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THE ASSESSMENT OF SERVICE PROVIDERS' ATTITUDES TOWARD WORKING
WITH OLDER CLIENTS IN AN URBAN SOCIAL SERVICE SYSTEM

by

MARILYN DIANE PETERSEN

A dissertation submitted in partial fulfillment of the
requirements for the degree of

DOCTOR OF PHILOSOPHY
in
URBAN STUDIES

Portland State University

1981

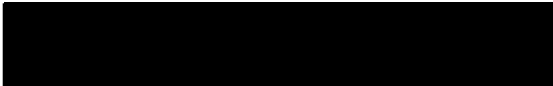
AN ABSTRACT OF THE DISSERTATION OF Marilyn Diane Petersen for the
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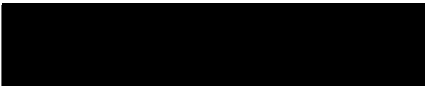
Title: The Assessment of Service Providers' Attitudes Toward Working
with Older Clients in an Urban Social Service System.

APPROVED BY MEMBERS OF THE DISSERTATION COMMITTEE:


Nancy J. Chapman, Chairman


Leonard D Cain


Douglas G. Montgomery


Barbara J. Stewart

This study investigates attitudes toward working with older
clients held by service providers in an urban social service system.

Four samples were involved: three of providers (Interview Panel,
n = 22; Pretest Sample, n = 89; and Survey Sample, n = 428) and one of
providers and their older clients (Encounter Sample, n = 52 providers,
147 clients). The first three samples included 13 provider types: hos-
pital doctors, nurses, and nurses aides; in-home nurses and aides;

nursing home nurses and aides; mental health practitioners; and income, nutrition, transportation, housing, and interaction personnel. The Encounter Sample included: in-home nurses and aides, and interaction personnel. All samples came from the Portland (Oregon) SMSA. Data were collected during May 1977 to August 1978.

Results are of three types: an analytical model, a set of measurement scales, and research findings.

The model consists of elements from the general literature on attitudes which are made specific to the study of providers' attitudes toward working with older clients. Its aim is to promote comprehensiveness and comparability of research in this area, and to suggest research questions.

Two kinds of scales were developed: "general attitude" scales (measuring providers' attitudes toward working with older clients in the abstract) and "specific attitude" scales (measuring providers' attitudes toward individual older clients). For general attitudes, 10 scales operationalize cognitions of older clients, 9 scales operationalize cognitions of the job situation, 3 scales operationalize affect toward older clients, 1 scale operationalizes affect toward the job globally, and 1 scale operationalizes behavioral predispositions toward older clients. For specific attitudes, four scales operationalize cognitions of older clients. The scales' internal consistency reliability coefficients range from .50 to .89.

The findings address six research questions, focusing on attitude valence, attitude uniformity across provider type, and the relationships between: cognition, affect, and behavioral predisposition; attitudes

toward older clients versus the job situation; attitudes and choices of clients; and antecedents (e.g., providers' age) and attitudes. Major findings included: on the average, providers reported moderate positiveness toward both older clients and the job situation; and, across types, providers reported attitudes that were non-uniform in valence.

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the dissertation of
Marilyn Diane Petersen presented July 22, 1981.

[REDACTED]

Nancy J. Chapman, Chairman

[REDACTED]

Leonard D Cain

[REDACTED]

Douglas G. Montgomery

[REDACTED]

Barbara J. Stewart

APPROVED:

[REDACTED]

Nohad A. Toulon, Dean, School of Urban Affairs

[REDACTED]

Stanley E. Rauch, Dean, Graduate Studies and Research

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CHAPTER I

SERVICE DEPENDENCY OF OLDER AMERICANS

Older people in the United States, as an age category or stratum, suffer from a number of hardships which limit their independence (see, for example, the problem areas addressed by the 1971 White House Conference on Aging). Three basic problems which beset older people can be seen to underlie the numerous problem areas identified by the 1971 White House Conference on Aging. These three basic problems are: poor health, poverty, and social isolation.

The three basic problems, which interact with each other as well as spin off new problems, arise from the dual influences of the aging processes and the urbanized nature of American society (as will be described below). They result in a tendency for many older Americans to become dependent on social (or "human") services. As a consequence, the quality of life of these service-dependent older people is tightly connected to the quality of service provided by the local social service system which exists where the older individual lives. It is this connection between quality of life and quality of service which prompts the undertaking of the current study.

To make clear the magnitude of the three basic problems underlying the service dependency of older Americans, each will be briefly reviewed. Prior to that discussion, however, two additional factors should be pointed out. One, the older population is heterogeneous (Barry

& Wingrove, 1977; Harris, 1978; Riley & Foner, 1968). Two, the older population possesses distinct cohort characteristics (Cain, 1964, 1967; Riley, 1976). In other words, today's older people vary widely in their degree of poor health, poverty, and social isolation, with some individuals suffering greatly while others are well off. And, they vary from past generations and probably will vary from future generations of older people because of on-going changes in the societal context. Thus, the two factors of heterogeneity and cohort distinctiveness pose exceptions to any generalizations made in this chapter.

Unless otherwise specified, data discussed in this chapter come from Harris (1978).

THREE BASIC PROBLEMS OF OLDER AMERICANS

Poor Health

A major problem of old age is poor health, both physical and mental. Chronic physical conditions (e.g., arthritis, hypertension, heart condition), as compared with acute conditions (e.g., respiratory illness), are especially troublesome for older people. Of persons aged 65 or older, 86% have one or more chronic conditions. Included among these are sensory deficits in hearing and vision, which respectively affect 29% and 20% of persons aged 65 or older. By comparison, the respective sensory deficit rates for persons aged 17 to 44 years of age are 4% and 3%. Often, older people are afflicted with not just one but multiple chronic physical conditions. In addition, from 13% to 15% of older persons suffer from mental health problems serious enough to require immediate mental health services, and over twice that many "live

in conditions conducive to the development of mental illness" (Harris, 1978, p. 143), i.e., illness, poverty, and social isolation.

Because of chronic conditions, 17% of persons aged 65 or older are unable to carry on any major activity (e.g., housekeeping or work), another 22% are limited in the amount or kind of major activity in which they can engage, and an additional 7% are limited in minor activities. By contrast, these rates of restriction of activity are 3%, 7%, and 4%, respectively, for persons of all ages.

With respect to mobility limitations, 6% of persons aged 65 or older have trouble getting around alone, 7% need help in getting around, and 5% are confined to their homes. Thus, a total of approximately 18% of the non-institutionalized elderly experience some limitations in mobility. By contrast, only 1% of the 17 to 44 year olds and 5% of the 45 to 64 year olds experience mobility limitations.

Of persons over 65 years old, approximately 5% are institutionalized (i.e., live in long-term care facilities). The corresponding institutionalization rate for the total population is considerably lower (i.e., 1%). Looked at from a longitudinal (rather than from the usual cross-sectional) point of view, estimates are that the percentage of Americans who spend some of their elderly years in long-term care facilities is as high as 23% (Kastenbaum & Candy, 1973), 26% (Palmore, 1976), or even 39% (Vicente, Wiley, & Carrington, 1979).

Poverty

Poverty is a major problem experienced by many older Americans. Without adequate financial resources, older people are limited in the food, housing, and transportation they can afford, in the health care

they can utilize, and in the social interactions and activities they can undertake.

As of 1975, 3.3 million Americans aged 65 or older had incomes below the official poverty threshold used by the Bureau of the Census. That poverty threshold was set at an annual pre-tax income of approximately \$2572 for an older unrelated individual and \$3232 for a two-person older family (Fowles, 1977). In all, 15% of the United States population aged 65 or older was below the official poverty level in 1975 (in comparison with 12% of the total population). The "near-poor," i.e., those with incomes up to 25% above the poverty threshold, constituted another 10% of all older persons. Thus, the total of older Americans defined by the Bureau of Census as having inadequate incomes in 1975 amounted to 25%.

In addition to the poverty threshold, another way of measuring the income adequacy of older people is the Bureau of Labor Statistics' Retired Couple Budgets. Of the three Retired Couple Budgets, even the lowest would have cost 38% more than the poverty threshold and 11% more than the near-poor threshold for elderly couples in 1975. However, the 1971 White House Conference on Aging rejected the lowest Retired Couple Budget as inadequate and accepted instead the middle budget level as a minimum standard for older couples. In 1974, over 40% of elderly couples had incomes below this minimum standard.

Yet a third way of measuring income adequacy has been suggested by the Congressional Budget Office. This measurement system includes in-kind benefits (such as food stamps and housing programs) in addition to money income. When the value of in-kind benefits was included as

income, the percentage of older persons still classified as poor was reduced to 4%. With respect to the interests of this study, however, it can be seen that reducing the number of older Americans below the poverty level by providing in-kind benefits does little to reduce the service dependency of those older Americans.

Adding to the difficulties posed by poverty is the complication that older Americans who suffer from poverty often also suffer from poor health. For example, the elderly poor have higher rates of all chronic physical conditions (except ulcers), have higher rates of loss of teeth, and are more limited in mobility than is the case for the less-poor elderly.

Social Isolation

A third major problem of older Americans is social isolation. Factors contributing to the social isolation of older people include: retirement, poor health, poverty, and the aging of significant others. Retirement cuts the ex-worker off from the group of co-workers and/or clientele with whom he/she used to spend a great part of each week. Poor health and poverty make it difficult for an older person to maintain social contacts with others. And the aging of significant others sets the stage for an older person's social isolation, for example through the maturation of children, health limitations on the physical mobility of aging friends and family members, and the death of members of the older person's social network (especially death of the spouse).

These socially isolating factors are wide-spread among older people. Of males over 65 years of age, 80% are retired. Poor health and poverty (depending, of course, on how they are defined) each affects at

least 20% of the older population (as described earlier). The average age of a woman when the youngest child marries, leaving the nest empty, is 47 (Neugarten & Moore, 1968). And, 52% of women and 14% of men over 65 years of age are widowed.

The effects of social isolation extend far beyond the individual's day-to-day loneliness. For example, social isolation of older persons has been implicated in the development of mental illness (e.g., Harris, 1978). Social isolation of older persons has been implicated in poor nutrition (see, for example, Atchley, 1972). It has also been implicated in higher rates of institutionalization; that is, older people who have no family or friends to care for them are more prone to being institutionalized (Atchley, 1972). In addition, the social isolation of older persons is accompanied by role attrition (Rosow, 1976), with a resulting lack of normative expectations which may lead to unstructuredness and uncertainty. And, social isolation of older persons is a powerful barrier to the gathering of information through interpersonal communications.

Summary

On the whole, older people in the United States are more subject than are younger people to poor health, poverty, and social isolation. These hardships, however, are not just a function of the aging processes, but also of the societal context in which an individual ages. That is, the aging processes are biological processes that will occur regardless of societal context, but their impact is largely relative to the societal context.

SOCIETAL CONTEXT OF OLDER AMERICANS

The society in which older Americans live today is an urbanized society. It is an industrialized, high technology, highly mobile, highly integrated society where social change occurs at a rapid rate. Even traditional rural-urban differences in life style and values are disappearing with the influences of modern transportation and communication media. This urban societal context impacts on older Americans in every aspect of their lives, including the three basic problem areas of poor health, poverty, and social isolation.

The Urban Context and Poor Health

First, modern medical technology, by prolonging longevity even with poor health, prolongs the existence of poor health. Older Americans, thanks to modern medical technology, now can live for many years with a disabling health problem which in earlier times would have meant their quick demise. Moreover, according to Harris, many of the health problems of older Americans can be traced to aspects of the current urban life style itself, aspects such as high stress, poor diets, lack of proper exercise, and exposure to pollution.

In addition, because of the geographical mobility of job-seeking family members, less health care assistance for older people is now available from younger family members. Thus, older people seeking health care must increasingly turn to the open market for assistance. However, health care on the open market, as it becomes more and more technical, also becomes more and more expensive. For example, older people in 1975 paid more out-of-pocket for health care than they did in 1966 (just

prior to the implementation of Medicare)—\$390 versus \$237 per capita. And, this 1975 increase in per capita out-of-pocket expenditures for health care is in addition to the \$892 per capita expenditures for health care for older Americans paid by the government in 1975 (an increase from the \$133 per capita expenditures of 1966). Counting all sources of funding (direct out-of-pocket, government, private health insurance, and philanthropy or industry), expenditures per capita for health care for persons aged 65 and over increased from \$445 in 1966 to \$1360 in 1975. Because of their relatively deprived financial status, many older Americans are hard pressed to afford adequate health care, and some cannot.

Another aspect of urbanization which acts to prevent older Americans from obtaining adequate medical attention, and thus to perpetuate their poor health, is the tendency for modern organizations to centralize. That is, medical services tend to centralize in population centers, and patients are usually expected to travel to the medical facility for care. Given the limitations in physical mobility experienced by many older persons, such travel can be difficult if not impossible. Adding to these factors is the complication that, although the American transportation system is currently based on the private automobile, 39% of households headed by a person 65 or older did not own an automobile in 1976. This rate of non-ownership is twice to three times the rate for any other age group.

Yet another aspect of urbanization which acts to perpetuate poor health among older Americans is the rapid rate of social change. What medical services are available and how they are to be accessed has

changed drastically over the lifetime of today's older Americans. The change continues at a rapid rate. Yesterday's knowledge fast becomes obsolete. And, because of factors such as sensory deficits and social isolation, new knowledge about using medical care services becomes more and more difficult to acquire for many older Americans.

In sum, the poor health status of many older Americans is contributed to by the modern urban lifestyle, the high technology level of medical care (leading to longevity and prohibitively high costs), the geographical mobility of younger job-seeking family members, the tendency of modern medical care organizations to centralize, and the rapid rate of change in the medical care enterprise.

The Urban Context and Poverty

Here again, modern medical technology's prolongation of longevity is a factor. The prolongation of life beyond the work force years increases the total number of years over which it is necessary to allocate the earnings of the work force years. The larger the total number of years relative to the work force years, then the smaller the per year allocation of earnings there can be in retirement. Prolonging the lives of people with health poor enough to prohibit employment even during the normal work force years further aggravates the situation.

Acting to reduce the number of work force years is the factor of compulsory retirement, which requires a worker to retire at a set age regardless of whether the person is still competent to be a worker. In the mid 1970s, 50% of the work force was subject to compulsory retirement. Only 22% of males and 8% of females aged 65 or older were still working in 1975. Of older retired persons, however, almost 40% did

not wish to retire, and 31% were interested in returning to work. Until recently, the trend in retirement, both compulsory and voluntary, has been for retirement at earlier and earlier ages, thus further increasing the number of years without earnings. However, recent laws affecting compulsory retirement ages may change this trend. With retirement, income drops to about 50% of the preretirement level. Needs, however, although less than for younger people, do not drop a corresponding 50%.

The acquisition of personal assets during the work force years to maintain oneself in old age is made difficult by the rapid rate of change in American society. Because of technological changes, many of the work force skills of older Americans became obsolete or relatively poorly rewarded while they were still working, and older workers often faced unemployment and discrimination in job seeking. For example, the average duration of unemployment in 1975 for all male workers was 15.3 weeks, whereas for male workers aged 45 to 54 years old it was 18.9 weeks, for male workers aged 55 to 64 years old it was 20.1 weeks, and for male workers aged 65 and older it was 24.2 weeks. According to Harris (1978, p. 84):

The situation appears to be worsening. Between the first quarter of 1975 and the first quarter of 1976, the average duration of unemployment increased by 7.6 weeks for males 65 plus compared to an increase of 5.4 weeks for all men.

As for discrimination,

The NCOA/Harris survey found that 87 percent of all employers interviewed agreed with the statement, "most employers discriminate against older persons and make it difficult for them to find work." (Harris, 1978, p. 90)

Thus, barriers were placed between the older person and the acquisition of personal assets for use during the retirement years. And indeed, a

1972 Social Security survey found that some 50% of the elderly received less than 20% of their income from personal assets.

While the growth of the American economy leaves older persons on fixed incomes at a relative disadvantage, the growth of the inflation rate has hurt them even worse. The personal assets which older Americans did manage to acquire during their work force years are now drastically reduced in value. For example, between 1970 and 1975, there was an increase of approximately 40% in the cost of living. The prices of food, housing, and medical care (major need areas for older Americans) have been especially affected by inflation.

In the four-year period from September 1972 to September 1976, the percentage increases in selected consumer price index items were as follows: Food, 45.6 percent; fuel oil, 42.2 percent; housing, 37.9 percent; medical care, 41.2 percent; hospital daily service charges, 47.5 percent. All these items, which consume the greatest proportion of the budgets of the elderly, rose at a faster rate than the overall Consumer Price Index (37.6%). (Harris, 1978, p. 64)

In sum, today's older Americans who suffer from poverty do so not just because they have aged but to a large extent because of the societal context in which they aged. Contributing aspects include: modern medical technology (and its prolongation of life), compulsory retirement, the rapid rate of technological change, and inflation.

