet institutionalization often leads to isolation from the larger community. In-home and community care are preferred; however, options for home/community care vary significantly from state to state. The U.S. General Accounting Office (2002) found that Medicaid services for home care vary considerably among states. A study by adult protective service workers indicated that family members are often unaware of the community resources available to assist older adults (Jogerst, Daly, & Ingram, 2001; cited in Olsen, 2007, p. 982). This finding represents a gap in community information, which could be remedied through interventions of geriatric social workers.

In American society, the elderly are at greater risk for particular forms of victimization than the general population. The U.S. General Accounting Office (2002) found that “predatory lenders” target elderly people because of failing eyesight, hearing, or cognitive impairments; these limitations make it difficult for elders to evaluate lending terms and costs. Statistics from the Federal Bureau of Investigation indicate that elders are disproportionately victimized by property crimes (such as burglary, motor vehicle theft, and property theft). Violent crimes for persons over 65, 25% of which are robbery, leave them feeling especially vulnerable and this victimization causes depression, anxiety, Post-Traumatic Stress Disorder (PTSD) (an elderly person may experience multiple traumas as a consequence of victimization) in comparison to younger crime victims (Gray & Acierno, 2002; cited in Olsen 2007, p. 984).

Although not always due to victimization, older adults predominantly women and ethnic minorities, especially elders living alone, over 85 years, and living in rural areas, experience increased incidences of poverty. Older adults are often victims of several types of abuse, including physical, sexual, emotional, psychological, neglect, abandonment, and financial or material exploitation (Olsen, 2007, p. 983). Abuse victims are predominantly women, and perpetrators are most likely to be male, often family members. Nearly three-fourths of adult protective service workers feel that elder abuse is underreported (Jogerst et al., 2001; cited in Olsen, 2007 p. 983). Physical limitations have been associated with greater risk for these forms of abuse and exploitation from caregivers (Brownell & Wolden, 2002; cited in Olsen, 2007, p. 983).

Lack of care, abuse, and evidence of ageism within the health care professions is demonstrated in medicine, nursing, and social work by professionals who are described as being “reluctant” to work with older patients (Schiller & Schigelone, 2003; cited in Olsen 2007, p.

985). They are less attentive toward elderly patients in relation to younger patients and apt to provide inferior treatment. This seems to confirm an attitude of “therapeutic nihilism”, in which healthcare providers resist working with older adults, viewing them as less likely to benefit from treatment (Dunkelman & Dressell, 1994; cited in Olsen, 2007, p. 985). This form of discrimination presents a greater risk to the psychosocial professions; research suggests across clinical disciplines, the counseling process may be influenced by the subjective values and biases of clinicians. Medical social workers were found to be less likely to discuss psychosocial issues and concerns with aged cancer patients than with younger ones (Rohan, Berkman, Walker & Holmes, 1994; Kane, 2004); additionally they were also less likely to perceive aggressive treatment as an option for such patients (Kane, 2004). This trend to avoid and discount elderly clients is evidenced by social work students being more likely to have negative views of elderly individuals (Gellis et al., 2003; Hawkins, 1996). They may also indicate preferences for working with younger clients (Kane, 2004).

Based on the findings by Koerin and Harrigan (2002) and Olsen (2007), it seems imperative that MSW students need to be recruited and educated to interface with older adults to understand their unique issues and challenges. Ageism presents serious problems in society. The data and literature suggests that younger members are more likely to hold negative biases, which present obstacles in both the recruitment of professionals and in the treatment of older adults. Thus, diversity education on aging and awareness of the issues and ageist biases are imperative for effective practice. If this growing population remains underserved by social workers, the profession may lose important opportunities to broaden its expertise and expand its service.

As indicated by the literature, the curriculum at the MSW level and overall training are not prepared to serve the growing aged population in numbers, attitudinally, or with respect to

knowledge and skills (Cummings & DeCoster, 2003; Gellis et al., 2003; Olsen, 2007). Many schools of social work lack faculty with expertise in gerontology issues (CSWE/SAGE-SW, 2001). Moreover, social work curricula fail to provide context in gerontology to adequately prepare social workers to meet the needs of this increasing population (Scharlach et al., 2000). Studies of student attitudes cast doubt that students will take advantage of gerontology courses when they are available.

Social Work Career Aspirations

The primary mission of the social work profession is “to enhance human well-being and to help meet the basic needs of all people, with particular attention to the needs of people who are vulnerable and oppressed” (NASW, 2011). As professionals, social workers adhere to distinct values, ethics, and overall guidelines or codes, which guide their work and practice. Since the inception of the profession, (its roots go back to the 19th century, with work in hospitals, orphanages, communities and neighborhoods, with the poor and mentality ill), the primary aim or mission of social work was to directly serve people in need and at the same time educate society to the uniqueness of each individual/group and encourage social institutions to be more responsive to people.

Knowing the premise of the profession and the importance of its mission and values leads to the step of explaining the factors why students choose a career in social work. Many of the imbedded values and roots of the profession are virtually the reason it is a career choice. As illustrated by the literature review on career theory, many students/individuals choose social work because they concur with the values of the profession and adhere to similar values and ethics. Further, a career in social work practice can be characterized by the application of

selected skills and knowledge to a practice based on setting, population served, social problems addressed, and/or practice interventions used (Morales et al., 2007).

Some people decide early on what their careers will be while others decide later and still others make a decision on a career every few years. Many factors can influence the career decisions of people—role models such as parents and teachers; race; culture; gender; and assessments abilities, preferences, and talents. People who choose social work are influenced by factors such as their personal and social change values as well as opportunities for career advancement and professional status (Biggerstaff, 2000; Whitaker, 2009).

In looking at the literature related to choosing a career in social work, a variety of themes emerge. This literature review will present studies and findings of the predominate themes identified as to why students chose social work:

1. Interest in helping and working with people: desire to advocate on behalf of disadvantaged populations or improve the welfare of others (Csikai & Rozensky, 1997; Rompf & Royse, 1994; Warde, 2008; Whitaker, 2009).
2. Personal experience with a person or entity/role model: social worker, teacher, mentor, and relative (Dennison, Paton, Sar, Barber & Holland, 2001; Poole & Qaqish, 2007; Rompf & Royse, 1994; Silverstone, 2000; Strom & Strom, 1993; Whitaker, 2009).
3. Parental influence: careers of mothers have more influence on both boys/young men and girls/young women (Biggerstaff, 2000; Kimuna, Knox & Zusman, 2005; Roberts & Mosher-Ashley, 2000; Silverstone, 2000).
4. Religion and spirituality (Rompf & Royse, 1994; Wagenfeld-Heintz, 2009).

5. Altruism: wanting to make the world a better place and a set of preexisting internalized altruistic values, social change mission of the profession (Biggerstaff, 2000; Csikai & Rozensky, 1997; Rompf & Royse, 1994; Wagenfeld-Heintz, 2009; Warde, 2000).
6. Experience with one or more older adults: grandparents, aunts, uncles, or friends, in the formative years; role of caretaker in the family (Cummings & Galambos, 2002; Dennison et al., 2007; Rompf & Royse 1994; Schwartz & Simmons, 2001).
7. Age, gender (caring is considered a feminine practice and those in health or human services/social workers are predominantly women) (Dennison et al., 2007; Huppertz, 2009; Warde, 2008; Whitaker, 2009).
8. Volunteer or work experience with both younger and older adults (Dennison et al., 2007; Rompf & Royse 1994).
9. Opportunities for career satisfaction, job security, and comfortable work environment (Dennison et al., 2007; Huppertz, 2009; Warde, 2008).
10. Personal assessment of abilities, talents, preferences and college courses (Warde, 2008).

To explain, the NASW conducted a study that investigated why social work is chosen as a career (Whitaker, 2009). An online survey was administered with 3,653 responses from August 2007 to November 2007. The survey shed light on why social work was chosen, and data revealed many factors influence a career in social work. The participants were asked when they first considered social work as a career. Nearly one half (45%) of respondents first thought about becoming a social worker during college; one third (33%) considered the profession after college; and roughly one quarter (22%) thought about a social work career prior to entering college. Women were more likely than men to consider social work before entering college (24% versus 10%) but men were more likely than women to consider social work after college (44%

versus 31%). Percentages of men and women who choose social work in college were nearly identical (46% vs. 45%). Another interesting finding was that men and women differed slightly in their motivations. Both identified helping people as the leading motivator, although women were more likely to identify advocating for disadvantaged populations as their second most influential factor, whereas men were more likely to identify providing mental health services. The third most frequent motivator was the influence of another person; these responses were surprising. Although “social worker” and “mentor” were among the highest ranking responses (second and third, respectively), the highest-ranking response was “other.” (One limitation of this study was that the category of “other” was never defined.) Teachers, relatives, and the media were among the lowest ranking influences. There were slight differences between men and women; women were most likely to be influenced by someone in the “other” category compared with men, who were most likely to be influenced by a social worker. Teachers were more influential with women; mentors were more influential with men. Sixty percent of the respondents ages 40 and older reported they had worked in another career prior to social work. These second-career social workers were more likely to be male and to have been motivated to choose social work because of their interest in mental health than a desire to advocate on behalf of disadvantaged people. Second-career social workers were more likely to have been influenced by a mentor, as opposed to a teacher, than first-career social workers; and they were most likely to have worked in the private, for profit sector prior to embarking on a career in social work (51%). Twenty-six percent of second-career social workers left careers in the public sector and 23% had prior careers in the private non-profit sector. The report’s conclusion was that by understanding the influences and career decision points of different groups we can increase recruitment efforts from elementary and high school students to people seeking a second career.

With regard to gender and race, the social work profession is significantly less diverse than the U.S. population. For example, African American and Hispanic men account for 15% of the population but only 2% of licensed MSW practitioners. Warde (2009) conducted a qualitative study as to why Hispanic and African American male students chose social work. Narratives of seven BSW and MSW students identified three primary factors and two secondary factors as influencing their social work career choice. The first primary factor cited by the students interviewed was personal interaction with a social worker. This is consistently cited as an influence on career choice. The interaction could be as a client, relative, or friend, yet was critical to students' career choice because it provided opportunities to see firsthand the nature, scope, and responsibilities of social workers. The second factor, wanting to give something back, refers to the informants' internalized desire to address problems that negatively affect their respective communities (Warde, 2009, p. 137). This may be seeing problems with drugs, crime, or lack of social or mental health services in their community. In looking at preexisting altruistic values, students who choose social work often do so because they have values consistent with those of the profession. These values include a commitment to working with the poor and disadvantaged populations, a desire to make the world a better place, and a belief in the need to improve the welfare of others. While these values are a strong factor with all students, findings from other studies indicate small but significant differences between white students and students of color regarding the importance placed on and commitment to the value of working with poor and disadvantaged populations (students of color placed a higher value on these aforementioned factors than did white students). Students may have a stronger identification with the plight of these populations (Limb & Organista, 2003, 2006; Warde, 2009).

The secondary factor of bringing a 'needed perspective' refers to beliefs that as men of color they bring a valuable perspective to the profession. As men of color in a female profession, the informants did not embrace the notion that social work is a nontraditional occupation for men. Most believed it was the ideal profession for men of color who come from disadvantaged communities, as they bring a different perspective. Most see the other secondary factor as an opportunity to progress academically and professionally in leadership roles within social service agencies. These positions are viewed as a respectable way to gain experiences and skills needed to open and run their own agencies and programs. They were very optimistic about their future and did not feel limited by gender or race in the profession.

Another study that examined career choice was conducted by Rompf and Royse (1994). This study focused on 415 social work students (with no breakdown of the numbers of BSW or MSW students) and 203 non-social work students examining the influence of selected life events and factors as prior employment, volunteering, and influential persons. The study showed that more MSW (51%) students had volunteer experiences than did the BSW (40%) students. For 24% a social worker was the most influential person in students' choice of career; and for 5% that social worker was a family member or relative. Another 14% of the social work students identified the most influential person as a professional in a human service related field—a psychologist, therapist, or counselor. For 17% of students the most influential person was a teacher, professor, or career or school counselor and 15% reported a family member exerted the most influence. The study also looked at religious influences: because social work's values of altruism, social justice, and concern for public welfare resemble beliefs held by many with strong religious orientations. Respondents were asked; "how strongly were religious values espoused in your family while you were growing up?" (Rompf & Royse 1994, p. 7). Eighty-seven percent

reported “very strong or moderate.” When focusing on selected life events, students choosing careers in the helping professions were more likely than the comparison group to come from different family backgrounds (71%) where there was some type of psychosocial trauma than those in other types of careers (58%).

The data found here was supported by other studies (Lackie, 1983; Marsh, 1988; Rompf & Royse 1994). Lackie (1983) surveyed 1,577 social workers with masters’ degrees and found 61% experienced stressful family situations as children. Stressful environments included parents overly dependent on children, death of a family member, and taking on the role of care giving early in their lives. Marsh (1988) compared life events in the family backgrounds of 60 social work and 73 business undergraduate students. Notable contrasts were revealed in Genograms with regard to addiction and compulsive behaviors. Social work students had an average of one in five family members with addictions, compared to business students with one in ten. Eighty percent of social work and 59% of business students had a family member with alcoholism. Addiction to a drug other than alcohol was reported twice as often in families of social work students than by business students. Marsh (1988) and Rompf and Royse (1994) posit that because social work students are more likely to have experienced some sort of family trauma; they, possibly due to their courses, are better able to recognize trauma and family dysfunction. Social work students were nearly three times more inclined than the comparison groups to view these experiences as influencing their career choice. Finally, Marsh reflects on other factors which attract students to social work.

Social work provides the opportunity to assess pressing social problems, and to be involved in helping to create a better world. Involvement with diverse populations requires the design of creative interventions. And the steady demand for social workers facilitates finding employment (Rompf & Royse 1994, p. 8).

Following the above studies, Biggerstaff (2000) developed an instrument to measure multidimensional aspects of the choice of social work as a career. She looked at exploratory/descriptive studies published by the CSWE, as well as studies by Kadushin and Kadushin (1998), Lackie (1983), Marsh (1998), and Rompf and Royse (1994), which looked at the reasons MSW students chose social work, the implications for the profession, the incidence of family dynamics and psychosocial issues, and how they affect students. She looked at studies that explored perceptions of power, values, and the opportunity for private practice. Biggerstaff discusses that although numerous articles appear in the literature discussing and describing the reasons that students select social work, few of these studies examine more than a single dimension and most are exploratory. As a result, little is known about the multidimensional aspects attracting individuals who are willing to make the investment necessary for a career in social work (Biggerstaff, 2000, p. 36). Personal values and social work values have not been looked at in conjunction with family background, characteristics of the profession, and professional education. As a response to the need for a multidimensional study of career choice, the author developed and tested the Social Work Career Influence Questionnaire (SWCIQ).

The data were combined from two nonprobability samples of MSW students with a total sample of 589. Six programs administered the SWCIQ, the instrument initially included 54 summated items (and was given to a sample of 308 MSW students) and was later revised to 40 of the original questions (and was administered to 281 MSW students). The majority of the students were women ($n = 494$, 83.9%), white, non-Hispanic ($n = 489$, 83.6%) and single ($n = 250$, 42.5%), with an average age of 32.1 years. Four areas of career influence were identified using factor analytic techniques and item analysis. They are: a) personal and family experiences, b) desire to be a therapist, c) prestige of the profession, and d) the social change mission of the

profession. The instrument was developed to look at career as a construct and items representing those dimensions could be developed using deductive means. The literature review conducted by Biggerstaff looked at the dimensions that should theoretically comprise the construct of career choice revealed five dimensions: family of origin and life experiences, potential for private practice, characteristics and requirements of the profession, the match of personal and professional values, and the service motive. More than half of the students (62.3%) indicated that social work was not their first or primary career choice; most indicated that they became interested in social work during post-college employment (41.3%) or during their undergraduate education (37.6%).

Findings indicate that the personal and family-of-origin experiences of students contribute to some degree to the choice of social work as a career. Students desiring to practice independently may be more motivated by personal influences than students who project a career in public service. Items related to prestige did not appear to contribute to career choice, but rather to discussions about career options such as practice setting. Students with an undergraduate major in social work were more likely to pursue work in the public than private sector. Additionally, the reasons students choose a social work career as indicated are closely aligned with the values of social change and social justice as central concepts as well as a commitment to the profession's values (Biggerstaff, 2000).

Csikai and Rozensky (1997) conducted a study to measure 'social work idealism' and factors influencing career choice among BSW and MSW students. Surveys were administered to 73 BSW and 72 MSW students. The first section consisted of 26 items (statements) intended to measure social work idealism and the second section consisted of 14 items intended to measure students' motives for choosing a career in social work. The idealism items receiving the highest

individual scores from both the BSW and MSW students represented traditional views/values of social work. The statement with the highest mean scores overall for MSW students was “each individual has unique qualities that should be valued” (p. 535). The statement with the highest score among BSW students was “all people should be encouraged to reach their full potential” (p. 537). The primary motive for BSW students who chose social work was altruism; for the MSW students it was professional concerns followed by altruism. Other factors or influences that contribute to career choice include spirituality and religious influences, social class, gender, and altruistic and idealistic motivators. The authors mention that the MSW students’ average age of 30 years may play a part in their choice of ‘professional concerns’ as the primary motivator as they are in a graduate-level program and may have concomitant family or professional responsibilities.

A qualitative study of 20 geriatric social workers, conducted by Wagenfeld-Heintz (2009) looked at how spirituality and religiosity influence the choice of social work. Her research suggests an intertwining of the values of social work, such as social justice and client empowerment with private religious and spiritual beliefs. She mentions that while social work derives from religious roots (a vocation to help the poor and seek social justice), the profession distanced itself from these beginnings in an attempt to become credible and viewed as scientific (p. 182). In spite of these origins, there may still be a case made for the relevance of religion and spirituality values in career choice and practice. In the interviews, social workers were asked; “how does faith relate to choosing social work as a profession?” One respondent answered: “for me, social work appeared to be an avenue in which I could live out my faith” (p. 184). A majority (65%) endorsed the statement, “social work is my spiritual path” (p. 184). The author discusses previous work, which revealed six of 27 social work students from Canada indicated

that their religious beliefs/values influenced their decision to enter social work (Boeschstein-Knighton, 1995, as cited in Wagenfeld-Heintz, 2009, p. 184). Additionally, a NASW survey showed “the social worker’s religiosity affects practice behaviors regardless of age, race, gender or auspices” (Mattison, Jayaratne, & Croxton, 2000, cited in Wagenfeld-Heintz, 2009, p. 185). Another question asked in the interviews was “how did their religious values and beliefs influence their choice of profession?” Four of the 20 reported consciously choosing social work as an outgrowth of religious (religion included both Christianity and Jewish faiths) beliefs and values. Selecting social work as a career was out of a desire to help others and a strong belief in the value of social justice. Nine of 20 interviewees stated their religious and spiritual beliefs did influence current work in terms of doing good work, making the world a better place/social justice, helping others and helping others help themselves, and facilitating a deeper understanding of clients (Wagenfeld-Heintz, 2009).

Social Work with Older Adults and Gerontology

Careers in gerontology offer a range of opportunities from counseling and education to administration and policy planning. Social work offers an opportunity to become an invaluable resource and secure an integral place as a provider within the health care and social service systems that serve older adults and the elderly. Imperative to this is that educators be willing to expand their expertise, training, and curricula in geriatric social work. As a prelude to engaging the elder service sector, ageism in the profession needs to be more thoroughly understood and ameliorated.

Scharlach, Damron-Rodriguez, Robinson and Feldman (2000) are researchers who are cited due to their comprehensive studies for the Hartford Foundation. They assert that social workers are not adequately prepared to practice in the aging society. The authors document the

challenges to social work and recommend addressing these challenges through educational innovations. The challenges they cite include: 1) There is a desperate shortage of social workers who have the specialized knowledge and ability required to meet the needs of the country's rapidly expanding aging population; 2) The estimated number of social workers needed to serve older adults and their families far outstrips current levels of trained personnel and capacities of existing training programs—among social workers in aging services, the majority have had little or no specialized training in gerontological social work; 3) Fewer than 2%, of students outside those in aging, elect to take or are instructed in aging issues during their two years of graduate school; 4) Negative attitudes, training, and pay/compensation are also significant factors in lack of desire to work with older adults; gerontological social work is the lowest-paying field of practice in social work; 5) Workers in health care and social service fields will be required to work with elderly clients or with a clients' aging family members (this applies to mental health, addictions, child welfare, etc.); 6) Lack of gerontological expertise: all social work students should receive basic information and education about older adults. Programs must implement curriculum changes to meet the needs of the field; 7) Cutbacks in federal resources; even with the dramatic demand for social workers to be trained to work with older adults, the availability of government-sponsored programs has declined; and 8) Social work practice with older adults is a highly stigmatized field of practice; stigma stems in a large part of negative stereotypes and attitudes as well as deterministic view of aging as a process of irreversible physical, psychological, and social losses. This perpetuates the view that working in the field of aging is not challenging, creative, dynamic, or valued by peers and consumers (Scharlach et al., 2000, p. 529).

They proposed the following strategies and goals for improvement of gerontological social work education: 1) all social workers should have a basic competence in working with elderly persons; 2) recruit 5,000 new social workers with specialized expertise in gerontological each year; and 3) social work education should include knowledge, skills needed to provide effective services to an increasingly diverse population in changing practice environments. Achieving these goals will require initiatives in four interrelated areas: recruitment (which includes public education and financial support), curriculum enhancement (use of model course outlines, curriculum modules, field internships, training for interdisciplinary practice, and consensus on gerontological competencies), faculty development (model training programs, field program development, and pre-doctoral fellowships), and research (research on effectiveness of gerontological social work practice, evaluation of gerontological social education, and establishing a research program in gerontological social work) (Scharlach et al., 2000, pp. 533-536). They conclude that “gerontological social work, by virtue of its holistic person-in-environment perspective, its distinctive attention to psychological and social functioning, its integrative focus, and its commitment to meeting the needs of underserved and disadvantaged groups, is especially well suited to help meet the challenges faced by our aging society” (Scharlach et al., 2000, p. 536).

Lun (2011) addresses students’ positive attitudes toward aging and key factors that encourage pursuit of careers in aging. She discusses the importance of increasing the awareness of aging dynamics and how adaptations to the curriculum can improve aging content within social sciences and interdisciplinary collaborations. She reiterates what many other researchers have said; the number of older adults will create an extra-ordinary demand for aging-related services, programs, and policies found in a wide range of practice settings such as social service

agencies, congregate centers, adult day care, assisted living centers or continuum of care facilities, hospitals, and nursing homes (Lun, 2011). Interestingly, although 20% of bachelors' and masters' level social workers specifically provide services to older people, a report by the NASW showed that over 60% of social workers stated they require gerontological knowledge in their work. Less than 5% of NASW members identified aging as their primary focus. These numbers reflect the need for both more geriatric social workers and increased interest/training in the aging field.

Numerous studies have looked at how attitudes affect career preferences and the significant factors that influenced knowledge of and attitudes toward the aging population (Gellis, Sherman, & Lawrence, 2003; Kimuna, Knox, & Zusman, 2005; Lun, 2011). Findings indicate certain significant correlations. These include: students' positive attitude toward the elderly and increased knowledge of the aging population had an impact on choosing gerontology as their career field (Cohen et al., 2004; Gellis et al., 2003; Hueberger & Stanczak, 2004; Kimuna et al., 2005).

Given the increase in the elderly population, most people in every profession and paraprofessional field will work with elderly. This warrants future study with populations of students at both community college and four-year institutions, and examining students' attitudes toward older adults. The gerontological knowledge that students gain in community college and BSW programs prior to and after declaring a focus might inspire their future career choices. Cummings, Galambos, and DeCoster (2003) observed that any increase of gerontological knowledge will at least increase students' awareness of aging bias and increase their interest either in aging or understanding of how their field of study will interact with older/aging persons.

Even though students may not work in a geriatric field, they can increase their competency in their interactions with older clients in different practice settings.

Many students enrolled in social work graduate programs have an initial preference of people they hope to work with in the future. However, based on their knowledge and pre-course knowledge scores, only a few students have substantial comprehension about aging. Lun (2011) summarizes studies on students' knowledge and attitudes toward older people. Her research found demographic characteristics that are significant to predict students' knowledge and attitudes toward aging populations. Gender and age made a difference of those holding negative attitudes toward older adults. This is reinforced by Gellis et al. (2003) who found that first year MSW students have formed a negative impression of older people. Male gender and younger age were associated with less favorable attitudes on many scales. Increasing knowledge of aging was a predictor of positive attitudes; older adults were viewed more positively by older students and a learning activity about aging can begin to eliminate students' (of all ages) negative attitudes toward the elderly (VonDras & Lor-Vang, 2004, as cited by Lun, 2011). From a life course perspective, students' attitudes might also be affected or formed by their experiences with elderly/older persons (Lun, 2011).

In looking at factors that predict students' career fields, Lun (2011) reported that some of the reasons preventing students from working with older adults are gaps in students' knowledge of nutrition and health issues, uncertainty about the needs of older adults, and unpleasant experiences when volunteering. However, she found that ways to increase students' interest include: focus groups (where students can self-disclose and talk about fears and attitudes, and observe older adults who are members of a group), gerontological internships, quality contact with older adults, and course work specific to the needs and issues of older adults.

Studies that examined why students chose to specialize in gerontology include one by Robert and Mosher-Ashley (2000). This was a quantitative study of 282 college students (35 males and 227 females) ages 18 to 72. The participants represented 15 majors and were attending college and/or university in Massachusetts. These academic institutions were chosen because they offer an intercollegiate, interdisciplinary program in gerontology studies. Thirty-one percent of the students surveyed said they planned on specializing in a career working with older adults; 18% were enrolled in a gerontology certificate program and another 10% were considering enrolling. The study was designed to explore two factors—closeness to an elder during childhood and care-taking experiences—that may influence college students to choose careers involving elderly/older persons. Taking care of an elder person during childhood, which had a positive experience was a significant factor in whether the students planned on this career path; 51% of those in a caregiver role planned on elder care, while 16% who had not, planned to do so. Seventy-seven percent of students reported being close to an older adult during childhood and 83% of those students who were close to an older adult were planning on this career, while 17% were not planning on this career path. Using a questionnaire with a five point Likert scale, the top factors playing a role in career decision: the challenging nature of the work, positive experience such as an internship, volunteer experience, desire to work in a new evolving field, and influence of a specific person.

Although the previous study did not specify if the students surveyed were undergraduates or graduates (or both), a quantitative study by Cummings and Galambos (2002) sought to identify factors predictive of MSW students' interest in securing post-graduate geriatric employment. Using symbolic interactionism as a theoretical framework, their methodology was a cross sectional design. Second year graduate students (N = 148) at the University of Tennessee

School of Social Work (UTCSW) enrolled at the Knoxville (east TN), Nashville (middle TN) and Memphis (west TN) campuses volunteered to take an in-class survey. The purpose of the study was to: 1) explore the relationship among student background and family related variables, attitudes toward aging, and interest in aging-related work; and 2) examine the impact of education, contact frequency, and rewards on this interest. To assess attitudes toward aging two scales were used: 1) the Attitudes Toward Aging Inventory (ATAI), to differentiate individuals with positive outlooks on aging from those with negative views of aging, consists of 20 items with 5 point Likert ratings (5 being a positive outlook, 1 being negative); and 2) The Kafer Anxiety Scale (KAS), which measures personal aging anxiety, consists of 13 statements validated in the Aging Opinion Survey. They used two single item measures to determine interest in post-graduate work with the elderly and their extent and quality of contact with elders. This was accomplished by asking the respondents to indicate the frequency of their contact with elders, how close they feel to elders, and how rewarding they find their interactions to be. There were several items used to measure aging-related training—their gerontological education, had they taken a course in gerontology (now or as undergraduates), if currently enrolled in gerontology electives offered by social work. They were asked about their knowledge and skills working with/on behalf of older persons and queried as to their age, sex, racial background, and area of concentration.

The analysis and findings of the study by Cummings and Galambos (2002) were similar to those of other studies: students' preferred population group to work with was "adults, non-elderly." The second preference was children. Of those in the study, 28.8% of the students indicated they were very or extremely interested in aging related work, while 21.9% reported some and 49.3% reported little or no interest. Overall, students' attitudes toward aging were

moderately positive with a moderate amount of anxiety regarding one's personal aging reported. Respondents indicated an infrequent to moderate amount of contact in their previous and current internships; they reported they felt very close to grandparents and their interactions with older family members to be very rewarding, while their interactions with acquaintances and clients were moderately to very rewarding. Almost one-quarter (23.6%) of the students had taken a course in gerontology in either their undergraduate or graduate program, and of those students 33.8% stated both their knowledge of aging and skills working with older adults as better than average.

In their discussion and implications for social work education, researchers found support of the contention that close relationships with older family members are related to students' aging attitudes and their career interests—the amount of contact with older adults, their perceptions of their own level of skills in dealing with elderly clients, and the degree of reward they had experienced in working with older clients were factors that significantly predicted students' interests. It may be that students' career selections are influenced less by their general attitudes about the elderly than by their perception of how fulfilling a gerontology career will be. Interest in a specialty in aging can be further influenced through exposure, rewarding experiences, and education that expand understanding of older adults and their social roles in relationship to older adults. The authors feel that by developing an elective in which students visit agencies that provide services to different populations groups including elders; creating “rotation” internships in larger organizations, such as hospitals, in which students cycle through several services; inviting guest speakers or organizing a luncheon series that feature the accomplishments of successful older adults; and constructing intergenerational contacts which

are supplemented by geriatric skill building to positively influence students' interest in work with older populations (Cummings & Galambos, 2002).

There are more studies that explore the reasons and motivations of students to work in and/or specialize in geriatric social work. For example, using both qualitative interviewing of 13 MSW students and survey data of 219 MSW students, enrolled at the University of Michigan, students confirmed the motivations found in previous studies—family exposure to aging issues, exposure through volunteer work, enthusiastic role models, job opportunities, and recognition of a social issue. The 13 MSW students, all women (five of them returning students in their mid-40s or older), may suggest that gerontological social work as a second career choice may be motivated by their increased exposure to aging parents and older friends, as well as the awareness of their own aging and its concomitant issues (Lawrence, Jarman-Rohde, Dunkle, Campbell, Bakalar & Li 2002).

Peterson and Wendt (1990) conducted a national survey of professionals in four fields: social work, counseling, occupational therapy, and health, physical education, recreation, and dance. Their impetus was to explore the backgrounds, skills, and characteristics of the professional personnel who provide services for elderly (their term). Those members who were interested in aging constituted 2–12% of the related professional organizations; with participants from the “aging divisions” of each organization. Of those randomly selected, there were 400 individuals from each of three organizations and 600 from another. A control group was comprised of members of each organization who were not in the aging divisions (n = 600 from three and n = 400 from one); thus 4,483 questionnaires were mailed. The response rate was 44% of the aging sample and 32% of the professional sample. The researchers initially asked; “do you consider yourself to be working in the field of aging”? A total of 742 responded affirmatively

and 948 responded no. Interestingly, there were members of the organizations who did identify themselves as working with older clients though not in the aging division. Two percent of counselors, 12% of occupational therapists, and 70% of those in social work indicated they were employed “in aging.” Most professionals in fields such as occupational therapy and social work who have older people as a major part of their client load—are involved in the field of aging (Peterson & Wendt, 1990, p. 683) With 70% of those from the NASW reporting they work with older adults, the authors note this indicates social workers are employed more often than other professionals in aging.

Lastly, the report noted that those professionals in field of aging worked in hospitals, health care facilities, and universities, and those not in the aging-divisions worked primarily in schools or social service agencies. A high percentage of people in both groups (aging and not) said their jobs required knowledge of aging, and there was a general perception that practitioners could use more training in gerontology. Those in aging had received extra training or a certificate and their perceptions were that the demand for specialists will continue to grow and offer good career opportunities.

It is important to determine how career theory (examined at the end) applies to career choice in gerontology. Studies by Berenbaum (2000) and Paton, Sar, Barber, and Holland (2001) looked at personality traits and the values of students and their level of interest in working with older adults. For example, persons with higher level traits of nurturance and endurance tend to have more positive attitudes (in their work with clients) where those with higher aggressive traits tend to hold more negative attitudes. Less ‘dogmatic’ students had greater interest in working with older adults than did more dogmatic students. Women, older students, and graduate students tend to be more positive in their attitudes toward older adults (Paton et al., 2001). Similarly,

Berenbaum (2000) found that attitudes and values constitute a source of motivation, and that views of the elderly as either a drain on or contribution to communal life may affect motivations. The view of the elderly as a drain or burden on society versus the view of respect for the roles they play related to a desire to help or work in this area. Berenbaum (2000) had insights of what provided motivation for students: inherent traits, influence of ethnicity, students' orientation to the role of the aged in society, and degree of religiosity—the greater degree of religious observance, the greater the desire to practice social work with the elderly (Litwin, 1994, cited in Berenbaum, 2000, p. 85). Another interesting study examined whether personality is related to attitudes toward older people. One study showed “individuals who showed more positive attitudes toward the aged were lower in anxiety, higher in ego strength and emotional stability, more emotionally and aesthetically sensitive, more imaginative and creative, and more intellectually inclined” (Katz, 1990, cited in Berenbaum, p. 86). Both of these studies confirm that experience of living with an older person or caring for an older patient was associated with a high preference for working in gerontology.

Strategies to Encourage Students to Consider a Career in Gerontology

In a lecture delivered for the Ellsworth Stanton Lecture in Gerontological Social Work series in New York, Dr. Silverstone (2000) stated that there are two subjects dear to her heart: aging and social work. Her premise was to share her ideas on how these two fields can be better integrated and may serve as a catalyst for ongoing discussions.