The Urban Context and Social Isolation

Two of the contextual factors contributing to the social isolation experienced by many older Americans, retirement and poverty, were already mentioned in the introduction of social isolation as a basic problem. With retirement, social interactions associated with the job diminish and perhaps cease. With respect to poverty, in addition to the

aged below the poverty threshold, many more lack a level of financial resources sufficiently in excess of that required for necessary expenditures to enjoy the luxury of social outings.

Another factor contributing to the social isolation of the elderly is that people tend no longer to be territorially stable; they are no longer "tied to the land." The geographical mobility of the individual as well as that of family members and friends acts throughout the life course to separate the individual from significant others. For example, of the population aged five years and older, 44% moved between 1970 and 1975. The elderly themselves changed residence during that five-year period at a rate almost half that of the population (21%). Rather than aging in a community which is populated by people long-known or related, then, the older American today tends to live more in a neighborhood of newly-met acquaintances or strangers. The extended family has been reduced to the nuclear family. The neighborhood is no longer a stable community.

Thus, an elderly person's community of significant others is widely dispersed, thereby requiring travel to reach. But, as mentioned before, travel is difficult for older persons who are limited in their physical mobility (18%) and for older persons in households which own no automobile (39%). And, even of those who do own automobiles, many are limited in their driving to daylight hours and optimal road conditions.

Yet another factor of the modern urban context, fear of crime, acts to constrain the social involvement of older persons. For example, the percentages of elderly victims who "never" engaged in certain activities increased from before to after a robbery as follows: ride

public transportation alone, from 55% to 58%; go shopping alone, from 19% to 25%; take a walk alone, from 49% to 57%; visit friends in neighborhood, from 48% to 51%; and go out at night for pleasure, from 38% to 43%. Non-victimized along with victimized elderly persons live in fear of crime: "In a 1972 public opinion poll, 49 percent of respondents over 50 were afraid to walk after dark, many more than in the younger groups" (Harris, 1978, p. 258). And, of 12 very serious problems (including poor health and not having enough money to live on), fear of crime was the most common problem reported by persons 65 years of age or older. Because of limited financial resources, however, many older Americans are forced to live in high-crime neighborhoods.

In sum, much of the social isolation of older Americans stems from the societal context within which they live. Societal aspects contributing to that social isolation are: the older person's retirement and limited financial resources, the geographical mobility of the older person and significant others, and the older person's fear of crime.

NEED FOR RESEARCH

To summarize, Americans today are aging within the societal context of an urbanized society. This societal context together with the biological aging processes figure importantly in determining the "well-being" status of older Americans. For many older Americans, that status is of poor health, poverty, and social isolation. Furthermore, these three basic problems are not static and isolated in nature, but rather tend to intensify and to interact with each other as well as to spin off yet additional problems (for example, poor nutrition,

inadequate housing, and lack of transportation).

One consequence of such aging-related problems is the constrained independence of those afflicted, leading to a dependency on the social service structure which delivers ameliorative services. Thus, for many Americans, aging leads to service dependency. Service dependency, in turn, leads to a tendency for quality of life to become a function of the quality of the ameliorative services received. One aspect of the quality of ameliorative services which may figure importantly is the attitudes held by care-providing personnel. Especially critical may be the attitudes of the front-line social service personnel, i.e., those with whom the elderly individual has direct contact. That is, negative attitudes toward working with older clients on the part of service providers may lead to insensitive and/or inadequate service provision. This, in turn, may have a negative impact on the satisfaction of an older client's service need and on the older client's self concept and outlook on life.

To address this problem, it is important to understand the attitudes which are involved. The purpose of this study is to investigate attitudes toward working with older clients held by service providers in an urban social service system. How the study's purpose is implemented will be described in Chapter IV, "Purpose and Overview of Study." But first, some background material is necessary. Chapter II reviews the literature regarding attitudes toward the elderly which provides the take-off point for this study. Chapter III develops a conceptual framework for the study of attitudes. Together, these two perspectives lay the basis for understanding the study's design.

CHAPTER II

SERVICE PROVIDERS' ATTITUDES TOWARD WORKING WITH OLDER

CLIENTS: RESEARCH CONTEXT AND RESEARCH EVIDENCE

Research on attitudes toward older people and the aging process began in the United States in the 1930s (McTavish, 1971). By the 1950s, a considerable amount of research effort was focused on this area.

In a comprehensive review of research methodologies and findings regarding "Perceptions of Old People," which begins with articles written in the 1930s and extends to 1971, McTavish (1971) described aging attitudinal studies as having developed into two traditions of inquiry. The unit of analysis was cited by McTavish as being the distinguishing characteristic between the two, with one tradition focusing on society or culture and the other focusing on individuals or sub-groups of individuals. It is research findings from the latter, more social psychological, tradition which are reviewed here.

In the following review, research findings regarding attitudes toward older people and the aging process are divided into three groups. The three groups are concerned with, respectively, the attitudes' content, antecedent correlates, and behavioral correlates.

The following review of these three groups of findings looks first at the broad area of attitudes toward older people which forms the research context for investigations of service providers' aged-related attitudes, and then at the research evidence specifically relevant to

service providers' attitudes toward working with older clients.

RESEARCH CONTEXT

Content of Attitudes

Valence of Attitudes. With respect to the valence of attitudes (i.e., their degree of positiveness or negativeness), research findings tend to "suggest a higher level of negative attitudes about older people" (McTavish, 1971, p. 96). Older people were found to be perceived as generally:

ill, tired, not sexually interested, mentally slower, forgetful and less able to learn new things, grouchy, withdrawn, feeling sorry for themselves, less likely to participate in activities (except, perhaps, religion), isolated, in the least happy or fortunate time of life, unproductive, and defensive. (McTavish, 1971, p. 97)

However, in the studies reviewed by McTavish, views of older people were not always found to be negative.

Subsequent research and review articles tend to agree with the findings of McTavish's (1971) review that attitudes toward older people relative to other age groups tend to be somewhat more, although not always, negative (Lutsky, 1980; Nardi, 1973). However, Lutsky (1980, p. 313) reported that:

Based on the absolute or scale meaning of the responses given by the varied general and specific subject groups considered, attitudinal evaluations of...elderly persons...have consistently been shown to be more positive or neutral than negative.

A recent study of The Myth and Reality of Aging in America, conducted by Louis Harris and Associates (1975) for the National Council on Aging (NCOA), found a largely but not entirely negative perception of older

people. Respondents aged 18 to 64 viewed people over 65 years of age as being very "friendly and warm" and "wise from experience," but not very "bright and alert," not very "open-minded and adaptable," not very "good at getting things done," not very "physically active," and not very "sexually active" (Harris & Associates, 1975, pp. 46-55).

Perceptions of older people were found by O'Connell and Rotter (1979) to be relatively, although not absolutely, negative, with older people seen as more old-fashioned, conservative, unhealthy, inflexible, passive, weak, etc., than younger people. And, in contrast to generally negative attitudes toward old people found by Ahammer and Bennett (1977), Naus (1973), and Petty (1977), positive attitudes were found by Crockett, Press, and Osterkamp (1979). Upon reviewing 47 aging attitudinal articles, Brubaker and Powers (1976) concluded that "research has not yet demonstrated that stereotypes of old age are all negative" (p. 442), and suggested that the stereotypes of old age "include both positive and negative elements" (p. 444).

Dimensionality of Attitudes. McTavish's (1971) review of the literature suggested that perceptions of older people often tend to be multidimensional rather than unidimensional in nature. Lutsky's (1980) review of the recent literature supports this suggestion. Such multidimensionality of attitudes appears to be somewhat implicated in the contradictory findings regarding valence. For example, Sherman and Gold (1978) compared "ideal" old age, "typical" old age, "ideal" middle age, and "typical" middle age on the three dimensions developed by Rosencranz and McNevin (1969): instrumental-ineffective, personal acceptability-unacceptability, and autonomous-dependent. They found

that, although ideal old age is viewed as being no different in valence from ideal middle age, typical old age is viewed as less positive than typical middle age with respect to the instrumentality and autonomy dimensions. Personal acceptability, however, was viewed as a dimension that remains stable as a person proceeds from middle age to old age. So, although typical old age was perceived negatively on two dimensions, it was not perceived negatively on a third dimension.

A content analysis of typical characteristics of old people generated by a sample of Australian subjects revealed both physical and personality dimensions (Ahammer & Bennett, 1977). The latter dimension included a mostly negative sub-dimension pertaining to cognitive structure, as well as positive sub-dimensions of interpersonal style and emotional control. Thus, attitudes were found to be both positive and negative, depending on the dimension being examined.

That the different attitude instruments used in different studies may be measuring different attitude dimensions was suggested by Hicks, Rogers, and Shenberg (1976) as a possible explanation for inconsistency of findings. George and Landerman (1979), in a re-analysis of the 1975 NOAA data, point out that such attitude dimensions need to be distinguished from one another in doing aging attitudinal research. In addition, Lutsky (1980, p. 303) suggested that the finding of different dimensions of attitudes toward older persons for different age groups of subjects may indicate "that developmental or cohort differences in attitudinal structure exist."

Sub-groups of Attitude Targets. Sex of the older stimulus person (i.e., attitude target) may also be implicated in the inconsistency of

findings with regard to valence of attitudes toward older people. For example, in another study using the Rosencranz and McNevin instrument, O'Connell and Rotter (1979) found that males are perceived as more effective and more autonomous than females in youth and middle age, but in old age no differences were seen between the sexes on either effectiveness or autonomy. Females, however, were viewed as more personally acceptable than males across the three age periods in the O'Connell and Rotter study. Also finding differences based on sex of stimulus person were Walsh and Connor (1979). Although they found no difference in valence between evaluations of young and old stimulus persons, Walsh and Connor did find that evaluations of young males and old females were more accurate than were evaluations of young females and old males. Thus, attitudes have been found to differ with respect to whether the attitude target is an old male or an old female.

Also, according to Lutsky's (1980) review article, the age of older persons (e.g., young-old versus old-old) may be implicated in findings of differing valence. In a study reviewed by Lutsky, the old-old were found to elicit more negative attitude responses than were the young-old.

Antecedent Correlates of Attitudes

The term "antecedent correlates," as used in this report, refers to those events or characteristics which are causally or correlatively linked to the learning process through which an individual develops his/her attitudes toward old age and the elderly. The main antecedent correlates of perceptions of the elderly focused on by the numerous studies reviewed by McTavish (1971) were the perceiver's: age, sex,

social class (including education and occupational category), ethnic group, family relationships, and other attitudes. McTavish (1971, p. 99) reported the associations between these antecedent characteristics and attitudes toward old people to be generally "small and somewhat inconsistent."

For example, with respect to age of attitude holder, McTavish reported findings to be mixed, with older age being associated sometimes with more positive attitudes, sometimes with more negative attitudes, sometimes in a curvilinear fashion, and sometimes not at all. Sex of attitude holder was found by McTavish to be similarly inconsistently associated with attitudes toward older people: sometimes females were more positive, sometimes males were more positive, and sometimes there were no differences. Higher social class was found to sometimes be associated with less stereotyped views of older people and sometimes to not be associated with attitudes at all. Education was found to be associated with less stereotyped views; occupational categories were found to differ from each other in their views. Evidence with respect to the association between closeness of contact with older people and views of older people was found by McTavish to be contradictory.

Subsequent research and review articles tend to agree with McTavish's (1971) findings regarding the antecedent correlates of attitudes: the association between antecedent correlates and attitudes still appears to be small and somewhat inconsistent. For example, the nationwide NCOA study (Harris & Associates, 1975), in looking at differences in the image of older people held by different demographic groups, did not find much variance. The image of people over 65 did not

vary significantly by the respondent's sex, education, race, or geographical region. Only age and income of respondent were significantly associated with attitudes toward people over 65 years of age. With respect to age of respondent, the least favorable image of people over 65 years old was held by the 18 to 24 age group, with the next lowest held by the 80 years of age or older group. The 40 to 64 age group held the most favorable image of people over 65 years old. The direction of this curvilinear relationship, however, is opposite that of the curvilinear relationship which was reported by McTavish. With respect to income of respondent, the lower income group was found to hold a more negative image of older people than the more affluent group.

In other studies, inconsistency continues to be reported with respect to sex of attitude holder (Lutsky, 1980). For example, no sex differences were found by Naus (1973) and Ahammer and Bennett (1977), while Drevenstedt and Banziger (1977) found females to be more positive than males in their attitudes toward the elderly. O'Connell and Rotter (1979) reported finding no sex differences with respect to perceptions of different ages. However, they found sex differences with respect to perceptions of different sexes:

Male subjects rated male stimuli more positively than they rated female stimuli while female subjects did not differentiate over all on the basis of stimulus sex. (O'Connell & Rotter, 1979, p. 225)

Kogan (1979a), in a study of age categorization, found an association between sex of subject and the age-sex of the stimulus person:

female respondents preferred female and male photos of essentially similar age. In contrast, male subjects exhibited a marked sex discrimination in their preferences; the median age of preferred female stimulus persons was about eight years

younger than the median age of preferred males....There is strong reason to believe on the basis of the present data that age is a more salient and value-laden dimension for males than for females....Females appeared to be more relaxed and tolerant about age differences, and made no distinctions between males and females on an age-linked basis. (pp. 363, 365)

It may be, then, that sex of attitude holder as an antecedent correlate of attitudes toward the elderly should be considered in connection with the sex of the stimulus person and their respective ages.

With respect to age, recent findings also continue to be inconsistent (Lutsky, 1980). Petty (1977) found older adults to be more negative toward old people than younger adults. Ahammer and Bennett (1977) found that, of four age groups (adolescents, young adults, middle-aged, and aged), young adults most often viewed old people differently from the way the aged viewed themselves. Age of respondent was found by Naus (1973) to be unrelated to attitudes toward older people. Findings by Skoglund (1979-80) suggest that antecedent correlates may be related to attitudes: (a) differently for different age groups of attitude holders, and (b) differently for different dimensions of attitudes toward the elderly.

Antecedent correlates in addition to the main ones focused on by McTavish also are currently receiving research attention. For example, need to nurture and attitudes toward physical disabilities and mental illness appear as antecedent correlates in a 1973 review article by Bennett and Eckman. Higher nurturance scores were reported to be associated with positive attitudes toward older people, while negative attitudes toward physical disabilities and, to some extent, mental illness were reported to be associated with negative attitudes toward older people. Similarity of beliefs appears as an antecedent correlate

in a review by Kogan (1979b), where similarity was found to be more associated with attitudes than was age of stimulus person.

Using the Rosencranz and McNevin three-dimensional attitude instrument, Naus (1973) found attitudes toward older people to be unrelated to: number of living grandparents, contact with living grandparents, prior contact with dead grandparents, life expectancy, time perspective, death anxiety, body worries and discomforts, and authoritarianism. Only socioeconomic status of parents and contact with older people were found by Naus to be significantly related to attitudes, and then only to one of the three dimensions measured. That is, older people were viewed as less instrumental by respondents with higher socioeconomic backgrounds and with less experience with older people. The Naus findings, however, are in disagreement with the 1969 Rosencranz and McNevin findings, where contact with living grandparents was instead found to be significantly associated with attitudes. Also, the attitudinal dimensions on which significant associations with contact with old people were found to exist differed between the two studies. In the Naus study, it was the instrumental-ineffective dimension which was related to contact. In the Rosencranz and McNevin study, that dimension was unrelated to contact while the personal acceptability-unacceptability and autonomous-dependent dimensions were related to contact.

Lutsky's (1980) review article reported: (a) a "mix of outcomes...in research on socioeconomic variables and their relationship to attitudes toward elderly persons" (p. 305); (b) generally no effect of ethnicity on attitudes toward older persons (although some divergent

findings exist); (c) generally positive but inconsistent associations of education with attitudes; (d) inconsistency of findings regarding the relationship between attitudes toward older persons and contact with older persons; and (e) a miscellany of findings concerning the relationship of attitudes with personality, religion, geography, and modernity.

Behavioral Correlates of Attitudes

The "behavioral correlates" of an attitude are those behaviors which are influenced by or correlated with the attitude. As of 1971, McTavish reported that "There is almost no systematic attention to possible effects of negative views of older people" (p. 100). According to Kogan (1979b, p. 19), little progress has been made since then:

In sum, it is quite apparent that the overall record is a dreary one as far as establishing an attitude-behavior link for the target class of old people. Only a handful of relevant investigations have been carried out, and most of those are seriously flawed.

Lutsky (1980) reported finding a similar lack in his recent review of the literature. This lack of research progress with respect to the behavioral correlates of attitudes toward old people, although disappointing, is not unexpected given the overall lack of progress in establishing attitude-behavior linkages in the attitude field in general (Ajzen & Fishbein, 1977; Wicker, 1969).

Summary

The field of attitudes toward old age and the elderly has a rich tradition of some 50 years of research activity. Attitudes toward older people have been found to be generally, although not always, of a more

negative nature than attitudes toward younger people. Dimensions of attitudes toward aging and older people appear to be important analytical distinctions with respect to the positive-negative valence of the attitudes. Findings regarding sex and age of the older stimulus person suggest that analytical distinctions among sub-groups of attitude targets may also be importantly related to the positive-negative valence of attitudes. Associations between attitudes and investigated antecedent correlates (such as age and sex of attitude holder) tend to be small and inconsistent across studies. To some extent, these inconsistencies may be a function of differences in attitude dimensionality and attitude target between studies. With respect to establishing attitude-behavior linkages, little progress has yet been reported in the study of attitudes toward older people and the aging process. Overall, non-comparability at both the level of conceptualization and the level of instrumentation hinders the integration of research findings.

RESEARCH EVIDENCE

The above is a brief review of the general research context regarding attitudes toward older people and the aging process. Next, research evidence specifically relevant to attitudes held by service providers is examined.

Content of Attitudes

Comparison of Providers and Non-providers. First, it should be noted that service providers do not necessarily hold the same attitudes about older people as are held by non-providers. For example, significant differences between psychiatrists and non-professionals in

their attitudes toward old people and aging have been found (House & Gaitz, 1970). On the one hand, female trainee nurses in Australia have been found to hold more negative attitudes toward old people than did either male or female undergraduate college students (Ahammer & Bennett, 1977). On the other hand, task force members of a gerontology council were found to be more positive about aging and the aged than were the 1965 Harris NCOA general public respondents aged 18 to 64 (Kaplan, 1977). Similarly, gerontological practitioners were reported to be slightly more positive than students with respect to the social value of the elderly (Kafer, Rakowski, Lachman, & Hickey, 1980).

Service providers' attitudes toward the elderly also have been found to differ from older people's attitudes about themselves. For example, Kahana and Coe (1969) found that the content of staff attitudes toward the residents of a home for the aged differed from the residents' attitudes toward themselves in that staff viewed residents as possessing fewer social roles than did the residents. Likewise, in the Kaplan (1977) study comparing task force members of a gerontology council with the Harris NCOA sample, the task force members were found to differ significantly in their perceptions from the Harris respondents aged 65 or older. The task force members, however, were found to differ less than did the Harris respondents aged 18 to 64.

Comparisons Among Service Provider Types. Not only do service providers appear to differ from non-providers, but also different types of service providers appear to differ from each other. For example, Coe (1967, p. 115) found that "physicians tended to view older patients...in terms of the disease process," while social workers saw older people

more in terms of social dependence rather than in physically dependent terms. Another study (Kleban & Brody, 1972) found that social workers judged older mentally impaired clients primarily on the basis of two dimensions: outgoingness toward people and activities, and aggressiveness-negativism. Wolk and Wolk (1971) found that nurses and social workers held more positive attitudes toward the elderly than did psychologists. Such differences in attitudes across services may be further confounded by differences within the same service agency between professional and non-professional staff. For example, Kahana and Coe (1969) found that professionals tended to view older clients within a professional perspective while the non-professionals' perspective was in affective terms and concerned with client manageability. And, Lutsky (1980), in a review of the literature on "professionals' attitudes," found that professionals who provide services to older persons tended to report more positive attitudes than did their counterparts who do not work with older persons. However, Lutsky points out that studies comparing professionals' attitudes tend not to show clearly whether differences found stem from actual role differences or from differences in other variables (such as intelligence or contact).

Dimensionality of Attitudes. As is the case with non-providers, service providers' attitudes toward aging and the aged have been found to be multi-dimensional. For example, Hickey, Bragg, Rakowski, and Hultsch (1978-79) reported finding six factors, or dimensions, in a study of the aging-related attitudes of health care and service delivery personnel. In a subsequent study of a sample composed largely of gerontological practitioners, Hickey and colleagues (Kafer, 1980)

reported finding four attitude factors. And, Holtzman, Beck, and Kerber (1979), in a study of 530 health-related professionals' attitudes toward persons over 65 years of age (using the Rosencranz and McNevin Aging Semantic Differential items), found four attitudinal factors.

Antecedent Correlates of Attitudes

Age of Service Provider. Previous research has found conflicting evidence regarding the relationship between age of service provider and the favorability of attitudes toward the elderly. For example, Wolk and Wolk (1971) reported that older professional workers (i.e., social work students, graduate psychology students, nursing students, psychologists, social work practitioners, registered nurses, and licensed practical nurses) chose to work with the aged more often than did younger workers. And, of those who chose to work with the elderly, the older the worker, the more positive the attitude. In contrast, Keith (1977), Robb (1979), and Troll and Schlossberg (1970) found that age of worker had no effect on age bias. And, Lutsky's (1980, p. 305) review of the literature found that: "among persons working with the elderly, older age has been fairly consistently but weakly associated with more negative views of elderly persons."

Experience with Aged Persons. Although Rosencranz and McNevin (1969) found that past experience with elderly persons was associated with favorable attitudes, they found hospital contact with the elderly to be associated with negative attitudes. That is, college undergraduates with hospital contact with the aged reported the aged to be less instrumental and less personally acceptable than did their counterparts who had no such contact. By contrast, in a study of nursing

students' attitudes toward the elderly, Robb (1979) found attitudes to be unrelated both to contact with elderly relatives and to work experience with elderly clients. Gordon and Hallauer (1976) found that positive attitudes toward old people following course work on aging were even more positive when the course work was supplemented by participation in a friendly visiting program to the elderly. Frequency of contact is also inconsistently related with valence of attitudes (Lutsky, 1980). Thus, research evidence regarding the relationship between experiences with, and attitudes toward, aged persons appears to be somewhat inconsistent.

Education of Service Provider. Greater education on the part of "professionals" has been found to be generally positively associated with positive attitudes (Lutsky, 1980). However, Lutsky found exceptions to these results also.

Intercorrelation of Antecedent Correlates. That antecedent correlates may be as much or more correlated with each other as they are with attitudes is suggested by an examination of the research findings of Keith (1977) and Kafer et al. (1980). Keith investigated "stereotypes of the aged" held by nursing home administrators as a function of 12 characteristics of: administrators, clients, and context (i.e., nursing home and community). Of the 12 characteristics measured by Keith, each was significantly intercorrelated with from three to six of the others. Keith's stereotype scale, however, was itself significantly correlated with only three of the antecedent characteristics. (Although some research articles discuss all statistically significant correlations as findings no matter how small the correlation, in general only significant correlations with absolute values equal to or greater than

.22, i.e., accounting for approximately 5% of the variance, are considered to be sufficiently meaningful to be discussed in this report.) The most intercorrelated of Keith's antecedent characteristics was a client characteristic: percentage of self-supporting patients. That is, the higher a nursing home's percentage of self-supporting patients, then also the greater the administrator's experience, the higher the percentage of female patients, the higher the skill level of care provided, the greater the percentage of widowed patients, the lower the percentage of ambulatory patients, and the smaller the community size.

Similarly, Kafer et al. (1980), in a study composed largely of gerontological practitioners, found the respondent's age to be significantly intercorrelated with the other two antecedent characteristics they examined. That is, the older the practitioner, then also the greater his or her contact with the elderly and the more likely the practitioner was to be female. However, the Kafer intercorrelations for gerontological practitioners are somewhat different from those found for nursing home administrators by Keith. That is, age and sex of service provider were also measured by Keith, but were not found to be significantly intercorrelated. This difference in intercorrelations of antecedent characteristics may result from differences in the types of service providers sampled in the two studies (i.e., administrators versus practitioners). Thus, the Keith and Kafer findings suggest that the variables examined as antecedent correlates of service providers' attitudes themselves tend to exist in patterned associations which may vary by service provider type. Such variance on the part of antecedent

correlates may account for some of the inconsistency of findings with respect to associations between attitudes and antecedent correlates.

Behavioral Correlates of Attitudes

The effects of service providers' attitudes toward older clients can be manifested in at least two important areas. These areas are: (a) the adequacy of the service provided, and (b) the impact on the self concept and level of satisfaction of the older client.

The extent to which service providers' attitudes toward older people have consequences is suggested by findings concerning the unpopularity and avoidance of older people as clients reported in the 1962 to 1969 gerontological literature, as reviewed by Mutschler (1971). In a study of nursing students, Gunter (1971) found the aged patient to be the least preferred patient (out of five age levels) and the institution for the aged to be the least preferred work setting (out of 15). Reluctance to work with older clients on the part of health care, social work, and law students was also reported by Lutsky (1980) in his review of the 1976 to 1979 literature. And, Wolk and Wolk (1971) reported that providers who chose to work with older people are more likely to hold more positive attitudes toward them than are providers who did not choose to work with older people.

Likewise, attitudes toward older clients can act to influence the service provider's decision as to what is the appropriate service to give. For example, Coe (1967) reported that health professionals saw older clients as rigid, unadaptable, and slow to respond to treatment, and tended to judge custodial care as the more appropriate therapy for older clients instead of measures to make the clients "well." Kucharski,

White, and Schratz (1979) found that physicians were more likely to refer young adults than old people with identical symptoms for psychological assistance. In contrast, other researchers have reported finding no effect of attitudes on professional conduct (e.g., Pihlblad, Rosencranz, & McNevin 1967; Schneider & Coppinger, 1971).

The effect of service providers on the self concepts of older clients was found to be considerable in a study by Kahana and Coe (1969). They reported finding that staff expectations and attitudes over time shaped the self concepts of elderly institutionalized residents in such a way as to depersonalize them and to cut them off from past affiliations.

Summary

Although research into service providers' attitudes toward older people is limited in both amount and scope, and although the integration of findings from that research is hindered by non-comparability of both conceptualization and instrumentation, some findings of importance are currently available. These findings suggest that service providers may differ in their attitudes from non-providers and from the elderly themselves (although perhaps less so than do non-providers). Moreover, the findings suggest that service providers may differ amongst themselves in their attitudes. Such differences may occur amongst service providers who provide different types of services, who are of different professional levels, and/or who differ in whether or not they serve older clients. As with non-providers, service providers' aged-related attitudes appear to be multidimensional rather than unidimensional in nature. Relationships between service providers'

attitudes and such antecedent correlates as provider's age and past experience with the aged appear to be somewhat inconsistent. Indeed, antecedent correlates may be as much or more correlated with each other as they are with attitudes. The intercorrelations of antecedent correlates, however, may differ for providers of different types of services or at different professional levels. Behavioral correlates reported to be associated with attitudes toward old people include: avoidance of older people as clients, less thorough or optimistic treatment of older clients, and negative impact on the older client's self concept.

SUGGESTIONS FOR CURRENT STUDY

In sum, research regarding attitudes toward older people and older clients, although not yet at the stage of providing definitive answers, has produced a number of interesting findings. These findings are a valuable source of suggestions for the current project.

In the context of constructing the study's sample of service providers, prior research findings would suggest sensitivity to differences between service providers from different services or at different professional levels within a service. Such service providers may constitute different "service provider types" with respect to attitudes toward older clients. If so, the existence of different service provider types may help in explaining the tendency for inconsistency of findings regarding attitudes toward older clients.

Also with respect to inconsistency of findings, prior research would suggest sensitivity to: (a) the possible existence of both

negative and positive aspects of older clients; and (b) the possible differential interaction of sub-groups of service providers with sub-groups of older clients (e.g., sex sub-groups).

Additionally, prior research findings regarding the antecedent correlates of attitudes (e.g., age, sex, and education of attitude holder) would suggest sensitivity to the possible existence of intercorrelations among antecedent correlates. Such intercorrelations may also vary in nature by service provider type.

The scarcity of prior research findings regarding the behavioral correlates of service providers' attitudes would suggest sensitivity to the area of attitude-behavior relationship within the service-providing context.

The lack of comparability among prior studies of service providers' attitudes toward older clients in the conceptualization of attitude and in the terminology used to describe that conceptualization would suggest the need for a formal, explicit statement of conceptualization. Such a conceptual model could address the problem of inconsistency of findings by helping to identify inconsistencies which result from non-comparability of conceptualization and terminology. In addition, gaps in the existing findings could be more systematically identified within the framework of an explicit conceptual model.

As for a measurement instrument to use in the study of service providers' attitudes toward older clients, no adequate instrument was found in the literature reviewed. The instruments were either not sufficiently sound methodologically or not sufficiently focused on the measurement of service providers' attitudes toward working with older

clients. To the extent that service providers' attitudes do differ from the attitudes of non-providers, an instrument precisely focused on service providers' attitudes is needed for their study. Thus, the lack of an adequate existing attitude instrument suggests the need for instrument development.

CHAPTER III

ATTITUDES: A CONCEPTUAL FRAMEWORK

The purpose of this chapter is to make explicit a conceptualization of attitudes for use in the investigation of service providers' attitudes toward working with older clients. This conceptualization takes the form of an analytical model. Following a very brief overview of some of the issues involved in the conceptualizing of attitudes and a somewhat longer statement of this research project's definition of attitude, the model is introduced.

SOME BACKGROUND ISSUES

The concept of attitude has been developed to describe the tendency of different people to act differently in the same situation and of the same people to act consistently across different situations (Kiesler, Collins, & Miller, 1969). The central role attitudes play in social psychology has been pointed out by many authors (e.g., Allport, 1935; Eagly & Himmelfarb, 1978; Kelman, 1974; Kiesler, 1977; Kiesler et al., 1969; Krech, Crutchfield, & Ballachey, 1962; McGuire, 1969, 1977; Rokeach, 1968a, 1968b; Thomas & Znaniecki, 1918). However, although the concept of attitude is central to social psychology, just what an attitude is (and, consequently, how it should be measured) is not yet generally agreed upon by social psychologists. The definitional status of attitude, then, is that of non-consensus.

Historically, a divisive concern has been whether attitudes are to be conceptualized as intervening variables or as behavioral consistencies. This schism is also referred to by different terminologies: DeFleur and Westie (1963) speak of "latent process" and "probability" conceptions; Kiesler et al. (1969) speak of "cognitive" and "behavioristic" definitions; McGuire (1977) speaks of "mediational" and "operational" definitions. The two schools of thought can be illustrated by comparing representative definitions of attitudes. An intervening-variable definition is given by Allport (1935, p. 810):

An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related.

Campbell (quoted in Green, 1954, p. 336) gives a behavioral-consistency definition: "An individual's social attitude is an [enduring] syndrome of response consistency with regard to [a set of] social objects."

According to DeFleur and Westie (1963), both the intervening-variable and behavioral-consistency conceptions assume a stimulus-response framework. Both conceptions also assume consistency of response toward a stimulus to be evidence of an attitude. The two conceptions differ, however, in whether they include an intervening variable operating between the stimulus and the response. Consequently, the two approaches also differ as to whether attitudes are best studied by observing the subjects' behaviors or by questioning subjects.

In addition to the basic intervening-variable versus behavioral-consistency schism, numerous other more subtle differences exist in how the concept "attitude" is to be defined. Thus, a reader of the attitude literature encounters a bewildering array of definitions

and methods.

This research project is eclectic with respect to the definitional diversity. Borrowing widely from the different schools of thought, a definition and model were developed to guide studies of service providers' attitudes toward working with older clients. The definition and model, although of an admittedly intervening-variable nature, are intended to be sufficiently broad so as to subsume many divergent definitions and methods.

PROJECT'S DEFINITION OF ATTITUDE

In this conceptualization, "attitude" is defined as follows: An attitude is any cognition (i.e., concept) held by an individual to which affect (i.e., feeling) is attached and from which behavioral predispositions result. Other terms referring to substantially the same notion as "cognition" include: beliefs, stereotypes, knowledge, and perceptions. Attitudes are here viewed as being structured by "components," directed toward "referents," and possessing "valence."

Components of Attitudes

As defined above, an attitude is composed of three parts: a cognitive component, an affective component, and a behavioral predisposition component. These components reflect the three existential states of: knowing, feeling, and acting. For example, an attitude toward ice cream might be composed of thinking that it is sweet, of liking it, and of wanting to eat it. All three components may vary in their valence, i.e., in their degree of favorability or unfavorability (Krech et al., 1962).

This conceptualization's three-component structure of attitudes is as old as Plato and as current as today (e.g., McDavida & Harari, 1974; Smith, 1968). However, some authors suggest that a distinction not be maintained between the three components on the basis that they are very highly correlated (e.g., McGuire, 1969). Other authors prefer to maintain a distinction on the basis that the components are only moderately correlated (Krech et al., 1962). Yet other authors recommend total separation of the three components, with only the affective component being called "attitude," thereby allowing for any kind of relationship between the three (e.g., Fishbein & Ajzen, 1972; Oskamp, 1977). Consistency theories, such as those reported by Abelson, Aronson, McGuire, Newcomb, Rosenberg, and Tannenbaum (1958), would predict a tendency toward a consistency of valence among the three components. In general, then, it is expected that (even though not identical in valence) cognition, affect, and behavioral predisposition will tend to be consistently positive or consistently negative or consistently neutral.

In order to allow for the possibility that the components are not identical in valence, this conceptualization will maintain analytical distinctions between them. However, whether the term "attitude" names cognition, affect, and behavioral predispositions, or just affect, while cognition and behavioral predispositions are called something different, seems to this author to be more a question of style than of substance. Either model appears to be acceptable, although the former wins out here on the basis of possessing greater simplicity.