The challenge we face is underscored by the fact that few of the social services provided to older people today are delivered by professional social workers. As reported by the NASW, only 10% of its members identify aging as their area of practice.... because of the limited number of programs that offer concentrations in aging, it may be due to a lack of role models to follow (p. 36).

Older people are increasingly appearing as clients in most settings in which social workers practice with 62% of NASW members reporting this as part of their work. The older adults they are encountering are clients of yesterday grown old. Dr. Silverstone sees the lack of interest in gerontology on older adults because social work has become out of sync with an aging society.

It would be easy to ascribe this state of affairs to ageism in our profession—to a common aversion to working with the sick and the old. I no longer feel that this is a central argument. Social work on the whole has never shunned for long those discriminated against in our society; and there is no reason to believe that old people are an exception. The answer I feel lies elsewhere: in the incongruity between social work practice as it is taught and the field of aging which provides a rich knowledge base on which social work practice with older persons could have been built (p. 36).

Aging research, spurred by post war population growth, was heavily dominated or influenced by biological and medical inquiry; the aging process was considered to be synonymous with disease and decline. Aging as a process was accompanied by a parallel view that older people lived in isolation, outliving their peers and separated from their kin. This perspective was given credence by social work practitioners whose knowledge and experience with aging was distorted by older clients who primarily lived in institutionalized settings. The emphasis on the needs of the older people was for protective care. Separation from younger family members was regarded as a normal process since social isolation was regarded as the norm. This reinforced the notion of the nuclear family that excluded the old and/or the elderly family members.

Luckily old notions gave way to new, knowledge showed that large numbers of the aging population live in the community and far more are healthy than disabled or sick; and an overwhelming majority are found to be connected to supportive friendships and kinship networks, with isolated elderly the exception. Rich arrays of intergenerational exchanges were

identified including deep affection that reflected mutuality and reciprocity over the years (Silverstone, 2000). These findings erased a number of stereotypes about the elderly and their informal support systems. The stereotype of the ‘abandoned’ elderly disappeared from gerontology’s radar screen and from the biases of the helping professions. Attention shifted to more in-depth looks and studies in regard to the social networks in which many older people were situated (Silverstone, 2000).

In the 1970s and 1980s new themes emerged that gave way to a concept of normal aging—biological changes are not pathological. Fortunately, it became apparent that chronological aging was not an accurate predictor of productivity and creativity in late life. While there may be a gradual slowing down, a far better predictor of cognitive function was found to be the lifelong attributes a person brings to his or her late years (Silverstone, 2000, p. 38). She states that since the 80s we have begun to have more of an optimistic view of aging, influenced by an influx of healthier and longer-living new cohort who benefit from universal health care and income. To continue this optimism, more focus and attention need to be given to those with dementia, to those providing family caregiving, and those in need of long-term care. Certainly the cost of long-term care has increased, as have the numbers of the ‘old-old’ population; with this comes the concern that those bearing the brunt of the cost were families who provided over 80% of long-term care. Family caregiving should become more of a focus in gerontological research and supports. While the burdens placed on family members is a focus for services, recent social research identifies the positive aspects of family caregiving with satisfaction expressed by many adult children who value the reciprocity inherent in intergenerational relationships. Frequently cited is the desire of children to give back to their

parents in some form of care, also noted was the increase of intergenerational exchanges of social supports, money, and services.

One of the most important variables in the adaptive capacities of older people and their ability to function independently is the presence of social supports: friends, family, children, grandchildren, etc. (Silverstone, 2000, p. 40). Certainly diversity among the aging population is extending—chronological diversity, rapidly growing minority populations due to immigration, social institutions, etc. Yet many are guilty of institutional biases that narrow the number of inquiries, chances of resources, and understanding cultural behaviors and family caregiving patterns to enrich the general knowledge base about social aging (Silverstone, 2000). In anticipation of “baby boom” generation, which is already causing a ‘swell’ in number of older people, their values and life styles differ from those who were born before WWII. They will redefine the aging experience just as they have redefined youth and middle age. In the health arena, many of the young and middle-aged of today are clearly more aggressive and educated consumers than their parents and grandparents. We can safely predict older people are far more confident about being old, and functional rather than chronological markers will designate old age. Many over the age of 65 have living parents, which will propel their integration into the mainstream as they identify more with the middle age rather than the older population (Silverstone, 2000).

Many older adults and elderly face dire circumstances and, as a result, tenuous family relationships are becoming more and more common. There is a growing disparity between the rich and the poor, and the crippling of child and public welfare programs does not bode well for tomorrow’s elderly. The empirical data emerging from gerontological studies should alert us that

the dramatic increase in the older population to occur in the next decades will bring unprecedented problems, challenges, and opportunities affecting all generations.

The point is the need for social workers to start applying theoretical approaches to aging—across all life spans to understand the developmental and maturation processes from adolescence to old age. Aging studies have implications for social work theories, approaches, and practice with the aging experience; these can further our understanding of later life.

Social work practitioners are armed with clinical and case management skills are in a unique position to establish trusting relationships, make assessments, tap into the strengths of persons and their families, and intervene as needed (Silverstone, 2000, p. 43). Further, social workers with life experiences and work experience will be able to understand the needs of aging clients, determine their counseling needs and supports required for them and their families in the community. “Without a strong infusion of aging content into the curricula of social work schools, social workers, will be ill-equipped to deal with older persons regardless of their circumstances” (Silverstone, 2000, p. 47).

Mason and Sanders (2004) interviewed 22 MSW students about their experiences in working with older clients in a field practicum. The group was divided on having made the choice to work with this population (12 = yes; 10 = no). All but one student reported increased feelings of compassion and a newly gained appreciation for diversity among their clients. Students who had chosen their field placements were largely motivated from their life experiences prior to social work courses; yet only one cited a course in gerontology. Among the students who had not selected to work with older clients, most reported being satisfied with their field learning experiences. Students thought that more exposure to field settings was the best way to attract new social workers into gerontology. Responses from the students were grouped by

age, younger students (20-24) who did not choose the field placement felt more compassion and were moved by the isolation of the older adults in their environments. Slightly older students (25-29) noticed the isolation and discrimination against older adults. Overall students felt that older adults face many challenges, their strength and tenacity are unparalleled, and they are very resilient. The findings from face-to-face interviews with the MSW students yielded data in the areas of 1) motivation; 2) learning opportunities; and 3) preparation; six of the 22 volunteered information that they would pursue employment with older adults. Background information in this study (Mason & Sanders, 2004) is similar to that of other studies; students prefer to work with younger clients and 26% of NASW members worked primarily with older adults and held positive attitudes about their work. Barriers to recruitment and education are 'blamed' on student resistance and the viewing of the aged as low-priority clients (Cummings & Galambos, 2002; Mason & Sanders, 2004; Patton et al., 2001).

Although this is not an exhaustive look at the research as to why students choose gerontology, it is a representation of available studies/literature. Many of the students gave recommendations as to how to attract more MSW students to this specialization. Students surveyed did not see the career as fulfilling, knowledge and actual experience was low. The findings have strong implications for education and suggest strategies to enhance interest by increasing contact with elders, creating service learning opportunities and other models of interaction (internships, and exposure to agencies that serve elders, mentoring programs, etc.), and by offering more related courses. Increasing contact with older adults, intergenerational relationships, and geriatric skill building techniques may enhance interest and positively influence the students (Berenbaum, 2000; Cummings & Galambos, 2002; Lawrence, et al., 2002; Paton, et al, 2001; Peterson & Wendt, 1990; Robert & Mosher-Ashley, 2000).

Career Theory

In addition to understanding the profession of social work and its mission and goals, it is important to obtain a theoretical understanding of careers and what influences career choices.

In their book, *Career Development and Systems Theory, a New Development*, Patton and McMahon (1999) state that the term *career* is somewhat ambiguous and that a lack of conceptual clarity continues to prevent the development of a common ground of thinking (p. 3). Historically, Parsons (1909) coined the terms career, vocation, and occupation and they have often been used synonymously. Traditional definitions restricted the notion of a ‘career’ to a professional work life, with opportunities for advancement. For example, career as defined by the U.S. Department of Education and Science is: “the variety of occupational roles which individuals will undertake throughout life. It includes paid and self-employment, different occupations a person may have over the years... and unpaid occupations such as that of student, parent, or voluntary worker” (p. 3). In the *Handbook of Career Theory*, career is defined as: “the evolving sequence of a person’s work experiences over time” (Arthur, Hall & Lawrence, 1989, p. 8). A central theme in this definition is that of ‘work’ and all that work can mean for people, organizations, and society. For example, work that involves community welfare or social activity, “caring work”, could be a part of a person’s definition of work (Patton & McMahon, 1999, p. 3). Expanding on the theme of personal definitions they discuss the concept of “life career”, which expresses the integration of career and other aspects of an individual’s life. Other educators and authors believe that “career” should encompass a subjective view versus an objective view of an individual; and a career is not the same as a job or occupation (Patton & McMahon, 1999).

Career choice, the decision to choose a particular career and the development of an individual’s career path, is based on many different factors. The ecological perspective mentions

the “fit” or “degree to which a person’s characteristics and skills match the requirements of the job” referring to job satisfaction (Biggerstaff, 2000, p. 156). Work in vocational and counseling psychology is based on social learning theory and the self-efficacy concept (Bandura, 1977, 1986) referring to individual’s beliefs about her/his abilities to perform successfully in a given situation including educational and career development (Bandura, 1986, p. 35).

Occupational and organizational choice, adjustment, and success are products of two distinct but interactional forces: the individual and the environment in which that individual functions. That they are distinct is evident in the vast amount of research relevant to the dimensions separately—individual characteristics and the organization or specialization. The focus of career theory or theories should be that these factors are interactive; an optimal career outcome for an individual can be best facilitated through congruence between the characteristics of the individual and the demands, requirements, and rewards of the organizational environment (Betz, Fitzgerald & Hill, 1989). Research that looks at an integrative approach has as its premise theory that stems from two areas of psychology: the study of measurement of individual differences, and one that follows Parson’s “matching men and jobs” approach to career guidance and adjustment. This second area, the joining of individuals and careers, leads to the trait and factor theory or approach to career development (Betz et al., 1989, p. 26).

Briefly, it is important to describe Parson’s contribution to demonstrate how it applies to the current discussion. Historically, Frank Parsons is seen by many as the founder of vocational guidance (Arthur et al., 1989; Holland, 1973; Patton & McMahon, 1999). His best known contribution is identification of three key elements of career selection.

- Self-knowledge: a clear understanding of yourself—aptitudes, abilities, interests, resource limitations, and their limitations.

- Knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work.
- True reasoning on the relations of these two groups of facts (Betz et al., 1989; Patton & McMahon, 1999; Sharf, 2010).

Each of these elements represents a major contribution to career theory and practice. The first element, self-knowledge, was explored with the individual and guided by Parson's interviewing style. For example, in career interviews, his approach was designed to gather comprehensive information from individuals; by the end of the interview the counselor was able to classify the applicant's aptitudes with a reasonable degree of accuracy (Patton & McMahon, 1999).

Classification was defined or described using themes of traits such as interests, abilities, values, skills, and personality. Parsons developed the first vocational self-assessment—a comprehensive questionnaire of over 100 items that clients completed before their interviews. His assessment and interview process “established the format for career counseling” (Holland, 1987, p. 29).

The second element, knowledge of the world of work, was considered as vital to comprehensive career planning and development. Parallels are found between the information sources used by Parsons and today's career counselors including lists and classification of industries, information on training and courses, and general or occupational information about industry. There are three aspects of occupational information to be considered: the type of information, the working conditions and the salary; how the occupation is classified or organized; and the trait and factor requirements for each occupation. For example, if a client is thinking about being a veterinarian, it is helpful to know which aptitudes, achievements, interests, values, and personality traits are related to satisfaction and success within veterinary medicine (Sharf, 2010). As noted by Patton and McMahon (1999), Parson's ability to guide

career development at the turn of the century (1909) is relevant to modern career guidance (p. 13).

Finally, Parsons' concept of true reasoning seems to be best explained by recognizing an individual's cognitive processes and analytical skills as fundamental to career selection. One note that was made by the authors (Holland, 1973; Patton & McMahon, 1999; Sharf, 2010) was that in the questionnaire Parsons asked the applicant to reflect on contextual influences such as family, health, resources (including financial), relatives, friends, lifestyle, and mobility. In today's thinking about career development (and in this case, social work as a career), Parsons' view of career selection may seem outdated, however the authors cited think that much of the focus on career counseling and career education for choice remains structured around the three elements.

Out of these beginnings, trait and factor theories that focused on the content of career choices, such as characteristics of the individual and the workplace, evolved. Trait refers to a characteristic of an individual that can be measured through testing. Factor refers to an attribute or skill required for successful job performance; it also refers to a statistical approach used to differentiate important characteristics of a group of people. The five basic traits and factors that can be assessed by testing and interviewing are aptitudes, achievements, interests, values, and personality. The terms trait and factor refer to the assessment of characteristics and skills of the person and the job (Sharf, 2010). Assessment of individuals' traits was considered one of the most crucial steps that Parson identified for career/occupational selection. Trait and Factor theory can be given credit for the development of a number of assessment instruments to identify the profile of traits possessed by an individual. When the profile of a trait is matched with the profile of an occupation (factor), the degree of fit can be seen. This theory greatly influenced the

study of job descriptions and requirements in an attempt to predict future job success. However, the shortcomings were also realized—such as the assertion that occupational choice is a single event, whether single types of people are found in each type of job, or if there is a single correct goal for each career decision. Consequently, there began an evolution from this approach to one of a more dynamic development of looking at the fit between the person and the environment (Patton & McMahon, 1999).

One of the most widely studied trait-factor theories is that of Holland (1973). The central postulate of Holland's theory is that vocational satisfaction, stability, and achievement depends on the congruence between one's personality and the environment in which one works (Betz et al, 1989; Holland, 1973). Holland's (1973) view was that career choice and career adjustment represent an extension of a person's personality. People express themselves, their interests, and values through their work choices and experiences (Sharf, 2010, p. 129). Vocational choice is grounded in a personal orientation or a developmental process established through heredity and the individual's life history of reacting to environmental demands. Holland's theory rests on several assumptions. In our culture, people and environments can be categorized as realistic, investigative, artistic, social, enterprising, or conventional. The description of each type is both a summary of what we know about people in a given environment and how the environment attracts certain people. Each type is a product of a characteristic interaction between a variety of cultural and personal forces that includes peers, parents, social class, culture, and the physical environment. Each environment is dominated by a given type of personality, and each environment is typified by physical settings posing special problems and stresses. People tend to congregate in an environment that reflects the types they are. People search for environments that will let them exercise their skills and abilities, express their attitudes and values, and take on

agreeable problems and roles. Knowledge of a person's personality and the patterns of their environment can predict outcomes such as career choice, vocational achievement, and personal competence, educational and social behavior (Brown & Brooks 1990, pp. 40-41; Holland 1973, pp. 2-4; Sharf, 2010).

Brooks and Brown (1990, p. 40) describe Holland's theory as "structurally interactive" because it provides links between personality characteristics and job types. Holland described his typology as the structure for organizing information about jobs and people, where his assumptions about people and environments acting upon each other are the interactive components. Individuals develop preferences for certain activities as a result of their interaction with cultural and personal forces and that these preferences become interests in which individuals develop competencies. As a result of these interests and/or competencies, an individual develops a "personal disposition that leads her or him to think, perceive, and act in certain ways" (Patton & McMahon, 1999, p. 21).

Individuals seek work environments that are compatible with their attitudes and values, which allow them to use their skills and abilities. A corollary is that people in similar jobs will have similar personalities. Behavior is determined by interaction between the individual and the environment and determines factors such as job satisfaction, stability, achievement, educational choice, personal competence, and susceptibility to influences. These outcomes can be predicted from the knowledge of the personality types and the environmental models. More recently, refinements in Holland's theory have emphasized that an individual's heredity and interactions with his/her environment contribute to the development of type and vocational predictions when contextual variables such as age, gender, and socioeconomic status are taken into account.

Holland's person-in-environment approach leads to one final theory to discuss. In 1992, Patton and McMahon first presented the concept of a systems theory framework as a contextual model for understanding career decision-making. The systems theory framework (STF) was developed to be a useful overview of important influences on career development. Systems theory has been often used as an overarching framework for dealing with many issues in human behavior. Patton and McMahon (1999, 2006) have extended the utility of systems theory in their application of it as a meta-theoretical framework for career theory, and as a guide to redefine career counseling practice.

Systems theory is the interdisciplinary study of complex systems. Social work is a professional field concerned with applying social science insights toward improving standards of living for individuals and communities. Social workers employ systems theory to understand the dynamic interrelations among individuals, families, institutions, and societies. Generally, they want to identify how a system functions, what aspects of that system have a negative impact on people, and understand how they can cause positive change. Those who study systems theory tend to view any system as the result of a dynamic interrelationship among its component parts and the whole, mutually determinate with the whole (Kirst-Ashman & Hull, 2012).

The field of career development is characterized by variable and complex theoretical bases. Considerations by career theorists range from acknowledging the potential of systems theory in furthering the integration of career theory and practice, incorporating aspects of systems theory into theoretical formulations, to drawing on theoretical frameworks of human development derived from systems theory as structures within which to further understand specific aspects of human career behavior (Patton & McMahon, 2006).

In the STF for career development, the common elements reflected are shared: the individual system, the contextual/environment, and the interaction between the individual and the contextual system. The importance of the individual as an active participant in a career search is paramount to this theory, as it was in the aforementioned theory of Holland, Patton and McMahon, along with other theorists (Chen, 2003; Savickas, 1993). The view is that individuals construct their own “life career” and that a theory needs to emphasize the uniqueness of individuals and their situation in determining their importance of their career path. Many of the influences represented in the STF are integral to career choice. These include personality, interests, beliefs, values, self-concept, age, knowledge of the world or work, gender, ethnicity, sexual orientation, physical attributes, talent, and health. A holistic view of the individual emphasizes mental and physical health, and values in relation to career choice and development. The individuals’ cultural construction of values emphasizes the relationship between interpersonal and sociocultural influences.

In terms of systems theory and its framework, an individual is a system in his or her own right, with the influences mentioned above representing its subsystems. The principal social influences and societal influences with which individuals interact and receive input include community groups, workplace, education institutions, peers, family, and the media. Many of these influences have been acknowledged in career theories. STF fits with the mission of social work in that it gives attention to diversity and the interaction among the variables that influence differential opportunity structures, including psychological, economic, and sociopolitical variables (Patton & McMahon, 1999). Holland’s Career theory and STF help explain work related behavior as career choices, which likely to lead to job success and satisfaction. These theories provide explanations as to why individuals choose social work as a career. Career

choices are guided by an individual's values, ethics, and goals; as well as the environment and influences they are exposed to throughout life. As in described in Holland's theory, people who choose to work in an environment similar to their personality type are more likely to be successful and satisfied. Applying this to the purpose of this research, the people or the clientele one works with is somewhat determined by personality type, world view, and prior experiences, whether from family, community, and/or education. For example, many social workers are comfortable working with juveniles, in the schools, others are drawn to disabilities or mental health, and finally, some are drawn to the field of gerontology.

Summary of Literature Review

This chapter provided an overview of social work, the importance of the profession and its value to society, and some of the factors that influence choice of social work as a profession. Theoretical understanding of career choice examined traits and personality factors that contribute to how career choices are made, and how they may lead to a specialization in gerontology. The literature and research show that choosing a career in social work is based on the values and ethics of an individual and how they align with a focus of interest. Social work is a field of practice that works with individuals from all walks of life, those affected by social and economic injustices, and those of all ages. In this research project, the focus in on the dynamics of working with older adults. The questions that will be asked, what is observed, and information deemed relevant are dependent on the disciplinary theoretical and framework of the study.

The great thing about getting older is that you don't lose all the other ages you've been. ~Madeleine L'Engle

CHAPTER THREE

Methodology

In this chapter I drew information from researchers such as Charmaz (2003, 2006), Creswell (1998, 2009), Marshal and Rossman (2011), Merriam (2009), and Straus and Corbin (1990) to determine a rationale for choosing a qualitative approach when looking at a topic or study. For example, Creswell states “the nature of the research question is usually focused on ‘how or what’ so that initial forays into the topic describe what is going on” (2009, p. 17). Second, in choosing a qualitative study the topic needs to be *explored* and variables may not be easily identified. To inform the study, theories will be applied or developed to explain behaviors or attitudes of the participants (Creswell, 1998). Thus, through interviews the researcher gains a way to incorporate theory and behavior into the research questions. The qualitative researcher takes a role as an active learner and listener who can tell a story from the participants’ view. Creswell (1998) sees qualitative research as an avenue for more detailed writing with direct involvement of the researcher and audiences often receptive to the detailed information obtained.

World View: Social Constructivist

In addition to choosing a research design, one must look at the tradition of inquiry and the world view or “a basic set of beliefs that guide action” (Guba, 1990, p.17, cited by Creswell, 2009). Creswell defines worldview as “a general orientation about the world and the nature of research that a researcher holds. Worldviews are shaped by the discipline area of the researcher/student, the beliefs of mentors, faculty, and advisors around them, and past research experiences” (2009, p. 6). A researcher’s worldview greatly influences the choice of a research approach and whether it is qualitative, quantitative, or mixed methods. Creswell identified four

worldviews, with the basics of the social constructivist worldview most applicable to this qualitative study. My rationale for this approach is the fit with my worldview, my skill set, and the information I wanted to learn/gather from the interviewees. The goal is to rely as much as possible on the participants' views of the situations being studied.

In this worldview, individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences...these meanings are varied and multiple, leading the researcher to look for the complexity of views... Often these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives (Creswell, 2007, pp. 20-21; cited in Merriam, 2009, p. 9).

In discussing social constructivism, Crotty (1998) identified several assumptions of qualitative research. The main points include 1) meanings are constructed by people as they engage with the world they are interpreting; 2) people engage with the world and make sense of it based on their historical and social perspectives—each is born into a world of meaning bestowed by our culture; and 3) interpretation and meaning are social, arising in and out of interaction with a human community.

Charmaz (2006) described a constructivist approach as one that “places priority on the phenomena of the study and sees both data and analysis as created from shared experiences with participants and other sources of data” (p. 130). Constructionists study how and even why participants construct meanings and actions in specific situations. The researcher can “only get so close” to the experiences of the participants and cannot replicate their experiences. Thus, a constructivist approach means more than looking at how individuals view their situations. The “logical extension of the constructivist approach means learning how, when, and to what extent the studied experience is embedded in larger and often hidden positions, social networks, situations, and relationships” (Charmaz, 2006, p. 130).

The fit of this worldview and its applicability is further reinforced by the writings and views of Rodwell (1998), Rodwell and Woody (1994), and Sherman and Reid (1994). Rodwell sums up these views as “people, who are drawn to a helping profession such as social work, will see a practical congruence between social work practice and constructivist research” (1998, p. 5). Her rationale for this congruence suggests constructivist methods research/practitioners will 1) recognize social work practice skills; 2) be attentive to language and cognition; 3) be attuned to communication and to interpretation of meaning; and 4) build on the same elements of conscious practice and conscious use of self. Constructivist inquiry is useful in operationalizing many important values of the profession. Central to both the epistemological perspective and the social work frame of reference is an interactive, context-bound attention to dignity, individuality, empowerment, and evidence of mutual respect in the relationship between the individual and society (Rodwell, 1998).

In looking at the research questions I posed and the emphasis on the relationships people have with older adults through life experiences and their development of attitudes, I agree that a constructivist world view evolves and affirms the ideas that both researchers and participants interpret meanings, situations, and actions (Denzin & Lincoln, 2003).

When we seek respondents’ meanings we must go further than the surface—looking for views and values as well as facts and experiences. We look for beliefs and how these came about and for ideologies as well as situations and structures. By studying tacit meanings, we clarify, rather than challenge, participants’ views about reality, experiences, and attitudes (Denzin & Lincoln 2003, p. 275). With this approach lies the opportunity to listen actively to participants’ stories and the feelings associated with the experiences. Focusing on experiential learning and

how the participants describe their relationships and experiences helps form content and meanings that might go otherwise unnoticed.

Qualitative Research

Creswell (1998, 2009) defines qualitative research as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts a study in a natural setting” (1998, p. 15). Further, emphasis is on the “complex, holistic picture,” which takes the reader into the multiple dimensions of a problem or issue and displays all its complexity. Creswell (1998) and Denzin and Lincoln (2003) explain that qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. Researchers emphasize the value-laden nature of inquiry, to seek answers to questions that stress how social experiences are created and given meaning.

The definition of qualitative research is explained as “qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible” (Denzin & Lincoln, 2002, p.11). Thus, qualitative research involves an interpretive naturalistic approach to looking at the world as attempt to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. Empirical methods and materials are used which describe routine, problematic moments and even moments of clarity or decision that occur in peoples’ lives. By using a wide range of interconnected and interpretive practices, we hope to get a clear understanding of the subject matter (Denzin & Lincoln, 2002).

A challenge to those using qualitative research is to determine the best type of approach to use and a “theoretical framework”. Merriam describes six common approaches to qualitative research. Of those, basic qualitative research is the approach that was applied to this study (Merriam, 2009). Merriam notes in applied fields of practice such as education, administration, health, social work, counseling, etc. the most common or applicable style or “type” is a basic interpretive study. She states “one does a qualitative research study, *not* a phenomenological, grounded theory, narrative analysis, critical or ethnographic study” (2009, p. 22). Merriam struggled with how to define such a study, using words such as generic, basic, and interpretive. Because much of qualitative research may be seen as interpretive, she has come around to “labeling this type of study a basic qualitative study” (Merriam, 2009, p. 22).

A central characteristic of qualitative research is that individuals construct reality in interaction with their social worlds. “Thus qualitative researchers conducting a basic interpretive study would be interested in 1) how people interpret their experiences, 2) how they construct their worlds, and 3) what meaning they attribute to their experiences. The purpose overall is to *understand* how people make sense of their lives and their experiences” (Merriam, 2009, pp. 22-23; 1998, p.11).

Ultimately, a research study seeks new knowledge in answer to fundamental questions about social phenomena (Merriam, 1998, 2009; Miller & Salkind, 2002; Patton, 1990). In social work, research serves two purposes. One is to advance general knowledge (applied research), and the other is used to answer questions about social phenomena or to address specific problems. Those who seek an understanding of the fundamental nature of social reality are engaged in basic research. This study attempts to strengthen a professions’ knowledge base. This is especially important in social work as many problems or situation are “common” or can

be related to a general population. The more knowledge we have about situations and their occurrences, the better we are able to provide effective and efficient services or supports to those we work with (Tutty, Rothery, & Grinnell, 1996, p. 6).

With any study, the research can be judged only on its individual merit based on the research report. This means that the responsibility for laying out the merits of a study lies with the author. Qualitative researchers need to give enough detail about the study, the approach and the methods, so that the research can be evaluated and to ensure that the researcher has given credence to the philosophical and methodological roots rather than overturning them.

Accordingly, these authors posit that basic research aiming for a credible study must address key areas, which will/have been addressed. For example, 1) theoretical positioning of the researcher; 2) strategies to establish rigor (discussed in trustworthiness); and the 3) analytic lens through which the data are examined (data analysis) (Caelli, Ray, & Mill, 2003, p. 9).

Theoretical positioning refers to the researcher's motives, presuppositions, and personal history that leads toward and shapes a particular inquiry. This underscores the importance indicating the position from which the researchers they speak about the research topic, the approach, and the methods chosen to explore the topic (Caelli et al., 2003). The ways in which we review the theoretical positioning are decided by different aspects. For example, social work is a discipline that develops and synthesizes information and theories to expand knowledge and skills to be responsive to clients and their families (Morales, Sheafor, & Scott, 2007). Further, specific themes and theories are used that reflect the character of social work. Alone they may not be unique to social work, but in combination they provide a foundation on which to build an understanding social worker practice.

To summarize, a study should be designed to be congruent with the positions and assumptions that led to the research questions. Identification of the researcher's position is of utmost importance, and researchers must make their own assumptions clear, as well as ensure that the methods are congruent with those assumptions (Caelli et al., 2003). A study is to offer a comprehensive explanation of an event or experience in the everyday terms of individuals involved.

Interpretive Research Approach

Qualitative researchers highlight (and isolate) experiences and the constraints that could affect decisions or changes in the settings. The researcher creates spaces and avenues for those being studied to speak and is the conduit for their voices to be heard (Denzin & Lincoln, 2011, p. 15). Making sense of one's findings is very artistic and may be political. There is no single interpretive truth.

There are several key characteristics that cut across the various interpretive qualitative research designs—the first characteristic to strive to understand the meaning people have constructed about their world and their experiences—how do people make sense of their experience? Patton gives this explanation of interpretive qualitative research:

It is an effort to understand situations in their uniqueness as part of a particular context and the interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting—what it means for the participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular setting... the analysis strives for depth of understanding (Patton, 2002; cited in Merriam, 2002, p. 5).

If understanding and interpreting are primary goals of research, the strategy used to collect and interpret data is paramount as to be both responsive and adaptive. Every researcher holds biases and needs to identify and monitor subjective views that may shape the collection and

interpretation of the data. The researcher perspective adds depth or richness and contributes to the overall uniqueness of the study.

The nature of interpretivist knowledge comprises the reconstruction of intersubjective meanings, the interpretive understanding of the meanings humans construct in a given context, and how those meanings interrelate to form a whole. Any reconstruction of interpretation is idiographic, time- and place-bound. Multiple reconstructions are pluralistic, divergent, and even conflictual.

What is distinctive about interpretive approaches is they see people and their interpretations, perceptions, meanings, and understandings as the primary data sources. Interpretivism does not have to rely on “total immersion in a setting” and can support using interview methods, for example, where the aim is to explore people’s individual and collective understandings, reasoning processes, social norms, and so on (Mason, 2002). An interpretive approach sees people as primary data sources and seeks their perceptions or what is referred to as an “insider view.”

Interpretivism in Social Work

An interpretive qualitative approach provides a way to learn and interpret how the participants experience and interact with their social worlds and the meaning these have for them. In this research project, how did their relationships, experiences, and education form their opinions about older adults? How do these variables influence their decision toward a focus and/or career working in this field of practice?

As researchers and social workers, thoughtful attention to the theoretical traditions from which common qualitative methods were derived and the philosophical claims upon which research is based helps study human behavior and human experiences. It is my belief that an

interpretive approach works well in social work research. The first approach consists of the researcher capturing the lived experience of participants by attempting to triangulate various perspectives of the participants, placing more emphasis on interaction, social context, and the social construction of reality for the purpose of increasing knowledge. Following the logic of these general principles, social work researchers create sound interpretive descriptions that contribute directly to understanding of how people experience their relationships and can make a difference.

People have their own reasons for their actions, and researchers need to learn the motives that guide them. This may hold true for a career choice or a life choice. Individual motives are crucial to consider even if they are irrational, carry deep emotions, and contain false perceptions and prejudices. Neuman and Krueger quote Schwandt (1994), “Contemporary interpretivists and constructivists are not likely to hold that there are any unquestioned *foundations* for any interpretation” (Neuman & Krueger, 2003, p. 79). The creation of meaning and the sense of reality are what people think they are, and no set of meanings is better or superior to another. As one of the foundations of social work research, the interpretive approach is sensitive to context, using various methods to get inside the ways others see the world.

Study Design

The focus of this study is to identify what factors influence master degree social work (MSW) students and graduates to choose to work with older adults. Through the use of qualitative research and focus group interviews my goal was to ascertain: What the factors shape the decisions of MSW students to work with older adults? A sample was selected with the specific purpose to yield the most information about their experiences of career choice.

Participants for this study included master degree social work graduates and students (MSW) at Colorado State University's (CSU) School of Social Work, who are/have been enrolled in either the two-year graduate program (have an undergraduate degree in a related field) or the advanced standing program (hold a BSW from an accredited program).

I contacted currently and previously enrolled MSW students in these programs and invited those interested to be involved in focus groups. There were four focus groups. The first two groups' participants were alums (had graduated and completed an internship under the auspices of the Hartford Partnership Program in Aging Education (HPPAE)). The third group was MSW students who had some interest in working with adults and/or families, but did not indicate older adults as one of three preferences. The fourth group identified an interest in working with older adults as one of their top three choices.

At the time of the study there were 47 second-year MSW students enrolled in the program. In all accredited social work programs MSW students are required to complete a year-long internship (900 hours). This is consistent with the requirements of the accrediting board for social work programs by the Commission on Social Work Education (CSWE). An internship in social work is "the signature pedagogy of social work, which incorporates three dimensions of professional practice: 1) thinking—intellectual aspects of a profession's knowledge base; 2) performing—technical aspects of the profession's skills; and 3) acting with integrity—the moral aspect of a profession's values and ethics" (Shulman, 2005; cited by Wayne, Raskin, & Bogo 2010, p. 327)

An internship is when a student is placed at one community agency over the course of the second year of their MSW program. A variation with the participants of the HPPAE program was placement at two community agencies in their second year; the first agency site was a macro

placement, with focus on larger systems, organizations, and the community. The second site had a micro focus, with an emphasis on individuals, families, and groups.

When the students are considering an internship, they must complete a “field application.” This application asks for specific information in the following areas: 1) practice experience; 2) educational goals for the placement; 3) occupational and professional goals; and 4) preferences for client groups with whom they prefer to gain practice experience. Examples of client groups include children, families, adolescents, adults, older adults; students are asked to indicate any specific settings they prefer. The students are asked to list or rank ‘at least three client groups’ (CSU School of Social Work field application, 2013). All students in this research project completed an application and identified client groups they preferred. Through the use of the field database, I reviewed all of the applications to identify students who fit the criteria for participation in focus groups.