Cognitive Component. The cognitive component of an attitude is the

definition of the attitude's referent (or "target"). The cognitive component includes both the referent's description and evaluation. It should be noted that some authors differ from this conceptualization by equating evaluation with affect (e.g., Baron, Byrne, & Griffitt, 1974). However, as Rokeach (1968b, p. 453) pointed out, evaluation (the good-bad distinction) and affect (the like-dislike distinction) are different and "do not necessarily go together....It is possible to like something bad and to dislike something good." Krech et al. (1962) also include evaluation in the cognitive rather than in the affective component.

The cognitive component can vary in its composition from a single concept to a complex organization, or set, of concepts. Each concept making up the cognitive component of an attitude has a valence. With respect to this valence,

...the cognitive component of an individual's attitude may be highly favorable—he may think of the object as a supreme good. On the other hand, the cognitive component may be highly unfavorable—he may believe that the object is an unrmixed evil. (Krech et al., 1962, p. 142)

Affective Component. The affective component of an attitude is the feeling directed toward the attitude's referent. Affect, then, is emotional in tone. In regard to valence, "The feeling component can...vary from extreme positive valence to extreme negative valence—from unconditional love to unconditional hate" (Krech et al., 1962, p. 142).

Behavioral Component. The behavioral component of an attitude consists of approach and avoidance predispositions. Positive affect or evaluation generates approach tendencies (i.e., they are appetitive);

negative affect or evaluation generates avoidance tendencies (i.e., they are aversive). Given opportunity, such behavioral predispositions result in preferential, or pro-con, behavior (Byrne & Griffitt, 1973).

Because evaluation and affect can vary independently, it becomes questionable whether a pro-con predisposition stems from a cognitive evaluation of good or bad or an affective feeling of liking or disliking. That is, as Rokeach (1968b, p. 454) pointed out:

Whether or not the preferential response will be positive or negative will therefore depend on the relative strength of one's evaluative beliefs and of one's positive or negative feelings.

As for valence, "...the action tendency component can vary from tendencies to help or support or protect the object in all possible ways to extreme tendencies to attack and destroy the object" (Krech et al., 1962, p. 142).

Summary. The three components of an attitude can be sketched by polar-opposite continua. The cognitive component is sketched by the is-is not (including good-bad) continuum. The affective component is sketched by the like-dislike continuum. And, the behavioral predisposition component is sketched by the approach-avoidance continuum.

Referents of Attitudes

In practice, an attitude operates within a context composed of the set of all attitudes held by the individual. In other words, any given social behavior of an individual is underlaid by a multiplicity of attitudes (see, for example, the discussion by Kelman, 1974). For analytical purposes, however, an individual's attitude toward a particular target can be singled out for special attention. The

referents of such an attitude can be categorized into two types: (a) the object; and (b) the situation in which the object is encountered (including the surrounding settings, the act or event to be undertaken, and the relationship between the individual and the object). The necessity of considering situation as well as object in studying attitude-behavior relationships has been strongly pointed out by Rokeach (1968b, pp. 452-453). According to Rokeach (1968b, p. 456),

...attitude-toward-object and attitude-toward situation will cognitively interact with one another and will have differing degrees of importance with respect to one another, thereby resulting in behavior that will be differentially influenced by the two sets of attitudes.

Not to be forgotten when investigating these two types of referents are all of the other referents which are personally relevant to the individual when encountering a particular object in a particular situation.

Objects can also be analytically categorized on the basis of their generality or specificity, i.e., into "general" or "specific" objects (for example, see the discussion by Ajzen & Fishbein, 1977). General objects consist of a class of referents (for example, houses), while specific objects are the individual members of a class (for example, a particular house). The situation in which the object is encountered is correspondingly general or specific, as may be some of the other referents.

Some Influences on Valence

Some suggested influences on attitudinal valence with respect to interpersonal attraction and evaluation are: similarity, complementarity, familiarity, and attribution of status causality (e.g.,

Bersheid, 1977; Byrne & Griffitt, 1973; Hastorf, Schneider, & Polefka, 1970; Huston & Levinger, 1978; Jones, Kanouse, Kelley, Nisbett, Valins, & Weiner, 1971; McDavid & Harari, 1974; and Ross & Amabile, 1977).

"Similarity" refers primarily to the likeness of attitudes and values between individuals involved in an interpersonal relationship. It extends also to other characteristics of the individuals, such as sex and age.

"Complementarity" refers to the matching of needs between individuals in an interpersonal relationship. For example, the need to be nurturant matches with the need to be helped. Complementarity may exist within the context of similarity.

"Familiarity" refers to the intensity of acquaintanceship between persons in an interpersonal relationship. This intensity stems from the frequency and meaningfulness of contact.

"Attribution of status causality" refers to whether people are held responsible or not responsible for their success or failure. As McDavid and Harari (1974, p. 228) point out, there is a:

...tendency for people to attribute causal powers to people in connection with the events in which they participate.
Environmental causation...attributes responsibility for events to circumstances and forces of nature outside the people involved; personal causation attributes this responsibility to the people involved in events.

In sum, whether a person reacts positively or negatively to another person may be influenced by such factors as similarity, complementarity, familiarity, and attribution of status causality.

Concluding Comments

Attitude, a hypothetical construct, exists as the invention of

researchers who find it useful in understanding and predicting behavior. As such, different researchers prefer different conceptualizations of attitude. Thus, it is not to be expected that any one conceptualization of attitude will be agreed upon by all attitude researchers. In order to maximize agreement, the conceptualization developed for this project is designed to be general and broad. Within this broad conceptualization of attitudes can be accommodated the yet finer analytical distinctions which exist in the literature, such as Rokeach's (1968a, 1968b) structural dimensions of differentiation, centrality, time perspective, integration or isolation, specificity or generality, and breadth or narrowness; Scott's (1968) properties of direction, magnitude, intensity, ambivalence, salience, affective salience, cognitive complexity, overtness, embeddedness, flexibility, and consciousness; and Sherif's (e.g., Sherif, 1960; Sherif & Hovland, 1961; Sherif, Sherif, & Nebergal, 1965) latitudes of acceptance, rejection, and non-commitment.

PROJECT'S ANALYTICAL MODEL

The project's analytical model for investigating the attitudes of service providers consists of eight elements. These are: stimulus, attitudes, behavior, causes of attitudes, correlates of attitudes, reinforcements, "other" variables, and impact on other. The analytical model is graphically overviewed in Figure 1. This model operates both at the level of general attitudes (i.e., attitudes toward working with older "clients-in-general") and at the level of specific attitudes (i.e., attitudes toward working with a specific individual older client). Each element of the model is described below.

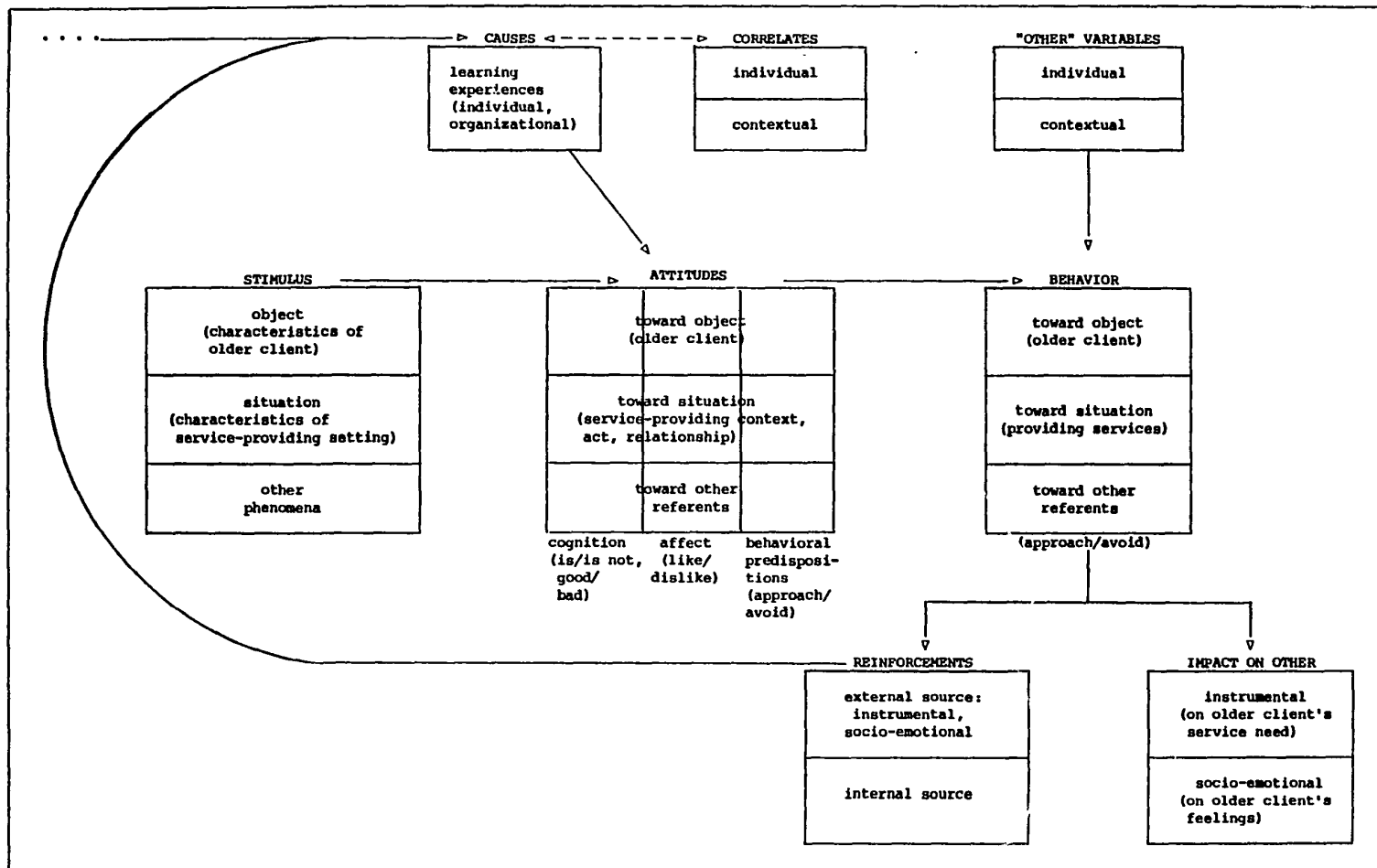


Figure 1. Analytical model for the investigation of service providers' attitudes toward working with older clients.

Attitudes

As discussed earlier, attitudes can be conceptualized: (a) as consisting of cognitive, affective, and behavioral predisposition components; and (b) as being directed toward an object, toward the situation in which the object is encountered, and toward other referents simultaneously relevant to the attitude holder. In this conceptualization, the service provider's point of view of working with older clients is the focus of research interest. Thus, the object is the older client. The situation includes the context in which the service is to be provided, the act of providing the service, and the relationship with the client.

The valence of a service provider's attitude toward an older client (i.e., the attitude's level of favorability-unfavorability) may be influenced by: the degree of similarity and complementarity between the two individuals, the extent of the service provider's familiarity with the client, and whether the service provider views the older client as being responsible or not for his/her own problems.

Attitudes act as intervening variables, operating between a stimulus and the attitude holder's actual behavioral response to that stimulus. Attitudes, being internal to an individual, cannot be observed directly. Instead, they must be observed as they are expressed in behavior by the individual.

Stimulus

The term "stimulus" is used in this conceptualization in the "stimulus-response" sense. A stimulus is something that activates a response in the beholder. Here, a stimulus is conceptualized as

consisting of the directly observable characteristics of an object, its situation, and any other phenomena which are also present. For service providers, the stimulus of immediate research interest consists of the characteristics of the older client and the characteristics of the service-providing setting. The situational stimulus, in addition to its direct influence on the service provider's behavior, also may have an indirect influence through its experiential association with older clients. For example, via classical conditioning, older clients encountered in positive work contexts may come to be perceived more positively, while older clients encountered in negative work contexts may come to be perceived more negatively, than would otherwise be the case (for some relevant illustrative studies of classical conditioning by exposure, see Burgess & Sales, 1971; Perlman & Oskamp, 1971). The other phenomena (such as one's own aging), even though they are unrelated to older clients or the job situation of providing services to older clients, may also have an influence on service provider behavior.

Behavior

Unlike attitudes, behavior is directly observable. It can occur either verbally or non-verbally. As indicated earlier, behavioral expressions of attitudes consist of approach and avoidance behavior (i.e., preferential, or pro-con, behavior). Relevant pro-con behaviors of service providers include: their behavior of selecting clientele, their interaction behavior in service encounters with older clients, and their job turnover behavior. As shown in Figure 1, these behaviors may be conceptualized as being directed at an object, at the situation in which the object is encountered, and at other referents. To illustrate,

a service provider may, in response to the stimulus of an older client and the surrounding service-providing situation, express behavior directed at the older client, at the situation, or at other available targets (e.g., taking out frustration with the job on the family).

It should be noted that, what may appear to be behavior directed at one object may actually be behavior toward another object (for example, avoidance behavior with respect to unemployment may appear to be approach behavior toward a particular job). Likewise, approach behavior toward some other attitude object, for example, child rearing or career advancement opportunities, which results in leaving a job may appear to be avoidance behavior toward that job.

Causes of Attitudes

Although genetic and physiological factors may be involved in attitude formation (see, for example, McGuire, 1969, 1977; Oskamp, 1977), there appears to be general agreement that the causes of attitudes are learning experiences (e.g., Allport, 1935; Kelman, 1974; Newcomb, 1964; Oskamp, 1977; Rokeach, 1968a, 1968b). An attitude is learned through experiences, either real or vicarious, with the referent of the attitude. Thus, differences in attitudes result from different learning experiences. Attitudes can change as the result of new experiences. Such change, however, is discouraged by the selective cognitive processes (e.g., selective attention, selective perception, and selective remembering) set into action by the attitude (see, for example, the discussions by Kelman, 1974; McDavid & Harari, 1974; and Rokeach, 1968a, 1968b). For an individual operating within an organizational framework as a service provider does, learning

experiences can be categorized on the basis of whether they stem from without or within the organization. "Organizational" learning experiences, then, occur within the service agency context, while "individual" learning experiences stem from sources prior to, or outside of, the service agency. Both of these types of learning experiences form the basis for the development, as well as the retention or changing, of attitudes toward working with older clients on the part of service providers.

Correlates of Attitudes

Oftentimes, although the actual learning mechanism itself is unknown, certain descriptive variables are correlated with the holding of certain attitudes. For a service provider, relevant descriptive variables are of two types: (a) individual (such as age, sex, socio-economic status, or race), and (b) contextual (e.g., characteristics of the employing agency). Such correlates can be of considerable use both in efforts to identify the true causal antecedents of attitudes and as indices of attitudes.

Reinforcements

Behavior brings with it results for the individual. These results range from pleasurable to painful. Such results, called "reinforcements," can come from sources: (a) external to the individual (e.g., praise from others) and/or (b) internal to the individual (e.g., praise from self). The two sources of reinforcements are shown in Figure 1. Reinforcements coming from external sources can be either instrumental or socio-emotional. Instrumental reinforcements are those

which involve the individual's personal achievement of goals (e.g., money or power). Socio-emotional reinforcements, in contrast, operate at the level of feelings and interpersonal interaction. Positive socio-emotional reinforcements, for example, are expressive of positiveness and warmth (e.g., praise or liking). It is the individual's history of reinforcements for behavior which underlies that individual's attitudes. Positive reinforcements act to increase the frequency of a behavior; negative reinforcements act to decrease the frequency of a behavior.

"Other" Variables

An individual's behavior, however, is not totally a function of his or her attitudes (e.g., see Oskamp, 1977). Instead, numerous other variables act to facilitate or constrain the expression of an individual's attitudes into behavior or to shape behavior when attitudes are neutral. These variables can be categorized as to whether they are properties of the individual or of the context (see Figure 1). For example, although a service provider's attitudes may predispose him/her to provide excellent service, a lack of necessary training (a property of the individual) or equipment (a property of the context) would obstruct the implementation of that attitude. Similarly, a service provider predisposed to behave negatively might be constrained by training or external surveillance.

This conceptualization differs from the treatment of "other" variables often found in the literature (see, for example, Kiesler & Munson, 1975) in that in this model attitudes toward other referents are not conceptualized as part of the "other" variables but rather as part

of the attitude system itself. Thus, the influence of such an "other" variable as external surveillance may be mediated by the individual's attitude toward it.

Impact on Other

In any interpersonal interaction between two people, the expression of attitudes into behavior usually has consequences not just for the holder of the attitude but also for the other individual. This "impact on other" can be categorized into two types: an instrumental impact and a socio-emotional impact. In the current conceptualization, the instrumental impact concerns older clients' service needs, and the socio-emotional impact concerns older clients' feelings, such as of self-concept and satisfaction with life. Examples of these types of impacts were presented in the discussion of research evidence on the behavioral correlates of attitudes in Chapter II.