The first two focus groups were comprised of students (alums) who graduated and were a part of a grant (HPPAE) with a specific focus of working in agencies whose clientele were primarily older adults. These graduate students were each placed in two agencies (the second model); both agencies/placements with an emphasis on learning competencies, and their application to the older adult population. The students were identified as ‘Hartford Fellows’ by the faculty who worked with them (Dakin, Quijano, Bishop, & Sheafor, 2008). Table 1 shows the total number of participants who were graduate students involved. The goal was to recruit seven to ten of the 21 students and invite them to be participants in the focus groups to discuss their experiences, education, and work with older adults.

The overarching goal of the HPPAE grant was to offer education and experiences to students to prepare them for a career focus in working with older adults and in the field of aging.

The third group invited to participate were second year MSW students who listed on their field application a preference to work with older adults (as a first or second choice).

Table 1
Year and Members of the HPPAE

Year	Number of Graduate Students
2008-2009	2
2009-2010	5
2010-2011	7
2011-2012	5
2012-2013	3

The fourth group was students who identified adults, families or children as a first or second choice, but did not identify an interest in working with older adults as a first, second, or third choice. These students were identified through their field applications—of 47 MSW students I was optimistic there would be seven to ten students willing to participate.

Recruiting

Once the students were identified through their HPPAE participation or their field applications, recruiting for the focus group(s) occurred in several ways. Letters were sent to the students/participants who fit the criteria, asking for their participation in a focus group (Appendix A). Upon agreeing to participate, an instrument script (Appendixes B and C) and followed by an informed consent form (Appendixes D-1, and D-2), and a confirmation letter (Appendix E) were sent. Follow-up emails and telephone calls were used one or two days prior to the scheduled focus group(s) as getting a minimum number of participants was crucial.

Data Collection

The methods of collection refer to the tools, techniques, or procedures used to gather the data. These methods are determined by what questions are asked, what is observed, and what information is relevant. The methods are guided by the overall purpose, the theories, and the results you hope to gain, and later use, from the study (Lincoln & Guba, 2000; Morrow & Brown, 1994; Wolcott, 2002).

Focus group interviews are a common form of data collection in qualitative studies. The group interview is “a process in which a researcher and participants engage in a conversation focused on questions related to a research study” (DeMarrais 2004, p. 55; as cited in Merriam, 2009, p. 87). These are ‘conversations’ with a purpose (Morgan & Krueger, 1998). The main purpose is to learn of their experiences and determine what is on “their minds?” As we cannot observe feelings, thoughts, or intentions, we talk with people to find those things we cannot directly observe.

Focus Groups

A focus group is an interview with a group of people who have knowledge of a topic (Krueger, 1998(b); Merriam, 2009; Padgett, 2008; Patton, 2002). “In a focus group participants get to hear each other’s responses and what other people have to say. Participants need not agree with each other or reach any kind of consensus—the objective is to get high-quality data in a social context where people can consider their own views in the context of the views of others” (Patton, 2002 p. 386; cited in Merriam, 2009).

Further, Patton (2002) describes a situation in that he wanted to get perspectives from students about a program they were involved in. He states “groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise to the synergistically to

insights and solutions that would not come without them” (p. 17). This notion of synergy and obtaining knowledge was noted by Blumer (1969), one of the first to use group discussion and interview methods “key informants.” Blumer considered a carefully selected group of well-informed people to be a “real panel of experts” about a setting or situation, experts who could take the researcher inside the phenomena of interest. Since Blumer, group interviews and focus groups have become highly valued and widely used qualitative methods (Patton, 2002, p. 76).

Krueger and King (1998), Merriam (2009), Morgan (1998), Padgett (2008), and Patton (2002) outline some logistics and special considerations, both methodological and ethical for the researcher to consider when using focus groups. These considerations include:

1. People who are included should be knowledgeable about the topic, and the topic is something they are comfortable talking about in a group.
2. Group members share certain characteristics (they are typically homogeneous).
3. This is an efficient way to get the informed data that addresses the research question(s).
4. Questions are focused to encourage discussion and the expression of differing opinions and points of view.
5. Group facilitator provides a supportive environment.

As mentioned, the best way to understand what a focus group project can accomplish is to think about what you want to report/learn. Using focus groups gives the researcher powerful insights into the feelings of the people most affected by the experiences. The final report helps those who may want to implement or duplicate these efforts.

Advantages of the focus group as a way to collect data are mentioned by several authors. For example, they 1) are socially oriented and tend to be highly enjoyable to participants, 2) are more relaxed than one-on-one interviews—giving the participants time to respond, 3) allow unanticipated issues/ideas to be explored, 4) produce data which have high validity because the method is readily understood; the findings appear to be believable, 5) are a highly efficient data collection—in one hour information can be gathered from more than one person, 6) provide

some quality controls in that participants tend to provide checks and balances on each other lessening false or extreme views, and 7) contribute to focusing on the most important points and clarifies the extent to which there is a relatively consistent, shared view of the issues among participants (Krueger, 1998a; Marshall & Rossman, 2006; Merriam, 2009; Patton, 2002).

Planning/Procedures/Implementation of Focus Groups

Focus groups in academic research typically follow these procedures: 1) problem identification, 2) planning, 3) implementation, and 4) assessment (Krueger, 1998b). Problem identification is essentially generating or looking at research questions with an emphasis on discovery, the researcher holds discussions that are open-ended and relatively unstructured. The fit of the focus group in this research study was determined as the first focus group aided in ‘discovery’ as I was able to ask for suggestions and perspectives that also guided the questions for the other groups; and I anticipated that the subsequent focus groups would provide the answers for the research questions and inform the study. Essentially my goal was to have a flexible question format allowing for insight to guide me for the second, third, and fourth groups. This allowed me to take into account point’s participants made that I had not considered and let the group process guide the subsequent focus groups.

The use of a co-facilitator is highly recommended as their presence increases the total accumulation of information; they can review the analysis, and contribute to the trustworthiness of the study (Krueger, 1998c). Using a co-facilitator who is competent in the group process and can take notes is paramount to a well-run focus group. Their presence ensures that the facilitator is not tasked with taking notes—drawing their attention away from the group process and the group members. Further, a second set of eyes and ears allows for observation of body language and ensures that all comments are heard. The co-facilitator should have an interest in, and

knowledge of the topic. As with the facilitator, they should be able to control their opinions, be open-minded, and control their reactions to things said. This role is critical to success; taking notes, recording the group and assisting with logistics (environment, interruptions, refreshments, etc.) all ensure a well-run focus group.

A focus group should be large enough to generate diversity of opinions but small enough to permit everyone to share in the discussion—about 7 to 10 participants is optimal, but size may range from 5 to 15. The environment is important to consider in that it needs to be accessible, comfortable (sitting in a circle is crucial), and the location is in close proximity to many of the participants. Parking, refreshments, and other considerations should be made. The four groups that were held for this study varied in size; two of them had four participants, one had 9 and the last one had 12.

Protocol for Focus Groups

Both Krueger (1998c) and Toseland and Rivas (2012) stress the importance of a protocol for focus groups (see Appendix F). In addition to introductions, guidelines and rules, discussing the significance of confidentiality and respect for each other, it is important to stay within the time specified. By sequencing the questions (outlined in data collection) the facilitators give the participants the opportunity to collect their thoughts to avoid prematurely ‘launching’ into the key responses. Using guidelines for questions (Appendix G) ensures that the facilitator guides the participants through the process and gives them an opportunity to recollect experiences, and listen to the opinions of others. This is followed by key questions relating to the core topic and later followed by summary questions for each participant as needed. Participants can influence each other, opinions change, and new insights emerge.

Focus groups are typically recorded in several ways—in this research project the co-facilitator took notes to record the participants’ responses, as well as using a recorder to capture all that was said. The written notes compiled by the co-facilitator(s) are essential. These memos and group notes ensure that any statements, quotes, and opinions of the participants are gathered and recorded. Some points considered in taking notes included: 1) strive for clarity and consistency 2) use a standardized reporting form (see Appendix H) 3) the notes should contain different types of information; new ideas, and things that may be unclear; 4) capture quotes—well-said statements that illustrate important points of view; phrases that are particularly enlightening or that eloquently express a particular or unique point of view.

Following the above guidelines, after each group was held, I and the co-facilitator discussed and debriefed how the group went. In the debriefing, considerations were made in regards to the themes that emerged, what points were made that were not considered in the original questions, quotes that were most memorable were highlighted, what the anticipated or unanticipated findings were, and what should be done differently for the next focus group(s). The co-facilitator was intended to be same person for each group, in this study I had two co-facilitators; one was able to cover three of the four groups, the other for one. It was important to compare styles and give credence to the strengths of the ‘team’, as it is not unusual for each person to hear different things and place importance on different opinions and issues (Krueger, 1998b, p. 34).

Group Moderating and Facilitating

In the text, *Moderating Focus Groups*; the facilitator (moderator) role is defined as: “to guide the discussion and to listen to what is said but not to participate, share views, engage in discussion, or shape the outcome of the group interview” (Krueger, 1998c, p. 5). It is important

not to cross the line and get involved in the group. Certainly some information and encouragement are necessary, as are cues and answering specific questions about the research project. The facilitator's ability to show respect for the openness and honesty of the group members is crucial (Krueger 1998c). Moderating a focus group and asking open-ended questions, with emphasis on the degree and structure, may vary depending on how narrow or broad the topic of inquiry. Following a format gives all the participants a chance to talk, share opinions, and the facilitator to exert control only to ensure a smooth and informative discussion.

The "guiding principles of asking questions" are relevant in that the data collected must capture the essence of the study. The first principle is to ask questions in a conversational manner. Because the focus group is a social experience, conversational questions are essential to create and maintain a comfortable environment. The wording and the meanings of the questions should be direct, forthright, and clear. Avoiding tangential and doubled-barreled questions is important—asking one at a time while giving the participants' time to process the question before responding is essential. Being cognizant of wording, acronyms, and avoiding technical terms is necessary depending on the conversation. Allowing sufficient time to think through the questions and reviewing them "ahead" of time ensures the questions are relevant to the information the researcher hopes to gather (Kruger 1998).

In many cases, the topic is more important than each individual question; for example, following a question/topic outline was a way to ensure that all of the groups were asked the same questions and can lead to the design for future groups. Advantages of a topic outline or guide also enhanced a more 'conversational' atmosphere—versus questions and answers; increased the spontaneity of the answers, and helped me as the facilitator reweave comments into future questions. Regardless of whether the facilitator follows a specific line of questions or a more

open-format; it is important to ensure that the issue or purpose of the group is clear, and enough time is given for the group process. Krueger (1998b) outlines different types of questions that are used at different times during the focus group. A key feature of focus group research is that not all questions are equal. Some are segues to more specific or research-driven questions.

Data Analysis

In qualitative research data collection is simultaneous with data analysis. That is, the researcher began with the first focus group and analyzed the information to inform the questions or format for the following groups. It was advantageous to hold the first group with graduates as they had insight and experiences that were used as a focus for questions for subsequent groups (Krueger, 1998b; Merriam 2002; Tutty et al., 1996).

Analysis started by going back to the intent of the study. In addition to remembering the intent of the study, the researcher needs to weigh options against two factors: available resources and the value of new information provided by the research (Krueger, 1998a, p. 4). These authors recommended a process they refer to as “situational analysis”. The researcher/analyst waits until after the focus group to determine the best strategy. Depending on the notes taken and the debriefing by the facilitators, sometimes the opinions or themes are very evident. Other times it is necessary to listen to the recording more than once to ensure all the central ideas were captured. In this study, the analysis of each focus group began by developing a summary description of the discussion from the transcripts, the debriefings, the notes that were taken by the co-facilitator. All were brought together and reviewed and scrutinized. Next, my analysis involved detecting patterns, identifying themes, and attaching meaning (interpretation) to the results. The analysis was strengthened by the number of resources that were brought to the task--group notes, memos, transcripts and review of the specific participants.

Critical Ingredients of Analysis for Focus Groups

The complexity of focus group analysis occurs at several levels. When a question is asked, two people may respond using different words, yet have the same meaning. The researcher needs to consider how to compare their responses. Coding and the analysis begin with comparisons such as; are the answers related, identical, similar, or unrelated? Other factors would be the context of the comments, were the two people talking about the same thing when they answered? Did the discussion evolve and one was answering a different question? In this study, consideration of the emphasis or intensity of the comments; and whether or not participants' positions changed later in the discussion were taken into account. Were the participants able to provide examples or elaborate when asked key questions or probed? The trends and patterns that reappeared among the groups was important; as the researcher it was important to identify words and concepts that were repeated and common to several participants. However, some attention was placed on the range and diversity in experiences or perceptions. Any researcher must identify those opinions, ideas, or feelings that are repeated even when expressed in different words and expressions. Opinions that are expressed once are often enlightening and are often important as well (Krueger, 1998a).

There are several systematic steps that Krueger (1998a) outlines as beneficial in an analysis; starting with the interview transcript. The next step is the process for capturing and handling data. The use of the recordings and notes taken by the co-facilitator ensured that all the critical components could be reconstructed.

The focus group researcher compares data within a group and among groups. It is of more interest to the analyst and to the credibility of the study to make comparisons across focus groups. Within the complexity of group process and interaction, qualitative analysis must be

systematic and follow the prescribed sequential process. In this study, information from the focus groups (and in some cases in conjunction with observations, or the literature) was combined and presented as themes as the work then moves from the particular to the more general.

Strauss and Corbin (1990) address the importance of analysis through the coding of data. “Coding represents the operations by which data are broken down, conceptualized, and put back together in new ways” (p.57). Charmaz (2006) defines coding as: “the process of defining what the data is all about. Coding means naming segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data. It is the first step in moving beyond concrete statements in the data to making analytic interpretations. The aim is to make an interpretive rendering that begins with coding and illuminates studied life” (Charmaz 2006, p.43). Coding is the vehicle to gain a new perspective on the material and to focus further inquiry and data collection. In looking at coding, researchers outline (Charmaz, 2006; Denzin & Lincoln, 2005; Glaser, 1992; Merriam, 2002; Strauss & Corbin, 1990) the steps to guide the analysis of the data and to develop theoretical informed interpretations. These are 1) open, 2) axial, and 3) selective coding.

Open coding is specific to the naming and categorizing of phenomena through analysis of the data. In open coding the data are broken down into discrete parts, carefully examined, and compared for similarities and differences, and questions are asked about the phenomena reflected in the data. Through this process, participants’ assumptions about phenomena (i.e. societal attitudes) are questioned or explored, leading to new discoveries (Straus & Corbin, 1990, p. 62). Codes take segments of the data, name them in specific terms, and propose an analytic way for interpreting each segment. As we code we ask: which categories might these statements indicate?

The concepts are then classified or grouped together to develop categories that are of a more abstract nature. Categories have conceptual power because they pull together concepts or subcategories. When the researcher begins to develop a category, it is done so, in terms of its properties, which are then dimensionalized. Dimensions are represented by locations along a continuum. Merriam defines properties as attributes and dimensions as frequency, duration, rate, and timing. For example, “perceptions or attitudes of aging” could be a category that conveys students’ views of the myths and preconceptions the general public holds about older adults. I would then search for other dimensions or themes that would be properties of this category.

In the coding process, when the researcher comes across an idea or phenomenon, a label or category is attached. Typically findings inductively derived from the data in a qualitative study are in the form of 1) themes, 2) categories, 3) concepts, 4) and even theory about a particular experience or aspect of practice. In looking at each group interview, a quote, general or unique response, idea, or experience is given a name or code word that represents the concept underlying the discussion. The intent is to be creative using code words that elicit new insights. The process for the researcher begins with a unit of data (any word, a phrase, concept, theme, etc.) and compares it to another unit of data and so on, all the while looking for common patterns across the data. These patterns are given names (codes), refined, and adjusted as the analysis proceeds. Thus, the is to obtain an in-depth understanding from the perspective of the participants, their situations, and their goals--to know what drives people’s experiences, interactions, goals, and meaning they give to their experiences. The process of open coding also stimulates the discovery or naming of categories and their properties and dimensions and forms the basis for the relationships between the categories and subcategories. Open coding is more

than a beginning; it shapes the analytic frame from which you build the analysis (Charmaz, 2006).

In addition, the constructivist world view approach offers a unique lens when coding, writing memos, and developing categories. Making the categories consistent with studied life helps codes and categories preserve recollections of the experiences. As one moves through the data, comparisons of the categories are made with subsequent groups. For authenticity of findings, the voices of the participants are central by explaining and describing experiences or phenomena unique to each person and to the group of participants as a whole (Merriam, 2009).

The next step, axial coding, puts the data back together in new ways by making connections between a category and its subcategories to develop several main categories. The resulting model denotes casual and intervening conditions, phenomena, contexts, action/interactional strategies, and consequences (Merriam 2002 p. 149; Strauss & Corbin, 1990, p. 96). The focus is on specifying a category, in terms of the conditions that give rise to it, the context in which it is embedded, the action/interactional strategies by which it is carried out and the consequences of those strategies. To be thorough in the development of categories, Strauss and Corbin (1990) put a great deal of emphasis on the following points: Although distinct, open and axial coding procedures are alternated by the researcher, axial coding helps develop the basis for the next step, selective coding. Once categories have been worked out in terms of their salient properties, dimensions and related paradigmatic relationships, this gives the categories richness and density. Notice should be given to possible relationships among major categories along the lines of their properties and dimensions.

Selective coding is “the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further

refinement and development” (Strauss & Corbin, 1990, p. 116). Selective (or focused) coding uses open codes that appear frequently to sort large amounts of data. These codes account for most data and categorize them more precisely. Making explicit decisions about selecting codes gives a chance to check the fit between the emerging framework and the empirical reality they explain. The categories for synthesizing and explaining data arise from more focused codes (Denzin & Lincoln, 2005). For example, a category of “perceptions of aging” could include positive views as well as negative connotations. Selective coding develops data into a picture of reality that is conceptual, comprehensible, and grounded. In selective coding, the researcher identifies a ‘story line’ and writes a story that integrates the categories in the axial coding model. There are several to follow; included are examples as to how this was accomplished:

- Explicating the story line.

In this research the story line began with the questions asked of the focus group participants in regards to their life experiences with older adults. Many recounted positive and negative experiences with family, friends, and neighbors—these experiences gave credibility to the study as to the impact on both their choice to study social work, and their career focus/specialization area. Life experiences are paramount to how one sees the world, and how they interact with others.

- Relating subsidiary categories around the core category by means of the paradigm.

The paradigm explored focused on career theory and how it informs choices in relation to personality and experiences. The study reinforced the theory in relation to personality, life experiences and altruistic values.

- Relating categories at the dimensional level.

As mentioned, dimensions are categories on a continuum—the participants discussed many societal attitudes on aging—some of these were based on physical attributes, some psychological, but their perceptions were also influenced by the media, their own aging, and their current work environment. They ranged from ‘very negative’ to more positive/empathic and this to, influenced their field of study and career choices.

- Validating those relationships against data.

The data in this study came from an extensive literature review and from information obtained by the Hartford program that many of the participants were a part of. The participants confirmed the data which showed that many students want more training and education in regards to working with older adults and the importance of experiences both personally and professionally.

- Filling in categories that need further refinement or development.

One of the questions posed was in regards to ways educational content could be enhanced as well as how to implement strategies to recruit future students to this area of specialization. This can inform future research and also assist in the development of a more comprehensive social work program.

Significantly, these steps are not necessarily linear, nor are they distinct in actual practice.

In reality, one moves back and forth among them (Strauss & Corbin, 1990, pp. 117-118).

Statements regarding the category relationships under varying contextual conditions are developed and validated against the data. Charmaz sums up the process of coding succinctly:

Coding is part work but it is also part play. We play with the ideas that we gain from the data. We become involved with our data and learn from them; coding gives us a focused way of viewing data. Through coding we make discoveries and gain a deeper understanding of the empirical world (Charmaz, 2006, p. 71).

The final steps of the data analysis are the roles of the researcher/facilitator. The ideas of the researcher may rest on meanings and actions that have not surfaced and such intuitions form

another set of ideas to check. What is seen in the data relies in part, on the perspectives of the researcher/facilitator and rather than seeing these perspectives as truth, it is important to see them as other views among many. More awareness is generated of the concepts that are identified and what the researcher might impose on the data. The product of a qualitative inquiry is *richly descriptive*. Words and interactions convey what the researcher has learned about participants' experiences. There are descriptions of the context, the participants involved, and the activities and experiences of interest. It is logical data are in the form of quotes from participants, notes from each focus group, recordings and the transcripts, or a combination should be included in support of the findings of the study (Denzin & Lincoln, 2003; Krueger, 1998a).

Trustworthiness

Strategies for establishing the authenticity and trustworthiness of a study are based on the worldview, approaches, and questions congruent with the philosophical assumptions underlying this perspective (Merriam, 2009). The focus would be on the researcher avoiding making assumptions about the respondents' experiences. Seeing the world through their eyes and understanding the logic of their experience bring fresh insights (Charmaz, 2006).

Lincoln and Guba (1985) were the forerunners when it came to developing criteria applicable to qualitative methods. They proposed *credibility*, *transferability*, *dependability*, and *confirmability* as alternatives to internal validity, external validity, reliability, and objectivity. Together, these four connote the trustworthiness of a study (Merriam, 2009; Padgett, 2008). Specifically, *Credibility* is the degree of fit between the respondents' views and the researcher's descriptions and interpretations. It is defined as truth value (Tutty et al., 1996, p. 126). *Transferability* refers to the generalizability of the study's findings. *Dependability* (also defined as consistency) means that the study's procedures are documented and traceable—with logic that

makes sense to others. *Confirmability* (neutrality) is achieved by demonstrating the study's findings are firmly linked to the data and were not imagined or concocted (Padgett, 2008, p. 181; Tutty et al., 1996).

A key area for *credibility* (Caelli et al., 2003, p. 9) is determining what constitutes a rigorous study. As an example, the practice of returning to participants to review, clarify, or validate tentative findings depends on one's theoretical stance. Few would argue that it is feasible for participants to reflect on or validate the intent of something said in a focus group interview, given that their own understanding of the topic may change and may evolve as a consequence of participating in the research group. In this research project the co-facilitator added credibility to the study by reading the analysis and report (Krueger, 1998a).

The demonstration of credibility is particularly important and is built on 1) prolonged engagement with your participants; 2) peer debriefing through systematic review of the study's substantive, methodological, legal, and ethical matters with colleagues; and 3) referential adequacy, which provides a record of interviews and observations, case notes, and transcriptions; and 4) triangulation, activity entails the development of multiple sources of data collection, which are used to verify information received from the respondents (Krueger, 1998a; Tutty et al., 1996, p. 126).

As it is applicable to this study, the concept of triangulation is worth examining. Denzin (1970, 1978), presents an extended overview of triangulation and identifies different types. Of those, these two are applicable to this study. 1) Observer triangulation: use of more than one observer; and 2) data triangulation: use of more than one data source: group interview notes, transcripts, and in some cases, memos from the participants. Observer triangulation was ensured by the co-facilitator (Krueger, 1998a) with regards to what you are told in a focus group

interview can be checked against what you might observe or read in documents relevant to the topic (i.e., literature review and scholarly/peer reviewed journals). When data from references, notes, and the group interviews are convergent, one has greater confidence in the data analysis (Krueger, 1998a; Padgett, 2008).

Peer debriefing is the next area that contributed to the credibility of this study. Peer debriefing is a mechanism for keeping the researcher honest and contributes to the rigor of a study by reducing researcher bias. In the current study the PhD chair and members of the committee reviewed the data collection and analysis, providing a type of peer review to ensure the study is credible.

The last aspect to determine credibility as data collection segues into analysis and interpretation; is for the researcher to seek verification of preliminary findings by going back to the study participants. A common strategy for ensuring validity is member checks (Padgett, 2008). Obtaining feedback from your research participants is an essential credibility technique. In this research study, the participants of the second and third groups were asked to review the recommendations made by the HPPAE (first focus group) participants in regards to proposal question (#3): What do (current and former) MSW students who are participants in the study identify as appropriate strategies to encourage other social work students to develop an interest or consider a career working with older adults? Their responses to the recommendations will provide information and ideas for further questions and ways to engage (or recruit) students into the area of focus (Lincoln & Guba, 1985; Padgett, 2008).

Within interpretivist circles, the challenge of knowledge accumulation has been primarily addressed by the general concept of *transferability* to establish trustworthiness of a research study. With sufficient description of the particular framework studied, others may adequately

judge the applicability or fit of the inquiry findings to their context. One of the goals of this study is to evaluate the extent to which the conclusions drawn are transferable to other programs, students, and courses. An example of description includes the detailed account of field internships of the participants which made explicit the experiences and the professional relationships they developed, putting them in context (Lincoln & Guba, 1985; Padgett, 2009).

As previously mentioned, Lincoln and Guba are reported to be the first to conceptualize reliability in qualitative research. Reliability lies in others' concurring that given the data collected, the results make sense—they are consistent and dependable (Lincoln & Guba 1985, p.288; Merriam, 2009). One strategy that contributes to reliability is the audit trail, which describes in detail how data were collected, how categories were derived, and how decisions were made throughout the inquiry. It is dependent on concise notes, recording memos, and following a research outline throughout the study. Keeping a record of the focus group interviews and interactions with the participants was carefully done (Merriam, 2002, pp. 27-28). Humans have a tendency to see or hear selectively only those comments that confirm a particular point of view or a tendency to avoid dealing with information that causes dissonance. Our training, backgrounds, and experiences influence what we notice and what we attend to. Researchers must be careful to avoid the trap of selective perception. The intent of an audit trail is that an auditor can follow what was done and may perform any checks required to ensure and assure the quality of the study (Robinson, 2003).

Verification in analysis is a critical safeguard (Krueger, 1998a). For analysis to be verifiable there must be sufficient data to constitute a trail of evidence. The data stream begins with group notes and recordings taken during the focus group(s), and the debriefing with the co-

facilitator (Krueger, 1998a). The specific components in the development of the audit trail for this study included:

- Data reconstruction - including structure of categories (themes, definitions, and relationships), findings and conclusions and a final report including connections to existing literatures and an integration of concepts, relationships, and interpretations.
- Process notes - including methodological notes (procedures, designs, strategies, rationales), trustworthiness notes (relating to credibility, dependability and confirmability).
- Materials relating to intentions - including inquiry proposal, personal notes (reflexive notes and motivations) and expectations (predictions and intentions).
- Instrument information - including interview forms, preliminary schedules, observation formats (Halpern, 1983; cited in Lincoln and Guba, 1985, p. 319-310).

An audit trail means adopting a spirit of openness and documenting each step taken in data collection, coding, and analysis. Although it is not intended for exact replication, an audit trail enhances reproducibility, that is, another researcher is able to use it to verify the findings (Padgett, 2008). The audit trail in this study consisted using computer programs and charts to arrange and rearrange codes and categories (Padgett, 2008 pp. 191-192).

The recommended way to complete an audit trail is to:

1. Gather the transcripts—make two copies, cut one up and leaves the other intact. Review and put on a large board or spreadsheet. My method was to create an Excel spreadsheet to arrange the data.
2. Sequence responses in categories or by the questions—in this study I created columns, to arrange the answers to the questions with the categories under each one—so all the

quotes and answers were in one column per group. This also lends to being able to make comparisons across groups.

3. After all the notes/transcripts are placed in a column, analyze for themes or questions. Again this was done for this study by question (see Appendix I).
4. After developing categories, it is important to determine the similarities and differences of the comments? What did we want to describe? What is the interpretation or a recommendation for each theme or question? This step allowed me to make comparisons across the groups for each question.
5. Refocus on the big picture—getting to the purpose and find the areas of greatest importance? If so, the analysis can be concluded and the final report written (Krueger, 1998a).

The audit trail is how we explain how we arrived at our results; how categories are derived and how decisions are made throughout the inquiry. In the case of an audit, or if the study were reviewed by a bureau of rigor, could the report be defended and the decisions made with documentation? Auditing is a strategy for enhancing rigor because it documents that the other strategies—peer support, member checks, and triangulation have been used appropriately (Padgett, 2008).

The final construct, *confirmability*, captures the traditional concept of objectivity. Lincoln and Guba (1995) stress the need to ask whether the findings could be confirmed by another researcher. Do the logical inferences and interpretations of the researcher make sense to someone else? Does the reader or colleague see how inferences were made? The logic and interpretive nature can be made evident to others, thereby increasing the strength of the assertions (Lincoln & Guba 1995; Marshall & Rossman, 2006). Many of the research articles were those that focused

on qualitative and quantitative studies. This study confirmed previous studies that recognized the need for more social workers to work in the area of gerontology, that courses taught at the master's degree level are not including enough content, case studies and theories that pertain to older adults, and students do not feel prepared or encouraged to choose this as a career focus.

It is vital that the study's approach is objective and assesses whether what we believe and what we "hear" are actually true. Objectivity is being able to both understand there is reality independent of what we believe and to determine how congruent our beliefs are with other realities as they exist (Tutty et al., 1996). Some argue that remaining completely objective is difficult, and that there is no value-free or bias-free design. Early on, the qualitative researcher identifies his or her own biases and articulates the conceptual framework for the study. By identifying biases, one can easily see where the questions that guide the study are crafted. Having the chair and members of the doctoral committee read and review the study and the findings is a crucial way to ensure that the researcher remains objective. Their insight and feedback has provided an impartial view of the research and the results presented by me as the researcher. Objectivity is played out by presenting information that best captures the experience without comprising the respondents or participants in any way (Janesick, 2003; Tutty et al., 1996).

The relationship between the researcher, the participants, and the topic of study has been the topic of much of the scholarly writing. Lincoln (1995) suggests that emerging criteria for quality in interpretive inquiry be based on considering the relational aspects of the research process (i.e., the knower and the known) or the researcher and the interviewee or the participant and their experiences. Because of my roles as the assistant director of field—which led to my part in the administration of the HPPAE grant, and being an instructor, I had a relationship with

many of the participants prior to the focus groups. This dual relationship could have impacted my objectivity towards some of the participants and how they related their experiences and views. Although I feel I was able to remain objective towards all of the participants it is something that can affect the credibility of a study. I do feel that my familiarity with the participants did contribute to the ease of the facilitation of the groups, their honesty in their answers and the overall comfortability of each group. To prevent researcher bias, and to ensure quality, researchers are encouraged to articulate and clarify their assumptions, experiences, world view, and theoretical orientation to the study. This strategy—termed “researcher’s position” or more recently, “reflexivity”—the process of reflecting critically on the self as researcher, the “human as instrument.” Such clarification allows the reader to better understand how the individual researcher might have arrived at the particular interpretation of the data.

Summary of Methodology

This chapter defined the social constructivist world view, the basic qualitative methodology, the interpretive approach, and the use of focus groups as the source of data collection process. The participants were current (at the time of the study) MSW students and graduate students who had been part of the HPPAE grant, which focused on field experiences with older adults and aging. Through the use of qualitative research and focus groups, my goal was to ascertain the following: What characteristics do MSW students who are interested in working with older adults demonstrate? How do societal attitudes on aging, life experiences, and interactions with older adults influence their decisions? How does the educational content and/or an internship influence MSW students? What do MSW students identify as appropriate strategies to encourage other social work students to develop an interest or consider a career working with older adults?

No matter what age you are, or what your circumstances might be, you are special, and you still have something unique to offer. Your life, because of who you are, has meaning.

Barbara de Angelis

CHAPTER FOUR

Results

The goal of this study was achieved through collecting data from four focus groups. As discussed in chapter three, focus groups give powerful insights into the feeling and thinking of the people most affected by the experiences. This chapter documents the findings and explains the findings as a rich source of insight into human experiences. It will be beneficial for those who may want to implement the recommendations or duplicate these efforts.

Certainly, one advantage of focus group interviews includes their ability to draw on the synergy among members (Krueger, 1994c, 1998; Padgett, 2008). The researcher adds depth to the focus groups through techniques and skills such as active listening, observing non-verbal communication, processing the information and giving feedback, and exploring responses that may be unusual, unanticipated, and/or require further elaboration (Merriam, 2002). The participants in each of the four focus groups were engaged, interactive, cohesive, and willing to share personal and professional accounts.

Conducting Focus Groups

There were four focus groups: participants in two had graduated with their MSW degree from CSU. While enrolled, they were a part of the Hartford Partnership Program in Aging Education (HPPAE). This program had a specific focus of placing masters' students in agencies (for their internships/practicum) whose clientele was primarily older adults. Initially, it was this researcher's intention to have the HPPAE participants in one group, however due to work schedules and suggested dates they comprised two groups. While interns, several were assigned

to two agencies and some were assigned to one. All master degree internships are two semesters long, approximately 720 hours.

The focus of HPPAE was to provide students experiences at both the macro and micro levels. Macro placements are agencies serving large client systems; large groups, communities, and organizations. The focus of micro level placements is working with individuals, families, and small groups. Some placement agencies had a focus on one or the other, while some provided experiences and opportunities on both the macro and micro levels. It was expected that the students spend half of their hours each semester on both placements. At the time of this program I was the acting assistant director of field education, and it was my role to place students in agencies that met their individual interests. For example, one of the alumni, a participant in focus group B, was placed with the county Mental Health Center Adult team (micro) and the local Alzheimer's Association chapter (macro). Her work at the mental health center was focused on providing individual counseling with adults aged 55 and over, while work at the Alzheimer's Association was focused on facilitating groups of caregivers, community networking, fund raising, and educational and training seminars for people with Alzheimer's disease. The placements at the local Office on Aging and the county Care-Givers' Alliance provided supports and services to persons providing at-home care to a family member (micro). The former placement also focused on county services and supports, policy development, and eligibility for governmental programs such as Medicare, Medicaid, Social Security, and Social Security Disability Income (SSDI) (macro).

Internships at the Housing Authority focused on older veterans, homeless men, and women 55 and older. Their second internship placement varied—one was with Meals on Wheels and the other was at Centre Avenue Health and Rehabilitation, a long-term care facility. Meals

on Wheels (MOW) typically send hot meals to older adults who are home bound and/or unable to cook for themselves on a daily basis. The agency wanted to expand their services and provide monetary assistance to their clients as well as a daily meal. With the help of an intern, MOW was able to offer case management services, give information about other community resources, and inform Adult Protective Services of any health and safety concerns. Pathways Hospice provided a dual focus; one semester interns assisted families with counseling and bereavement services, and the other semester consisted of outreach and program development to integrate and build community awareness and services.

When students are considering a field internship/practicum, they must complete a “field application.” The application asks for specific information, students’ 1) practice experience; 2) educational goals for the placement; 3) occupational and professional goals; and 4) preferences for client groups with whom they prefer to gain practice experience. Examples of client groups include children, families, adolescents, adults, older adults (as defined by the specific agencies), etc. The students are asked to list or rank ‘at least three client groups’ (CSU School of Social Work field application, 2013).

Two of the focus groups (B, n = 4; C, n = 3) were alumni who had graduated and who were a part of the HPPAE program. Group A’s participants (n = 6) were current MSW students who indicated interest in working with adults and/or families, but did not indicate older adults as one of three top preferences/choices for their field internships/practicum. The fourth group (D, n = 10) was comprised of MSW students who identified working with older adults on their internship/practicum application as a first or second choice (see Tables 2 and 3).

Table 2

HPPAE group participants' field placements

<i>HPPAE group</i>	Macro placement	Micro placement
Participant 1 (A)	Alzheimer's Association	Rehabilitation Center of the Rockies
Participant 2 (M)	County Office on Aging	County Care-Givers Alliance
Participant 3 (S)	Hospice of Larimer County	Hospice of Larimer County
Participant 4 (J)	City Housing Authority	Meals on Wheels
<i>HPPAE group 2</i>		
Participant 1(J)	Alzheimer's Association	County Mental Health senior team
Participant 2(M)	City Housing Authority	Centre Ave. Health and Rehabilitation
Participant 3 (L)	Pathways Hospice	Pathways Hospice

Table 3

Examples of other MSW HPPAE placements
(Non-study participants)

Macro placements	Micro placements
Larimer County Extension	Hospice of Weld County
Human Animal Bond In Colorado (HABIC)	
Veterans Administration	Lemay Avenue Long Term Care
Foundation on Aging	Courtyard of Loveland
County Office on Aging-Senior and Disabled Programs	Adult Protection or Caregivers Alliance
Options for Long Term Care	Rehabilitation Center of the Rockies Community Research Advisory Committee

Participants in each group were asked the same questions. After each of the focus groups was held, the recordings were transcribed and the information from the transcription were summarized into an Excel document and from that, coded into a chart by question and group (see sample-appendix J). Their responses were compared and contrasted to those within and among the other groups. Because of the group dynamics in each of the HPPAE groups (B & C), I made

the decision to analyze the two groups' responses separately and not to combine their responses even though they had shared placement experiences.

What follows is a summary of the results of the focus groups. In most cases direct quotes are shared with summaries of responses that were similar. Direct quotes are identified by (“ “) and their quoting of others are identified by (‘ ‘), my own perspective is identified using { }.

Identified Attitudes about Aging

The most significant discovery in facilitating the four focus groups was when I asked a specific question—whatever the first or second person answered, the other participants followed this theme. For example, when I asked the first question; “What are societal attitudes or characteristics that come to mind when you think about aging? What are things that you are aware of, when I ask what societal stereotypes about aging are?”

If the initial or *first* responses focused on *declining* physical attributes and deficits (negative, wrinkles, body and mind are failing--dementia, frail, etc.), this theme/focus set the stage for the rest of the discussion about that question. The first examples were with the HPPAE group (group B) and MSW participants (group A). When the first responses were given (deterioration, helpless, weak) the rest of the group followed with similar responses, which were more negative or had a focus on ailments and decline rather than positive attributes or societal attitudes. The two groups—HPPAE (group C) and MSW participants (group D) mentioned some societal characteristics which were not positive (wrinkles, fear and reluctance, struggling with change, physical ailments, and smell like medications), but this was not their primary focus; they discussed other things as well. For example, the HPPAE (C) alumni brought up issues such as a lack of resources, the need for government programs and assistance such as Medicare and Medicaid and/or health care, the incidence of being of lower economic status and need for

advocacy because they were not “protected nor did they have a voice”. The tone of the group seemed to be more focused on concerns for older adults than describing stereotypes or attitudes. Group D said a few things that were not positive (grumpy, unproductive, their perfume is ode to Bengay...), yet they made noteworthy comments such as wise, caring, resilient, cultural, knowledgeable, having great stories and “are good cooks.” One student made an endearing comment regarding the level of long-term commitment many older adults have when she said; “the 80 year old couple holding hands walking through the park—still married...”

Similarities of responses to societal attitudes, and their own as well, across all four groups showed their feelings that many older adults were affected by loneliness, present as meek and mild, or have little interest in being active or initiating changes in their lives. All four focus groups discussed differences in their perceptions of gender. Examples include seeing older men as grumpy, conservative, or even more resistant to change than women. On the other hand, they stated that older men seem to hold more importance or society holds more importance of them, they are admired for their accomplishments, relationships with younger (women) are accepted, and are looked up to for their contributions in work, home, etc. Turning gray is not seen as a detriment rather those with gray hair are credible, handsome, and “men with roles on television with gray or ‘peppered’ hair are admired, look distinguished, the doctor is given more credibility (over a younger man) and actors are in higher esteem.” {I wondered if they themselves, believed any of the societal attitudes or characteristics.}

Participants mentioned societal views focus on virility and being debonair—for example an older man gets a new lease on life and gets a new car. A mid-life crisis or need for pharmaceuticals (Viagra) is expected and if they do ask for, or need help, it is almost given more readily as they often don’t demonstrate helplessness. Overall, men were identified as holding on

to their masculinity or ‘head of household’ status: “oh I don’t want to go do that because I was such a great this. I still need to provide for my family. I still need to go and do...” Older men were reported as having a harder time using call lights or having a mindset of not asking for help. Participants who work in long-term care wondered if the men were being ‘stereotypical’ because of their mentality of not asking for help, if it was because they were used to being helped (done for them) without asking, and/or if it was their identity before long-term care having been diminished since getting older.

Common responses about older women included they are encouraged to dye their hair, “do not want to let yourself go...” and it is common to “use Botox or hormone therapy for staying fit and young looking, even encouraged to join a weight loss program.” One of the participants (group A) noted her own awareness of an “increasing prevalence of anorexia in older women—due to pressures of looking younger, longer.” Additionally, the participants reported older women tended to define themselves in terms of who they took care of, rather than careers they may have had; even though many older women they talked about had long careers in nursing, hair styling/cosmetology, and teaching.

Typically these women were housewives or farmers and/or wives of ranchers (self-defined), responsible for children, specific chores, and maintaining a presence in the community. There seemed to be an atmosphere of humility when the participants gave examples of what they were told by many of the older women they worked with. A quote from one of the HPPAE alumni (group B) sums it up: “Everything was centered on the family—i.e., from rural and farming communities—who were you and what did you do?” “I was a mom.” Women are seen as more capable of taking care of themselves both in the home and in assisted living or nursing facilities.

The topic of sexuality and relationships came up in two of the groups and proved to be somewhat awkward for the participants; they made comments such as “cougar versus older guy--the cougar thing--that’s supposed to be cool...” Describing the cougar persona perpetuates the negative and positive attitudes of older women. For example, one participant (group A) commented “if my mom were to be seen as that, or anyone I was close to where to do that I would be uncomfortable, as it is seen as negative--it seems more disrespectful or immature.” Other participants made comments of young men being attracted to older women and/or to mothers of their friends—and having or desiring sexual relationships with them. Participants also mentioned the use of derogatory euphemisms often heard when young men talk about attractive older women; the women are viewed as brazen or aggressive.

Ultimately, there seems to be a double standard—if an older man is with a younger woman it is socially acceptable or okay, ‘silver fox’ with a younger woman, people say “how cool is that” but ‘cougars’ are outside the ‘typical’ expectations or roles of women, and are seen as predatory and/or preying on young men. Finally, in regard to gender differences, families (primarily sons and daughters) have different attitudes toward or expectations for parents. Many of the participants (groups B and C) who work with older couples report their adult children often make comments about them: “Dad can’t take care of himself—he needs care, mom can...” Those from other cultures have a stronger emphasis on family and ask who will take care of them when they can’t take care of themselves anymore? What seems to be happening is that once an older man is admitted to a facility or requires care, he loses many of his capabilities or sophistication and is not as likely to do things for himself, but the older woman/mother is more capable.

Similarities across the groups in regard to appearances and attitudes toward older men and women include an emphasis on youth in television shows, movies, and commercials. Older characters are not often shown as having romance, starting a new relationship, or being in love while commercials emphasize vitamins/prescriptions (for a longer life), retirement and life insurance, or the benefits of AARP.

Another similarity across groups was their insights on older adults who are comfortable in regards to these three topics: resources, finances, and appearance—both in dress and stature. These are evident by comments noting money, private or public health care, economic status; women who wear pearls and nice sweaters; men who are dressed in slacks, prominence, physical appearance is very important. Older adults who present themselves well in dress and who take care of their appearance are identified with fewer stereotypes than those of lower economic status. Those who drive nicer cars, are not on Medicaid, or who are able to pay for their care are treated differently than those who are “dressed in sweats and housecoats” or rely on Medicaid/government assistance for their care. This also applies to residential/housing communities, which are private pay versus those funded by Medicaid. Although the participants did not see differences in a sense of pride (by the residents they have contact with in long-term care settings), as compared to their counterparts older adults know that they don’t have the means to show it in their clothes or the make-up they wear. Thus, this is a stereotype that ‘poorer’ older adults are not as proud or worthy, and may be “victims” of circumstances—where they are and where they live.

Further, all groups mentioned societal attitudes around culture. For example, there are differences in views regarding a traditional Hispanic mom/grandma and a Caucasian mom/grandma. Participants see attitudes reflecting a Hispanic mom/grandma as being more

matriarchal or prone to enforcing family values and cultural norms, while Caucasian women encourage independence and self-esteem in their adult children.

Societal Attitudes about Aging

Overall, when looking at the participants' responses to the question, "What are societal attitudes and characteristics that come to mind when you think about aging? What are things that you think of when I ask what societal attitudes about aging are?" Their responses could be categorized into sub-themes of physical, psychological, and physiological. These sub-themes were consistent with what has been reported and cited in the literature review (chapter 2). For example, Levy and Banaji (2002) made two claims: first, one of the most insidious aspects of ageism is that it can operate without conscious awareness, control, or intention to harm. The idea being there is implicit ageism—as evidenced by the lack of what seems to be hatred against a group {different than those who commit abuse against—but may be targeting elderly more on an individual basis}. Groups do not target the elderly as they do members of religious, racial, and ethnic groups. Second, all humans, to varying degrees, are implicated in the practice of implicit ageism—as evidenced by the language mentioned earlier, cougar or silver fox, or promotions for appearance which target older women to dye their hair. The mental processes and behaviors that show sensitivity to age are automatically produced in everyday thoughts and feelings, judgments, and decisions, such as the participants and people who work in the field. There are large differences in such attitudes and the research findings on implicit age stereotypes and prejudice usher in implications for policies intended to guard and protect equal treatment that otherwise erodes with age (Levy & Banaji, 2002).

Discussion

Other sources—Katz (1960) and Pillemer, Moen, Wethington, and Glascoe (2000)—reference how people form attitudes: “people need standards or frames of reference for understanding their world and attitudes help to supply such standards” (Katz, 1960, p. 175). People form attitudes often referred to as ‘stereotypes’ about objects or people with whom they may have had minimal or no contact. Stereotypes, while not always accurate, provide “order and clarity for a bewildering set of complexities” (Katz, 1960, p. 175). These attitudes may be derived from a myriad of sources: other people’s experiences, the media, society, and community events. This is corroborated by Pillemer et al., (2000) “modern American society is largely segregated or separated by age. As a result, many attitudes about older adults are based not in experience, but on perceptions forged by secondary sources” (cited in Schigelone, 2003, p. 38). This validates participants’ responses regarding both general societal beliefs as well as their own experiences. Further, there was discussion around age segregation in the focus groups, which touched on terms of working with either children and families or older adults; there was not a connection between children and older adults or families and older adults.

Further, recalling Kalavar’s (2001) study using the Fraboni Scale of Ageism (FSA) to determine if participants preferred professionals/service providers (health care, governmental representation, legal advice, etc.) from certain age categories. The list included these occupations: doctor, congressional representative, therapist, lawyer, teacher, pharmacist, mechanic, etc. The occupations represented various skills that ranged from attention to detail, experience, expertise, communication skills, and ‘hands-on’ experience to knowledge of contemporary trends. The majority of college participants identified the 30-49 age group as the preferred age for doctors, dentists, pilots, lawyers, congressional representatives, and therapists.

The 60+ age group was not mentioned by any participants for doctors, pilots, lawyers, and mechanics. Kalavar found that women were less likely to hold negative attitudes or be ageist compared to males, surmising this to be due to lifespan developmental processes, life experiences, and greater exposure to adults of all ages. Gender socialization may play an important role in the formation of ageist attitudes. There tends to be higher levels of ageism and less knowledge for males, in part due to less interaction with older adults (Kalavar, 2001, p. 512).

Male participants in the focus groups did not identify their ageism attitudes, nor did they appear to be more negative in their responses (in comparison to the women in the group). This could be attributed to the limited number of male study participants ($n = 3$), further each had identified a goal to be a social worker and were open to working with older adults. Thus they may be the exception rather than the norm (Hawkins, 1996; Kalavar, 2001; Kimuna, Knox, & Zusman, 2005).

In hindsight, I realize that all of the participants of the first group of HPPAE participants (group B) were alumni working in agencies with a focus on gerontology/older adults. Of the four participants, three were employed in long-term care settings or in an agency that provides direct assistance to older adults who were not as active or independent. Their work settings/agencies include long-term care facilities and the local Ombudsman/Office on Aging. The fourth participant was currently interviewing for a position in an assisted living facility. Because of their work, they responded about societal attitudes based on their daily experiences and the level of needs and abilities of people they see every day. If they worked with those who are more active or more independent adults, they may have had more positive perspectives, rather than focus on declining physical and mental health. Further, they mentioned societal disparities

between older men and older women; older men typically had been breadwinners and had more of an identity outside the home, but once in the care of the facility/agency, it was more difficult for them to adjust to their new situations and had perceptions of a loss of respect (from others/the community).

As is evident by their responses to the first question, about societal attitudes and characteristics of older adults, the focus groups (B and C) came from different perspectives and level of interaction with older adults than the other two groups (A and D). The differences in perspectives across the groups can be attributed to their internships (pre and post), where they work, the type of work, and the needs of those they work with. This frame of reference was noted by Katz (1960) in that people form attitudes about people based on the amount of contact and environment within which the contact occurs. The female participants (Group C) are primarily employed in the medical arena—hospital, hospice, and an agency with a mental health focus. Their responses were more about government and social assistance (Medicaid, Medicare), and the glaring lack of supports and resources for their clients' current/long-term needs (see sample table—appendix J). This group also discussed attitudes of others they encounter everyday as professionals working with older adults: stigmas regarding mental health, fears and reluctance; struggles with change and end-of-life issues; limited interests in activities; and lack of protection and voice. Interestingly, these participants (Group C) did not bring up societal attitudes about gender outside of care settings; the other three groups discussed these in length.

Life Experiences

The second question asked was: tell me about life experiences positive and negative that you have had with older adults whether they are relatives, friends, or neighbors—which things impacted you (to be consistent with each group I defined older as over 60 years of age). Many

stories, accounts, and narratives of experiences and memories came out. These experiences are presented by the people identified—grandparents (including great-grandparents), other relatives (aunts, uncles, and great aunts), and friends/neighbors. Participants also discussed experiences at work and in social work internships.

Grandparents

Across all four groups relationships with grandparents were highly varied. Most had some contact, many had quite a lot, and their primary impactful experiences occurred in earlier years. These contacts and memories say a great deal as to why many participants wanted to work with older adults. Many of the participants gave accounts of holidays and special events being the catalyst for visiting or spending time with their grandparents. Some accounts focused on the environment or community in which they were raised; thus contact with their grandparents occurred often. Some participants reflected that their grandparents were part of their childhood, helping to raise them or supporting the family:

My father passed away seven years ago. I lived with my grandparents for two years in their upstairs apartment. I heard someone say ‘cute’ when referring to older people, they don’t know about their knowledge; they focus on misconceptions such as we want you to sit on my lap so I can pinch your cheek. Initially when I thought of old people my perception similar to that of ‘cute’ but after living with them, I learned that isn’t reality.

Other experiences focused on how grandparents were an integral part of the participant’s family and everyday lives:

I grew up in a small town; if you were involved in Girl Scouts, dance, Boy Scouts, etc., you always performed at the nursing home. My grandparents lived in the same town and they were at all recitals, music performances. When we went to the nursing home it was never scary or difficult, because we were comfortable with older adults.

Similarly, other participants talked about their families:

My grandma and grandpa lived at home until right before they were ready to pass. They wanted their independence (for as long as possible) and with 9 kids and 30+ grandkids and 30+ great-grand kids there was always someone checking in on them—we had a

schedule—someone would come in and make breakfast and lay out the medications or clean up or fix lunch; there were so many people that it was never considered that they're old they should go to a home.

I grew up as part of a large family from a rural town in the Midwest and my grandparents were always involved—Grandma was always in the garden and tending the chickens. We went to their house and helped them out similar to that of my aunt's—it was just family—they were relatively young, and very interactive.

A more recent experience was one participant's parents who helped her with her young son; she is a single mother and her son does not differentiate between them being older or younger than anybody else. Her comment was “my son doesn't see them as old--just grandma/grandpa. He doesn't see my dad as old—my dad has a Harley and a Hummer... Granddaddy has an army truck and a motorcycle!” Another participant shared “my grandparents helped my mom raise me. That is where I come from—that is a part of who I am they continue to be very positive role models.”

There seemed to be almost an equal balance between the number of stories focused on grandparents being very involved and grandparents who were seen very infrequently or were not very involved. Primary reasons for little contact with grandparents were due to negative circumstances--substance abuse or poor mental health—or the grandparents were tired—choosing ‘independence’ by indicating they raised their kids and by the time all the grandkids came around the grandparents were like ‘nope, I'm not doing this again.’

Other factors which impacted experiences with grandparents was their physical health—many said that minimal contact was due to their grandparents' health issues, living in a long-term care facility, or living in a different geographical area/state. “I would go to Texas to visit my grandma; she is the only grandparent I have; I did meet my grandpa once—he wasn't ever really close with the family and he passed away. I really only got to know the one grandparent.” Other comments included: “my grandparents never lived in Colorado, my paternal grandparents would

come out every Christmas until they started getting older and in their final stages.”; “Not close to my grandparents and would see them about every 3 years.”; and “if my grandparents had been around when I was little, and took us to do fun things, or if we found things in common, it would have been awesome. I wouldn’t hold negative feelings about the elderly.”

Grandmothers

Of the participants who talked about experiences with their grandparents, many involved grandmothers. These accounts came from both past and present experiences. Of the grandmothers spoken about, many participants have (more recently) had to help them face declining health (both physical and mental), needing help and supports in the home, and finding appropriate facilities. One student mentioned the need to have directions around her grandmother’s house with “how to do things like wash your hands”; she has found it difficult to know that her grandmother may be unsafe living alone. Or “she asks the same questions over and over again—as nice as it is to see her I wonder if we are getting anywhere...” Another participant said:

Grandma is losing control of some of her body functions and had loud gas that she can’t control. I will be sitting with other family members and when Grandma moves there are these noises, and I don’t want anyone to be uncomfortable, but I don’t know how to handle it... I think she is losing her dignity and I feel terrible about it.

Some recognized the strength of their grandmothers: “My grandmother is 85—I don’t consider her an older adult because she is more active than half the people I know. She walks a mile a day and when you look at her you would never guess that she has survived cancer three times...”; “Grandma does the housework and still cooks for grandpa and she can hardly walk around”; “Grandma was always in the garden, tending the chickens, looking after the house and family.”; “My grandmother was a very stoic woman—she grew up in the great depression; being poor taught her to appreciate the value of a dollar; she was very critical of my spending; she said

many things that were impactful.”; and “she is this woman who came from a totally different time period who is progressive, forward-thinking, and open.”

These sentiments were echoed at other times as well. There were participants who initially assumed their grandmothers were set in their ways or very conservative, yet learned they had an ally in this person. One participant spoke eloquently about his grandmother:

When I started college we started talking about politics and views on touchy feely subjects and I was apprehensive; this is a really bad idea! I came to the realization that we have a lot of views in common. It is interesting as there is this woman who came from a totally different time period who is progressive, forward-thinking, and open. It blew my mind. Now we have a very close connection. We email each other and it just changed the whole relationship I have with my grandma.

Another participant shared a similar experience when he said:

One day we started talking—we might have been united on many fronts because my dad is so right wing... Anyway we started talking and all of a sudden we started agreeing on subjects that I would have never dreamed she felt the same way as me. It totally changed my view of my grandma—our relationship has been different ever since. I had always pushed Grandma away—she was just this family member who I was obligated to spend time with, as I never really gave her the credit that she deserved. It is not that she always agreed with me it was that I had never thought of her in that light as this woman who knows many things and who has had many life experiences. I never put her in that framework, she was just ‘my grandma’ and then she became this special person to me.

Continuing with experiences participants had and lessons learned from grandmothers, one recounted: “My grandmother who lived in the upper Midwest had a houseful of old-widowed ladies—she had a boarding home and they all helped each other and took care of each other.” Another participant stated “Grandma was a war bride from England this was the glamorous side of my life—she loved tea with milk and all the things that we think of as ‘classically’ British; she was a cancer survivor, she rooted for the Yankees, Bill Clinton and grew to appreciate salsa con queso.”

Group participants gave credit to their grandmothers as being positive influences in their lives, their education, and their desire to pursue a career in social work. Many grandmothers

‘babysat’ or took on parenting roles. One participant mentioned that her mom was a teenager when she got pregnant and her grandmother helped them:

She was very supportive; she always took me to my dance classes—I would stay at her house and talked to her daily. She is a sweet, fabulous lady—getting older, living in a retirement community—it is independent living. She is very social—now when I go to visit and she is sitting with friends—gossiping—it is so cute—and she continues to be a very significant part of my life.

The most inspirational story told (based on the responses of the focus groups) was about a grandmother whose youngest daughter (participant’s aunt) had cerebral palsy and was wheelchair bound. Her grandmother was the primary care provider for this daughter until her grandma was diagnosed with cancer.

In the six months before she died I crunched as much of my time and energy to spend with her. Grandma was the most inspirational person in my life; and the reason why I thought about social work. I saw the way she treated my aunt, how she raised her, her strength. I saw a 75 year old woman carrying *and* lifting another person and how well she took care of, and treated her daughter so well. I knew that she was most compassionate, loving, greatest person ever—I wanted to learn as much as I could from her!

Grandmothers created memories by being the first person to do things: “Grandma took every grandkid on their first train ride—I went with her when I was 4 or 5 years old”; “my mother’s family is Hispanic and my grandmother was lively and fun—seeing her with all of her 9 siblings—occasions such as a wedding was the greatest time! They really know how to party and have fun”; and “Grandma was hilarious like Betty White—jokes and silly stuff. She was the funniest person I know....”

One MSW student told about his grandmother who didn’t know him well as she had 120 grandchildren! He spoke of her having “a garden and it was lined with rocks—each of which had one of the grandchildren’s names on it. This is how she kept track of everyone.”

There were accounts of grandmothers who were not loving and inspirational, some due to the generation they grew up in, the responsibilities they had, and their difficult life

circumstances. A few described grandmothers who ‘at their age’ are not going to change, are bitter, racist, and/or conservative. “Grandma experienced losses due to suicide and addictions which had a huge impact--these circumstances helped bring clarity to what their/her struggles were, but did have a negative effect on her, which in turn affected her family.”

And one who summed succinctly:

Grandma presented as a bitter cynical woman. I don’t know if it was her background, where is she is from, how she grew up. She was a mom very young; she took care of her cousin and siblings and this in turn affected how my father was raised. There were not many people of color near them. The first time she and her cousin saw a black person was my husband and they just stared—not knowing what to expect.

Grandfathers

Stories and discussion about grandfathers were as prevalent to those of grandmothers; yet some were more dramatic and colorful. For example, one participant who moved from another country talked about going with his grandpa to “his allotment (in England) which is a rented space that is used for specifically for gardens. The experience and the value of working with his grandpa and learning how to garden is something he will always appreciate.” Other participants talked about their grandfathers’ patriarchal roles, careers, and how they were impacted; “My grandfather was the principal of our school, and it was like the song—he would open up the gym, and teach us how to read, and really focused on us.” “My grandfather just passed away—he was my most *positive influence*—he was smart, knowledgeable, shared many wonderful stories.”

Other accounts of the role and influence of grandfathers were:

Grandpa was a teacher, writer, and photographer. He had an office—generally we didn’t talk to Grandpa—he was always up in his office. Mom thought that he treated his students better than he treated his children—he will live until he’s 120. As an adult I am more comfortable talking to him, inquiring about what he is working on trying for a relationship with him but he’s ‘this is what I know and not what you know.’

Grandpa was always a happy guy he always wanted to talk to everyone around him. I moved in with him after my father died; he always wanted hamburgers and French fries

so I would cook for him—I just wanted to be around him. Both my grandparents were sick for a while and when Grandma got ill, he took care of her for years, and then she took care of him, so I am just now aware of the older adult piece.

Grandpa worked for my dad who was a pharmacist. He worked as the door man and he watched all the kids so they wouldn't steal candy. He would follow the Black children down the aisles... Grandpa was somewhat of a racist—he had a tendency to target or stereotype Black children as delinquents, yet ended up being admired by many. He did have a heart of gold and I very much respected and revered him.

Clearly significant (judging from the reaction of the group) was an account given of a grandfather who was a Holocaust survivor. The participant told us:

I remember seeing the bullet wound from shrapnel on his arm—he was in Dachau, he was the only one of his family who survived. He came to the U.S. knowing no English but did know four other languages. He was able to recreate a life and go on and to smile—I learned what the Holocaust was from him—whenever my grandfather would be smiling I'd mentally question his smiling—what is there to be happy about? Because I knew all that he suffered.

In addition to those who spoke of their grandfathers as role models, there were those who talked about their grandfathers as being somewhat of a conundrum—their actions and communications were somewhat puzzling. For example, “I like and admire my grandpa from afar—when I started grad school he said; ‘what bullshit is that?’ I told him its social work and he said; ‘so it’s bullshit.’ That’s his perception—I imagined him responding differently—he was an executive at a major corporation in the 1960s—I’d like to talk him but he’s intimidating”. Or, “Grandpa loves my brother and my dad so much that they can do no wrong. Grandpa is really religious and my brother is doing missions overseas—he makes it clear that my brother is the chosen one.”

Another example is:

When I tell Grandpa I am living here he'll compare it to being in Fort... (A military based city). He tells stories—I listen to the stories, I listen and he talks, he doesn't ask me about my life. As was mentioned earlier, my aunt has cerebral palsy, and before Grandma died he never did anything—he's now 80—never had to make a sandwich for himself—but he's doing it now—he's making fish sticks and whatever else—for my aunt. Even if

you live one way your whole life and then when you're 80 you have to be responsible for someone else, knowing that someone has always done it for you—but you do. I have a great relationship with my aunt and Grandpa acknowledges I am close to her.

Seeing the more human side of an older adult is hard, especially when they are grandfathers showing vulnerability when their strength lessens—seeing them as someone who was ‘always strong’ and having the ability to make things okay. When participants talked about seeing their grandfathers show emotions such as sadness, anger, hostility; this changed the tone of the focus groups and their demeanors. “My (step) grandpa committed suicide when I was a freshman in high school—that hit us really hard—and it made me really appreciate grandparents.”

One mentioned how difficult it was to watch her grandpa deteriorate after her father (his son) died. In three of the focus groups, grandfathers were talked about having drinking or alcohol problems. Watching them drink to excess impacted the participants, as well as their families: “Grandpa has been an alcoholic my whole life and never knows when to quit...I see the health impacts of that and the stubbornness of this age group.” “My grandpa scared me—he was a violent alcoholic who abused my dad and his siblings.”

More significantly:

My dad's dad was abusive to my aunts so there was a weird dynamic—when he would come visit us he was like a ‘scamp grandpa.’ My mom and dad told us in case he was aggressive and that we cannot be alone with him—this was difficult to know about your grandfather.

My grandpa got sick. My family shielded me from his sickness which I am pretty upset about because I didn't have a last experience with him after he got sick. Then he broke his hip—I always think of old people and breaking hips and had never thought of him as fragile.

Other Relatives/Family

Other relatives most often mentioned, who had significant impacts, were mothers and mothers-in-law, aunts and uncles, and great aunts. One participant mentioned her mother, who is 68:

Mom is definitely aging—one thing I have noticed is that she is embarrassed to use her age—like when we eat out—she won't order off of the senior citizen's menu. In one restaurant, the senior menu was combined with the children's menu which made my mom feel even worse—she said; “are you kidding me? There is a picture of a lollipop on this!” She is uncomfortable that she gets a discount when she goes out, but part of me feels like she deserves it. She is almost 70 years old, has lived a long life, and she deserves a discount everywhere! She has been through a lot—I want to tell her to ‘own it.’ You’ve lived a life; you have experience and knowledge like no other person...

Another notable encounter with a mother-figure was:

My mother-in-law is 66—we were talking about aging and I asked her; when am I going to feel like I'm grown up? I don't feel that way and I don't feel like people perceive me as an adult.” She said; ‘I feel like I'm 16—I look in the mirror and there's an old woman—so I don't know—I know I am getting older but still feeling the same...’

Aunts, uncles, and great-aunts also had positive impacts.

My aunt, my father's oldest sister—she is quite a bit older—was like a grandmother figure to me; she was fabulous—one of the most caring individuals I have ever met. In comparison, but my uncle was quite the pill he had an opinion on everything, Fox news everywhere, overall he was a good guy, but kind of hard to have your opinions around him, we weren't as close...

Experiences and memories of relatives were often combined with a nursing home or facility where they lived:

I remember visiting my great aunt—it was in those days where in a nursing homes and hospitals didn't allow children unless they were 14 due to childhood illnesses—and I remember thinking; wow, I'm old enough to go visit Aunt Janie—those were the rules back then—and it was like a rite of passage to be old enough to go into the hospitals or nursing homes and see relatives—so at age 14 to go visit was special.

Another participant in that group also felt comfortable visiting relatives in long-term care facilities:

My great-aunt lived in a nursing home as well. She stayed at home as long as possible but due to worsening dementia her daughter couldn't take care of her and moved her to the nursing home—I was never scared, it was good to visit her. I remember attending her aunts' and other relatives' funerals—they were not scary things even when I was little—it was something done to honor a person.

One very memorable story (for both her and group A) a participant told:

My great aunt was a nun and she lived in the convent that was attached to my grade school. I would go over there and hang out with the nuns—over the course of years the nuns were all getting older—it was an amazing experience for me having relationships with my aunt and the other nuns.

As this participant brought up having a relationship with nuns, another participant shared:

I used to work at a convent with older nuns; they were “really cool.” I connected with this one nun in particular—she wrote me a recommendation for graduate school. She was an advocate for peace and justice—she had a library in the convent and books on social issues and social problems, something we connected on right away. We went to a protest in Georgia together—even now, at age 87 she still goes every year. It is so amazing to see someone who still lives their dream (of social justice), even being older you know—and a bad ass...

Friends/Neighbors

In all four groups participants' had many close relationships with relatives; as well as, close relationships with older adults, often friends or neighbors. These relationships were highly significant as the participants chose to develop them—they were not “obligated” to spend time with them; like with grandparents or other relatives. For example, one participant, a student, talked about a man she met while working at a golf course:

I met him while at work and we became very good friends. I would have breakfast with him and his wife; I would go to their home and visit with his wife when he was out of town. Knowing him has changed my perception a lot as he's so smart; he knows over 100 poems that he can recite, he is active and walks the golf course every day, it has been a really positive experience—so to see someone who is older and really healthy—and who I could have a relationship with is a really good experience. I didn't have a close relationship with my grandparents seeing them once or twice a year...

Or the participant who said:

In high school I was close to an elderly lady—she was 94. She told me about how the parties were with the dancing, bars, men, music, and swing dancing. How alive everything was back in the day—must have been in the early 30s! I was born in the wrong decade!

And,

There was an older gentleman in the town where I grew up, and I have known him most of my life—I love him very dearly. He was a role model, a coach, and a very loving man.

Growing up there were older neighbors we had many ‘good’ interactions with—in my mind I perceived them as elderly—the people we interacted with were probably in their 60s or early 70s. My relationship with my grandparents was more estranged due to living in a different state, I was fairly young, and so I never had a good familial relationship. I remember there was one of my neighbors who moved to a nursing home and we went to go visit her.