The Analytical Model and Interpersonal Interactions

Two further points are yet to be made regarding the project's analytical model. One, the model is a generic model. That is, it is applicable for the investigation of anyone's attitudes toward anyone else. The model is made specific to the investigation of service providers' attitudes toward older clients by designating the older client to be the object and the service-providing context to be the situation.

Two, the model as shown in Figure 1 is really only half of an interactive system. In an interpersonal interaction, there are at least two participants, each bringing to the encounter his or her own

perspective. These perspectives are mirror opposites in terms of who is the object and what is the situation. That is, from the older client's perspective, the analytical model would designate the service provider to be the object and the service-receiving context to be the situation. The mirror-opposite perspectives of the participants in an interpersonal interaction lead to a dual role for each participant: (a) as perceiver of the other, and (b) as alterer of the other (see, for example, discussions of interpersonal perception and attraction by McDavid & Harari, 1974). To some extent, then, the participants in an interpersonal interaction are responsible for each other's behavior. Thus, service providers and older clients bear some responsibility for each other's behavior in a service encounter.

Summary

Constituent Parts. The project's analytical model is composed of eight major parts: stimulus, attitudes, behavior, causes of attitudes, correlates of attitudes, reinforcements, "other" variables, and impact on others. Each of these parts is further divided into sub-parts, for example, the sub-dividing of attitudes into three components (cognition, affect, and behavioral predisposition), each directed at three referents (object, situation, and other referents). The object can be at either a general (i.e., class) or specific (i.e., individual) level.

Relationships Between Parts. The various parts of the model are postulated to be interrelated thusly. Attitudes are shaped by reinforcements as part of learning experiences (i.e., the "causes of attitudes"). Various other phenomena (i.e., "correlates of attitudes") are correlated with attitudes because they are correlated with the

causes of attitudes. Attitudes influence a person's response (i.e., "behavior") toward a stimulus. In addition to attitudes, a person's behavior toward a stimulus is influenced by many other factors (i.e., "'other' variables"). And, a person's behavior toward a stimulus person may result in consequences for the stimulus person (i.e., "impact on other").

Nature of Relations. Specific relations theorized to exist among the model's constituent parts include the following five. One, negative reinforcements tend to promote negative attitudes and extinction of behavior while positive reinforcements tend to promote positive attitudes and generation of behavior. Two, there is a tendency toward consistency of valence (i.e., degree of favorability or unfavorability) among the attitude components of cognition, affect, and behavioral predisposition. Three, negative attitudes tend to lead to avoidance behavior; positive attitudes tend to lead to approach behavior. Four, greater positiveness of attitudes toward older clients on the part of service providers may result from: greater similarity between the two, greater familiarity of service providers with older clients, and greater attribution of causality of the older clients' problems to environmental instead of personal factors. And, five, the valence of attitudes toward one referent may have a causal influence on the valence of attitudes toward another referent when the two referents are encountered together.

Framework for Investigation. In sum, the phenomenon of service providers' attitudes toward working with older clients is separated by the project's analytical model into a set of constituent parts with identified interrelationships. Thus, the model provides an analytical

framework for use in investigating service providers' attitudes toward working with older clients.

CHAPTER IV

PURPOSE AND OVERVIEW OF STUDY

The purpose of this study is to investigate service providers' attitudes toward working with older clients. The terminology used in this statement of purpose is defined specifically as follows. The term "service provider" refers to personnel of social service agencies who provide services directly to older persons. That is, only social service personnel who interact with older clients (either face-to-face or over the telephone) are a focus of this study. The term "client" refers to the consumer of a social service, for example, a bus rider, a resident in a nursing home or a Social Security beneficiary. In recognition of the different eligibility requirements of social service agencies, the term "older" is left undefined by this study. In general, however, "older" means an age group beginning somewhere in the 60s. The term "attitude" (which was defined in detail in Chapter III) refers to an individual's mental posture which predisposes behavior toward a target, such as an older person.

Underlying the purpose of this study are two goals. One goal is, as "basic" research, to contribute to the level of knowledge regarding service providers' attitudes toward working with older clients. The second goal is, as "applied" research, to contribute to the betterment of social services for older people.

To pursue these goals, three objectives will be undertaken by this

project. Objective 1 is to develop some conceptual and methodological bases for the assessment of service providers' attitudes toward working with older clients. Objective 2 is to describe the attitudes toward working with older clients held by a sample of urban service providers. Objective 3 is to test certain hypotheses regarding urban service providers' attitudes toward older clients. The study's design consists of implementing these three objectives.

OBJECTIVE 1: CONCEPTUAL AND METHODOLOGICAL BASES FOR ASSESSMENT

The conceptual and methodological bases for assessment to be developed by this project consist of: (a) an analytical model, and (b) a set of measurement scales.

Analytical Model

The need for an explicit statement of the conceptualization of attitudes for use in studies of service providers' attitudes toward working with older clients is suggested by a reading of the literature in that area. Such a statement of conceptualization would help to address the somewhat serious problem of non-comparability, as well as to promote comprehensiveness of research scope.

The project's analytical model has already been presented in Chapter III. Although at first glance it may seem strange to present an outcome of a project prior to the presentation of the project's statement of purpose, the logic of this order is made apparent by a closer look at the intertwined nature of the analytical model and the data-oriented remainder of the project. Because the data-oriented

segments of this project are based on the project's analytical model, these segments could not be introduced without a prior introduction to the model.

Now, the design for the development of the project's analytical model will be given a postponed presentation. Part of the model's developmental design has already been revealed in its description: the model is built of elements from the general literature on attitudes which are made specific to the study of service providers' attitudes toward working with older clients. Underlying the model is the more basic design inherent in the meaning of analysis: analysis is the process of separating a whole into its constituent parts "so as to find out their nature, proportion, function, relationship, etc." (Webster's, 1958, p. 53). In this project, the "whole" consists of the phenomenon of service providers' attitudes toward working with older clients. This whole is to be "separated" into its "constituent parts" so as to provide a framework for the investigation of the "nature, proportion, function, relationship, etc." of those parts. In sum, the analytical model is to be causal in nature, not just descriptive; it is to provide a framework for the investigation of the content, consequences, and causes of service providers' attitudes toward working with older clients. Chapter III described in detail the implementation of this design.

Measurement Scales

The lack of adequate existing instruments to measure service providers' attitudes toward working with older clients is the compelling factor for the instrument development efforts undertaken in this project. The measurement scales to be developed by this project are

indexes built of multiple items. Compared to single items, scales have the advantage of greater reliability and validity and of greater variability of scores (i.e., greater discriminability among subjects).

The project's design for the development of measurement scales consists of six steps. They are: (a) generating items to operationalize aspects of the project's analytical model; (b) constructing a questionnaire from these items to measure service providers' attitudes toward older clients as a class (the "Attitudes Toward Older Clients-in-General Questionnaire"); (c) pretesting this questionnaire and its administration procedures; (d) developing from this questionnaire another questionnaire to measure service providers' attitudes toward older clients as individuals (the "Attitudes Toward Specific Older Clients Questionnaire"); (e) field implementing the two questionnaires; and (f) constructing measurement scales based on data from the field implementation of the two questionnaires.

For ease of communication, the questionnaires' names will be abbreviated in this report to "General OC Questionnaire" and "Specific OC Questionnaire," with "OC" standing for "older clients." Similarly, scales constructed of items from the General OC Questionnaire will be collectively referred to as "general attitude scales," while scales constructed of items from the Specific OC Questionnaire will be collectively referred to as "specific attitude scales."

Four samples of service providers are involved in the construction of the project's measurement scales. They are: Interview Panel ($n = 22$), General Attitude Pretest Sample ($n = 89$), General Attitude Survey Sample ($n = 428$), and Service Encounter Sample ($n = 51$). All four samples come

from the Portland (Oregon) Standard Metropolitan Statistical Area. Figure 2 shows graphically the time sequencing of the samples and their role in the project. The samples represented a variety of different types of service providers (e.g., hospital doctors and income personnel). Because of the samples' urban origin, the project's development of measurement scales is delimited in scope to scales for the measurement of urban service providers' attitudes. Chapter V describes in detail the project's sampling and data-gathering procedures and the characteristics of the four samples.

In constructing the two questionnaires, effort is directed at operationalizing aspects of the three attitude components of cognition, affect, and behavioral predisposition, as well as of the two attitude referents of older client and situation. Because it is far beyond the scope of this study to operationalize all relevant aspects of all eight elements in the analytical model, some aspects must necessarily remain unmeasured in this study. Nonetheless, they contribute importantly to the study by providing a context within which to interpret data on the measured aspects. The parts of the model which are operationalized by this study are specified in Chapter VI, which describes in detail the development of the questionnaires' attitude items and the resulting measurement scales.

OBJECTIVE 2: DESCRIPTION

This project describes urban service providers' attitudes toward working with older clients within the context of six research questions. Each question is the focus of one of the six findings chapters of this

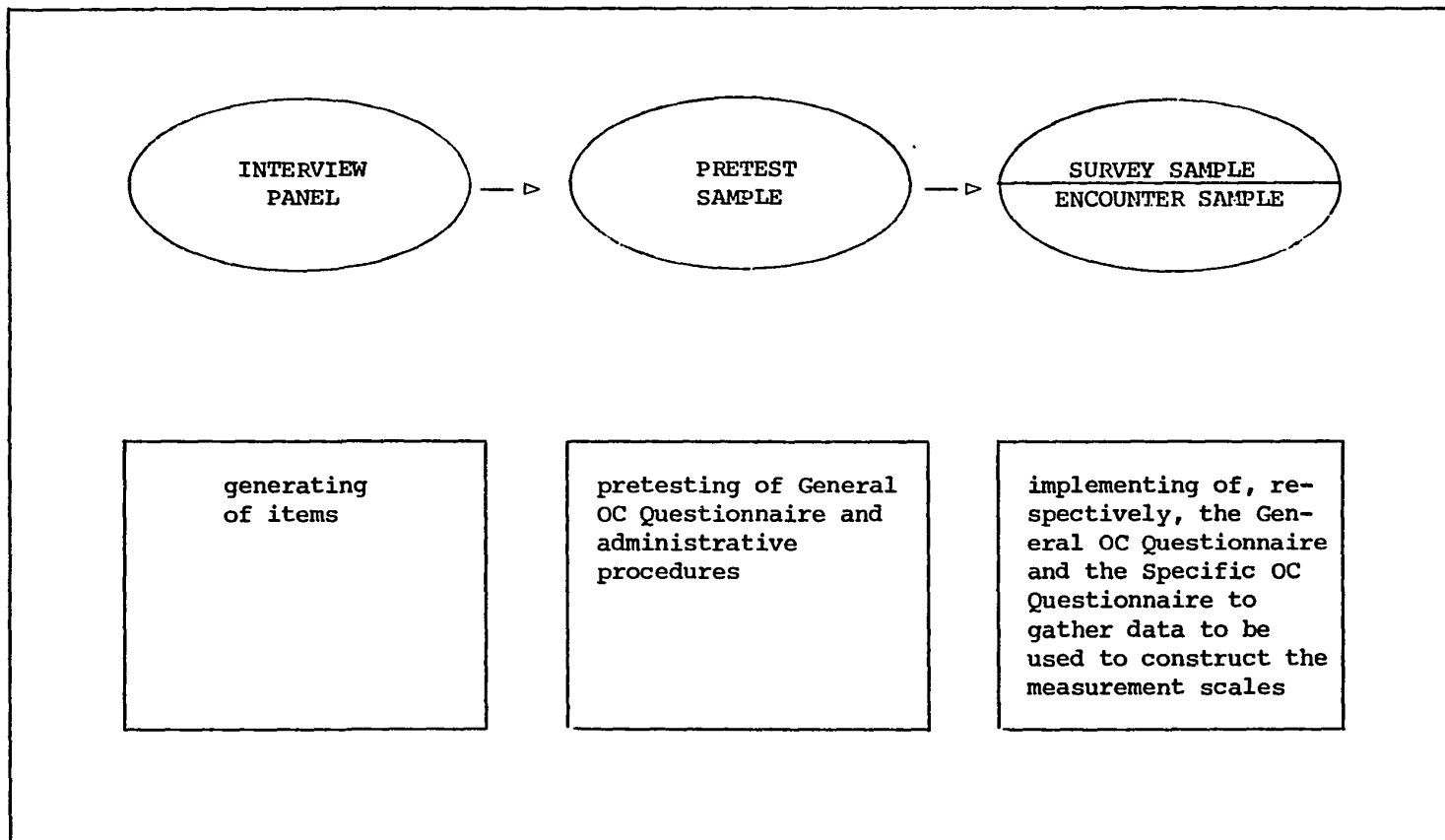


Figure 2. Time sequencing and role of project's samples of service providers.

report (Chapters VII through XII). These research questions are systematic examinations of several aspects of the project's analytical model. They pertain to both the content of, and relationships among, certain of the model's constituent parts. The examined parts are: causes of attitudes, correlates of attitudes, stimulus to which the attitudes refer, and the attitudes themselves. Three of these parts (causes, correlates, and stimulus) are considered together as "antecedent" variables.

Research Questions

Content. The first two research questions focus on the content of service providers' attitudes. Question 1 is concerned with the valence of attitudes: How positive are service providers' attitudes toward working with older clients? The second question is concerned with the extent of attitudinal uniformity among service provider types: Do attitudes toward working with older clients differ by service provider type?

Relationships. The remaining four questions focus on relationships among constituent parts of the analytical model. Question 3 examines the interrelationship of the three attitudinal components: How are the attitudinal components of cognition, affect, and behavioral predisposition interrelated? The fourth question is concerned with the relationship between attitudes regarding object and attitudes regarding situation: How are service providers' attitudes regarding older clients related to their attitudes regarding the job situation? The fifth question addresses the issue of the attitude-behavior relationship: What

relationship do service providers' attitudes bear to their choice of clients? The last question focuses on the relationship between antecedent variables and attitudes: How are the antecedent characteristics of service providers and their older clients related to service providers' attitudes?

A Delimitation of Scope

This project is focused on the valence of attitudes. It does not address the accuracy of attitudes. However, it must be remembered that just because an attitude is positive does not mean it will not lead to a negative behavioral outcome, such as overservicing or paternalism.

Data and Statistical Techniques

Objective 2 utilizes data from the General Attitude Survey Sample to describe attitudes concerning older clients as a class (i.e., "general" attitudes). Data from the Service Encounter Sample are utilized to describe attitudes concerning older clients as individuals (i.e., "specific" attitudes).

Statistical techniques utilized in this description consist of: basic descriptive statistics (e.g., means and standard deviations) and statistical inference. The statistical inference techniques used by this project are primarily of a correlational nature, supplemented by t-test and analysis of variance procedures. For the most part, only significant correlations with absolute values equal to or greater than .22 (i.e., accounting for approximately 5% of the variance) are considered to be meaningful. The probability level generally utilized in this study as the cut-off for significance is .05; however, "near-significant"

correlations (i.e., $< .10$) are also discussed when the sample sizes are small.

The study's description of urban service providers' attitudes toward working with older clients, consisting of research evidence regarding the six questions, is presented in the six "findings" chapters of this report (Chapter VII through Chapter XII). In order to allow for a more critical reading of these findings, each chapter begins with a summary "Overview of Findings." For that reason, a summary of findings will not appear at the end of each findings chapter.

OBJECTIVE 3: HYPOTHESIS TESTING

Although primarily a tool-building and descriptive study, this project undertakes, to the extent possible with the available data, the testing of five hypotheses. The five hypotheses are suggested by the general literature on attitudes reviewed in Chapter III. In order to see whether the hypotheses receive support with respect to service providers' attitudes toward older clients, the hypotheses will be tested utilizing data from the General Attitude Survey and Service Encounter Samples.

Hypothesis 1

Because positive attitudes are thought to promote approach behaviors, while negative attitudes are thought to promote avoidance behaviors, positive attitudes toward older clients on the part of a service provider would be expected to lead to approach behaviors toward older clients. Thus, Hypothesis 1 is: The more positive a service provider's attitude is toward an older client(s), then the more likely

the service provider is to approach rather than avoid the older client(s).

Hypothesis 2

Because attitudes stem from learning experiences, people with different learning experiences can be expected to hold different attitudes. To the extent that different "types" of service providers (for example, mental health practitioners and nutrition personnel) have different learning experiences regarding older clients (they have older clients with different service needs, they have older clients of different ages or sex, they see older clients in such different settings as in-facility or in-home, they have different educational and training backgrounds with respect to older clients, etc.), they can be expected to hold different, rather than identical, attitudes toward older clients. Similarly, to the extent that sub-groupings of service providers with respect to personal characteristics (such as age, sex, and educational level) have had different learning experiences regarding the elderly, they too can be expected to differ in their attitudes toward older clients. The same expectations hold for attitudes toward the job situation. Thus, Hypothesis 2 is the non-directional hypothesis: Different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients.