Another participant talked about how someone ‘seems to be’, is not who they really are, as she described:

We had an older, cranky neighbor who seemed like he hated everybody—we needed to keep the music down and mind the dogs so he wouldn’t yell. My boyfriend and I started talking to him and then later we saw this old man out there shoveling our walks in the snow and we were like ah hah! He’ll take the leaf blower and clean all the leaves—he is a really sweet man—it is just about opening up to older people—and that is something that I struggle with, but often after I do, it is worth it.

For some of the participants, their parents encouraged and planned interactions and relationships with older adults when they were younger. This was due to the idea of giving back, getting out of their comfort zone, and learning how to build relationships with neighbors or people in their community.

When I was 9 or 10 years old, there was this older couple who lived next door to us. My mother always badgered me to visit as the man was housebound and alone a lot. My mother, she didn’t force me but was always bothering me about going ‘round to spend time with this old man. I was reluctant—did not want to. Eventually I went ‘round and he taught me how to play chess. I went ‘round every weekend to play chess—I really enjoyed the time I spent with him—it was a very positive experience.

And another example:

My parents would have my brother and I make friendship bracelets and bake cookies—and take them to different nursing homes and give the bracelets and cookies that we made to the residents. I remember it being a scary experience—the smell of urine, oxygen tanks and things that were foreign to me. Yet there were people who really stood out and were wonderful to get to know. It was both a scary and special experience. I put a lot of energy into making these cookies and bracelets—getting to meet people and seeing joy on their faces. That was a special experience that we were introduced to; the idea was my dad's, he's a social worker—both of my parents wanted to give back, get us involved. We lived far from grandparents—I never had much of a relationship with them. Certainly I look at other people who had families they spent time with and I think we missed out not having that experience—it is a precious relationship to grow up knowing your grandparents, so this was a great way to fill that void and be involved and have connections in different ways.

Reflecting on neighbors and people in the community provided positive experiences with older adults:

Growing up in a small, predominantly Catholic town older people showed affection to everyone—they were always kissing you on the head/cheek; even when a person had died the older adults kissed them on the head. It was never scary. It was never forced or explained, but I understood that it was the culture—it was a natural progression of life for me.

Mentors

Most (over 80%) of the focus group participants graduated with their bachelor degrees from CSU in social work (BSW). One of the undergraduate courses matches students with mentors who receive services from community agencies. Some of the mentors, involved with the course, included residents from long-term care (nursing homes, assisted living, or independent living facilities) whose clientele are older adults. From these experiences, the participants made these comments:

I had an older woman for my mentor who lived in a nursing home—initially we didn't get along. I had to push aside everything in my mind to rid myself of stigma and just 'start fresh'—I needed to listen to her--and what she wanted to do—we got along really well after that.

I had never worked with the elderly so for my practicum I wanted to do something I had never been exposed to—I found the setting of the nursing home to be sad...the experience with my mentor was important though.

I was never around old people. In one of the social work courses we were required to work with a mentor from an agency, I thought—oh great they're going to put me with old people or kids. I'm the type of person that doesn't want anything to affect my GPA so I decided: I'm going to go out and do it--see if I could do it--I got a job at an independent living facility and loved it—that is what changed it (my attitude). Later when I was assigned a mentor I had experience and was very comfortable meeting with her in the assisted living facility. My family is relatively young, we all had kids young and I didn't have anyone older than my mom in my family—it was more of getting a job and working with an unfamiliar (age) group that were strangers.

Work/Internships

Another area the group participants had experiences with older adults was in their field practicums/internships or their work settings. The participants who hold BSW degrees had to complete an internship as part of their program, and those currently enrolled as MSW students when the focus groups were held (Groups A and D) were in a graduate-level internship. Those graduates in the HPPAE program (groups B and C) had completed a graduate-level internship. As explained earlier, some of these internships were at agencies with a specific focus on older adults; others did not have this specific population group as the primary focus. However, the student participants did gain experiences working with older adults while at their internships. The participants shared some work experiences (current and previous), which were both positive and negative in relation to working with older adults.

My MSW internship was with the County Housing Authority. I was working in buildings that were residences for individuals who were 55 and older and low social economic standing (SES). My duties included visiting them and helping them with resources—I just loved it—that's why it is hard to articulate—you want to know why we treat them how we do. What I got out of it is that the younger generations don't think about aging; don't want to address the issue of aging, so they ignore it. There is a gap so the generations don't mingle with each other--I think that is why I liked it as it starts with my generation. Grandparents live in a different state or families are split apart--so whenever I volunteer at the senior center I take my son so he can understand the reality of societal segregation. I see this gap that people aren't hanging out with older people--and it makes me feel good working with older people—kind of filling in that gap.

There's a memory care I visited while doing my internship—care providers learn hair styles—from 'back in the day'—twists, the bouffant, pin curls, etc. there is a woman who has a picture of herself from her 20s—her hairstyle is the same today. This is a source of pride for her as well as her identity; so when she looks in the mirror—dementia or not—that's her.

As mentioned, participants (groups B and C) currently work in social work agencies.

They talked about the impact their work experiences with older adults and their families had on them.

I've met a woman working at an assisted living facility—she is 55. She owned a liquor store—and was one of the first African American PhD students who studied the AIDS population in the Bronx—at 55 she has full-blown dementia. I know people who are 80 and are running marathons. So it does depend on their situations. It is often a difference between chronological versus biological. I know 45 year olds whom I consider older adults. The way their situation is and how they live and their quality of life—I know people who retire at 40—are they considered older adults because they are retired?

We have a little terrarium at work, and one day I walked past it and there was this woman who was staring at it. She grabbed my arm and said; 'that's blooming.' I looked and in the corner there was this tiny flower. She said; 'I have been sitting here looking at it for over an hour and it is so beautiful!' That is how you live to 104—you appreciate the little things. Some people not only age, but die. This is part of what I see where I work, how the residents meet the end with strength and resiliency. There have been some women who have flat out said; 'this is the last time I am going to see you, and thanks for all that you've done.' I think it is a very powerful conversation to have with people when they're in their final moments

I work with people who have gone from a memory of a house with no electricity to the first landing on the moon—and now they 'Skype' with grandkids who are in India. They have lived to see the civil rights movement to a Black president—the things that they have seen in their lifetime, watching how it affects different personalities and how people choose to come to the end of their lifetime. These are people who have experienced history that we will never be able to experience. It is an honor for me to know and work with these individuals who touch my life.

These experiences, as well as the others, may serve to remind us of the limitations of labels; when we define someone by their age rather than their life experiences or what they have accomplished or witnessed we limit how we can benefit from them—as individuals and as a community. Similar to the above, another participant mentioned working with older adults:

Force us to take off our lens—we live in a technological age. I work with people who are labeled as hoarders—they keep medicine cups—to them the cups have a purpose and it is their right to keep them. I don't care that the staff have a problem with them or think there is an issue—for her/him it has a purpose. They remember when things were scarce—why would you throw it away?"

Echoing this was:

All of the circumstances that they have been through—this generation have seen everything from no TVs to pocket TVs to huge changes in technology mixed with memories and reminiscing of events and their excitement and confusion with cell phones and computers...

In another light, older adults have demonstrated endurance, curiosity, a sense of calmness, and a sense of humor to the participants.

Recently we had serious flooding and severe rain in the area. I work at a nursing home/long-term care facility, which happens to be situated on a hill, and even though the residents were safe and calm, their families were freaking out and calling. A couple of residents wanted us to take them down the street (where the water was) so that they could see what was 'going on.' And we answered; "seriously?" you won't stay dry—going outside, and they said; "we are going, we need to get out of this environment for a while! We took them out and a police officer saw us and seemed confused; "what is this woman doing?" I insisted they wanted to go check it out. The residents said that this will be fine, we have seen much worse! Their calm demeanor calmed down the staff, and telling their loved ones; "honey, calm down, stop calling, I'm okay and trying to take a nap!

One thing that came up in each of the focus groups was working with clients who had issues with drugs and alcohol. Those who talked about this issue held the belief or assumed this will be seen more and more in those 55 to 64 years old as opposed to those 65 and older.

Assumptions were that this group is part of the "baby boomers" and the use of alcohol and drugs was more prevalent or accessible in this age group.

I work in the area of substance abuse and intensive residential treatment-correctional setting—with clients who are 62 and up and have been in prison for 10, 15, 20 years—I've got someone right now who is in his 60s; he was in prison for a long time and grew up as an adult in the criminal justice system. He recently was released but still struggles with substance abuse and there is no place to refer him. Actually there are many clients who are in their late 60s, are impacted by substance abuse—these are older adults in the criminal justice system when people hear the terms "prison and felons and addicts," often people think of middle age or younger adults—unfortunately it is not widely known that

there are older adults who are afflicted with many things, and who really knows how institutionalization has had impacted them.

Another participant echoed the above sentiments:

Substance abuse and mental health touches older adults just as it does every other population--just like with the GLBT population and older adults. It is about rethinking our perceptions and figuring out what we do when you have 84 year-old men with alcohol and drug issues and the problem isn't being addressed and no one (facility) wants to care for them.

With substance abuse and mental health issues, stages of decline and dementia in older adults were seen at many of the social workers' places of employment. One of the challenges professionals face is working with the families of the older adults, who may have an influence on the care of the older adult and the work for the social worker/participant.

One participant, an alumna, talked about her work with a woman whose husband resided in a long-term care facility where she works "the husband's dementia caused behavioral issues and he would get violent with his wife—and she talked to me about how it would be so random. And he was so happy—I remember him smiling like Santa—and dancing when he came in the room. It was hard to think of him as getting violent." The wife was very frustrated that the participant did not see him as she did. This was echoed by the comment: "one of the many difficulties with older adults who suffer from dementia or decline is that we/I didn't see them as middle-aged adults—nor as they were before like their family members did—to see that shift in them." Or "the older woman who would swear like a sailor, who had never before cursed in her life—or would tell someone where to go....when she has one of those moments...it so distressed her family." Another examples was the "little old lady or man that was in bed with somebody else, after they've been married for 60 some years... and trying to 'explain' this behavior to their wife/husband as not uncommon due to her dementia and not living at home anymore."

Another participant talked about the “adult children of a resident who felt their mom’s relationship with another woman was neither appropriate, nor acceptable and threw fits, their dad would visit sometimes—and life was good then too... The kids were ‘yakking and complaining’ saying do something about this!”

Careers and Gerontology

The third subject discussed with the participants was how they arrived at the decision to choose social work and then how they chose their area of focus. Three of the focus groups (B, C, D) showed some level of interest in social work with older adults either in their applications for internships or in their current positions. The fourth group (A) was made up of MSW students who did not want to work with older adults. The participants of this group were clear on their desire to look for careers outside of gerontology/aging. Their comments showed they understood the need for social workers with that specialization and knowledge, yet showed resistance; there were some exceptions in situations where an older adult was part of a family system or their caseload by coincidence.

Reasons for choosing an area of focus other than older adults/gerontology ranged from meeting other social workers and professionals who seemed unhappy with their work with this population, uncertainty about job duties and responsibilities, lack of exposure or information about careers or settings, poor experiences with older adults, and viewing aging as negative and/or not getting past misconceptions (and fears) of aging.

One MSW (group A) participant said:

The social worker in the nursing home was always busy—he could never respond to us. There was minimal direct contact with the clients from him. It’s the nurses and staff who did that. In addition, I saw a lot of neglect (of the residents) and just would not want to be in an environment like that every day.

This was echoed by a participant who had difficulty thinking outside the box and felt jobs were very limited:

Have you ever seen a social worker at the senior center or in a healthy setting like at the local health club? My perception of social work is that they only work like in hospice, hospitals or long-term care. I know that hospice isn't necessarily 'only' old people—but overall I think of hospice and hospitals as more of infirm kind of situations...it's just hard work, isn't it?

There were misconceptions and uncertainties about a social worker's role or job. Four of the participants' responses were similar in regard to the role of or the job requirements of a social worker in aging/gerontology. For example, "working with older adults is nurses or doctors not social workers—I never realized how much a social worker could do for the older adult population." Or, "I think that I have a totally misguided perception of what it means to be a social worker with gerontology population. Everyone mentions that there are many opportunities in this field and you'll always have job security but what are they?" Lastly,

The need for companionship and/or care when you get older is a reality, but it is not opening my eyes as to the fact to what a social worker would be or can be with an older/elderly person. To me a social worker for an older person is still primarily a caretaker and a resource provider that won't even be providing directly to that old person it will be provided to the next caretaker who's coming into the picture to take care of that person or in that hospital, or wherever the case is.

Another factor dissuading students from gerontology is lack of exposure and awareness of settings available to positively work with and interact with older adults. The student who had a positive relationship with an older man had hopes that settings could focus on healthy aging, she mentions: "if I knew about jobs that were focused on older adults who were active and had good lives—like the golf course...I don't know what position that would be—if I knew about those positions I would be much more open to doing that."

Fears of aging were due to their own parents getting older and the reality they someday may need assistance or services was unsettling.

My mom just turned 59 almost 60! I don't see her as old--she is mobile, rides horses, works full-time; she is a tough, bad-ass woman. Just to think of her in a home is insane, it totally changes my perspective and makes my stomach turn—having an older parent changes your perspective--it's still that older thing--that bracket.

Although the reality of her mother or anyone's mother turning 70 or 90 is possible, this thinking is universal; when it is your own family member, care and assistance take on new meanings.

From a different perspective the MSW participants were aware of their own "limited" awareness and wondered about the possibilities of a focus with older adults. "I was not exposed to it as much as I can be and I tell people that if I were a smart social worker I would work with the older population because I know there is good job security and it would benefit my career—if someone forced me to go for an internship that might change."

There were two additional factors which impacted the MSW students and their work with older adults. These factors share similarities as each avoid older adults because of negative influences or give credence to the stigma of aging. Role models in both work settings and their personal lives were discussed:

I chose social work because of watching my mom struggle with (all that) stuff throughout my entire childhood, and the issues I went through as well. It was the lack of closeness with my grandparents—has not inspired me to work with this population.

If my grandparents had been around when I was little, and took us to do fun things, or if we found things in common, it would have been awesome. I wouldn't hold stigmas about the elderly and not being 100% sure with it. It is the same where I work if older adults come in I try to get along with them a lot and I have been working on getting past the mentality and that 'older adult' stigma.

Finally, all of the MSW students were confident with choosing social work as a career and were hopeful to work with a 'population or societal issues' that had been sources of inspiration or those they felt of most influenced and challenge. Having a positive interaction with a social worker or helping professional motivated participants to choose social work. "One of the reasons that inspired me to get into social work was the social justice framework that the nuns

operated from and that was just so evident in their everyday lives with discussions that were very rewarding.”

... as a teen I watched my mom go through many struggles (her father was very abusive) and her insecurities, low self-esteem--that's what really pushed me into social work and working with women and their fragile identities and insecurities, and not losing that because it is a male-dominated world. As much as we say that it is not, there are still a lot of factors that point in that direction that we don't always see. These struggles my mother faced as well as, what I struggled with as a young adult, this is why I want to support others with similar issues.

Similarly,

My career path... was based on my experiences and what I went through in my childhood—and a good interaction I had with a social worker when I was a teenager so it didn't really have a lot to do with older people and I think that is why I chose to work with children.

It seems like it would be more challenging (working with older adults) just because most of us are going into something we know—I want to work with kids I've always worked with them before—that is what I know.

A transition did occur for two students who mentioned they could see a change in their 'preferred' populations and were open to changing their focus.

The energy that you get from young people—I don't think it is necessarily feeling like I don't like old people, but it is shifting more since my parents are in their mid-60s now—totally mobile, and 100% great—but approaching that age where it may not be great for another 15-20 years...

And lastly,

As I age, I see my parents aging, so it becomes more attractive to work with this population. I think about how I want my parents to be treated and that they deserve the dignity and respect that I hope they receive from the caregiver or the social worker.

The other three focus group participants were very clear in their paths, both in their career choices and in working with older adults. The themes most prevalent in their responses focused on challenges in the work, participants' interest in this population and use of social work skills,

older adults whom they admired, other professionals, job security, and the need to provide care and assistance.

Within the first sub theme, challenges in work, participants gave responses such as “I started in assisted living working nights and moved on--never seeing myself working in geriatrics. I had an MSW internship working at Catholic Charities and thought ‘this is great here.’ I am now an ombudsman for the county—it is challenging, complex, and an honor to be able to help.” Another participant responded:

I was at Centre Avenue Health and Rehabilitation which I dearly loved as it was all medical. It was challenging, complex and so much of what I did there I do now in my current setting at the Regional Medical Center. In this job I am referring patients to the skilled nursing unit and rehabilitation centers. When I meet with my social work team in our morning meetings--they ask; ‘what should we do with this individual?’ And I say--this and this is going to work and this is who you need to call and these are the facilities... I know this as I worked with older adults in the ‘other realm’ (rehabilitation-post injury and long-term care). Having that knowledge has helped me so much, which then has helped my whole team and the facility that I am at now. Many times we refer people who need LTAC--(long-term acute care). Where they go depends on their needs. Meeting those needs can be challenging but so worth it.

Along with feeling challenged came the perspective of being an advocate and a broker of services for older adults. One of the participants talked about her internship at Meals-on-Wheels and developing a program specifically for the people they served.

I started a program within Meals-on-Wheels—I went with the drivers to deliver meals to do assessments and set up home visits if needed/requested. If there was a concern I made a report to adult protection or gave referrals for other community and services. Unfortunately there were people who ‘lost’ their meals/services due to my voicing or reporting concerns—oftentimes when their family members (typically adult children) learned I was doing home visits and talking to the clients the family became defensive and refused all assistance. It was very frustrating!

The overall message from the participants was that they felt challenged in the work. This, along with an interest in the population, and the development of skills needed for the specialization often went hand-in-hand in their responses.

I always wanted to work with this population—I wasn't interested in working with children--put me in a room with them and it probably wouldn't be good! But yeah, I always wanted to be a hospice social worker and work with older adults. In addition, I ended up learning the elements and skills needed for SNF (skilled nursing) and how it relates to social work.

Another participant explained how she is “literally” drawn to working with older adults and feels it is her calling:

I feel like a magnet—wherever I go older adults are drawn to me—I'll be at the grocery store and there will be an 80 year-old man who will just start talking to me. I am always approached to have conversations with older adults. It wasn't anything I noticed until my boyfriend pointed it out to me. It has taught me that I use more social work skills when I am not thinking about it—so it definitely works and I am glad that I am in social work.

For some, the path or focus was not as straight-forward, they arrived at the decision to work with older adults experiencing some bumps in the road. One participant mentioned that initially, she was planning on a different career focus, but that was changed:

It is interesting—when I applied to CSU it was my intention to work in probation—or focus on addictions. For my field placement I was placed at Catholic Charities Northern—this placement changed my mind and I realized it was good to go into geriatrics. In your (she signals to facilitator) conversation with me, you talked about just being open to new experiences and new things. Being at Catholic Charities and working with the older clients and the dynamic woman who ran it—just having the opportunity to try new things. What helped was I knew this place could give me/teach me the skills needed—different people can teach/give you skills—whoever is working with us/students can make a difference. Ultimately it changed my life path for the better!

Similarly, another participant who also was unsure of working with older adults, commented:

Pam called me and asked if I would consider working with the HPPAE grant—I agreed, and I am definitely grateful for it now, and although I am not primarily working with older adults now, I have older clients. I have a passion to work in mental health and substance abuse, and I hope to one day work with veterans and combat trauma. I know that will include many older adults. I will definitely use the skills I learned.

As mentioned, the participants from focus groups (B, C, and D) cited an interest in the population and the skills they could develop, but what was most appealing was having an “area of specialization” and competence. The HPPAE participants spent a great deal of time talking

about the program. For example; I asked each group why they applied to be part of the grant and I received these answers: “the opportunity to get any extra specialization or education that would push me forward or ahead of anyone else- seemed like a good idea.” {So if it had been with adolescents or single moms or domestic violence would those have made a difference?} “Yes—it was the content—but I wanted to work with older adults—it was the subject matter and the population.” And another, “I always have had an interest in gerontology. I came to the school of social work because I love being with and working with, older adults. I did the HPPAE grant so I could focus my course papers/assignments on older adults and was able to use research (that I probably would have done on my own just because I was interested in it) and then it counted for class work.” Lastly,

I was placed at Pathways Hospice and which was great—I actually did both my undergraduate (BSW) and graduate (MSW) placements there—because you had private case management for one semester and the second semester was with grief and bereavement. It allowed me to see both sides, participate in the group element and shadow the staff. Pathways’ goal is making sure that you knew what interdisciplinary meant; so being with the nurses, the CNAs, the social workers and the chaplains, and being able to spend time with all of them—promoted understanding all of the roles. I would have chosen a geriatric setting or hospice if HPPAE wasn’t available--even going into the BSW program I wanted to be a Hospice social worker.

It was wonderful to hear HPPAE participants’ voice satisfaction with opportunities it provided. In both focus groups (B and C) the sentiment expressed:

I wanted to build on my career—and found the geriatric fellowship (HPPAE) as the most important part. I choose to go into it for extra knowledge and wanting to be more marketable. I definitely had a strictly long-term care sense of social work services and the fellowship really helped broaden that—I still use all the different contacts that we made, for example, if you have someone walk in and say this is what is going on and I think I need a tour or want to inquire about assisted living I might even say you do not need to be here; here are all of the resources—you call so-and-so at the office on aging or whomever—is the person to contact. I was able to build on because of the fellowship...

And,

They had us do two field placements, ... I was placed at one was at the Alzheimer's Association (macro) where I did a lot of community education and ran support groups, even folding t-shirts for a fund-raiser, had time on the phones... for the second placement I worked at the county mental health center on the senior team, which was a mobile unit that went out as clinicians to nursing homes and skilled care facilities, and that was my first experience working in nursing homes and clients' homes, which initially I wasn't comfortable with but was able to after doing it for a while.

Another student who completed an internship at the Alzheimer's Association talked about her experience:

I ran support groups for the caregivers, who were mostly men—their wives were primarily the ones with the disease—it was the coolest thing that I did—the men trusted my education and trusted the education behind the group—to watch them open up and talk about the difficulty of dressing and taking care of their wives who had probably been taking care of them for years—witnessing the camaraderie they build with each other and letting me be a part of that was wonderful.

Along that idea of trust, one of the participants talked about her internship with the Housing Authority. She “was working in apartments and areas which were strictly for those 55 and older and of lower (socio-economic status) SES—it was so important to just go and visit them and help them with resources and see that I could make a difference for them, no matter my age or level of experience...”

The last comments from HPPAE group participants are almost identical in their dialog about why they chose gerontology and their appreciation of the HPPAE program. They mentioned being unsure as to their career direction; but knew they wanted marketable skills, a specialization, and job security. My question to them was “when you were coming into the (MSW) program, what made you decide to become a Hartford fellow?” In their replies, participants from both groups indicated they were interested in taking classes in gerontology and, with a little encouragement, good information, and statistics on the numbers of aging adults, they decided to look further into a specialization.

I transferred to CSU... I was with the social work cohort, yet I still needed more credits, so I talked with my advisor and we went through all of the different options, and I took a gerontology class. The professor told us about the gerontology certificate and/or gerontology minor, and I heard bells—‘ding ding ding’—that would be perfect! I looked at it as; even if I didn’t want to do it later, it would be good job security—which it was. By reviewing the statistics and the numbers of the baby boom population I knew that I would always be able to find a job even if didn’t turn out to be exactly what I wanted to do, it is still job security. It has been very interesting and I am glad that I completed the program.

A second student mentioned much the same thing:

At the same time as I was taking gerontology classes, I was practicing it in real life and I thought; ‘wow’ you know light bulbs—this (population) really needs help and... attention. Plus... I would always be able to find a job and have job security I finished my BSW program and that is when I talked to you and you told me about the HPPAE grant for the MSW students.

And finally a non-traditional graduated student shared:

I did a practicum with Fort Collins Good Samaritan for the certificate, and I had a couple of elderly friends I was taking care of because their family was out of state. I have had friends die while under hospice care so I knew I wanted to be a hospice social worker. I always knew that I wanted to work in this field I had done so much throughout my life and it was a process—I thought, well I’ve done that, and that, and I don’t want to do that anymore and you know I knew this was a growing field of need, so when this program opened up I applied and I got the GTA position for the HPPAE grant. This was wonderful!

Role models/people whom they admired either in the older adult population and/or other professionals was the third theme identified for the question about career and choosing gerontology. Some of their choices were made after meeting older adults who they admired or after working with other professionals and feeling this was a good career choice because of the impact these professionals had. Some witnessed social workers ‘in action’ and entered the MSW program because of their influences, then stayed because they found it was a good fit. Others found a sense of camaraderie or belonging to an agency or a ‘population’, which is often paramount to staying with a job/career and feeling you make a difference. Role models are key in any area or profession, and the ones mentioned certainly had an impact:

My mom is a social worker so I have seen/been exposed to a lot of different fields in social work (i.e., child protective services, drug and alcohol counseling, corrections, at-risk youth)... this was all while I was growing up. I would go with her to work, and when I got older and taller she would take me with her to a half-way house for her own personal protection—but when we did visit she never introduced me as her son. I have always ‘been aware of the underbelly of society’ if you will...

Similarly, another participant talked about her mother’s and grandfather’s influence on her career choice and area of focus:

My mom encouraged me to consider social work. When I got to CSU I was interested in teaching but mom said; “why don’t you look into the social work program? “ My mom isn’t a social worker—should be—I took two classes one in teaching, and one in social work and followed thru with social work. I thought I wanted to work with kids and may in the future, the first time I worked with older adults—was for my field placement at Pathways Hospice, for both my BSW and MSW. What drove that placement was my grandpa being in hospice and having had that experience with him. It was really good and I wanted to be on the other side and give back to others. What developed was a love for hospice. Initially it was scary choosing hospice as my field placement, but I really love it—this is where I need to be.

Another mentioned changing majors due to positive role models:

I was in Consumer and Family Studies /Home Economics to be a teacher—to cook and make quilts and pillows! My mom is a hospice nurse on the in-patient unit at a local medical center and one of her friends is a CNA. She is the person who you want to be near—she is that ray of sunshine—she walks in and you’re like- oh hi! “How are you?” she has positive energy—I became interested after watching her “light up” when she talked about the people in Hospice. I looked into bereavement counseling but changes in Medicare reinforced having a social work degree versus a degree in counseling, and I knew I didn’t want the nursing side. I am happy as social work is more versatile; both my mom and a counselor at the hospital where I completed my field placement, said that I was a born social worker!

Other staff members and clients served were also role models. Participants talked about how the people they worked with and “for” made an impact, both for what they were doing and for faith in humanity. Earlier in the chapter (under experiences) I made mention of someone who worked at a long-term care facility and how the residents wanted to go outside and see the flooding in parts of the city. She talked about their curiosity and how the whole situation was

handled by the staff and the residents, which renewed her conviction that she was in the right place working with the right people:

During the flood the residents were clear with their families that they were safe and cared for—not floating away, and just their calm demeanor—evidence of how facilities and how organizations—we have regional managers in 24/7—we were just prepping and emergency planning trying to get staff there, and some staff were stuck there and that was okay, and we were told that we could stay at other staff’s homes if we needed too... all the shifts are covered we have everything we need’—it is just that commitment and knowing people there and the staff members who may be worrying about their own personal homes, and their families—but it is that place that it is not just a job it is a calling. And everyone from the dietary aides to the housekeepers—who could be there was there—we just picked up and did whatever we had to do. The residents wondered what all the fuss is about and what are all these people doing here? What is our administrator doing here at 3:00 in the morning?

Other participants shared views of how the staff and residents made a career move ‘easy.’

In the MSW program I was placed at Windsor Health Care—It was the people who were there, the nursing staff, and the residents who were there when I was working as an undergraduate and who were still there as a graduate student; and everything just aligned—which led to my job as being the social services assistant at Windsor Health Care—to see and work with people I had met, and I just fell in love with the agency.

There are men and women who are veterans, are not residents of long-term care facilities or hospice, and as older adults need support and assistance from social workers.

This is how I got into social work—working with veterans (he was in the English army for 10+ years). Being a veteran myself, I found a group of people that I could relate to who were trustworthy, and enjoyable to work with. I would always work with veterans given the opportunity to do so... that opportunity is what led me to where I am now.

There was another student who found his way to social work after serving in the military.

When I was discharged, I moved to Colorado—in talking to my fellow veterans (who I deployed with) they encouraged me to pursue a social work career as they knew that I could understand and empathize with them and I could also explain better ways of coping with their problems than the standard drinking and drugs. And then working with I guess the extreme—I don’t want to say the extreme older but the older populations, I just always had respect for my elders and that kind of bled into the veteran world and I would go out of my way for Korea, Vietnam and WWII veterans... the issues they have, how to approach them, etc. they have gone above and beyond the call of duty and should be seen as an impactful member of society. I think it is important to understand and respect those individuals. That is how I evolved into pursuing a career in social work and will be

working with veterans. As a social worker I will advocate for the field that I am passionate about so I continue to bring it up because I think that it is important to be part of the conversation.

Other comments from the participants related to people who shaped their career choice or solidified their work in gerontology/older adults included others' attitudes and even outlooks on their work.

I talk to friends/other professionals who also work with older adults--they tend to be more laid back and relaxed—and friends who work in probation or with adult offenders who have more aggressive personalities which works better in those fields. If I worked in probation with a laid back approach it could be detrimental and with their approach they couldn't work with older adults, and my approach would never work in probation and that is because of my personality. On the adult protection team there are both types of personalities—the fierce bulldogs that say, 'here is the line and you crossed it!' And the gentle 'tell me how you feel about that.'

Looking at the fourth theme, job security and need for social workers to provide care and assistance, it seems there is an overlap of this theme and the other three. I surmised this is to be expected both because of the openness of the question and when one participant shares an experience or story there are often other stories that were similar, because of the make-up of the group(s). What struck me most though is the profound genuineness and compassion for their work, their clients, and their commitment to the social work profession.

Social work for me is about human connections, the individuals who are involved, and your everyday life whether you are at work or home. What I value are individual connections. As a practitioner I go into every clinical setting as someone who is a learner—who can learn from the people I am working with. You can learn things from kids, but if you sit in a room with an older adult from a different generation and listen to them you hear incredible things.

Or “using your own unique perspective, then you can offer treatment or what will help them the most. It is all about being with an adult who has stories to tell and unique experiences that make them who they are. That is what interests and excites me and the reason why I want to work with older adults.” “Working at hospice I've never seen a field where people were so grateful you

were there—and the family and friends of the patients remember how much you helped them and people don't think working with people who are older and who are dying is great—but I love it..." The final comment from a participant summed it up.

Career paths are developed when we continue to challenge people, teach in the class about it or expose people to it. Unless you express how rich and how rewarding it is and explain the need that is there—you are not going to get people to buy into so you have to give the information about it. Working with an older adult... who is thought to not have much of a future—you do change the future by changing their perspective or by working with their family members; this is something that is not always acknowledged. One-half of my job is working with families. People who are in their 40s and older are changing their perspectives and that ripple effect moves downward and as the child grows it moves outward to the other family members you are interacting with through that older individual. I don't think younger social workers see that—they see the individual child you can help, they see the individual adult you can help, but they don't see the ripple effect and how you can make a lasting impression.

The next question asked was: "Did you get enough exposure to older adults and content in your bachelors' degree or MSW programs? What educational content about older adults did you receive?" Themes that emerged here were somewhat surprising. The reason for this comment is that there had been attempts, to increase focus on infusing content about older adults into (our) the curriculum, but content in more recent years/semesters proved to be insufficient. Even with the information that showed educators and other professionals the statistics; since 2011, 10,000 people a day are turning 65 and this will continue for approximately 15 more years, because of the baby boomers (those born 1946-1964). Further, there are currently some 76,000 Americans aged 100 and over, and the US Census Bureau estimates that the number of centenarians will increase to 324,000 by 2030, and to the astounding figure of 834,000 by the year 2050. Minimal efforts have been taken to explore career options with BSW and MSW students about this and the need to incorporate information into courses. The data and research show (Administration on Aging, 2010; Wang & Chonody, 2013; Whitaker et al., 2006) that the

U.S. now has 24% of the number of social workers needed to work with the increasing aging population.

What came out of the focus groups showed that those who were part of HPPAE did receive some educational content on older adults, because the HPPAE faculty required them to focus assignments and projects on older adults and because the students each had an interest in this population. Students took the initiative to learn, address, and experience this population's needs in internships, case studies, and research projects.

The lack of the course content was evident in the themes that emerge from the focus groups range from receiving no content at all to receiving minimal content/information. This was divided into two categories—some content and/or exposure in the BSW program and some in the MSW program. The participants noted there was some exposure or information through their internship or a BSW practicum class, some mentioned they were not informed of any classes or available certificates/ programs and were genuinely frustrated.

When asked, participants from the MSW groups (A and D), their replies about the content included “in our MSW? Since enrolling in the MSW program, we have not had any exposure or experience nor were any of the curriculums focused on gerontology.” {A follow-up question was: is there anything in your MSW classes—when you are in a lecture do any of your teachers say—“how do you apply this theory to an older adult?”} “Dr. D. has a background in gerontology and occasionally it would be tied to something and there be comments on how it would be tied to something but it is very short and brief. It isn't part of the class per se.” “As a class we haven't spoken about the aging population—besides the statistic of this being a good career to go into should you want job security.” “There were no readings, no assignments, nothing specific about gerontology.” “I remember hearing about it—not learning about any

opportunities or case examples.” And a few echoed this sentiment: “no—in the BSW we focused on kids—and in the MSW there was not any specific talk about working in gerontology or with older adults.”

As mentioned, the majority of the focus group participants held a BSW degree, many earned at CSU. I wanted to ascertain how much content or exposure they were given in their undergraduate program(s) and if so, what it was and how it impacted them. Primarily they received a minimal amount and those who wanted more, took the initiative to take specific classes or learn more from other sources. “In my undergrad I took the aging elective—I wasn’t interested in the other electives because that was where I wanted to be and I was only interested in older adults.” Some mentioned content in the social work diversity class and learning about cultural differences and how they related to aging. {So tell me about culture—what do you know about different cultures and their attitudes toward aging?} “We touched cultural competence in the diversity class. That was a good class where we learned... how different cultures treat and respect their elders, but there were no specific lectures or assignments that focused solely on older populations, as opposed to kiddos or families. We focused on individuals, families, and agencies, but we didn’t focus on stages of development, generally the levels of social work rather than the age demographics.” “Content in our BSW, Dr. P’s class was the only one where we talked about generational differences between cultures, it was inclusive of everything—that was probably the most that was ever touched on besides the social work practicum—if you chose that specific focus (to be placed with an older mentor); but generally it wasn’t specific to just older adults.”

Due to accreditation standards, Bachelor degree programs are consistent for social work in their curriculum. Students who graduated from other programs had similar undergraduate

experiences regarding the courses and the content in them; meaning they did not receive content on older adults.

I went to UW. In the cultural diversity class I learned the “most” on this population, this to me was more important than some of the other topics covered in the text/class that semester—much more time was spent learning about different races (African Americans, or Native American or Hispanic Latino populations). It was like an afterthought—here is the chapter on older adults, and it just perpetuated stereotypes about aging.

Another course at CSU that mentioned older adults included the Introduction to Social Work course. A student remarked: “the text covered the stereotypes about the populations—it did not address some of the opportunities there are in the career field or that it is not just about working in a nursing home. Maybe having teachers take that extra step to expand on the topic—it was a blip, as was the conversation about it.”

There were classes outside of social work that offered content on gerontology and/or older adults. Many of the students talked about these classes and their fondness (or not) of them. One was a course offered by Human Development and Family Studies (HDFS)—Death, Dying and Grief—all remarked that it was a great class. Interestingly, the college offers an undergraduate interdisciplinary minor in aging/gerontology if the students take three or more courses or 21 credits in aging/gerontology. “In my undergraduate program (BSW) I needed more credits, I talked with my advisor and we went through all of the different options, and I took a gerontology class. The professor told us about the gerontology minor, I saw it as good job security, so I decided to do it. I am glad that I did!” This student was fortunate in that she was informed of the minor, yet some mentioned they were not informed of any classes or the available minor. “I have a minor in gerontology with the HDFS department. But I was frustrated because I didn’t know I could do it until I had one-half of the credits needed. A professor said to me; ‘I have had you in so many classes—you should make it your minor’. My reply was ‘there’s

a minor? I had no idea!’ Other than the classes for the minor, there wasn’t any content in any of my social work classes. One social work professor taught an elective on aging, and I took it as it was required for the minor, but would have anyway.”

Others commented about specific courses and experiences: “I took a ‘Women and Aging’ class in my undergrad—an elective class—it was the hardest elective we ever had--it was pretty horrible. The teacher was interested only in research and this was the only undergrad class she taught.” “There is another aging class and I have heard terrible things about it—it’s frustrating—we aren’t taught much as we are with the other populations, you either take a whole class that is terrible or you don’t get any content at all.”

Outside of HDFS and social work there were courses in sociology (at CSU) and outside of CSU. Similar to what was taught in the diversity class, students learned about cultural differences in regard to older adults.

In a couple of sociology classes I learned about different cultures and how they treat their elderly population. The broadest statement you could say is that the individualist cultures push their elderly off as more of a burden, whereas the collectivist cultures embrace their elderly populations because of what they can offer/contribute. For example, Latino and Latina cultures live with their grandparents and the middle-aged individuals go to work, while the grandparents take care of the children and it continues when the children become the middle-aged people and the cycle continues.

This comment reinforces the importance of working with an ‘older adult’ and with family, looking at the generations of people who are the client systems as many families are ‘extended’ and work with one or two members impacts them all.

Discussion around the content in BSW courses led to one about the content in the MSW program. Certainly two of the groups (B and C) received some exposure and content because they were part of the HPPAE grant, which required they receive information and opportunities to attend lectures, trainings, and seminars focused on aging and older adults. The other two focus

groups did not receive this exposure and they discussed the minimal content in their courses.

Responses from the participants generally were similar to: “other than the gerontology minor (in undergraduate)—no we didn’t. I remember you did a presentation and Dr. Q presented to our class on working with the elderly/gerontology.”

Fortunately, as with the previous question (careers and social work), the participants who were involved in HPPAE were very positive about their experiences, but were not as positive about the content in the general courses. A summary of the comments included; “I participated in the HPPAE program and that gave us additional information, but the general educational content in class didn’t touch on anything pertaining to older adults at all.” “Initially, nothing specific—because we were in the HPPAE program, we were told we needed to do assignments with relevance to older adults as well as our program evaluation.” Other more heartfelt sentiments reinforced the need for more content in the courses and the benefits of the content from the HPPAE were:

In the graduate program I would say that there were times that I would build on some of the other ‘stuff’ that we learned—dealing with families who are in economic crises or who clearly have mental health issues—or a resident who has other problems; they have always lived as a cultural outsider either due to being GLBT, or a different race or something else to that effect, and now they are old. So we were often are dealing with a sort of double jeopardy. In addition, in my work with memory care you have people who are living in the 1930s or living in the 1950s and how can we redirect someone who honestly thinks this is the reality?... I choose to go into it for that extra knowledge and wanting to be more marketable and... I definitely had a strictly long-term care sense of social work services and the fellowship really helped broaden that—I still use all the different contacts that we made.

The participants from all four groups did cite other examples where they received exposure to and content to aging-specific knowledge. Often this was through an internship or the BSW practicum class. At CSU, an undergraduate two semester social work course in which students are assigned a ‘mentor’ in the community and required to spend two hours a week with

the mentor. Some of the mentors are older adults who typically live in an assisted living or nursing facility. This gives BSW students the opportunity to build a relationship, practice interviewing, and develop/use basic helping skills. The participants talked about their experiences:

In the BSW practicum class I spent time at Elderhaus (a local agency which serves older adults with Alzheimer's) to practice social work skills. I chose that group to do the class/mentoring program because I wanted to work with Alzheimer's patients. At first it was difficult because the woman was not cognitively aware of what was going on...I finished my time there knowing this was part of being a social worker, and caring for her.

Another participant fell into working with older adults by 'accident'; she requested to be placed with a mentor at a long-term care facility for convenience, to accommodate her work, and family life outside of school. "I knew that this setting would be more conducive to my schedule, but when I started doing the practicum there I really loved it!"

As BSW students, they spent time with mentors at different facilities because they either had no experience working with older adults or wanted an opportunity or specific experiences with those with Alzheimer's disease, severe medical needs, or to spend time with someone who did not have (family) visitors. They learned to talk with nursing and social services staff, solve problems, consult with the county ombudsmen to address concerns they saw in the facilities, and they asked the question; "how do you apply these (skills) to this population?" One participant summed up the experience:

At first my mentor didn't like me, and refused to see me—she didn't like that I was a single mom. Eventually I said to her; 'I'm going to stop coming and scheduling appointments, and find someone else.' Then she was okay with me being there. She would talk to me about things that she wouldn't talk to other people about and seemed to like/trust me. She even asked me to read her will. We didn't get training in that—what you can or can't do, and how to approach it from a social work generational perspective. If we had a class or an elective to take, we may have learned these things, so I learned on my feet.

Other environments which had given BSW students educational experiences were through internships with agencies with a large portion of their clients being older adults. These included Catholic Charities, the Office on Aging, long-term care facilities, and medical settings.

Genuine sense of frustration about general information and educational content in their MSW program was the final theme that surfaced when talking to the participants. After holding one focus group, I posed this question to the other groups, “something that came up was that many of the students/participants didn’t even know what possibilities there were to work with older adults.” One of the participants spoke freely when she said, “I noticed that many MSW students in our class did not know there are different setting or avenues and places to work with older adults besides long-term care facilities.” Researcher replied with do you know of these settings? “Yes. These include senior centers, hospitals, hospices; activity and adult day care programs, there are church and worship settings, etc.”

Another student talked about different cultures and atmosphere here (in Colorado compared to another state):

I transferred in so I didn’t know of any settings or look for any classes but I interviewed with someone for a job and the school she came from actually had a geriatric track in the MSW program. Why don’t we have that? It seems to be a reflection of the culture of the area... If you think (of Iowa) as a whole and their stance on the elder population they are not the kind to push them into a closet, or in a nursing home and never go visit-it is just not their culture—similar to the culture in Texas where people’s grandparents and great-grandparents live with their families. This area is being marketed as a retirement community; our population of older adults is growing especially in Larimer County—one of the top ten places to retire—so why aren’t we focusing on that?

Frustrations revolving around a lack of content specific to the MSW program were learning age-related diagnosis’ (use of the DSM-IV), theories/therapies specific to older adult issues, prescriptions and medical interventions, and cultural implications/differences.

Recommendations for Educators

The final discussion revolved around strategies and recommendations for educators to demystify and educate students (BSW and MSW) and advice on ways to encourage students to look at career opportunities in the field of gerontology. Themes and ideas from the focus groups related to aging: in class examples and specific educational content; use or hire specialists and invite more guest speakers; encourage mentorships and more agency internships, community awareness and field trips to agencies; show positive regard and value to the population; and demystify and address prejudices about older adults.

Participants in all four focus groups identified the need for instructors to give more examples of working with older adults and increase dialogue about older adults—they felt that most of the examples of cases and clients covered in classes are individuals (children and adolescents) and families.

If instructors were more knowledgeable about older adults and how working with them would play into the subject—for example we studied macro systems and policy--we didn't do anything with older adults in that, or we talk about dual diagnosis/mental health and no references to older adults were discussed... if instructors used more examples this would increase our awareness. Even encouraging students to start thinking about how a topic would look if the client were an older adult—that would spur a learning opportunity for application and/or awareness of how to apply the learning or skills to older adults.

The participants recognized that focusing on one population may not always be an “effective use of class time.” Across the focus groups discussion was about how the content could be presented in elective or required courses to make it interesting and contribute to overall learning. For example “even re-thinking a class or instead of having one semester class on one population or topic, focus on a few that may be related—adults, older adults, mental health, etc.” Certainly some theories, principles, and skills span all generations. “So even if you aren't

interested solely in gerontology, learning about different populations would be valuable in undergrad programs because we may have more than one area of interest/comfort.”

Many of the comments about infusing educational content were similar across the groups, these responses summarize the feedback; “use more case studies! For example, your client is an 83 year old male. Using the DSM IV, using the pill book for medication guidelines ascertain if his mental health is stable and his medications are correct.” Or,

when giving a special assignment, give it to more than a few students; no one in our class understood what we were doing for our HPPAE program evaluation. They knew we were part of this grant, and they knew we were doing work that was relative to older adults but really out of the 30 students we had in our class only the 3 students who worked with us in our program evaluation really understood what we were doing.

Other comments include: “Give hands-on experience with older adults as you do with other age/client groups. We cover disabilities, single moms; domestic violence—you’ve got all these experiences to talk/think about, but there was never an older adult to talk with or conduct mock interviews with.” “Share the statistic that only 24% (or whatever) of the need for social workers is met--making students more aware of the need and the resources, and the different avenues and places that people can work outside of long-term care; inform us about all the opportunities that there are.” “I think it is just when you think ‘social work’, gerontology is not the first thing you think of. You think that it means working with at-risk youth and drug and alcohol and mental health—you don’t think of older adults at first—on both the BSW and MSW level.”

Also significant was the sentiment, “if this is a generalist program, then why aren’t we doing this and this and this? Increase the exposure—if they are going to call this a generalist program, then let’s make it a generalist program and let’s expose everyone to all client groups, comfort zone or not.” Because students are the ones receiving the education and training, they need to have a voice about what would benefit them professionally. As social workers,

participants talked about the impact of state and federal policies and legislation, they felt this educational content was lacking—learning about and understanding policy—be it legislation related to nursing homes, Social Security, Medicare/Medicaid, etc.

Another valid point made was that most social workers do not work exclusively with one client group or system. For example:

it is crucial to emphasize that social workers who want to work with children—some of which will be taken care of by their grandparents—especially depending on the population or who they want to work within a specific demographic, race, or ethnicity, not everybody is taken care of by their mom and dad... there are people who are taken care of by their grandparents or other relatives and if you don't know how to work with all families and don't know resources and services that you can provide to them to help the child out then you aren't doing your job as a social worker. Sometimes students and entry level social workers have a particular mindset; and many of the participants talked about their own limited vision or focus on one setting or one population and then coming into awareness when they first started working; like I said before, working with an older adult isn't exciting—if that is all you see or hold—that mentality; but it does trickle down to other family members.

Along with educational content and instructors addressing the issues and the skills needed; the participants talked about having “experts” and guest speakers invited into the classroom.

I think a great idea for a teaching opportunity is having representatives from the community come in and talk—show the students how to get a positive experience from an older person, by encouraging a guest to talk and share their life stories—that opportunity was never given unless you went to a nursing home, or other setting. Students who focus on working with children and other populations never get that opportunity and that perspective.

A participant talked about her experiences of being a guest speaker because of her field placement and being part of the HPPAE program. “I presented in Dr. Q's class. She had me come in as an MSW student and also as a representative of the Alzheimer's Association, for an undergraduate social work class. I didn't do my undergraduate program here, but it would be interesting if they made it a requirement for everyone to take a class or have a speaker come in

and talk about older adults.” Similarly, another participant talked about her views that students avoid older adults because of their fears of illness or death and dying. Having an older person come into a classroom can address or help students talk about this and other fears they have.

I think that is a great idea to teach to it and have representatives from the community come in and talk. In order to build that passion for a focus on aging—what it comes down to is that society’s message has to change because it starts when we are young, and that fear of illness or dying—and why is that? Dying has no age limitations! I think if we bring older adults into the classroom then we would see the person as a person no one would think about it...

Overall the participants agreed that exposure, content, and education is the best way for students of all ages:

unless we see older or elderly people every day—just like we see rich or poor people—we see diversity of humans everywhere we go but not in a helping setting or a social work setting—so I think it is just the basic exposure—and we only know what we know—if we’re not taught or exposed to something--and we need it presented with energy too. The younger we get people excited about the elderly, that there’s energy and excitement in that population, that is where it needs to start—the energy and just the sheer exposure—before even knowing the opportunities, and seeing why is it important to work with this group.

Part of the requirements of the HPPAE program was for the students to visit agencies that served older adults, attend trainings and monthly seminars with specific content to older adults. The participants who were part of this (B and C) felt ‘field trips, trainings and seminars’ should be offered to and expanded to include other students at both the BSW and MSW levels. Interestingly, the MSW students who were participants in the other groups (A and D) talked about giving BSW and MSW students opportunities for field trips and expanding awareness by developing more mentoring programs and internship sites. The following comments summarized these ideas well; “part of the emphasis on working with older adults has to start at an early age, even though we are talking about college students, but somehow bridging that gap that you were talking about and if you start those relationships when kids are young—if you start a relationship

between a 7 year old and a 60 year old why not have them grow together?” And, “even with the social work students, with the HPPAE program we went to the Rehabilitation Center of the Rockies (RNCR) and Courtyard Assisted Living Center, and they had a resident ambassador come in and talk to us about what it was like living there--this was just a small group of us.” Or,

instead of (the students) going to them why not reach out to the long-term care communities and to the people who work and live there and ask to them to visit your class? They want to get out in the community too. I would support that and then they can talk about what their experiences are like. I think it would be interesting because I know for me, I really got a lot out of that experience. Of course when you are in their living environment it is different than a classroom and it could be intimidating, but you don't know unless you try. But if you invite an older person to come into the classroom it would make people think different about them and see them differently.

If schools reached out to assisted living facilities—just because you live in an assisted living facility doesn't mean you can't volunteer—go to a school or come to campus. Many older adults volunteer in elementary schools, middle schools, and get involved in some way—and I think vice versa—I would love, love, love for (kids of all ages) students to come to the facility (where I work)—and not just for a specific class for two hours, but to see the facility, and not for a special holiday (Christmas or for Easter) have them come in March or September—just to say hello!

Finally,

the value in having more conversations with older adults is similar to what M experienced with his grandmother; he learned that his grandma had a whole different mindset and ideology that he wouldn't never have expected had he not started having a conversation with her; more exposure increases understanding and awareness of things we have in common. Their stories and memories are unbelievable and some students don't understand that. Students don't care about the past because they are focused on the future, what is coming up next. When we are old we will be people who will remember when the Internet and cell phones were invented...

Another recommendation by the participants was to develop and increase mentorship or internship opportunities. Because of their professional status and being employed in agencies, some of the participants have been able to work with interns/students. One participant talked about supervising interns: “I brought in all of my text books, DSM-IV, etc. I pulled those out and had the interns go at it! And it is really the best scenario with an aging population to learn how to

use those resources. How to use the DSM, looking at level II mental health diagnosis seeing those axis', or learning about medication and what classification drugs are—we get admits with six pages of meds, that you have to decipher.” Or “if the students rotated through a few different sites—if students visited or went to facilities and shadowed for a day—I know that many of us did not know what social worker does in many settings and then for their internship they can make an informed decision. The best way to see what social work is; is to go to different environments.” Similar to the mentorship program in the sophomore class; “everyone who comes out of 286—I would guess that 80% of the students who work with an older adult—in just 3 or 4 agencies—many come out and have a whole new perspective—I would ascertain that it was way different than what they thought--they may not want to work there—but at least they changed their attitudes and that is half the battle—to see things from a new perspective...” And finally, this comment seemed to sum up the need for awareness: “career paths are developed when we continue to challenge people, teach in the class about it and expose people to it, unless you express how rich and how rewarding it is and explain the need that is there—you are not going to get people to buy into so you have to give the information about it.”

The themes showing positive regard and value of the population and to help de-mystify the aging process and address prejudice by instructors and social workers are crucial in social work education. On some level many client groups are discussed in terms of how they experience prejudice, discrimination, and the stereotypes of the groups. As social workers, it is important to recognize

the prejudice and discrimination that seems to exist; such as old people smell, are scary, or look weird. We're all going to be old one day—whenever I hear that—that you are going to be old one day and maybe you are going to die (which is inevitable). And, yes, there are medical needs, and a lot of people don't want to work with older adults due to fears about illness or death and dying, but there is so much more to working with them, than that.

Other ways that older adults are devalued is by not addressing stereotypes; “we need to address stigmas that they are grumpy, or senile--and it is not only the educational part but a lack of building personal connections. Awareness of how much the older generation has to offer—the stories, the life experiences, and the perspectives. And not to get a paycheck just to chase after the old man...” “Why do we think—why has society told us that caring for the elderly isn’t positive or pretty? Honestly when I think of nursing homes and my own parents, I’m like ‘oh goodness’ I don’t want to move back home—I even have to overcome my pre-conceived ideas and misconceptions about long-term care facilities, but it is different when we think about long-term care or the care for our parents or older loved ones.”

Sometimes overcoming prejudice or discrimination is by addressing it head-on. Many of the participants felt that the BSW and MSW students are sheltered or ‘allowed’ to ignore or avoid their fears or expression of what they think or what stereotypes or beliefs they hold about older adults. One approach that was voiced was to push them outside their ‘comfort level’:

I think forcing people to be uncomfortable with it, as it is an area that people have fear about, they don’t want to work with older adults and kind of forcing them to talk about that—what are the stereotypes that you as students have with this, and what is it that holds you back from working with this population, and making us do what we make all of the people we work with do, which is talking about it and getting the education behind it. It is different than with adolescents, but that doesn’t mean we can’t change or challenge our belief system and see that it can be rewarding to give someone at the end of their life as much of a chance as it is to give a 17 year old kid. That forces us as social workers to break down that belief system that we have and those stereotypes that we build and that I know I had about older adults before I worked in the field.

A similar perspective was:

It is something else we value or perpetuate are the settings and the environments—they are scary—of course they are scary, and yes some nursing homes smell—anytime you have congregate living you are going to have some of those things come up—we are all going to continue getting older—and you guys have made your opinions very clear about what you do or don’t want, what are we going to do to change those settings or those environments or those perceptions so that it is not continued the way it is...

Members discussed the language and labels used and how these perpetuate or diminish stereotypes. When we hear words or phrases that are unkind or politically incorrect it is okay to address this with the speaker. For example; “when I hear references to people as ‘the elderly or old lady’—I try to say “older adults” as opposed to an elderly, old person... it gives you a whole new frame of reference when you see them as people, who have a lot of to offer--and I think that education is huge and we were all students but we just didn’t get a lot of it, and need to take a look at that. So we represent older adults just as much as much as the homeless or addicts, and everyone should be talked about in ways that promote equality and respect.”

A different, yet effective approach is to ‘make it personal’. “If you make it personal, wouldn’t you want someone who ‘cared’ to be with your grandmother, or your mother or you? If you wanted someone to look after a family member, people who you really want to spend time with, instead of working with someone who doesn’t care, if you think that they are someone’s grandparent or parent. I would think how would I want my family member to be treated?”

How we recognize the value and honor of older adults, clients we work with, or peers says a lot about us and our profession. Disconcerting were comments made about how participants were viewed by other students or how other students were treated in the MSW program or in other courses at CSU. For example participants in the HPPAE program talked about how they were forced to be a ‘clique’ in their class.

It felt like you had a second head if you ever brought up anything about older adults—other students looking at you like what are you talking about? You see that disconnect—that glazed over look—most don’t want to hear about or talk about our interests. Truly seeing that astonishment like we were on a completely different planet when we presented—we had 5 so we were a pretty good-sized HPPAE/Gero-group. We did all of the projects together and so we were the “Gero-group” and we hung together and did everything together, and so did everyone else; we were sectioned off. It would make sense to mix it up and maybe make people uncomfortable but add it to the entire program, and talk to the professors: you need to add this component into the program and we are mixing it up and we are not going to let them stick everything to just child

protection and drug and alcohol, we are going to have every do everything and make them really well rounded.

There were examples given of how students who were ‘older’ were treated by their colleagues/fellow students. Two comments were “remember MC? We had a conversation recently, she just went through the master’s program in my cohort and she is almost 70. She asked “what is the aversion that people have towards me?” “Because she felt discrimination in the classroom from other students—almost avoiding working with her... and I’m like, you have no idea what she has seen in her life! Or just what she is going to say and not ignoring them because they have gray hair and not seeing their value—she could speak to things that no one else could speak to...” And finally,

My dad felt the same thing—he was in college when he was 50 and no one would talk to him—or if he started talking other students would roll their eyes or look away. And I have to say that it does go both ways. I do know how they felt when I was the ‘new kid on the block’ when I got a permanent position at the Office on Aging and people referred to me as the kiddo and my voice wasn’t heard until I had been there for a while. I finally brought it to my team and said I want you to know this is something that I am experiencing and I want you to know that I want to be part of this team but you need to allow me to be (part of the team)—so it does go both ways.

It was expressed that there seems to be a lack of awareness and education around older adults in the traditional undergraduate setting. Addressing (lack of) education results in a better understanding of older adults’ needs, and brings a sense of value to that population. The most prevalent message is that instructors need to consistently show value and positive regard by addressing the issues and problems—if we want to end ageism, racism, or discrimination against same-sex couples, or the intersection of any ‘ism’, this issue must be discussed. Opportunities must be provided to students’ to be honest and to talk about their doubts or fears in a safe environment.

Finally, participants in the two HPPAE groups asked about the future of the HPPAE program and discussed its impact. “We were fortunate that there was a program, and the people coming through the MSW program now, don’t have that as an option, is that correct? The social work school should consider something similar to the HPPAE program.” “Maybe we would have found this area or specialization anyway, but the people we have met and worked with have changed our lives. It is hoped that other students in social work have the opportunities and walk away with feelings that they have made a difference in the life of a person.”

It seems apropos to end with this last comment; “As a woman who has both a college and advanced education, talking to older women whose stories include being kicked out of Coney Island because they were wearing slacks shows how far we have come! I am where I am because of those who paved the way! I am here because you were kicked out of Coney Island for wearing pants—scandalous!”

CHAPTER FIVE

Discussion

This chapter presents a summary of the study examining influential factors for Master of Social Work (MSW) students to choose a career preference/specialization working with older adults. The study looked at career choices and provides important conclusions drawn from the voices of students and graduates in focus groups presented in Chapter Four. It provides a discussion of the implications for action and recommendations for research.

Focus of Inquiry

My interest was to conduct an in-depth qualitative study to explore what motivated current and previous MSW students at Colorado State University to choose a career focus that addresses the needs of the older adult population. This study had four focus groups; two with MSW graduates who now work extensively with older adults, the third of current MSW students who had identified interests in working with older adults; and the fourth of current MSW students who clearly identified little or no interest in working with older adults.

Specifically, the focus of this study was to:

1. Identify factors that influence Master of Social Work (MSW) students to have a preference for working with older adults.
 - a. How do societal attitudes on aging influence MSW students?
 - b. How do life experiences influence MSW students?
 - c. How do interactions with older adults influence MSW students?

2. How does the educational content of the program and/or an internship influence MSW students?

3. What do (current and graduates) MSW students who are participants in the study identify as appropriate strategies to encourage other social work students to develop an interest or consider a career working with older adults?

Summary of the Study

Chapter one presented information that social work is a profession that has been recognized as having great potential in assisting aging adults and their families and has highlighted career opportunities for over 20 years. The National Institute on Aging estimates that 40,000 to 50,000 trained, full-time social workers will be needed by 2020. The NASW estimated that there will be a demand for 60,000 to 70,000 positions by the year 2020. A report by the Bureau of Labor Statistics indicated the projected need for social workers to serve the elderly would increase by approximately 39% over the decade (2010-2019). Regardless of the numbers, more trained social workers are needed in the area of aging. Moreover, gerontological social work is ranked consistently as one of the top 10 careers in terms of growth potential with a 19% increase in employment rates from 2012 to 2022; while the average growth rate for all occupations is 11% (Strom & Strom, 1993; U.S. Department of Labor, 2012, 2015).

In 2001, three percent of the members of the National Association of Social Workers (NASW) identified gerontology as their primary area of practice. This increased to nine percent by 2008. Close to 50 percent of master's level social work students' state they have little or no interest in working with older adults after graduation (Rosen & Zlotnik, 2001; Whitaker,

Weismiller, & Clark, 2006). This lack of professionals considering or specializing in aging appears to be in part indicative of a lack of specific training required for social workers.

Reported in March of 2006, a NASW sponsored study (Assuring the sufficiency of a frontline workforce: Social Work Services for Older Adults) found an “aging-out” of frontline social workers providing direct services to clients in a wide range of community agencies. As a result, social work will experience a *double squeeze* of the baby boom phenomenon: an explosion in demand for health and social services due to the estimated 70 million people over the age of 65 by 2030. At the same time, a substantial cohort of frontline social workers will be leaving the workforce. According to data and projections of the Bureau of Labor Statistics, “social work is one of the occupations most affected by aging of the Baby Boomers, with the retirement replacement needs reaching 95,000 in the 2002-2008 timeframe. Occupations dominated by women, like social work, are especially vulnerable with an aging workforce because women’s level of workforce participation is lower than men’s as they reach retirement age” (Whitaker et al., 2006, p. 25). This lack of social workers combined with the increase in older adults gives cause to the importance of attracting qualified MSW graduates and practitioners to the field of gerontology.

Methods and Procedure

The focus of this study was to use qualitative research and focus group interviews to give voice to MSW students about their experiences of career choice. Participants included master degree social work graduates and students (MSW) at Colorado State University’s (CSU) School of Social Work.

MSW students currently enrolled or graduates were invited to be involved in focus groups. There were four focus groups; the first two group’s participants had completed an

internship under the auspices of the Hartford Partnership Program in Aging Education (HPPAE) and had graduated within the last six years. The third group was current MSW students who had some interest in working with adults, and/or families, but did not indicate older adults as one of three preferences on their field internship application. The fourth group identified an interest in working with older adults as one of their top three choices on their field internship application.

Focus group interviews allowed me to discuss participants' reasons/rationales for choosing or not a career in gerontology and interest in working with older adults. Interviewing was an avenue to explore non-observables (non-verbal behaviors, facial expressions) and thoughts the participants had after completing either the HPPAE program or their field internship. Using focus groups gave powerful insights into the thinking and feelings of their experiences of school, class work, internships, and life experiences.

An advantage of focus group interviews include their ability to draw on the synergy among members (Krueger, 1994, 1998c; Padgett, 2008). This researcher found this to be true in all of the groups. The members played off of each other—when one person gave an opinion or expressed an idea or thought the others followed suit. In focus groups, the researcher added depth to the interviews through techniques and skills such as active listening, processing the information and giving feedback, exploring responses that may be unusual, unanticipated, or requiring further elaboration (Merriam, 2002). This was 'easy' as the participants were relaxed, the questions were non-threatening and they enjoyed hearing each other's comments and accounts of their experiences. In two of the groups, emotions surfaced as one of the participants started crying about life experiences. The other participants reacted to her crying, in a concerned empathic way. In another group, a participant talked about earlier abuse in the family and how

her parents had to warn her and her siblings. Again, the other students reacted in a supportive concerned way.

A benefit to having four groups was that the first one gave me the opportunity to check the clarity of wording and meaning of the questions and the relevance of the questions/topics asked; as well as, giving insights into phrasing and what information I hoped to obtain. Often, the topic was more important than each individual question asked. For example, in the first focus group, having a topic outline was useful as the goal was to have the participants help inform the questions for the next groups. Another advantage of a topic outline was enhanced conversations versus questions and answers and it increased the spontaneity of the answers. As the facilitator I could weave comments into future questions. If they informed new questions or brought attention to another related issue this gave credence to what was asked and identified something I would want to ask other groups.

What I discovered was that participants influence and complement each other, their opinions change, and new insights emerge. In addition, participants learn from each other, try to influence one another, and may be resistant or silent. This adds a new dimension to the analysis because if the facilitator gives more attention to those seeking to influence others, they may fail to recognize intimidation or the presence of other views. Silence does not imply a lack of opinion or lack of experience. Lack of comment on a particular topic or to a key question may itself have meaning. Sometimes what is not said can be important (Krueger, 1998c). Silence can be interpreted as an agreement, as uncertainty, or not being comfortable with the topic/question. In the focus groups silence typically meant the topic was exhausted.

There are several systematic steps that Krueger (1998a) outlined as beneficial in the analysis, starting with the interview transcripts, were followed. Notes taken by the co-facilitator

ensured the critical components could be reconstructed to supplement the recordings. These notes along with the transcripts were used to code the data. The presence of a co-facilitator ensured verification on interpretations or uncertainties with the group processes. I transcribed the audio recordings into a typed document and compared them with the notes taken by the co-facilitator to ensure that comments or data were not lost or misinterpreted.

It was my task as the researcher to consider how to compare participant responses. Coding and analysis began with a comparison of words. Are they identical, comparable, or unrelated? Other factors included the context of the comments, were two people talking about the same thing? Did the discussion evolve and one was thinking about a different topic or forming a response to an anticipated question? Consideration of the emphasis or intensity of the comments and whether or not participants' positions changed later were taken into account. In most instances the participants were able to provide examples or elaborate when asked key questions or when probed. Trends and patterns that appeared among the groups were important to identify words and concepts that were repeated and/or were common to several participants in the different groups.

Research with students and professionals in other disciplines showed this to be true—social work students often had different views of older adults than those in other disciplines; negative attitudes among health and human professionals and students are significantly correlated to deciding their practice area (Peterson, 1990; Schigelone, 2003; Weir, 2004). Many health care professions—social work, medicine, psychiatry, and nursing—are experiencing a shortage and reluctance of trained geriatric personnel. Many health care workers hold less than favorable attitudes toward older adults than they do toward younger adults and the interventions aimed to improve these attitudes do not succeed (Schigelone, 2003).

In the study, attention was placed on the range and diversity in experiences or perceptions of the groups. As the researcher, I identified those opinions, ideas, or feelings that may have been similar or repetitive even when expressed in different words and expressions. As noted by Krueger (1998c), opinions expressed only once are often enlightening and are often important as well.

Data from the focus groups (and in conjunction with observations made in the groups and informed by the literature) was combined and coded into themes as I worked from the particular to the more general. Next a chart was created to categorize each of the comments per group (by question and theme). When reviewing data from the focus groups (chapter four) I identified major themes based on the number of similar answers/responses and the number of participants in each group. For example, in the group of four participants when two gave very similar answers these were considered a theme as it represented 50% of the group's responses. In the group that had ten participants, two similar answers were less relevant compared to five or six in identifying a theme. There were certainly responses, which were not representative of the majority, but were so thoughtful or striking they were important to include.

As a focus group researcher, comparing data within a group and among groups is vital. Comparison occurred to an extent within each focus group, but it was of more interest to me as the analyst to make comparisons of data across all four focus groups. Responses on societal attitudes of aging (question one), life experiences with other adults (question two), exposure to older adults or content in one's Bachelor's degree or MSW program (question four), and strategies to recommend for future students were vital in comparisons across the four groups as they were shared/applicable to each participant and the groups as a whole. Career/specialization

(question three) was important, but the comparisons looked at three of the groups as the other group did not choose gerontology as their career focus.