Hypothesis 3

Because an individual's familiarity with a person, or class of persons, is thought to increase the positiveness of attitudes held toward that person or class of persons, it is here predicted that the

positiveness of service providers' attitudes toward older clients will increase with their familiarity with older clients. Thus, Hypothesis 3 is: The more familiar service providers are with older clients, then the more positive will be their attitudes toward older clients.

Hypothesis 4

Because similarity is thought to be a major basis for interpersonal attraction, similarity between service provider and older client would be expected to promote more positive attitudes toward an older client on the part of a service provider. Thus, Hypothesis 4 is: The more similar service providers are to their older clients, then the more positive will be their attitudes toward the older clients.

Hypothesis 5

Because failures on the part of a person which are attributed to personally controllable factors are thought to lead to negative evaluations, while failures attributed to external factors do not, it is expected that the nature of the service providers' causal attribution of the older clients' problems will lead to differences in attitudes. Thus, Hypothesis 5 is: The more service providers attribute the cause of their older clients' problems to forces beyond the clients' control, then the more positive will be their attitudes toward the older clients.

Testing of Hypotheses

The five hypotheses receive their test in this project during the course of the project's description of urban service providers' attitudes toward working with older clients. Accordingly, research evidence regarding the five hypotheses, which is presented as it occurs,

is described as part of this report's six findings chapters (Chapters VII through XII). This evidence will be drawn together in the project's "Summary of Results," Chapter XIII.

It should be noted that sometimes the same data will be used to test several hypotheses. It may also be of interest to note that some of these data are used bi-directionally in the testing of multiple hypotheses. More will be said about this in Chapter XIII.

OUTCOMES

The project's three objectives result in two types of outcomes: assessment tools and research findings. Objective 1 is concerned with the development of assessment tools: an analytical model and measurement scales. Objectives 2 and 3 are concerned with research findings. The final two chapters of this report summarize the results and discuss the implications of these two types of outcomes.

CONTEXT OF STUDY

This project is part of a larger study, "Attitudes Toward Older Persons on the Part of Service Delivery Professionals," funded by the Administration on Aging (#90-A-1006). For short, the larger study is referred to as the "Client Relations" Research Project. Aspects of the Client Relations Project which are not part of this study are not discussed in this report, except where they may, in some way, have had an influence on the project's findings.

CHAPTER V

SUBJECTS AND PROCEDURES

Chapter V describes first the Sampling Frame which guided the selection of sample members. Then, for each of the four samples involved in the study, the sampling and data-gathering procedures and the characteristics of sample members are described.

SAMPLING FRAME

The study's Sampling Frame, or logical framework for the sampling process, represents six types of social services. These six social service types (which are illustrated in Table I) are: health/mental health, income, nutrition, transportation, housing, and interaction. The six service types were chosen on the basis of a survey of the literature on social services and a survey of the types of social service agencies currently active in serving older people. Because of their importance in addressing the poor health, poverty, and social isolation of older Americans, these social services form the basis of the study's Sampling Frame (shown in Table II).

As can be seen in Table II, the Sampling Frame is composed of 13 cells. Each cell contains a different type of service provider. The Sampling Frame was constructed as follows. First, each of the six social service types, except health/mental health, formed a sampling cell (cells 9-13). Second, the health/mental health type was represented by

TABLE I
SOCIAL SERVICE TYPES

Types	Examples
health/mental health	hospitals, nursing homes, in-home nursing agencies, mental health clinics
income	Social Security, senior employment agencies
nutrition	congregate meal programs, home-delivered meal programs
transportation	mass transit, escort programs, special needs transportation programs
housing	public housing, retirement housing projects
interaction	senior centers, information and referral services, senior volunteer opportunities, recreational programs, friendly visitor programs, telephone reassurance programs

Note. These six types of social services of major importance to older Americans lay the basis for the study's Sampling Frame which is shown in Table II.

TABLE II
SAMPLING FRAME

Cells	Type of service provider	Social service type
1	hospital doctors	health/mental health
2	hospital nurses	
3	hospital aides	
4	in-home nursing nurses	
5	in-home nursing aides	
6	nursing home nurses	
7	nursing home aides	
8	mental health practitioners	
9	income personnel	income
10	nutrition personnel	nutrition
11	transportation personnel	transportation
12	housing personnel	housing
13	interaction personnel	interaction

Note. Each cell of the Sampling Frame contains a different type of service provider of major importance to older Americans. This Sampling Frame guided the selection of sample members for all four samples involved in this study.

eight cells, each containing a health/mental health sub-type (cells 1-8). These health/mental health sub-types are: hospital doctors, hospital nurses, hospital aides, in-home nursing nurses, in-home nursing aides, nursing home nurses, nursing home aides, and mental health practitioners. This representation of the health/mental health service type by sub-types was made in order to allow comparisons to be conducted within that service type. Thus, the Sampling Frame makes possible comparisons both between and within service types.

The four samples involved in this study were all constructed on the basis of the Sampling Frame shown in Table II. Table III shows the number of agencies in each Sampling Frame cell for each of the study's samples. Table IV shows the number of service providers in each Sampling Frame cell for each sample. The contents of Tables III and IV will be referred to throughout the following discussion of the study's samples.

SAMPLING, DATA GATHERING, AND SAMPLE CHARACTERISTICS

The following format is used in describing each sample. First, the sample's purpose, participants, and timing are overviewed. Next, the involvement of social service agencies in the sample is detailed. Then, the involvement of individuals, service providers and older clients, in the sample is described.

The samples are presented in a chronological ordering. First come the two preliminary samples utilized in constructing the study's attitude questionnaires, the Interview Panel and the General Attitude Pretest Sample ("Pretest Sample"). Next come the study's two data samples, the General Attitude Survey Sample ("Survey Sample") and the

TABLE III
SAMPLES OF AGENCIES

Sampling frame cells	Agency types	Number of agencies in:			
		Interview Panel	Pretest Sample	Survey Sample	Encounter Sample ^a
1-3	hospitals	2	2	2	0
4-5	in-home nursing agencies	2	1	3	4
6-7	nursing homes	1	2	6 ^b	0
8	mental health agencies	0	1	4	0
9	income agencies	2	3	5	0
10	nutrition agencies	2	1	1	0
11	transportation agencies	2	1	5	0
12	housing agencies	2	3	5	0
13	interaction agencies	2	2	11	7
TOTALS		15	16	42	11

Note. The number of social service agencies included in each Sampling Frame cell is indicated for each of the four samples in the study.

^aThe Encounter Sample differs from the relevant cells of the Survey Sample in that the Encounter Sample includes one in-home nursing agency that is not considered to be part of the Survey Sample.

^bAll six nursing homes are licensed by the state of Oregon as Skilled Nursing Homes.

TABLE IV
SAMPLES OF SERVICE PROVIDERS

Sampling frame cells	Service providers	Number of service providers in:			
		Interview Panel	Pretest Sample ^a	Survey Sample ^a	Encounter Sample ^b
1	hospital doctors	2	3 (30%, 10)	26 (54%, 48)	0
2	hospital nurses	2	4 (44%, 9)	43 (86%, 50)	0
3	hospital aides	2	2 (20%, 10)	34 (72%, 47)	0
4	in-home nursing nurses	1	8 (80%, 10)	18 (82%, 22)	16 (48)
5	in-home nursing aides	1	6 (67%, 9)	18 (75%, 24)	16 (45)
6	nursing home nurses	1	13 (72%, 18)	19 (79%, 24)	0
7	nursing home aides	1	5 (19%, 26)	17 (65%, 26)	0
8	mental health practitioners	2	7 (88%, 8)	47 (96%, 49)	0
9	income personnel	2	18 (60%, 30)	43 (90%, 48)	0
10	nutrition personnel	2	9 (75%, 12)	42 (88%, 48)	0
11	transportation personnel	2	4 (44%, 9)	31 (65%, 48)	0
12	housing personnel	2	6 (40%, 15)	44 (92%, 48)	0
13	interaction personnel	2	4 (80%, 5)	46 (96%, 48)	19 (54)
TOTALS		22	89 (52%, 171)	428 (81%, 530)	51 (147)

^aNote. The number of service providers included in each Sampling Frame cell is indicated for each of the four samples involved in the study.

^aThe first number shows the actual number of service providers who participated in the study. The numbers in parentheses indicate: (1) the response rate, and (2) the number of service providers originally selected to be in the sample. The formula used to calculate the response rate is: $((\text{number returned})/((\text{number originally sampled})-(\text{non-eligibles}))) \times 100$. Thus, non-respondents include both "refusers" and "non-reachables."

^bThe first number shows the number of service providers who were observed in service delivery encounters with older clients. Totals for the nurses include one physical therapist; totals for the aides include one physical therapy assistant and eight geriatric outreach workers doing medical screening. The number in parentheses indicates the number of encounters that were observed. Except for six service providers who were observed in only two encounters, all service providers were observed in encounters with three different older clients.

Service Encounter Sample ("Encounter Sample").

Because this study is part of a larger study, data in addition to this study's data were also collected from the samples. Some of these additional data-collection efforts may have had some effect on this study's attitude data and, therefore, are included in the following descriptions.

For the most part, written correspondence sent by the project to agency directors and service providers as part of the data-gathering procedure was of a personalized nature (that is, letters were individually addressed and typed and had a handwritten signature).

Interview Panel

Overview. The purpose of this sample was to provide information from which to form items to build attitude questionnaires as well as to provide background information for the behavioral and evaluative aspects of the broader Client Relations Project. Twenty-two service providers from 15 agencies participated in the Interview Panel. Interviews of the 22 Panel members were conducted in the Portland-Multnomah County area of Oregon during May and June, 1977, by six trained interviewers.

Agencies. Except for mental health, all agency types in the study's Sampling Frame were represented by the Panel (see Table III). No mental health agencies were represented because the two mental health practitioners in the Panel were affiliated with agencies which were not primarily mental health agencies. Because contact was established directly with the service-providing personnel, no formal contact was made between the study and the service providers' agencies.

Service Providers. The 22 service providers in the Panel were

sampled on an invitational basis (i.e., they were not randomly sampled). The Panel members, who were either known by personnel from the Client Relations Project or were recommended to the project, were selected on the basis of being both articulate and representative of their field. Except for four cells, each of the Sampling Frame cells is represented by two service providers (see Table IV). The other four cells (in-home nursing nurses and aides and nursing home nurses and aides) are represented by one service provider each.

Correspondence and data-gathering procedures for the Interview Panel were as follows (see Table V). Service providers were initially contacted by telephone to request their participation in the Panel. Interviews with Panel members, lasting from one to four hours, were then held at the Panel member's choice of workplace, home, or the research project's university.

For purposes of questionnaire construction, the interviews were conducted in such a manner as to learn (Bross, 1977, p. 1):

- (1) the dimensions of the service providers' experience [with older clients] and (2) the language which service providers use in talking about that experience.

In responding to the interview schedule's open-ended questions, Panel members were requested to speak for their coworkers as well as for themselves. During the interviews, Panel members were provided with a copy of the interviewer's interview schedule to follow along if they wanted. Notes to the interviewers to probe for specific information were deleted from the Panel member's copy of the interview schedule.

Characteristics of the service providers in the Interview Panel are summarized in Table VI. On the average, the Interview Panel members:

TABLE V
CORRESPONDENCE AND DATA-GATHERING PROCEDURES
FOR INTERVIEW PANEL

Time	Correspondence with service providers	Exhibit ^a
Weeks 1-4 (May 16-June 10, 1977)	Telephone call to request participation	None
Weeks 2-5 (May 25-June 13, 1977)	Interview sessions (using Service Provider Interview Schedule and written instructions)	IP:1,2
Week 34 (January 3, 1978)	Thank-you letter and summary report	IP:3,4

^aExhibits are available upon request.

TABLE VI
CHARACTERISTICS OF SERVICE PROVIDERS
IN INTERVIEW PANEL

PERSONAL CHARACTERISTICS		JOB-RELATED CHARACTERISTICS	
Age		Paid or Volunteer	
less than 20.....	0	paid.....	21
20-29.....	5	volunteer.....	0
30-39.....	7	other (field placement).....	1
40-49.....	6		
50-59.....	1		
60-69.....	1		
70-79.....	1		
80-89.....	0		
not known.....	1		
Sex		Years on Job	
male.....	7	less than 1 year.....	5
female.....	15	1-3 years.....	8
		4-6 years.....	4
		7-9 years.....	1
		10-12 years.....	2
		13-15 years.....	1
		16-18 years.....	0
		19-21 years.....	0
		22-24 years.....	0
		25-27 years.....	0
		28-30 years.....	0
		31-33 years.....	0
		34-36 years.....	0
		37-39 years.....	0
		40-42 years.....	1
Educational Level			
less than 8th grade.....	0		
8th grade graduate.....	0		
some high school.....	2		
high school graduate.....	1		
some vocational or technical school.....	0		
vocational or technical school graduate.....	2		
some college.....	6		
college graduate.....	3		
some graduate school.....	3		
graduate degree.....	4		
not known.....	1		

Note. Numbers following each response option indicate the number of service providers who made that response. Total sample size equals 22.

were 40 years of age, were female, had an educational level of some college, were paid employees (rather than volunteers), and had worked at the current agency for six years.

Prior to the interviews with the 22 Panel members, interviews with six additional service providers had been conducted as practice sessions. Responses to the practice interviews were given consideration as supplemental information in the analysis of the Interview Panel data.

General Attitude Pretest Sample

Overview. The purpose of this sample was to pretest the General OC Questionnaire's mail-out and follow-up procedures to determine if all were in working order. Sixteen social service agencies and 89 service providers participated in the pretest. The pretest was conducted in Vancouver, Washington, between July and September, 1977. Vancouver was chosen to be the pretest site because, being part of the larger Portland-Vancouver urban area, Vancouver was thought to closely approximate the characteristics of the forthcoming Portland-Multnomah County survey site.

Agencies. The pretest area's entire population of 17 social service agencies which served at least some older clients was selected to be in the pretest. Vancouver social service agencies which serve older clients were identified for the study on the basis of: a listing provided by the Project Coordinator of the Southwest Washington Area Agency on Aging Project, personal communications with other members of the Vancouver social service network, and the Vancouver telephone directory.

Correspondence and data-gathering procedures used for the Pretest

Sample are presented in Table VII. Starting in Week 1 of the pretest, a telephone call was made to the directors of the 17 agencies introducing the study and requesting their participation. During the telephone call, "agency participation" in the pretest was explained to mean: the agency's making available to the research project a personnel listing of all direct service personnel who provide services to older clients, and the agency's granting of permission to the project to survey their employees by mail at their place of work. Only one of the 17 agencies refused to participate in the study. The agency which refused to participate explained that it did so because of internal labor relations problems and not because of a rejection of the study itself.

The 16 agencies participating in the Pretest Sample are classified as to agency type in Table III. As can be seen, four types were represented by one agency each, three types by two agencies each, and two types by three agencies each.

Service Providers. From the 16 participating agencies, 171 employees who provided services to older clients were selected to be involved in the study. For 12 of the agencies, the entire population of employees who worked with older clients was selected. For the remaining four agencies, service providers were selected on a random sample basis. The number of service providers selected for each of the 13 pretest Sampling Frame cells is shown in Table IV. Numbers of service providers selected per Sampling Frame cell ranged from a low of 5 (the interaction cell) to a high of 30 (the income cell).

All correspondence with the selected service providers was conducted at their places of work. Table VII shows the five steps of the

TABLE VII
CORRESPONDENCE AND DATA-GATHERING PROCEDURES
FOR GENERAL ATTITUDE PRETEST SAMPLE

Time	Correspondence with: Agency directors	Exhibit ^a
Weeks 1-3 (July 1-15, 1977)	Introductory telephone call to request agency's participation	None
As Appropriate	Thank-you telephone call	None
Week 17 (October 19, 1977)	Thank-you letter	PS:3
Week 42 (April 12, 1978)	Thank-you letter and summary report	PS:5,7
Service providers		
Week 6 (August 3, 1977)	Introductory letter	PS:1
Week 6 (August 5, 1977)	General OC Pretest Questionnaire	PS:2
Weeks 8-12 (August 15-September 15, 1977)	Follow-up telephone call	None
Week 17 (October 19, 1977)	Thank-you letter	PS:4
Week 42 (April 12, 1978)	Thank-you letter and summary report	PS:6,7

^aExhibits are available upon request.

pretest's mail-out and follow-up procedure. On Wednesday of Week 6, each of the selected service providers was mailed a letter which introduced the study and requested the service provider's participation. On Friday of Week 6, the pretest questionnaires were mailed to the service providers. In Weeks 8 to 12, follow-up telephone calls were made to service providers who had not returned their questionnaires, urging them to do so. Some of the follow-up telephone calls could not be placed person-to-person because of the nature of the service providers' jobs; in cases where this happened, messages were left for the service providers, urging them to complete and return the pretest questionnaire.

Of the 171 pretest questionnaires mailed out, 89 were returned, for an overall response rate of 52%. The response rate for each of the 13 Sampling Frame cells of service providers in the Pretest Sample is shown in Table IV. Of the 13 service provider types, nursing home aides had the lowest response rate (19%) and mental health practitioners had the highest rate (88%).