Part of the analysis of the data was looking at the makeup of each group. For example, two of the focus groups were HPPAE alumni. Although the participants came from the 'same' program experience, the two groups were different because of the personalities of the participants. In hindsight I may have thought it through in regards to who would be stronger/more vocal and who would be quieter, and which participants might be more talkative or competitive voicing their opinions or sharing their experiences. I observed that when I asked a question, most often participants followed the theme that was set by the first participant who answered. For example, when I asked the first focus question; "What are societal attitudes or characteristics that come to mind when you think about aging? What are things that you are aware of, when I ask what societal stereotypes about aging are?" If the initial or 'first' responses focused on declining or negative physical attributes and deficits (wrinkles, frail, etc.), this response set the stage for the rest of the discussion. In three of the four groups, they tended to be more negative or focused on ailments and decline than on normal aging development or positive attributes. This is to be expected as some participants looked for guidance on what to say or a chance to hear how others might respond. Recent literature included a study on how attitudes about particular groups of people tend to fluctuate with social norms and the current vernacular shifts with the times. "To gain a clear understanding of a given attitude, especially a prejudicial attitude, precise and subtle indicators are useful to researchers because issues of socially desirable responses may be limiting. Social desirability may be a significant issue when gaining responses given that social work students are exposed to professional values and ethics that emphasize inclusion, regardless of age" (Wang & Chonody, 2013, p. 167). Thus, they may not

say what they really want to, for fear of being judged or not fitting the social work stereotype of being accepting of all groups of people. How these focus groups were guided greatly impacted their responses and ensured they felt comfortable expressing their views and/or opinions.

Group (C) differed from the others as they brought up systemic issues, which affect older adults such as a lack of resources, the need for government programs and assistance such as Medicare and Medicaid and/or health care, and need for advocacy because they were not “protected nor did they have a voice.” The tone of the group seemed to be focused on who knew what issues and concerns—some of the participants work more centrally with the policies and how they impact older populations--there was also the desire to have validation of their opinions or even to ascertain if there was consensus among the group members.

Ultimately, the participants in both HPPAE groups felt their time in the MSW program was beneficial. They acknowledged that it helped them achieve their career goals, provided specialized training, and experience in their area of interest. In looking at the dynamics of the four groups, three groups were delightful in that they were all very comfortable sharing, they did not compete for air time, and were interested in what each other had to say. The other group had very different dynamics—the participants each had a great deal of experience with older adults (personally and professionally), were in the field working primarily with older adults, and yet seemed competitive when voicing their opinions, perceptions, and experiences and did not demonstrate the same level of camaraderie as the other groups. Two of the participants rarely gave the others a chance to talk, and as the facilitator I often had to stop and ask specific questions to include the quieter members. This group gave a different perspective in regards to the level of interactions among like-minded participants within focus groups.

Summary of Findings

As discussed in chapter four, each focus group was asked the same primary questions, and in some cases, other questions were asked as a result of their responses. The findings are summarized for each research question.

Societal Attitudes or Characteristics about Aging—Question One

It was not surprising to hear the participants' common stereotypes, attitudes, and characteristics about older adults. Typically the themes were characteristics that focused on declining health, loss of memory or skills, fragility, or inability of self-care. Other themes were on general disposition—grumpy, easily irritated, and resistant to change; while attributes included wisdom, resilience, honesty, and trustworthy. The participants initially shared what they thought society or others thought about older adults, as they did not readily share their opinions or beliefs to protect themselves from looking prejudiced, being 'ageist' or discriminatory. So it was more comfortable to say "the media encourages women to dye their grey hair, men are distinguished as gray" or "women need hormone health and diet plans, men need Viagra." These sentiments were confirmed by Wang and Chonody (2013) that social work students want to be politically correct or seem open to all groups of people; they do not want their peers (or anyone) to hear them using/showing negativity toward/about older adults. Thus, using the premise of asking for societal attitudes is different than asking what their attitudes are—when descriptions such as grumpy, negative, or helpless it is 'acceptable' to identify these as societal attitudes not one's own.

In all four groups, references were made to gender and societal attitudes they believe or seem to have integrated into their own belief systems. For example, older men are distinguished, older women are encouraged to look younger; older men in the media or sports are looked up to

and seen as experts, movies portray them as needing a new partner or wife and women rarely have roles as news reporters, they are rarely seen in the movies in roles other than as grandmothers or caretakers. Conversely, women are seen as capable of taking care of themselves and men often need support or have to learn new hobbies once they retire. The participants made note of the success or careers of men; no longer do the men have the ‘meaningfulness’ of their occupations or professional status, “I was such a great this, I need to care for my family; I did this, I fought there, I served here...” Women were most often providers for the family and in careers with a focus on human services as nurses, teachers, and social workers. One may surmise the perceived gender roles and careers of older adults relate to or are of the generation in the 1940s-1960s where more men than women worked outside the home, served in the military, and took on the more dominant/provider role for the family. One thing that would be interesting is if we were to ask today’s 20-30 year olds this question in a few years, they may have different responses because older adults would have had more options in their careers (1960s-1980s) and gender inequality is not as rampant in occupations or the workplace as it might have been, when their grandparents were younger. A participant reinforced this: “the younger women who are starting to come into the long-term care facility are more career oriented and are more willing to engage with the other women—they do not want to be doing the Wii bowling—they focus on their careers (i.e., what a great nurse they once were....), they even dress differently and are more likely to have worked outside the home.” Overall, when looking at the participants’ responses to this question, their responses were consistent with what has been cited in the literature (chapter 2) with attitudes and perceptions that tend to assume older women were in the home and worked ‘outside’ only if needed, and even then they were not recognized professionally in the same light as men.

Chapter two reminds us that Butler's awareness of ageism was manifested in a wide range of phenomena, at individual, societal, and institutional levels. These include stereotypes and myths, outright disdain and dislike, simple subtle avoidance of contact, and discriminatory practices in such areas as housing, employment, and health care. Negative images are of old 'geezer' and 'burdens' and dependency, fueling the deprecation of older people (Butler, 1969, p. 243).

Butler (1980) identified three aspects to ageism: prejudicial attitudes, discriminatory practices, and institutional norms that "reduce [the elderly/older adults'] opportunities for a satisfactory life and undermine their personal dignity" (p. 8). The concept of ageism embodies the belief, evaluation, and potentially the behavior related to attitudes. There are several assumptions embedded in Butler's definition. First, attitudes held (of any group) can influence their behaviors. In addition, ageism affects behavior on all levels of society; individual as well as structural. Ageist attitudes are inherently negative and can cause harm (Butler, 1980). Even if the assumptions are not true, one thing is relevant; negative attitudes toward older adults can lead to discriminatory behavior, which can and often does affect all levels of society. This was supported by Levy and Banaji (2002) who made the claims that the most insidious aspects of ageism are without conscious awareness, control, or intention to harm. The idea is there is implicit ageism—it is not that they don't 'like' older adults they just don't like some of their characteristics. Second, all humans, to varying degrees, are implicated in the practice of implicit ageism as evidenced by describing them as grumpy, overly conservative, or frail. The mental processes and behaviors that show sensitivity to age as a universal attribute are automatically produced in everyday thoughts and feelings, judgments, and decisions, such as the participants

and people who work in the field. Comparing participants across groups, there were at least four who did not adhere to ageism or fall into the negative mindset portrayed by others/society.

While categorizing and identifying themes, I realized that the participants of the first group of HPPAE participants (group B) were all working in agencies with a focus on gerontology/older adults. Their work settings/agencies included long-term care facilities and the county Ombudsman or Office on Aging. Because of their work, they responded to this question on societal attitudes based on their daily experiences and the level of needs and abilities of people they see every day. They openly discussed how their friends and even family wonder about their abilities to “work with their clients” and how outsiders tended to focus on characteristics such as body odor or loss of memory/cognitive abilities, or falling and breaking their hip (or arm or) of older adults. Similarly, the second HPPAE group participants (group C) who are primarily employed in the medical arena--hospital, hospice, and an agency with a mental health focus--responded more about government and social assistance programs (Medicaid, Medicare) and the glaring lack of supports and resources for their clients’ current and long-term needs. This group discussed others’ attitudes/stereotypes they encounter everyday as working with older adults; stigmas regarding mental health, struggling with change and end-of-life issues, limited interest in activities, and not being protected nor having a voice.

As evidenced by the analysis of their responses about societal attitudes and characteristics of older adults, two focus groups (B and C) came from a different perspective and level of interaction with older adults than the other two groups (A and D). The differences in perspective across the groups can be attributed to their experiences—internships (pre and post), where they work, the type of work, and the needs of those they work with. Responses from focus group A

were similar in that they related to needs—institutionalized (long-term care, hospitals) settings or governmental programs.

A take away from the responses regarding stereotypes, attitudes, and characteristics of older adults—is that further research is needed—if you were to compare their responses with those of other populations of people (not just college students) would responses be similar? I would expect many of the same responses would be common. Ultimately how we address and change perceptions and beliefs will serve as guide to understand life span development; learn the value of all people and end ageism as we know it. Ascertaining the best avenues for this to be accomplished are critical; changes in the media, our interactions, and certainly in educational settings by starting earlier (prior to college).

Life Experiences—Question Two

When asking about life experiences participants had with older adults; both positive and negative experiences had an impact. The accounts of experiences included grandparents (including great-grandparents), other relatives (aunts, uncles, and great aunts), friends/neighbors, and the graduates' work and/or internships. As with the first question, themes were identified within each category.

Grandparents, and then grandmothers and grandfathers independently, had the most impact on each of the four groups overall. This was in terms of contact with older adults and longevity of the relationship—many gave accounts of experiences and interactions ranging from when they were very young to current relationships. When looking at the chart of their responses (Appendix J), I looked for similarities across the groups. In a review of the literature; Kane's (1999) study with 333 social work students (both BSW and MSW) identified common factors associated with positive attitudes toward older adults, one of which was frequent grandparental

contact and positive relationships as potential moderators of understanding of older adults.

Kimuna, Knox, and Zusman (2005) focused on college students' perceptions and the sources of those perceptions. Direct contact with older relatives as well as working with older people was influential in attitudes. The quality of contact was related to more positive attitudes. For example, students with older parents and close contact with grandparents had a different /positive perceptions of older adults. Most respondents perceived aging according to the frequency of contact with older people. Strom and Strom (1993) looked at intergenerational relationships and programs, which bring the old and young together for the benefit of both groups. Their research found, at every age, people's importance is defined in terms of the amount of attention others give them and the impact on human affairs. Recognition must be given to the participants of the focus groups as it was evident that they too felt that the frequency, breadth, and depth of their contact with their (older) family members contributed greatly to participants' sense of self-esteem and their relationships with others.

Another study looked at graduate and undergraduate students to identify what characteristics influence students' knowledge of and interest in working with older persons. Paton, Sar, Barber, and Holland (2001) found a strong positive relationship between the number of personal and professional experiences with older persons and students' level of interest in working with them. Eighty-two percent of the students (n = 239) reported having frequent contact with a close relative over 60 years old and 42.2% indicated having frequent contact with a relative over 80 years old. Personal experiences such as having lived with and/or cared for were indicators of interest in gerontology. Almost one-half (48.3%) of the students had worked in a setting in which the majority of the clients were over 60 years old, and 31.6% had worked in a long-term care setting. This study, along with other literature, indicates contact with

grandparents or other older adults contribute to positive attitudes toward older adults, which may affect the desire to work with older adults in a work/career setting (Carpenter, 1996; Kane, 2004; Paton et al., 2001).

The majority of participants of the focus groups reported having both close and positive relationships with grandparents. There were participants who did not have close relationships or much contact due to geographical locations or their families being estranged from their grandparents. I presumed participants from three groups (B, C, D) would have related more positive experiences or more frequent contact overall and this would be a primary influence in choosing a career in gerontology. This presumption was not entirely accurate, group A participants did have positive experiences—this led them to social work, but not a focus in gerontology. Relationships with other relatives were similar as there were many positive encounters across the groups. Many spoke with high regard toward aunts, great-aunts, mothers and mothers-in-law, and did feel their experiences were positive giving them insights into attributes of older adults, but again these experiences may have helped them to choose social work, but not necessarily a preference with a particular age group.

Those few instances of participants who spoke of choosing a career in social work specifically because of admiration for a grandmother, a grandfather, an older mother, and a great aunt and her community of sisters/nuns were: “Grandma was the most inspirational person in my life--the reason why I thought about social work... Her kindness and compassion influenced me to want to help others.” “My Grandpa being in hospice and having had that experience with him was really good and I wanted to be on the other side and give back to others.” “My mom is a social worker—so I have seen a lot of different fields of practice in social work... Those experiences in addition to working in other settings inspired me to pursue social work and work

with older adults who are also veterans.” “One of the reasons that inspired me to get into social work was the social justice framework that my aunt and the other nuns operated from...”

The next predominant older adult contacts were with friends and neighbors. Students who reported a close relationship with an older person—relative or not—when seen as mentors representing a wise elder experienced in life transitions, are associated with positive attitudes toward older adults (Kane, 1999, 2004).

Research by Kimuna, Knox, and Zusman (2005) found that college students’ experiences were measured by personal contact with older relatives and work experience with older people. Personal contact, gender, age (of the student) and beliefs about older people were the foci; they found the older the student, the older the student thinks being old is and direct contact with older people influences the age one considers others to be old. Males cited 58 years and females cited 62 years as the age they consider old. (The average age that was considered “old” was 60.) Further, the quality of contact with older people is related to positive attitudes and experiences. It would be interesting if a similar study of current college students to ascertain if the age of 60 is still considered “old” as the focus group participants often used the ages of 65-70 as the lower end of how they defined ‘old.’

Schwartz and Simmons (2001) investigated the validity of the contact hypothesis-- cooperative contact with individual members of an out-group can lead to more positive attitudes and experiences toward the out-group as a whole. The out-group was older adults and the study examined the relationship between young adults’ contact with older adults and their attitudes toward the elderly in general. College-aged participants (n = 62) were given a questionnaire that assessed the frequency and quality of their contact with older men and women and their implicit attitudes toward the elderly. Self-reported quality, but not frequency, of contact was significantly

related to more positive attitudes. Two additional variables were noted by the researchers: a) if the environment of the contacts occurred is in a “less-favorable” setting, such as a ‘nursing home’ or other long-term care facility versus a senior center; this made a difference in attitudes; and b) the type of contact; when students heard a lecture or story being told by an older adult they responded more favorably than if the contact was with those ill or needing assistance. Schwartz and Simmons (2001) believe findings are important from both a theoretical and a practical standpoint. Theoretically, *contact quality* is the integral factor in the relationship between members of different groups. When participants find contact favorable, this is significantly related to the elderly, and complements and expands on the work of other researchers (i.e., Wittig & Grant-Thompson, 1998). One all-encompassing condition, contact quality, may account for the positive influence of contact on attitudes toward an ‘out-group’. This finding may explain why contact with older adults under less than favorable conditions may have no effect or may intensify negative attitudes and/or stereotyping and the overall experience.

Intergenerational relationships and programs, which bring the old and young together, have proven to be beneficial to both of the participants/groups (Strom & Strom, 1993). At every age, a person’s importance is defined in terms of the amount of attention others give and the impact on human interaction. Interaction between children and older adults has been demonstrated in a variety of programs, for example, at the University of Florida; students from an elementary school visited and built relationships with older adults at long-term care facilities for a number of years. The greatest benefits reported by the children is they grow in their level of commitment to helping older friends, learn to assist them in coping with disabilities, acquire a positive attitude of aging, and gain valuable insights about death and dying. Students who had weekly contact with older adults helped to improve the psychological well-being of the elders

and enhance the students' self-esteem. Most remarkable about intergenerational programs and relationships are their consistent record of success regardless of the organization, age group combinations, or featured activities. For older adults, the experience usually leads to a greater sense of purpose and self-satisfaction. The young participants gain from providing assistance, receiving help, establishing friendships, and recognizing the older as a caring, interesting population (Strom & Strom, 1993).

Participants in all four groups reported having relationships with older adults who were friends and neighbors. In many instances, these relationships added depth to their lives and although they did not replace the grandparental role, sometimes they did fill a void or added to participants' awareness of the value of interacting with older adults. Many of the friends and neighbors lived near-by or were members of the community. Even years later, participants hold very fond memories of their relationships. "There was an older gentleman in the town where I grew up, and I have known him most of my life—I love him very dearly." "When I was 9 or 10 years old, there was this older couple who lived next door to us... My mother; was always bothering me about going 'round to spend time with this old man. I was reluctant—did not want to. Eventually I went 'round and he taught me how to play chess..." "When I was in 1st or 2nd grade I would go outside and shoot hoops and practice sports and the old guy next door would come out and coach us—'try this' so we got used to him showing my brother and I how to do sports." These comments along with many others, confirm the importance for diverse, not age segregated, residential communities and housing areas, even encouraging more interactions when there is a long-term care facility in a neighborhood.

In the focus groups, positive interactions with older adults who were friends/neighbors did occur more frequently in three groups—the two HPPAE groups and the MSW students who

expressed an interest in working with older adults, with no negative experiences presented. There were accounts of positive and negative experiences in the MSW group (A) who did not want to work with older adults. One participant shared: “I had a job at a middle school camp... The kids volunteered every day; we took them to nursing home—even when I was uncomfortable going and talking to the residents who may have a hard time hearing me, or are hesitant to talk, I am the adult—and I pretended that I am comfortable or enjoyed talking to old people—for the benefit of the children. I think that is why I haven’t considered working with older people.”

Relationships with friends and neighbors, along with the relationships with grandparents give credence that these contributed to choosing work in gerontology/with older adults. It is not the only factor but certainly one that could be considered. “Growing up in a small, predominantly Catholic town older people showed affection to everyone... We always showed respect and had high regard for them...”

The next themes that were relevant in the question about experiences were relationships with mentors (from class or internships) or in work settings. Paton et al. (2001) identified strong positive relationships between the number of personal and professional experiences and levels of interest in working with older persons. Personal and professional experiences consistently have been found to be associated with interest in working with older persons. They cited earlier studies that described students’ positive experiences with older persons in a rotation or experiential portions of classes.

A related study (Olsen, 2001) examined the linkages among graduate level social work students’ self-efficacy (to intervene with older adult clients), curriculum (amount of aging content), and field experiences (with older adults) on attitudes and interest in working with older adults. Analysis showed a relationship between attitudes toward older adults and perceptions of

self-efficacy. Self-efficacy was significantly (positive) related to levels of gerontological content in curriculum, as well as, practice experience; yet practice experience had the stronger influence (Olsen 2011).

These two studies collaborate the findings from the focus groups that mentor and internship experiences had an impact on students' their desires (to continue) to work with older adults. Participants who were in the groups (B, C, D) had positive experiences either with a mentor (being older) from their social work practicum and/or in their field internships. Experiences provided exposure, knowledge, and discovery of their level of comfort with older adults. For many it was the first time they had worked with an older adult and they could envision a career different than one they may have initially intended (i.e., with children or adolescents). Accounts of their experiences in professional settings reinforced the importance of exposure to and practical experiences in a variety of settings and are a motivator to try something 'new or different' outside of comfort levels. This is confirmed by comments; "In one of the social work courses we were required to work with a mentor from an agency, ... I decided: I'm going to go out and do it—I got a job at an assisted living facility and loved it—that is what changed it (my attitude). Later, I when I was assigned an older mentor I was very comfortable meeting with her." And "I had an older woman for my mentor who lived in a nursing home—initially we didn't get along. I had to push aside everything in my mind to rid myself of stigma and just 'start fresh.' I needed to listen to her and what she wanted to do."

There were two students who talked about having an older mentor—all four of these students became part of the HPPAE program and are now working in the field. Similarly, all participants from both HPPAE groups (B and C) and the majority of those in the MSW group (D) completed a field internship in agencies whose primary clients were older adults. Six of the

seven participants currently work with older adults and the other student reports that 50% of her caseload is middle age and older (50 years old and older). Of the students/participants in the fourth group (D), five of seven are committed to working with older adults and have employment working with older adults. Certainly there are many variables which influenced the students/participants to work with older adults, but there is strong evidence that positive experiences at home and in work settings are contributing factors.

Further research may confirm that multi-generational relationships are paramount to the development of positive experiences, which can lead to career choices and awareness of disenfranchised groups. As a society our family systems have changed—we are an independent society and have moved away from intergenerational communal living and in many instances choose to use long-term care facilities for older family members rather than our own homes. Even looking at home designs and how we use our space or in other countries where multiple generations live together, until a change occurs, how do we offer more experiences and interactions with older adults so students can learn the value of intergenerational relationships, and develop the skills to work with others?

Recommendations and implications for educators include continue to develop mentoring opportunities in schools—earlier than in college. Offer middle and high school students’ opportunities for service projects and participation in community programs, encourage open discussion about the needs and strengths of the older adult population and offer incentives to explore cultural customs. When topics/populations are discussed in class—address comments and stereotypes head on so that they can be discussed and their roots uncovered. If we do not talk about it, we will not change perceptions and attitudes.

Career Influences—Question Three

Asking about what influenced their decision to choose social work and/or a focus with older adults identified themes such as challenges in the work, interest in the population and use of social work skills, role models/people whom they admired either in the population or other professionals, and the need for social workers to provide care and assistance.

Knowing the premise of the profession and the importance of its mission and values explains factors of why students choose a career in social work. Many of the embedded values, ethics, and roots of the profession are the reasons it is a career choice. Further, a career in social work can be characterized by the application of selected skills and knowledge to a narrowed area of practice based on setting (where), population served (who), social problems addressed (what), and/or practice interventions used (how) (Morales, Sheafor, & Scott, 2007). Both in the literature and from the responses of the participants; similar themes emerged. The themes that were evident in the literature that influence career decisions (and that were found among the participants) in social work include:

- interest in helping and working with people;
- desire to advocate on behalf of disadvantaged populations or improve the welfare of others;
- personal experiences with relatives or friends or role models (i.e., relatives, teachers, social workers, mentors);
- altruistic values and wanting to make the world a better place via the social change mission of the profession;
- volunteer or work experience with both younger and older adults;

- opportunities for career satisfaction, job security, and comfortable work environment (Cummings & Galambos, 2002; Kimuna, Knox, & Zusman, 2005; Roberts & Mosher-Ashley, 2000; Silverstone, 2000; Strom & Strom, 1993; Whitaker, 2009).

People who choose a career in social work are influenced by personal desires to make a difference as well as opportunities for career advancement and professional status (Biggerstaff, 2000; Whitaker, 2009).

The National Association of Social Workers (NASW) conducted a retrospective study to investigate why social work is chosen as a career (Whitaker, 2009). Information gathered from 3,653 professionals revealed many factors influence a career in social work. The participants were asked when they first considered pursuing social work and nearly one half of respondents first thought about becoming a social worker during college, one third after college; and almost one fourth prior to entering college. Both men and women identified helping people as the leading motivator, although women were more likely to identify advocating for disadvantaged populations as the second most influential factor. Men were more likely to identify providing mental health services as their second highest factor. The third most frequent motivator identified was the influence of another person; this person was often a social worker and mentor or other (non-identified person).

Rompf and Royse (1994) conducted a study with 415 (BSW and MSW, no breakdown provided) students and 203 non-social work students to examine the influence of selected life events and factors as prior employment, volunteering, and influential persons. More MSW (51%) students had volunteer experience than did BSW (40%) students, for 29% of the students a social worker was the most influential person in their choice of career (this includes social workers who are family members or relatives). For 17% the most influential person was a teacher, professor,

or career/ school counselor, 15% reported a family member was influential, and 14% of the social work students indicated the most influential person was a human service field professional such as psychologist, therapist, or counselor.

Both of the aforementioned studies (Rompf & Royce, 1994; Whitaker, 2009) are consistent with my findings regarding choices of social work and the impact of role models via social work and human service professionals. Working with and becoming acquainted with older adults and working with other professionals supported the belief this was a good career choice because of the influence these professionals had. Others witnessed social workers 'in action' and entered a MSW program because of their influences and stayed because they found it was a good fit. Some found a sense of camaraderie or belongingness to an agency or a 'population,' which is often paramount to staying with a job/career and feeling you can make a difference. Role models are crucial in any area or profession, and the ones mentioned certainly had an impact.

After examining exploratory/descriptive studies that looked at the reasons MSW students chose social work, the implications for the profession, family dynamics, and psychosocial issues and how they affect student choices, Biggerstaff (2000) developed and administered the Social Work Career Influence Questionnaire (SWCIQ) to MSW students to measure four factors, which impacted the career choice of social work students: a) personal and family experiences, b) desire to be a therapist, c) prestige of the profession, and d) the social change mission of the profession.

In conjunction with Biggerstaff (2000), this study indicated that students' personal and family-of-origin experiences contributed to some degree to the choice of social work as a career. Students desiring to practice independently may be more motivated by personal influences than those who project a social work career in public service. This component and that of prestige did not appear to contribute to career choice by my participants, but rather to discussions about

career options such as practice settings. Biggerstaff (2006) noted that students with an undergraduate major in social work were more likely to pursue work in the public than private sector. Additionally, the reasons participants in this study choose a social work career were closely aligned with the values of social change and social justice as central concepts as well as a commitment to the profession's values.

To measure "social work idealism" and factors influencing career choice, Csikai and Rozensky (1997) administered surveys, to both BSWs and MSW students, intended to measure social work idealism and students' motives for choosing a career. The items on idealism, which received the highest individual scores from both the BSW and MSW students, were those representing traditional views/values of social work. For example, the statement with the highest (mean) scores overall for MSW students was: "each individual has unique qualities that should be valued" (p. 535). The statement with the highest score among BSW students was: "all people should be encouraged to reach their full potential" (p. 537). The primary motive for the BSW students choosing social work was altruism; and for the MSW it was professional concerns and then altruism. This study has elements consistent with the reasons the focus group participants gave: challenges of the work, interest in this population, use of social work skills, and the need for social workers to provide care and assistance.

A qualitative study of 20 geriatric social workers, conducted by Wagenfeld-Heintz (2009), looked at how spirituality and religiosity influenced career choice. Her research suggests an intertwining of the values of social work, such as social justice and client empowerment, with personal religious and spiritual beliefs. Selecting social work as a career was done out of a desire to help others and a strong belief in the value of social justice. Nine of 20 interviewees stated their religious and spiritual beliefs did influence doing good work, making the world a better

place/social justice, helping others and helping others help themselves, and facilitating a deeper understanding of clients. In comparison, I did not find responses indicating religious beliefs and spirituality related to choosing social work; however the values of social justice and client empowerment were discussed in all four focus groups.

Across the groups, the participants were aware of the need and demand for gerontological social workers and those in groups B, C, and D mentioned that careers include a range of opportunities from counseling and education to administration and policy planning. Social work has the opportunity to become a valuable resource to the aging population and an integral place as a provider within health care and social service systems. Imperative to this is that social work educators must be willing to expand their expertise, training, and curricula in geriatric social work. This leads to the next question raised.

Social work is one of the fastest growing professions and will continue to be. Based on economic, political, and other changes, issues in society and the need for advocacy, for all groups, will always be a focus for social workers. Colleges across the country do offer specializations in different areas: mental health, children and families, medical, community/macro, etc. Although many offer a specialization in gerontology, there are too few programs as well as too few students choosing this area. Awareness of the need and enticing more students to see it as a viable career option needs to be the message.

Exposure to Older Adults and Content in Bachelors or MSW Programs—Question Four

Themes identified in response on the educational content about older adults in their undergraduate or MSW programs ranged from no content at all to minimal content. The first theme can be separated into two sub themes—some content and/or exposure in their undergraduate/BSW program, and some in the MSW program. In the BSW program the

participants acknowledged exposure/experience through a field internship or a BSW practicum class. Some participants (also CSU students) mentioned they were not informed of classes or available certificates/ programs, and some were genuinely frustrated overall. For the second sub theme those who were part of HPPAE did feel that they received education/information on older adults, due in part to its requirements for course assignments and projects on older adults and because each participant had an interest in this population. Although students at both the BSW and MSW levels had opportunities for field placements; HPPAE participants took the initiative to learn and address this population's needs through internships, case studies, and research projects.

Across the groups the participants reiterated they learned little about the aging population at either the undergraduate or graduate level, besides mentioning "this is a good career to go into should you want job security." Other comments included; "there were no readings, no assignments, nothing specific about gerontology." "I remember hearing about it, not learning about any opportunities or in class use of case examples." And a few echoed "no, in the BSW we focused on kids, and in the MSW there was minimal discussion about working in gerontology or with older adults."

This is supported by studies that indicate only 7% of social work students nationwide are taking aging courses (Damron-Rodriquez, Goodman, Ranney, Min, & Takahashi, 2001; Whitaker et al., 2006). These authors stressed that social work is one of the key professions identified for interdisciplinary approaches to services for older adults and their families. An on-going issue related to enhanced education for social workers in aging is whether infusion of content or specialization is offered. Their report was collaborated by the Institute of Medicine's (2008) report, which declared the need for both approaches to geriatric curricular development.

Although focused on schools of social work in California, their discussion on the major obstacles to development and implementation of an optimum aging curriculum is relevant. In response to a questionnaire distributed to schools in California, the most frequently mentioned barriers/obstacles by faculty included existing curriculum too full, lack of students' interest, and not priority population. Other obstacles included lack of faculty with aging specialization, resistance on part of the faculty, and lack of field placements. Specialized aging content is provided more by way of elective than required courses, and according to data from the Council on Social Work Education (CSWE) of the MSW programs (across the country) in 2005-2006, 2.0% reported required courses, while 91.4% of programs offered one or more elective aging courses, and one quarter (28.0%) offered either a concentration or sub-concentration in aging. The authors did make the following recommendations for development of criteria for curricula development. The standards should:

- 1) Be basic versus substantial levels of infusion.
- 2) Be raised and may need to be based on the size of the social work program but should consider a minimum of two faculty in aging.
- 3) Include placements and the number of internships should be increased.

Many of the national surveys of social work programs conducted 10+ years ago clearly found a lag in the number of well-qualified social workers needed to meet the geriatric population. This continues to be the case. Current reports (2013-2015) show that progress has been made to produce well-qualified geriatric social workers, but more efforts are needed to produce an adequate supply.

Smith (2013) conducted a qualitative study to see how first-year MSW students (n=17) integrated field experiences with classroom learning, currently working with older adults in a

field practicum. From the list of the questions asked, two are relevant here: 1) has there been any content, reading or discussion from your classes you have found helpful and/or interesting in regards to older adults? 2) What is it like for you to work with older people? Using a grounded theory approach, Smith examined the factors/answers associated with student comfort or discomfort in their field experiences. She grouped the positive and negative experiences into role confusion and role clarity. Role confusion indicated discomfort with their social work role, confusion about what to do with clients, or inability to integrate classroom learning. Role clarity was associated with clarity of experiences about students' roles in their agencies and/or the application of interventions and theoretical concepts learned in the classroom (Smith, 2013, p. 255). Students who talked about role clarity made comments as: "...for the most part people want your help. They get excited about the program, they are calling us, and I have not had a problem engaging with the clients." Many of the students showed confusion and frustration with their role, associated with the perceived idea that older people had no interest in long-term treatment or activities forced upon them by the agency, or they had "no goals" or "were going to die." This parallels ageist assumptions researchers have found among mental health (and other) practitioners who perceive elders as rigid, unwilling to change, and unsuitable for therapy (Ivey, Wieling, & Harris, 2000; Kane, 2004, as cited by Smith, 2013).

Another contributing factor to students' role confusion may be the professors' unexamined ageist belief systems (Smith, 2013). Several students reported their professors either did not require written assignments directly related to gerontology or had them write short-term goals and notes about home visits, rather than develop problem-solving interventions. This highlighted the importance of professors and field instructors to challenge students' ageist assumptions regarding treatment plans (often written less aggressively) for people based on age

rather than their needs. An interesting finding is how students' professional identities are formed by interaction with professors. Several students reported their professors did not employ assignments that directly tapped into their field experiences. This could influence students as they develop their professional identities and interests in a career. If students are constructing their identity in alignment with their professors' emphasis and professors do not create assignments that reflect students' knowledge (both tacit and explicit) acquired from practice with older people, then students may assume gerontological learning or specialization is not valued. Educators need to examine how teaching encourages or discourages students to generalize from practical learning to their evolving views of professional social work. Unexamined practice may lead to career decisions—not choosing to specialize in gerontology—based on ageist views of “real social work” (Smith, 2013).

The relevance of these two studies (Damron-Rodriquez et al., 2001; Smith, 2013) is that they paralleled some of the findings from my focus groups. Some of the participants were frustrated they had not received information about the option of a minor in gerontology (through the department of Human Development and Family Studies); a few had been informed of or taken an elective course on aging, and only those in the HPPAE program were encouraged to complete field or classroom assignments specifically related to older adults. Although one professor did talk about it briefly: “Dr. D. has a background in gerontology and occasionally it would be tied to something—there were comments or inferences but they were very short and brief. It wasn't part of the class per se.” The mention that the program, professors' values, and what they address in class have an impact on students is revealing—we need to have balance of content/focus on all populations. Otherwise we are providing a disservice, and students get a covert message that some populations are not important. They did mention that other

departments offered courses; in the social work diversity class there was discussion around generational differences and the care and treatment of older adults across cultures. Some of the participants had chosen a long-term care setting for their undergraduate practicum and were grateful to be introduced to working with older adults. Even though this was a positive experience, their sentiments were that it was not enough. Finally, those who did complete internships (BSW or MSW) in an aging-specific agency saw them as valuable experiences. One comment was:

In class I would talk about older adults and people's eyes would glaze over--it felt like you had a second head if you ever presented content on older adults--you see that disconnect... most don't want to talk about it. ...we had five in our HPPAE cohort, ...and we did all of those projects together and so it was like we were the "Gero-group" we hung together and did everything together--and so did everyone else--we sectioned off--so it does make sense that if it was talked about/added more, it may have been more familiar and/or accepted.