Characteristics of the 89 service providers who returned their pretest questionnaires are summarized in Table VIII. In terms of personal characteristics, the average sample member: was 46 years of age, was female, and had an educational level of some college. In terms of job-related characteristics, the average sample member: worked 34 hours per week, was a paid employee (rather than a volunteer), and had worked at the sampled agency for four years. In terms of characteristics of his/her interactions with clients, the average sample member: served 32 older clients per day (note: median number of older clients served per day was 12), had a clientele that was 29% male, was in contact with

TABLE VIII

CHARACTERISTICS OF SERVICE PROVIDERS IN
GENERAL ATTITUDE PRETEST SAMPLE

PERSONAL CHARACTERISTICS		CHARACTERISTICS OF INTERACTIONS WITH CLIENTS	
Age		Percent of Clients Whose Ages Are:	
less than 20....	1	0-20.....	3%
20-29.....	16	20-59.....	14%
30-39.....	12	60-69.....	25%
40-49.....	17	70-79.....	28%
50-59.....	21	80+.....	30%
60-69.....	17		
70-79.....	4	Average Number of Elderly Clients Served	
80-89.....	0	Per Day	
not known.....	1	fewer than 10.....	33
		10-19.....	21
Sex		20-29.....	4
male.....	14	30-39.....	5
female.....	74	40-49.....	1
not known.....	1	50-59.....	6
		60-69.....	4
Educational Level		70-79.....	1
less than 8th grade.....	0	80-89.....	0
8th grade graduate.....	4	90-99.....	0
some high school.....	5	100+.....	9
high school graduate.....	9	not known.....	5
some vocational or technical school.....	2		
vocational or technical school graduate.....	8	Sex of Elderly Clientele	
some college.....	21	0-20% male.....	27
college graduate.....	11	21-40% male.....	38
some graduate school.....	5	41-60% male.....	19
graduate degree.....	14	61-80% male.....	0
not known.....	10	81-100% male.....	0
		not known.....	5
JOB-RELATED CHARACTERISTICS		Frequency of Contact with Same Elderly Client	
Hours Worked Per Week		one time only.....	6
less than 10 hours.....	3	less than once a year....	1
10-19 hours.....	8	yearly.....	3
20-29 hours.....	16	twice a year.....	4
30-39 hours.....	2	monthly.....	10
40+ hours.....	56	weekly.....	32
not known.....	4	daily.....	25
		not known.....	8
Paid or Volunteer		Form of Interaction with Elderly Clients	
paid.....	84	in person.....	75
volunteer.....	3	telephone.....	9
other.....	0	not known.....	5
not known.....	2		
Years on Job		Average Length of In-Person and Telephone Contact with Elderly Clients	
less than 1 year.....	12	less than 15 minutes.....	27
1-3 years.....	43	15-29 minutes.....	20
4-6 years.....	18	30-59 minutes.....	12
7-9 years.....	4	60+ minutes.....	14
10-12 years.....	5	not known.....	16
13-15 years.....	1		
16-18 years.....	2		
19-21 years.....	1		
22-24 years.....	1		
25-27 years.....	2		
28-30 years.....	0		

Note. Numbers following each response option indicate the number of service providers who made that response. Total sample size equals 89.

the same elderly client on a weekly basis, interacted with older clients in person (rather than by telephone), and interacted with an older client for 33 minutes at a time.

General Attitude Survey Sample

Overview. The purpose of this sample is: (a) to provide measurements of attitudes which service providers hold toward working with older clients-in-general, and (b) to provide measurements of certain characteristics of the service providers and of their older clientele which may be related to those attitudes. Forty-two social service agencies and 428 service providers participated in the Survey Sample. The survey was conducted by mail in the Portland-Multnomah County area of Oregon, November 1977 through May 1978.

Agencies. Sampling procedures for the Survey Sample's agencies were as follows. Social service agencies in the study area which served at least some older clients were classified into one or more of the six service types listed in Table I. Social service agencies in the study area serving older clients were identified on the basis of: (a) the "Inventory of Resources" from the Comprehensive Aging Plan for Portland/Multnomah County, Fiscal Year 1975/76 (Human Resources Bureau Aging Services, 1975); (b) the Directory of Community Services in Clackamas, Multnomah, and Washington Counties of Oregon and Clark County of Washington (Tri-County Community Council, 1972, 1974); (c) the Directory of Programs and Services for Older Adults, State of Oregon (Institute on Aging, 1971); (d) the Portland telephone directory for 1975-76; (e) personal communications with members of the Portland-Multnomah County social service network; and (f) prior research

conducted by the Institute on Aging, Portland State University.

From these several hundred agencies, 49 were selected to be involved in the study. A "purposive" (rather than a random) sampling procedure was utilized in selecting the 49 agencies. That is, because of the small number of agencies to be included in each Sampling Frame cell, it was thought that the representativeness of the Survey Sample would be maximized by selecting agencies within each Sampling Frame cell on the basis of three organizational and client characteristics rather than on a random basis. The three characteristics used to select the agencies were: (a) size of agency (operationalized by number of employees), (b) auspice of agency (private or public, non-profit or profit), and (c) age of clientele (elderly-only or mixed age). Thus, agencies were selected so as to obtain a full range of agency characteristics in the sample.

Procedures used by the project to communicate with the agency directors are shown in Table IX. Participation in the study on the part of an agency entailed: an interview of the agency director by a research project member concerning characteristics of the agency (for the broader Client Relations Project), the provision of a personnel listing of all agency employees who provided services directly to older clients, and permission to survey a sample of these direct service providers by mail at their place of work. Of the 49 agencies, 41 agreed to participate in the study. The eight agencies which refused to participate were: a hospital, its mental health clinic, two nursing homes, an employment agency, two retirement housing projects, and one senior center. Reasons given for non-participation included: (a) director saw no "practical use" of results for older people and saw research as a "waste of money";

(b) director did not view agency as a provider of services to older people and did not want the agency to be disrupted by the survey; (c) director said that the research unit of the agency was not contacted correctly nor sufficiently early in the study's timeline (i.e., during the proposal writing stage); (d) director saw the study as an "inconvenience" to agency and its clientele; and (e) director said the agency's corporate management refused to permit the personnel list to be provided to the study. One nursing home was added to the sample at a later date in order to maintain an adequate representation of nursing home personnel in the study in the face of a high job turnover rate in nursing homes, thus bringing the sample of agencies to a total of 42.

The 42 agencies in the Survey Sample are classified as to Sampling Frame cell in Table III. As can be seen, the number of agencies per agency type ranged from 1 (nutrition) to 11 (interaction). Of the 42 agencies, 26 were private and 16 were public, 11 were profit and 31 were non-profit. Size of agency ranged from 2 to 1600 paid employees and from 1 to 4000 volunteers. With respect to age of clientele, from 2% to 100% of the agencies' total clientele were elderly.

Service Providers. Sampling procedures for service providers in the Survey Sample were as follows. For each of the 13 Sampling Frame cells, service providers were selected on a random sample basis from personnel lists supplied by the participating agencies. Wherever possible, equal numbers of service providers were drawn from each agency within a Sampling Frame cell. The number of service providers selected per Sampling Frame cell ranged from 22 to 50. In all, 530 service providers were selected to be in the Survey Sample (see Table IV).

Correspondence between the study and the 530 service providers was conducted primarily at the service providers' places of work. In cases of job termination, some of the follow-up correspondence was conducted at the service providers' homes. The parts of the survey's multi-step questionnaire mail-out and follow-up procedure were scheduled to occur at one-week intervals, as can be seen in Table IX. In Week 15 of the procedure, the service providers were mailed a letter introducing the study and requesting their participation. In the following week, the service providers were mailed the General OC Questionnaire accompanied by a cover letter which contained instructions and an assurance of confidentiality. In Week 17, all service providers (except for a few speedy returners) were mailed a "follow-up" postcard thanking them if they had returned the questionnaire and urging them to return the questionnaire if they had not already done so. In Weeks 18 and 19, two follow-up letters (the second with a replacement questionnaire and cover letter) were mailed to the service providers who had not returned their questionnaires, again urging them to do so. By Week 20, the standardized follow-up procedures were terminated and individualized follow-ups began. The individualized follow-ups consisted primarily of telephone calls plus additional replacement questionnaires and/or visits to the agencies during which the service providers were interviewed for answers to the questionnaire. In addition, requests for non-respondents to complete and return the questionnaire were made to: (a) all non-respondents in one of the sampled hospitals via a "blind" letter from an administrative-level person from that hospital (accompanied by a replacement questionnaire), (b) all non-responding doctors in the other

TABLE IX
CORRESPONDENCE AND DATA-GATHERING PROCEDURES
FOR GENERAL ATTITUDE SURVEY SAMPLE

Time	Correspondence with: Agency directors	Exhibit ^a
Week 1 (August 15, 1977)	Introductory letter	SS:1
Weeks 2-7 (August 22- September 29, 1977)	Telephone call to confirm agency's participation	None
Weeks 2-11 ^b (August 26- October 28, 1977)	Interview re agency characteristics (using the Organizational Fact Sheet Interview Schedule)	SS:2
When Appropriate	Thank-you letter for interview	SS:3
Week 14 (November 18, 1977)	Informational letter re study's progress; copy of introductory letter to be sent to employees	SS:4,7
Week 16 (December 2, 1977)	Informational letter re study's progress; copy of General OC Questionnaire and cover letter to be sent to employees	SS:5,8,9
Week 17 (December 9, 1977)	Thank-you letter for agency's participation	SS:6
Service providers		
Week 15 (November 25, 1977)	Introductory letter	SS:7
Week 16 (December 2, 1977)	Cover letter and General OC Questionnaire	SS:8,9
Week 17 (December 9, 1977)	Follow-up postcard	SS:10
As Appropriate	Thank-you letter	SS:11
Week 18 (December 16, 1977)	Follow-up letter #1	SS:12
Week 19 (December 23, 1977)	Follow-up letter #2, plus replacement questionnaire and cover letter	SS:13,8,9
Weeks 20-42 (February-May, 1978)	Individualized follow-ups: telephone calls, visits, replacement questionnaires, recommendations from unions and professional colleagues	SS:14,15,16 ^c

^aExhibits are available upon request.

^bOne later interview was conducted in May 1978.

^cExhibit SS:14 was sent to all non-respondents in one of the sampled transportation agencies. Exhibit SS:15 was sent to all non-respondents in one of the sampled hospitals. Exhibit SS:16 was sent to all non-responding doctors in the other sampled hospital.

sampled hospital via a telephone call from an administrative-level person from that hospital (followed by a letter from the study and a replacement questionnaire), and (c) all non-respondents in one of the sampled transportation agencies via a letter from the research project which indicated support from a leader of the transportation workers' union (accompanied by a replacement questionnaire). The considerable effort spent on the follow-up procedures was designed to maximize the response rate in order to maintain the representativeness of the random sample. All follow-up procedures were terminated in May 1978.

The overall response rate for the Survey Sample is 81%. That is, 428 of the 530 service providers filled out and returned the questionnaires. The response rate for each type of service provider in the Survey Sample is shown in Table IV. The response rate varied by Sampling Frame cell, with hospital doctors having the lowest response rate (54%) and the mental health practitioners and interaction personnel tying for the highest response rate (96%). A low response rate may lead to a non-representative sample and thereby to non-generalizable findings (Berdie & Anderson, 1974). A response rate greater than 90% is recommended by Berdie and Anderson in order to assume representativeness of results. Thus, the study's findings regarding types with response rates lower than 90% should be interpreted with care, and findings regarding types with response rates lower than 70% should be interpreted with greater caution.

Non-responding service providers were replaced in the sample by other service providers only in cases of sampling error (for example, obstetrics nurses who saw no older clients) or in cases where the

non-response was thought to be of a non-attitudinal nature (for example, service providers who were non-English speakers, or who were seriously ill or had died). In all, 37 "non-eligible" service providers were replaced in the Survey Sample. The replacement service providers were selected using the same random sample procedures used in selecting the original service providers.

Key characteristics of the Survey Sample are summarized in Table X. In terms of personal characteristics, the average sample member: was 44 years of age, was female, and had an educational level of some college. In terms of job-related characteristics, the average sample member: worked 35 hours per week, was a paid employee (rather than a volunteer), and had worked at the agency for four years. In terms of characteristics of their interactions with clients, the average sample member: spent between 41 and 60% of the work day being with or talking to clients, had a clientele that was between 61 and 80% elderly, served 23 older clients per day (note: median number of older clients served per day was eight), had an older clientele that was between 21 and 40% male, and was in contact with the same older client on a weekly basis.

Service Encounter Sample

Overview. The purpose of the Encounter Sample is to provide measurements of attitudes which service providers hold toward specific older clients as well as to provide the larger Client Relations Project with a basis for relating service providers' attitudes toward older clients with their behaviors toward older clients and with the older clients' subsequent evaluations of the service providers. Eleven agencies, 51 of their service-providing personnel, and 147 of their

TABLE X
CHARACTERISTICS OF SERVICE PROVIDERS IN
GENERAL ATTITUDE SURVEY SAMPLE

PERSONAL CHARACTERISTICS		CHARACTERISTICS OF INTERACTIONS WITH CLIENTS	
Age		Percent of Workday Spent Being with or Talking to Clients	
less than 20....	6	0-20%.....	58
20-29.....	91	21-40%.....	66
30-39.....	109	41-60%.....	86
40-49.....	60	61-80%.....	116
50-59.....	69	81-100%.....	95
60-69.....	47	not known.....	7
70-79.....	28		
80-89.....	5	Percent of Clients Who Are Elderly	
not known.....	13	0-20%.....	63
		21-40%.....	67
Sex		41-60%.....	43
male.....	136	61-80%.....	82
female.....	292	81-100%.....	170
		not known.....	3
Educational Level		Average Number of Elderly Clients Served Per Day	
less than 8th grade.....	1	fewer than 10.....	222
8th grade graduate.....	4	10-19.....	60
some high school.....	23	20-29.....	26
high school graduate.....	63	30-39.....	18
some vocational or technical school.....	5	40-49.....	13
vocational or technical school graduate.....	16	50-59.....	5
some college.....	136	60-69.....	13
college graduate.....	86	70-79.....	6
some graduate school.....	20	80-89.....	5
graduate degree.....	64	90-99.....	2
not known.....	10	100+	19
		not known.....	37
JOB-RELATED CHARACTERISTICS		Sex of Elderly Clients	
Hours Worked Per Week		0-20% male.....	136
less than 10 hours.....	42	21-40% male.....	136
10-19 hours.....	21	41-60% male.....	111
20-29 hours.....	46	61-80% male.....	30
30-39 hours.....	49	81-100% male.....	6
40+ hours.....	263	not known.....	9
not known	7		
Paid or Volunteer		Frequency of Contact with Same Elderly Client	
paid.....	383	one time only.....	33
volunteer.....	39	less than once a year.....	7
other.....	2	yearly.....	7
not known.....	4	twice a year.....	30
Years on Job		monthly.....	56
less than 1 year.....	28	weekly.....	138
1-3 years.....	196	daily.....	144
4-6 years.....	110	not known.....	13
7-9 years.....	39		
10-12 years.....	20		
13-15 years.....	11		
16-18 years.....	4		
19-21 years.....	4		
22-24 years.....	2		
25-27 years.....	2		
28-30 years.....	1		
not known.....	11		

Note. Numbers following each response option indicate the number of service providers who made that response. Total sample equals 428.

older clients participated in the Encounter Sample. Measurements on the Encounter Sample, consisting of behavioral observations and interviews, were made in the Portland-Multnomah County area of Oregon during the months of June through August, 1978.

Agencies. Social service agencies involved in the Encounter Sample consisted, with one exception, of a subset of the agencies involved in the Survey Sample. In all, 11 agencies were involved: 4 in-home nursing agencies and 7 interaction agencies (see Table III). Agencies providing in-home nursing and interaction services were chosen to be in the Encounter Sample because of the larger Client Relations Project's objective of observing service providers interacting with older clients in comparable settings (i.e., the client's home).

The correspondence procedure involved in obtaining agency permission for its service providers to be observed in service encounters with older clients was a telephone call and/or visit to each of the agency directors. All three in-home nursing agencies from the original Survey Sample participated in the Encounter Sample. Seven of the original 11 interaction agencies also participated.

Non-participation on the part of the other four interaction agencies resulted from: (a) one agency director refusing to allow his agency to be observed, and (b) three agencies no longer having as employees the service providers sampled for the Survey Sample, or the sampled personnel having no face-to-face encounters with older clients. At this time, one agency was added to the original sample of 41 in order to provide needed numbers of service providers to observe. This agency, although actually a health clinic, is classified in the Sampling Frame

as an in-home nursing agency because the service providers to be observed were engaged in conducting medical screening of older clients in the clients' own homes.