Another focused on a class:

The text covered the stereotypes about the populations—neither the book nor the professor addressed the opportunities there are in the career field or gave us examples of settings—it is not just about working in a nursing home. Maybe having teachers take that extra step to expand on the topic...

Content was lacking in both the aforementioned studies and in the MSW program at CSU—the lack of content specific to the older adults related to theories/therapies, diagnosis, prescription use or other medical interventions, opportunities to learn about settings, literature, and case planning. Across the four focus groups, participants were clear on the need to make allowances in the content to include this population in more detail.

Another significant factor that arose from the research and from the focus groups is to determine the professional development available and essential for educators across the spectrum, from pre-college to post-college levels. For educators to feel confident in discussing issues and practice with older adults and to realize the importance of infusing this content into

courses, professional development needs to be available to enable them to teach the content competently. Educators need to examine career opportunities and present the population demographics, develop programs and concentrations with a focus on aging, and recognize the role professors play in demonstrating values and the importance of teaching the skills and competencies necessary for practice.

Focus Group Recommendations for Educators

The final question was regarding strategies and recommendations for educators to demystify and educate students (BSW and MSW) about older adults and to encourage students to look at career opportunities. Themes and ideas that came from the focus groups centered on use of examples and specific educational content in the courses; availability of specialties in aging, invite more guest speakers, and encourage field experiences with older adults and in agencies. Students learn positive regard and value of the population, when we talk about their fears or misconceptions and demystify and challenge stereotypes.

Across the focus groups there was discussion about how the content could be presented in elective or required courses to make it interesting and contributing to overall learning. For example, “even re-thinking a class or instead of having one semester class on one population or topic, focus on a few that may be related—adults, older adults, mental health, etc. ...learning about different populations would be valuable in both our undergrad and graduate programs.”

One example of how programs can integrate an aging specialization is by providing an aging concentration in an established MSW program. Dakin, Quijano, Bishop, and Sheafor (2013) reported the development and implementation of a competency-based aging specialization within an advanced generalist MSW program. In this program/model 10% of second year students at CSU participated in an aging specialization (n = 21). This included the

participants from the focus groups (B and C). This program began in 2008 through a three-year John A. Hartford Foundation (funders of HPPAE) grant. Core features for the aging specialization included:

1. Community-based specialization. Reflection of and responsiveness to community identified needs, an essential component is developing, implementing, and sustaining the specialization as a collaborative effort between a school of social work and its community partners.
2. Competency-based education. The HPPAE model outlined competencies in four major domains: values, ethics, and theoretical perspectives; assessment; intervention; and aging services, programs and policies. These domains were compared to syllabi in the MSW program and the competencies that were lacking were incorporated into the course assignments or their field placements.
3. Gero-seminars and Gero-rounds. Students attended monthly seminars that addressed topics related to geriatric social work. Community representatives from agencies co-led/taught with a faculty member. A model of Gero-rounds based on the concept of medical rounds was created. Each month the students visited an aging-related agency where they could network with the staff, learn of their programs, services, and identify resources.
4. Integration of aging content. Students were asked to focus on aging wherever possible in their course assignments, including policies or program evaluations, which directly related to older adults and the agencies that serve them.

5. Dual Micro-Macro internships. Students were placed in two field agencies simultaneously to emphasize on intervention across system levels. This increased their knowledge of and experience in aging.

The response to this specialization/program was great; excitement was expressed by the students and by the professionals in the community—both felt it met the need for educating competent social workers and in providing awareness of the resources and belongingness in the network of specialists in the community. A former student reported; “participating in the aging specialization was a key selling point to the aging services organization where I now work.” Students not in the program expressed interest when hearing the comments by the participants.

This competency-based program was funded for three years, and continued for two more years without external funding. Students were offered a certificate in aging education through the J.A. Hartford/HPPAE program and received extra time with faculty, attended seminars, and Gero-rounds. Due to the loss of two faculty members involved with overseeing the program, it did not continue. This was a loss to the social work program and to future MSW students. There are plans to collaborate with other disciplines at CSU in the future to offer a certificate program in aging at the graduate level.

This is one example of how educators did and could respond to content and hands-on experiences with older adults. A participant summed it up as:

If instructors were more knowledgeable about older adults and how working with them would play into the subject—or used more examples—this would increase our awareness. Even encouraging students to start thinking about how a topic would look if the client were an older adult would spur a learning opportunity for application and/or awareness of how to apply the learning or skills to older adults.

Finally, using guest speakers and panels of professionals, offering more mentorship opportunities with older adults, encouraging more students to complete their undergraduate and

graduate field placements at an aging-specific agency were recommended by participants across the focus groups. Hands-on opportunities are often the best way to enhance courses. Two comments from the focus groups describe this:

we see diversity of humans everywhere we go but not in a helping setting or a social work setting, so I think it is just the basic exposure...if we're not taught or exposed to something, and we need it presented with energy too...if we could get some educators to work with students as young as high school—the younger we get people excited about the elderly that there's energy and excitement in that population. That is where it needs to start—the energy and just the sheer exposure—before even knowing the opportunities, and seeing why is it important to work with this group.

I think that is a great idea, and teaching to it and having representatives from the community come in and talk. In order to build that passion, what it comes down to is that society's message has to change because it starts when we are young.

Recommendations as voiced by the participants were to integrate content into more courses and provide more field or mentor opportunities across the curriculum to increase the exposure and educational awareness of students. Faculty who are experts in any field is crucial and seems to be lacking at both CSU and other programs across the country. Instead of having elective courses on aging, encouraging the development of required courses in social work (and other related fields) at both the bachelor and graduate levels is recommended. In the course content it is imperative to share with students that families are comprised of many different people and not present as a 'typical' family—more grandparents are living with their families and many are taking on the responsibility of parenting grandchildren. Even when we focus primarily on children or youth, older adults are part of the equation—often multiple generations. As evidenced by the participants, pushing students beyond their comfort levels and encouraging them to work in settings with populations they may not have considered, often works as they may find they have skills and aptitudes to work with all populations.

Concluding Recommendations

Direct practice, changes in course work, and professional development for educators may be drawn from this qualitative study and addressed at multiple levels from the classroom to the community in social work programs. Clearly additional inquiry could assist in developing and accessing collaborative educational models in both BSW and MSW programs. We must address the need to educate and inform social work students about the value of and need to work in the field of gerontology. With an emerging awareness of the need for more professionals in all types of agencies and settings that serve older adults, social work professionals must be knowledgeable about and learn to contribute to the needs of an aging society and develop the resources and settings for making this contribution. In the wider range of field settings, such as senior centers, legal services, employment and volunteer programs, professional social workers are needed to find resources and work with or train staff to achieve solutions and address problems of these programs (Cox & Parsons, 1994). The presence of social workers is crucial in nursing homes, hospitals, home health care agencies, and other health care settings to provide interventions that focus on the social, health/medical and emotional needs. Social workers can collaborate with other professionals to assist with long-term care, housing, income, benefits, and development of other resources in communities.

It is not 'enough' to have a 'few' educators to teach the content or offer a certificate program, we must make a commitment to infusing content about practice with older adults in all courses across the curriculum. Collaboration with professionals from other human services be it human development, sociology, medicine, psychology, community planning, and policy may ensure that we educate students with a systemic approach to working with this vital group of people.

There is a significant increase in the diversity and demographics of the aging population, and there “will be a greater need for social workers to use their skills to enhance the quality of life for older adults and their families and to assist them in navigating ever-changing and increasingly complex health, mental health, social service and community environments” (CSWE, 2001, p. v). Social work offers a comprehensive approach to meeting individual physical, emotional, social, and spiritual needs, and this approach is essential for services to older Americans, their families, and communities.

Response to Conducting a Qualitative Study

Conducting a qualitative study with focus groups was truly a wonderful experience. The information and insights that were shared provided rich information to be used to change/challenge my own teaching and practice, and to advocate for changes in MSW (and BSW) programs.

This study was focused on the participants’ perceptions of stereotypes, their own experiences with older family members and friends, and their need for programs and content in their coursework. Other themes emerged, which can give rise to future studies and research. Examples of this include more opportunities and research on intergenerational programs (i.e., grand families—grandparents raising grandchildren). In this study and in social work programs, we have a number who are veterans and are pursuing work with (older) veterans. Their insights and experiences, both their own and those with whom they work, especially older men and women from conflicts such as Desert Storm, Vietnam, and Korea. This and other subgroups/diverse groups of the older population may merit study as most studies to date have looked at the population as a homogenous group; even to a greater extent than other groups as children or adolescents. Seeing this population as heterogeneous brings awareness to the many

facets and diverse needs that exist and provides opportunities to work in mental health, addictions, Gay Lesbian Bisexual Transgender Queer (GLBTQ), and across ethnic and cultural demographics.

As referenced, I was part of the specialization program at CSU to train and educate MSW students in the area of gerontology. Interviews with other alumni and discussing their experiences and how these affected their choices and practice would be beneficial in advocating for a specialization program within our School. If the School does not offer more content and aging specializations, BSW and MSW graduates will be looking for employment, and find themselves in settings where they lack adequate training. Examples of this have been occurring in our community agencies—I work with a number of long-term living facilities and see new staff last six months to a year. The turnover in these settings is like a revolving door—people are not prepared for the documentation needed, are not aware of Medicare and Medicaid statutes, and are not prepared for the conditions or needs of the residents and the facilities. They learn about medical interventions, medications, and diagnoses haphazardly and there is often frustration between social work roles and other professionals such as nursing, because new graduates are inexperienced or question the methods of care. Certainly applying the values of the profession and reiterating to students the need for collaboration and respect for co-workers and colleagues will go a long way toward success in these settings.

In a NASW report, Whitaker et al. (2006) noted it is unreasonable for social workers to think they will not be providing services to older adults at some time in their career. Even those whose goal is to focus on children and families will encounter older adults who have an impact on the larger system. “The majority (73%) of licensed social workers provide services to adults

55 years and older, regardless of the practice setting or focus”, and many will work directly with older social workers and other professionals (Whitaker et al., 2006, p. 10).

At CSU there are plans to build a health center, which includes a center on healthy aging. The plans for this center are for it to be staffed with faculty and staff from disciplines such as human development, occupational therapy, and social work. This center will go a long way in the development of adequate training and education to work with professionals from other disciplines and older adults in the community. Completing this study gave me opportunities to work with students, alumni, faculty, and others who are dedicated to both social work and working with older adults. Crucial is faster change—to carry on the work and not allow what we learned to be put on a shelf. Bringing forth the many insights, suggestions, and recommendations are vital as the future of care depends on it!

A final reflection from one of the participants seems to sum it up:

My favorite thing was to ask the people in the facility about their favorite memories. It was so cool and you talk to them about the past. I talked to people who were around when the model T was invented, and I would think about it when I would get into my car—and it is unbelievable the things and stories that they have—the students now don’t care about that time nor do they care about the events in the past because they are all about the future and they don’t care about things once were, just what’s coming up next.

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APPENDIX A
Recruitment Script

Dear [Name]:

I had the privilege of meeting and working with you while you were a student in the MSW program and part of the Hartford Partnership Program in Aging Education (HPPAE).

As a PhD candidate, I am conducting a qualitative research study to explore how MSW students choose a career focus in working with older adults. As you were a ‘Gero-fellow’, I would like to invite you to participate in this study based on your participation on your specialized internship.

It is my hope to better understand how students choose a career in social work, and how those choices, education, and life experiences, may lead social workers to work with older adults.

Your participation is important as there are a finite number of students involved in the HPPA program, and I am certain that you can offer valuable insights into how to recruit more students and professionals into this area.

I will be contacting you via email or telephone in the upcoming weeks with details of a focus group with other graduates who were also part of the School of Social Work HPPAE program.

Hopefully you will be interested and able to attend. If you have any questions or comments please contact me at 970-491-7943 (office), or email me at:

pbishop@colostate.edu.

Most Sincerely,

Pamela Bishop

APPENDIX B
Instrument Script

Dear [Name]:

You are being invited to take part in a research study carried out by Pamela Bishop in the School of Education at Colorado State University. You have been identified to participate in this study based on your role as a participant in the HPPAE grant, and as a graduate of the MSW program at Colorado State University. I would like the opportunity to invite you to participate in this important study with a focus on social work with older adults.

The purpose of this study is to develop a better understanding of career choices in the area of aging/older adults. I will be conducting focus groups; they will take place centrally located on campus for all the participants invited. The focus group will take approximately 90-120 minutes to complete.

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time. You may skip any particular question you do not wish to answer and you may discontinue participation in the group interview at any point.

You are assured that all responses will remain anonymous and published results will not identify you by name. This interview guide meets all the requirements for the protection of respondent privacy and confidentiality and is approved by the Colorado State University Institutional Review Board. There are no known risks for participating in the study. It is not possible to identify all potential risks in research procedures, but the researcher has taken reasonable safeguards to minimize any known and potential risks.

The focus group will be audio recorded to ensure your comments are heard and nothing is missed. Recordings will be kept in a locked location that only the researcher may access and will be destroyed after transcriptions are complete. No names will be included in the transcription and no other identifying information will be collected or reported. You are encouraged to ask questions at any time during the group.

At times, you may bring up topics/issues that I have not thought of, when developing the group outline and questions. Also, to maintain a trustworthy study, my committee chair and committee members will review the results and the transcripts. You are welcome to review/read the

transcripts of your group to ensure that I transcribed the notes from your group correctly and objectively. The Colorado State University Internal Review Board (IRB) will also be reviewing the study and its methodology prior to its implementation.

I appreciate your participation in contributing to this important study. If you have questions concerning the study, at any time, please contact me at 970-491-7943 (work) or pbishop@colostate.edu or Dr. Carole Makela at Carole.Makela@colostate.edu or 491- 5141

Thank you,

Pamela Bishop, MSW

APPENDIX C
Instrument Script

Dear [Name]:

You are being invited to take part in a research study carried out by Pamela Bishop in the School of Education at Colorado State University. You have been identified to participate in this upcoming study based on your current enrollment as a MSW student at Colorado State University. I would like the opportunity to invite you to participate in this important study with a focus on social work with older adults. You have been identified as a likely participant based on your preferences of client groups to work with listed on your MSW field application.

The purpose of this study is to develop a better understanding of career choices and working in the area of aging/older adults. I will be conducting focus groups; they will take place in a centrally located setting on campus for all the participants invited. The focus group will take approximately 90-120 minutes to complete.

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time. You may skip any particular question you do not wish to answer and you may discontinue participation in the group interview at any point.

You are assured that all responses will remain anonymous and published results will not identify you by name. This interview guide meets all the requirements for the protection of respondent privacy and confidentiality and is approved by the Colorado State University Institutional Review Board. There are no known risks for participating in the study. It is not possible to identify all potential risks in research procedures, but the researcher has taken reasonable safeguards to minimize any known and potential risks.

The focus group will be audio recorded to ensure your comments are heard and nothing is missed. Recordings will be kept in a locked location that only the researcher may access and will be destroyed after transcriptions are complete. No names will be included in the transcription and no other identifying information will be collected or reported. You are encouraged to ask questions at any time during the group.

At times, you may bring up topics/issues that I have not thought of, when developing the group outline and questions. Also, in order to maintain a trustworthy study, my committee chair and committee members will review the results and the transcripts. You are welcome to review/read the transcripts of your group to ensure that I transcribed the notes from your group correctly and objectively. The Colorado State University Internal Review Board (IRB) will also be reviewing the study and its methodology prior to its implementation.

I appreciate your participation in contributing to this important study. If you have questions concerning the study, at any time, please contact me at 970-491-7943 (work) or pbishop@colostate.edu or Dr. Carole Makela at Carole.Makela@colostate.edu or 491- 5141

Thank you,

Pamela Bishop, MSW

APPENDIX D-1
Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: FACTORS INFLUENCING MASTERS LEVEL SOCIAL WORK STUDENTS TO WORK WITH OLDER ADULTS/AGING.

PRINCIPAL INVESTIGATOR: Carole Makela, PhD, professor, School of Education, Carole.Makela@colostate.edu (970) 491-5141

CO-PRINCIPAL INVESTIGATOR: Pamela Bishop, MSW, School of Social Work, p.bishop@colostate.edu (970) 491-7943

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being invited to participate in this study based on your status of an alumnus MSW from the CSU School of Social Work; and your participation in the Hartford Partnership in Aging Education grant.

WHO IS DOING THE STUDY? This study is being conducted by Carole Makela, PhD. Professor, and Pamela Bishop, doctoral candidate, in the School of Education at Colorado State University.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of the study is to identify factors that influence master's level social work (MSW) students to choose to work in the field of aging and/or with older adults. Through the use of qualitative research and focus group interviews, I will facilitate small groups with MSW graduates about their experiences, educational curriculum and/or internships, and career aspirations. Data will be collected in the form of notes, audio recordings, memos, and the use of flip charts. A co-facilitator will be used to take comprehensive notes and to debrief with the facilitator after each group. Your participation is important because you have either worked in an internship that focused on aging/older adults.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study /focus group will take place in the conference room (130) in the School of Social Work at CSU. The total time commitment for your involvement is estimated at 2 to 2 ½ hours. You will be contacted shortly to set up the date and time if you agree to participate. The room is accessible and snacks/refreshments will be provided.

Page 1 of 3 participant's initials _____ date _____

WHAT WILL I BE ASKED TO DO? You will be a participant in one focus group. The first group will be alumni who participated in the HPPAE program. You will be encouraged to share your thoughts and experiences with other group members, and be part of a group process. The date has not yet been set. As a member of this group, you may be asked to review the transcripts of the group in order to meet criteria for trustworthiness and to ensure the notes/transcriptions are accurate.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should not take part in the study if you are not alumni of the School of Social Work at Colorado State University.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits from taking part in this study. However, your participation will help to better understand however, the information gathered will help inform how to provide career guidance and appropriate field experiences for students.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? We will keep private all research records that identify you, to the extent allowed by law. Your information will be combined with information from the other alums taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? No. The researcher will give all group members a \$10 gift card for participating in this study. You may keep the \$10 gift card even if you withdraw your consent prior to the conclusion of the focus group interview.

WHAT IF I HAVE QUESTIONS? Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now.

Page 2 of 3 participant's initials _____ date _____

Later, if you have questions about the study, you can contact the Principal Investigator, Carole Makela, at 970-491-5141 or the Co-Principal Investigator, Pamela Bishop, at 970-491-7943. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.

The CSU Institutional Review Board for the protection of human subjects in research on September, 2013 approved this consent form.

WHAT ELSE DO I NEED TO KNOW? The focus group interview will be audio recorded to ensure the accuracy of the information collected. You have the right to review the transcripts/notes from the focus group you participated in.

I agree to participate in the focus group for the MSW HPPAE alumni: Yes____ No____

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant

Date

Signature of Research Staff

Page 3 of 3 participant's initials_____ date_____

APPENDIX D-2
Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: FACTORS INFLUENCING MASTERS LEVEL SOCIAL WORK STUDENTS TO WORK WITH OLDER ADULTS/AGING.

PRINCIPAL INVESTIGATOR: Carole Makela, PhD, professor, School of Education, Carole.Makela@colostate.edu (970) 491-5141

CO-PRINCIPAL INVESTIGATOR: Pamela Bishop, MSW, School of Social Work, p.bishop@colostate.edu (970) 491-7943

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being invited to participate in this study based on your status of being a second year MSW student in the CSU School of Social Work; and your choices indicated on the field application for your concentration-year internship.

WHO IS DOING THE STUDY? This study is being conducted by Carole Makela, PhD. Professor, and Pamela Bishop, doctoral candidate, in the School of Education at Colorado State University.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of the study is to identify factors that influence master's level social work (MSW) students to choose to work in the field of aging and/or with older adults. Through the use of qualitative research and focus group interviews, I will facilitate small groups with MSW students about their experiences, educational curriculum and/or internships, and populations of interest. The group will be made up of fellow students that also may have indicated a choice to work with older adults; or it may be a group of students that did not indicate a preference to work with older adults. It is the researcher's intention to learn why or why not working with older adults was considered. All those that indicated this population as an interest were chosen for one group, and those that did not indicate this population as one of their top three choices were randomly selected to be invited to participate in a second group.

While participating in the focus group, the data will be collected in the form of notes, audio recordings, memos, and the use of flip charts. A co-facilitator will be used to take comprehensive notes and to debrief with the facilitator after each group. Your participation is important because you have either chosen an internship that focused on aging/older adults, or you have chosen another internship.

Page 1 of 3 participant's initials _____ date _____

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT

LAST? The study /focus group will take place in the conference room (130) in the School of Social Work at CSU. The total time commitment for your involvement is estimated at 1 ½ to 2 hours. You will be contacted shortly to set up the date and time if you agree to participate. The room is accessible and snacks/refreshments will be provided.

WHAT WILL I BE ASKED TO DO? You will be a participant in one focus group of current MSW students/peers to discuss experiences and interests and in working or not working with older adults. You will be encouraged to share your thoughts and experiences with other group members, listen to their opinions and ideas and be part of a group process. The date has not yet been set.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? You should not take part in the study if you are not a current second year MSW student in the School of Social Work at Colorado State University.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits from taking part in this study. However, your participation will help to better understand however, the information gathered will help inform how to provide career guidance and appropriate field experiences for students.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? We will keep private all research records that identify you, to the extent allowed by law. Your information will be combined with information from the other students taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? No. The researcher will give all group members a \$10 gift card for participating in this study. You may keep the \$10 gift card even if you withdraw your consent prior to the conclusion of the focus group interview.

Page 2 of 3 participant's initials _____ date _____

WHAT IF I HAVE QUESTIONS? Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the Principal Investigator, Carole Makela, at 970-4915141 or the Co-Principal Investigator, Pamela Bishop, at 970-491-7943. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.

The CSU Institutional Review Board for the protection of human subjects in research on September, 2013 approved this consent form.

WHAT ELSE DO I NEED TO KNOW? The focus group interview will be audio recorded to ensure the accuracy of the information collected. You have the right to review the transcripts/notes from the focus group you participated in.

I agree to participate in the focus group for current MSW 2nd students: Yes____No____

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant

Date

Signature of Research Staff

Page 3 of 3 participant's initials _____ date _____

APPENDIX E
Confirmation Letter

[Date]

[Participant's name and address]

Thank you for agreeing to participate in the focus group that I am holding as part of my PhD research at Colorado State University. The group will be held on [September 21, 2013] at CSU in the conference room (130) of the School of Social Work at 5:00 pm. Refreshments will be provided.

As I explained in the earlier telephone call, the purpose of the group is to hear about your experience with the HPPAE project, your work with older adults, and to inform group interview question for the current MSW students and to “brainstorm” recruitment ideas for other MSWs to consider work with older adults. As I mentioned in our phone conversation I will be recording the session so that I can keep a record of the things shared by each participant. I can assure you that confidentiality will be kept at all times.

The session will begin at 5:00 and will end at 6:30. I know how valuable your time is, and I will respect everyone's schedules by beginning and ending on time.

Once again, I am so glad that you have accepted my invitation to participate in this group. Of course the success of any group depends on each of its members, and I feel your participation will be very beneficial. If you are unable to attend, please call (970-491-7943) or email (pbishop@colostate.edu) me as soon as possible.

I look forward to seeing you on the ---- of September!

Sincerely,

Pamela Bishop, MSW

Enclosed are directions to the building. Parking permits will not be needed as it is after parking restrictions expire for the evening. There are parking lots to the east and southwest of the building (map enclosed).

APPENDIX F
Protocol for Focus Group Sessions

It is recommended that the group interviews follow this format:

1. Welcome all participants, make introductions, and discuss any comfort needs and confidentiality.
2. Draw a map of the seating arrangement. Knowing where someone sat can sometimes jog the memory for later discussion and analysis.
3. The primary goal of the “question format” is to be consistent, be relaxed, have fun and provide time for each answer be in written or verbal responses. Memos and the group notes will ensure that any statements, quotes, and opinions of the participants are gathered and recorded. Points to consider in taking notes on a focus group: Jot down questions that could be asked, record any ideas, thoughts, or concepts that were not mentioned.
4. Question format:
 - a. Opening questions- used for greetings and intended to establish a sense of community.
 - b. Introductory questions- introduction of the general topic of discussions and/or provide participants with an opportunity to reflect on experiences and their connection with the overall topic. Typically these are open-ended and are meant to gain a perspective on how the participants see or understand the issues, or how they view an experience. These questions often give the facilitator clues about the participants’ reality. Occasionally there will be answers given that are unanticipated; there insights may lead to probing or follow-up questions. (For the HPPAE group, I will also ask them about their current work/engagement with aging.)
 - c. Transition questions- these are intended to move the conversation toward key responses that drive the study. Transition questions help the participants envision the topic either in a more focused or broader scope. They are a link to the next questions, and are a way to learn how others view the topic.
 - d. Key questions- these drive the study. There are three to five questions in this category; they require the greatest attention in the analysis. Allotting enough time for the key questions and answers and the use of pauses and probes ensures they are answered thoroughly.

- e. Ending questions- bring closure to the discussion; enable participants to reflect on previous comments. They can also provide opportunities for clarification of both their views and those of the other participants.
 - f. Summary question- asked after the facilitator(s) give a short summary of the key questions and ideas that emerged from the discussion. After the summary, participants are asked about the adequacy of the summary. This is also a critical piece in the analysis of the data.
 - g. Final question- is there anything that was missed? Any suggestions for other groups?
5. Thank you for your participation in this group and this research study!

APPENDIX G

Interview Questions

Research proposal questions:

The purpose of this study is to identify what factors influence a Master of Social Work (MSW) student to choose to work with older adults.

- 1 .What characteristics do MSW students who are interested in working with older adults demonstrate?
 - a. How do societal attitudes on aging influence MSW students?
 - b. How do life experiences influence MSW students?
 - c. How do interactions influence MSW students?
2. How does the educational content and/or an internship influence MSW students?
3. What do (current and former) MSW students who are participants in the study identify as appropriate strategies to encourage other social work students to develop an interest or consider a career working with older adults?

The areas of focus for this focus group will be on: non-academic experiences, academic experiences as a bachelor's student, MSW experiences, internship experiences, post-internship experiences, perspectives on careers, recommendations for future students, and societal perspectives.

- I. Non-academic experiences
 - a. What age do you define as an older adult? 60-64, 65-70, 71-75, 76+
 - b. What characteristics would you use to describe an older adult?

- c. Tell me about your experiences and interactions with older adults that have been positive. (RQ 1 B & C)
 - d. Of those experiences and interactions, who were they with? A grandparent, aunt, uncle, family friend, other?
 - e. How often did you interact with older individuals when growing up (e.g. grandparents, family friends)?
 - f. How many older individuals have you provided regular assistance to help them with their daily activities?
 - g. Tell me about your own experiences with older adults that have been negative for you. (RQ 1B). How did this influence you?
 - h. How did these experiences influence your decision regarding a focus (or not) on older adults/aging? (RQ 1A and 1B)
- II. Academic experiences as a bachelor's student
- a. Was there information or content in your undergraduate courses that addressed the dynamics of aging or the needs of older adults?
If so, tell me what courses this occurred in. (RQ 2)
What aging specific courses did you take?
 - b. In your undergraduate program, what exposure to or opportunities to work with older adults did you have? What opportunities did you take? (R Q 2)
- III. MSW experiences- course work
- a. About how much content in your MSW program/courses addressed the needs of or working with older adults? (RQ 2)
 - b. What suggestions do you have to better balance content of the life cycle?

- IV. MSW internship experiences
 - a. In your graduate studies, how was your field placement developed? Which model did you participate in? One agency over the span of two semesters (traditional) or two agencies over two semesters, with a focus on both micro and macro practice? (RQ 2)
 - b. How might you describe the quality of experience you received? (RQ 2)
- V. Post-internship experiences
 - a. Have you been offered the opportunity to work with older adults (after your internship or obtaining your MSW)? Did you accept it? Why or why not? (RQ2).
- VI. Recommendations for future students
 - a. What suggestions do you have for other MSW students to consider working with older adults/aging? (RQ3)
 - b. What suggestions do you have for educators to promote interest in careers with older adults/aging? (RQ3)
- VII. Societal perspectives
 - a. What are common societal perceptions about older adults? (RQ 1A).
 - b. How have these perceptions or reactions influenced you? (RQ1A)
 - c. How do you feel society discriminates against or lessens the importance of older adults? If so, can you give examples? (RQ 1A)
 - d. How do you feel that society values the older population as compared to other groups such as children, adolescents, young or middle aged adults? (RQ 1A)

VIII. Other:

- a. Would you have chosen differently- either focused on aging or not, if you had a chance to do it over again? (RQ all)
- b. Since graduation have you been working in any settings with older adults? If offered two different jobs, one in aging and one not, all else equal, what would you have accepted?
- c. Would you be willing to review the transcripts from this focus group? This is done for trustworthiness. If so, please tell me how to contact you.
- d. What else would you like to share about the topic?
- e. How do you feel about participating in the focus group?
- f. Do you have any questions or comments for us?

APPENDIX H
Information/Data Collection for Focus Groups

Date of focus group	
Location	
Number and description of participants	
Facilitator	
Co-facilitator	

Responses to questions

When you think of societal attitudes of aging, what comes to mind?

Brief summary/Key points	Notable Quotes
Comments/Observations	

Tell us about your life experiences with older adults

Brief summary/Key points	Notable Quotes
Comments/Observations	

Tell us about significant interactions with older adults

Brief summary/Key points	Notable Quotes
Comments/Observations	

How did the educational content in the MSW program influence you in regards to older adults?

Brief summary/Key points	Notable Quotes
Comments/Observations	

Tell us about your field placement and/or your choices for populations to work with

Brief summary/Key points	Notable Quotes
Comments/Observations	

What are strategies that you recommend to use to encourage MSW students to work with older adults?

Brief summary/Key points	Notable Quotes
Comments/Observations	

APPENDIX I
Sample of Table for Coding

1. What are societal attitudes that come to mind when you think about aging? What are the first things that you think of when I ask what societal attitudes about aging are?

A. First MSW group- students Who did not want to work with older adults	B. First HPPAE group	C. Second HPPAE group	D. Second MSW group- students who would work with older adults
Deterioration	negative	Fear and Reluctance Pressure to not go through this again	Grumpy Wise
Helpless	Wrinkles	struggling with change	Unproductive
Weak old people always breaking hips	smell like medications	Medicaid and Medicare	Wise Cultural Caring Make good cookies
dementia	Dementia	physical ailments	Good cooks x 2 Resilient Knowledgeable Have great stories
Sickness	body and the mind is failing	not having resources	Not aware of our time
Lack of Knowledge	frail	frail	Gross smell funny sort of smell like Ben gay
Mental illness	life and death meek and mild	the end-of-your-life;	Men are grumpier, Women are gentle, comforting, sweet Sweet old lady and grumpy old guy-
Abuse	Hospice	No interest in activities	dirty old guy making jokes and hitting on younger women
Poor	Don't remember/poor memory	Complete mental and physical decline, in- capabilities.	Resistant to change/conservative

2. Life experiences positive and negative that you have had with older adults whether they are relatives, friends, or neighbors- what kinds of things (in this case we define older adult as over 60).

A. First MSW group- students Who did not want to work with older adults	B. First HPPAE group	C. Second HPPAE group	D. Second MSW group- students who would work with older adults
<p>Grandparents never lived in Colorado grandpa would come out every Christmas dad’s parents until they started getting older and in their final stages.</p> <p>Not close to my grandparents and would see them about every 3 years.</p> <p>I didn’t see them very often and I kind of don’t remember them only seeing them once a year</p> <p>There was an older man I met while working at a golf course, and we became very good friends. I would have breakfast with him and his wife. Would often visit with his wife- it has changed my perception a lot as he’s so smart, he knows over 100 poems that he can recite. he is active and walks the golf course every day</p>	<p>There’s a memory care that I visit -care providers learn hair styles – from ‘back in the day’; twists, the bouffant –pin curls, there is a woman who has a picture of herself from her 20’s - her hairstyle is the same today. This is a source of pride for her- and her identity. When she looks in the mirror- dementia or not- that’s her.</p> <p>My mother-in-law- is 66- we were talking about aging and I asked her; “when am I going to feel like I’m grown up?” I don’t feel that way and I don’t feel like people perceive me as an adult. She said; “I feel like I’m 16- I look in the mirror and there’s an old woman - so I don’t know- getting older but still feeling the same...</p>	<p>I grew up in a small town; if you were involved in girl scouts, dance, boy scouts, etc., you always performed at the nursing home.</p> <p>My grandparents lived in the same town and they were at all recitals, music performances. When we went to the NH it was never scary or difficult.</p> <p>My great-aunt lived in a NH -prior to that she was going through the dementia process until her daughter couldn’t take care of her and moved her to the NH, which was part of the hospital – I was never scared, funerals were not scary things- it was something done to honor a person.</p>	<p>Grandparents helped my mom raise me. That is where I come from- that is a part of who I am. A very positive role model.</p> <p>*I can’t imagine not having any involvement with older adults. All my happy memories always involve them. Maternal Grandma I see rarely- she has at least 120 grandchildren - so she doesn’t even know me.</p> <p>She has a path around her garden and there are rocks- with each grandchild’s name on one. A connection was never made- as we lived far apart in different parts of the country.</p>