Service Providers. Of the 51 service providers in the Encounter Sample, 16 were in-home nurses, 16 were in-home nursing aides, and 19 were interaction personnel (see Table IV). Twenty-three of the 51 were from the original Survey Sample and 28 were newly sampled for this stage of the study. Sampling procedures for the Encounter Sample were as follows. The 36 in-home nursing and 41 interaction personnel who participated in the Survey Sample and whose directors did not refuse permission for their agencies to be observed formed the initial subject pool for the Encounter Sample ($n = 77$). Due primarily to a high turnover rate, 54 of the 77 original service providers were unavailable for participation in the Encounter Sample. Other reasons why the 54 service providers did not participate included: no longer having face-to-face contact with older clients; seeing fewer than two older clients within the study's observational time frame of eight weeks; having interactions with older clients of less than 10 minutes duration; and, rarely, refusal to participate. The 28 new in-home nursing and interaction service providers were acquired by sampling, on a volunteer basis, additional personnel from the original agencies and by the adding of one new agency from which to sample.

Correspondence and data-gathering for the Encounter Sample were multi-step (see Table XI). First, using a prepared "script," a telephone call was made to the sampled service providers from the Survey Sample requesting permission to observe them in three service encounters with

TABLE XI
CORRESPONDENCE AND DATA-GATHERING PROCEDURES
FOR SERVICE ENCOUNTER SAMPLE

Time	Correspondence with: Agency directors	Exhibit ^a
Weeks 1-7 (June 12-July 28, 1978) ^d	Telephone call and/or visit (using a "script") to request agency's participation ^b	ES:1
As Appropriate	Thank-you letter for agency's participation upon completion of scheduled observations	ES:2
<hr/> Encounter participants <hr/>		
Weeks 1-8 (June 12-July 31, 1978) ^d	Telephone call (using a "script") to request service provider's participation and to schedule observations ^c	ES:3
Weeks 1-8 (June 12-July 31, 1978) ^d	To newly sampled subjects, cover letter and General OC Questionnaire	ES:4;SS:9
As Necessary	Telephone calls to service providers to schedule and confirm observation dates	None
Weeks 2-10 (June 20-August 17, 1978)	Observational visits: (a) explanation of procedures to service providers and older clients (b) recording of service provider and older client's encounter behaviors for 10 minutes, using Service Provider/Client Dyadic Interaction Coding System (SP/CDICS) (c) Specific OC Questionnaire to be answered by service provider (d) interview of older client, using Client Evaluation Interview Schedule (e) Consent Form to be signed by older client (sometime during visit) (f) letter of appreciation hand-delivered to older client (g) observer recorded impressions of service provider and encounter (using Observer Impressions and Observer Evaluation forms) (h) Interpersonal Checklist to be answered by service provider re self (sometime during visits)	None ES:5 ES:6 ES:7 ES:8 ES:9 ES:10,11 ES:12
As Appropriate	Thank-you letter to service provider upon completion of scheduled observations	ES:13

^aExhibits are available upon request.

^bThe "script" for the telephone calls and visits was formatted as a letter, which was then also mailed to the directors contacted by telephone and hand delivered to the directors contacted by visit.

^cDuring these telephone calls, the original General Attitude Survey Sample members were supplemented by sampling additional service providers on a volunteer (i.e., non-random) basis.

^dDates are estimated.

older clients. During the phoning, solicitations were made to acquire additional subjects to observe. In order to obtain general attitude measurements on the 28 newly sampled subjects equivalent to those obtained earlier on the original Survey Sample subjects, the General OC Questionnaire was next administered to the new subjects. These "makeup" general attitude measurements were done sometime prior to the service encounter observations. Following the make-up general attitude measurements, the newly sampled subjects were treated the same as the original subjects. Telephone calls were made, as necessary, to schedule dates for the observations. Except for six service providers, each service provider was observed interacting with three different older clients. Because of scheduling difficulties or non-availability of older clients, six of the service providers were studied with respect to two rather than three older clients.

The format for each measurement session was as follows. The observer informed the service provider and older client of the specific procedures of the observational visit, i.e., no talking with the observer during the 10-minute observational period and then private interviews with both the client and service provider following the service encounter. For the initial 10 minutes of the service encounter, behaviors of both the service provider and older client were recorded. Following the service encounter, the service provider was requested to report his/her beliefs and feelings about the older client, using the Specific OC Questionnaire, and the older client was interviewed regarding his/her evaluation of the interaction. In addition, the observer recorded his/her impressions of the service provider and the

interaction. Sometime during the three observational visits, the service provider was also requested to complete an interpersonal checklist regarding his/her own personality characteristics.

Key characteristics of the service providers in the Encounter Sample are summarized in Table XII. On the average, the Encounter Sample's service providers: were 39 years of age, were female, had an educational level of some college, worked 37 hours per week, were paid employees (rather than volunteers), had worked at the sampled agency for three years, spent between 61 and 80% of their work day being with or talking to clients, had a clientele that was between 61 and 80% elderly, served eight older clients per day (note: median number of older clients served per day was six), had an older clientele that was between 21 and 40% male, and were in contact with the same older client on a weekly basis.

The Encounter Sample differs significantly from the non-observed in-home nursing and interaction personnel of the Survey Sample on five of these characteristics (according to a t-test comparison of means, $p < .05$). That is, in comparison with their non-observed counterparts, the observed in-home nursing and interaction service providers: are younger, are more educated, work more hours per week, are never volunteers, and have an older clientele. Primarily, these differences in characteristics appear to be attributable to the non-inclusion of volunteers in the Encounter Sample and the inclusion of volunteers in the Survey Sample. When volunteers were also excluded from the Survey Sample, no significant differences in the characteristics were found between the non-observed and observed in-home nursing and interaction sample

TABLE XII

CHARACTERISTICS OF SERVICE PROVIDERS IN
SERVICE ENCOUNTER SAMPLE

PERSONAL CHARACTERISTICS

Age
less than 20.... 0
20-29..... 16
30-39..... 17
40-49..... 2
50-59..... 10
60-69..... 3
70-79..... 2
80-89..... 0
not known..... 1

Sex
male..... 7
female..... 44

Educational Level
less than 8th grade..... 1
8th grade graduate..... 0
some high school..... 2
high school graduate..... 2
some vocational or technical school..... 0
vocational or technical school graduate..... 0
some college..... 17
college graduate..... 19
some graduate school..... 7
graduate degree..... 2
not known..... 1

JOB-RELATED CHARACTERISTICS

Hours Worked Per Week
less than 10 hours..... 0
10-19 hours..... 1
20-29 hours..... 5
30-39 hours..... 14
40+ hours..... 31

Paid or Volunteer
paid..... 51
volunteer..... 0

Years on Job
less than 1 year..... 19
1-3 years..... 18
4-6 years..... 6
7-9 years..... 3
10-12 years..... 2
13-15 years..... 2
16-18 years..... 0
19-21 years..... 1
22-24 years..... 0
25-27 years..... 0
28-30 years..... 0

CHARACTERISTICS OF INTERACTIONS WITH CLIENTS

Percent of Work Day Spent Being with or
Talking to Clients
0-20%..... 0
21-40%..... 4
41-60%..... 20
61-80%..... 20
81-100%..... 7

Percent of Clients Who are Elderly
0-20%..... 1
21-40%..... 2
41-60%..... 4
61-80%..... 9
81-100%..... 35

Average Number of Elderly Clients Served
Per Day
fewer than 10..... 43
10-19..... 3
20-29..... 1
30-39..... 0
40-49..... 1
50-59..... 0
60-69..... 0
70-79..... 1
80-89..... 0
90-99..... 0
100+ 0
not known..... 2

Sex of Elderly Clients
0-20% male..... 13
21-40% male..... 19
41-60% male..... 12
61-80% male..... 5
81-100% male..... 2

Frequency of Contact with Same Elderly
Client
one time only..... 0
less than once a year..... 0
yearly..... 0
twice a year..... 1
monthly..... 15
weekly..... 31
daily..... 2
not known..... 2

Note. Numbers following each response option indicate the number of service providers who made that response. Total sample size equals 51.

members. Of 24 general attitude scales (described in detail in the next chapter), only one, cognition of older clients as socially contributing (ATT5), was found to differ significantly between the paid non-observed and observed sample members: $t(90) = 2.65, p < .01$. Thus, it appears that the Encounter Sample, although non-randomly selected, differs only slightly from the paid in-home nursing and interaction personnel of the randomly selected Survey Sample.

Older Clients. In all, service encounters between service providers and 147 different older clients were studied. The older clients to be observed were selected by the service providers themselves. All of the encounters took place in the older clients' homes. Of the 147 service encounters, 93 were for health-related concerns and 54 were with interaction personnel. Of the 147 older clients observed, 52 were male and 95 were female. Of the 147 observations, 99 were of service providers and older clients of the same sex, and 48 were of opposite sexes. The ages of the older clients ranged from 48 to 94; the mean age was 75. Age differences between the observed service providers and their older clients ranged from 0 to 68 years. According to service provider reports, 8 of the encounters comprised the first contact between the older client and service provider, while in the remaining 119 instances they had met with each other previously (information is missing on 20 observations).

SUMMARY

The project utilized four samples in its gathering of information on service providers' attitudes toward working with older clients. Of

the four samples, three were samples of service providers (Interview Panel, Pretest Sample, and Survey Sample) and one was a sample of service providers and their older clients (Encounter Sample).

Each of the four samples made a different contribution to this study. Two preliminary samples, the Interview Panel and the Pretest Sample, provided information needed for the construction of the study's attitude questionnaires. The Survey Sample provided information regarding the attitudes of service providers toward working with older clients-in-general and information regarding the background characteristics of both service providers and their older clientele. The Encounter Sample provided information regarding attitudes of service providers toward specific older clients with whom they had just interacted in a service encounter.

Although differing in their contributions, the project's four samples were similar in their constitution. That is, all four samples were constructed on the basis of the same Sampling Frame. Thus, sampling was focused on 13 types of service providers: hospital doctors ("MDs"), hospital nurses ("RNs"), hospital aides, in-home nursing nurses ("RNs"), in-home nursing aides, nursing home nurses, nursing home aides, mental health practitioners, income personnel, nutrition personnel, transportation personnel, housing personnel, and interaction personnel. All samples except the Encounter Sample utilized all 13 cells of the Sampling Frame. The Encounter Sample utilized a subset of three of the cells: in-home nursing RNs, in-home nursing aides, and interaction personnel.

Sampling procedures used first to select the sample members and

then to encourage them to participate in the study differed for each sample. The sampling procedures had in common, however, the goal of maximizing the samples' representativeness of the larger population so as to maximize the extent to which the findings of this study are generalizable.

All samples came from the Portland, Oregon, Standard Metropolitan Statistical Area (SMSA). The data were obtained from the various samples during the time period of May 1977 to August 1978.

CHAPTER VI

INSTRUMENT DEVELOPMENT

An attitude itself cannot be observed. Only behavior can be observed. Thus, in the measurement of attitudes, attitudes are inferred from the measurements of some kind of behavior. In this study, attitudes are to be inferred from answers to questionnaires. The questions asked in the project's questionnaires, then, "operationally define" the attitudes to be investigated by this study.

In regard to operational definitions, readers should be aware of the problem of precision. The goal is, of course, to operationalize the various attitudinal concepts so precisely that all essential ingredients are included and all else is excluded. This is a most difficult goal to realize, and one this project is not so presumptuous as to claim. Difficulties exist in the sampling of items, in the phrasing of items (for example, in the phrasing of behavioral predisposition items without also including affect), and in the avoidance of response sets (such as the acquiescence and social desirability response sets, etc.). Thus, the reader is cautioned to remember that the study's operational definitions approximate, rather than express, the attitudinal concepts being investigated.

Two questionnaires were developed to measure service providers' attitudes toward older clients. The Attitudes Toward Older Clients-in-General Questionnaire (known as the "General OC

Questionnaire") was developed to measure general attitudes. The Attitudes Toward Specific Older Clients Questionnaire (known as the "Specific OC Questionnaire") was developed to measure specific attitudes. Because of concern that subjects might react to the word "attitude," the questionnaires were simply titled "Service Provider Questionnaire" for administration to subjects in this study.

Paralleling the two questionnaires, two sets of measurement scales were constructed. "Scales" are groupings of items, combined for purposes of increasing the reliability and range of variability of scores and of reducing the number of variables being examined to more basic underlying dimensions. One set, built of items from the General OC Questionnaire, is to operationalize service providers' general attitudes. The other set, built of items from the Specific OC Questionnaire, is to operationalize the specific attitudes of service providers. Procedures underlying the construction of the two sets of measurement scales are described below, looking first at the general attitude scales and next at the specific attitude scales. Then, the relationship between the two types of measures is examined.

ATTITUDES TOWARD OLDER CLIENTS-IN-GENERAL

Content of Questionnaire

The General OC Questionnaire contains 125 attitude items and 17 descriptive items (see Appendix A for questionnaire). Items from the General OC Questionnaire are referred to in this report by their questionnaire number (e.g., A1). It may be noted that the line between an attitude item and a descriptive item can be a fine line. For example,

G3 ("my elderly clients are physically capable of taking care of themselves") and H10 ("I would know my elderly clients if I met them on the street"), although operationalized to be descriptive items, probably also contain attitudinal overtones.

All but two of the attitude items are of a close-ended, Likert-type format. The basic response grid for these items is seven step (pre-scored 1 through 7, left to right), with an additional "doesn't apply" column included on 42 of the items. Five types of headings are utilized to name the Likert-type items' left and right poles: "never" to "always," "not at all" to "very strongly," "very unpleasant" to "very pleasant," "disagree" to "agree," and "not at all enjoyable" to "very enjoyable." The two attitude items (U and V) which deviate from this format are multiple choice. The 17 descriptive items are either of a Likert-type, multiple-choice, or fill-in-the-blank format.

Development of Questionnaire

Items to operationalize service providers' general attitudes toward working with older clients were sampled from the universe of all possible items as follows. Of the 125 attitude items in the General OC Questionnaire, 99 were generated by the Interview Panel. The Panel was interviewed using an open-ended interview schedule to determine both the dimensions of the service providers' experiences in working with older clients and the language which service providers use in talking about those experiences (see Bross, 1977). Cognition items were elicited from the Interview Panel separately for positive and negative aspects of evaluation. Key questions asked of the Panel were: "What kinds of

characteristics of elderly people make working with them pleasant or unpleasant (difficult) to you or your co-workers?" and "Which aspects of your job do you or your co-workers find especially rewarding and which especially unrewarding or even unpleasant?" The positive and negative aspects were differentiated in the interviewing because, with respect to how an employee views his or her job, it may be that certain aspects of the job may have a predominantly positive influence, other aspects may have a predominantly negative influence, and some aspects may have both positive and negative influences. Such differential positive and negative aspects of evaluation can be visualized by imagining the aspects as placed along a negative to positive continuum of job evaluation. On this continuum, some job aspects would tend to range from negative to neutral, some would tend to range from neutral to positive, and some would tend to range the entire continuum from negative to positive.

For example, with respect to the job situation, it may be that procedural disagreements as to how services are to be provided is a characteristic that tends to become salient to a service provider's outlook on a job only if it occurs. Likewise, with respect to clientele, it may be that client hostility is a characteristic that is only salient when it is present. In other words, service providers, although perhaps keenly aware of the existence of procedural disagreements and client hostility, would tend not to be aware of the non-existence of these characteristics. These job aspects, then, would tend to be implicated in negative evaluations and not in positive evaluations. Similarly, some aspects of a service provider's job may tend to be salient as positive

aspects when they are present but not as negative aspects when they are absent.

Following content analysis (Bross, 1977), responses to the interview were converted into close-ended, Likert-type items for use in the General OC Questionnaire. Due to considerations of length, not all items generated by the Interview Panel were included in the questionnaire. Items chosen to be included were those thought to have the most communality of relevance for a broad spectrum of service providers.

With the exception of three items, the affective valence of a cognition as generated by the Interview Panel was maintained in the questionnaire. For example, if an item was generated by the Panel as a pleasant characteristic, then that positive valence was maintained in the phrasing of the close-ended item in the questionnaire. However, the affective valences of items B11, B16, and B17 were reversed in order to avoid negative verbs. Because the cognition items stemming from the Interview Panel were largely generated with respect to affective qualities (e.g., pleasant or unpleasant characteristics), many of these items and resulting scales are referred to as "contentment" and "discontent" cognitions.

In addition to the 99 attitude items generated by the Interview Panel, 26 attitude items were also included in the questionnaire on the basis of suggestions from other service providers and of the literature pertaining to: attitude theory, attitudes toward aging, job satisfaction, attribution theory, interpersonal attraction, and power. These 26 items are: A1, A2, A3, B9, B13, B15, B19, B22, B27, D1, D2, D3,

G1, G2, H3, H9, H13, H15, H22, H24, H28, I5, J1, J2, U, and V.

An original larger version of the General OC Questionnaire and its administration procedures were pretested on a sample of 89 service providers from 16 social service agencies, the Pretest Sample. Deletions and revisions to the questionnaire, as well as changes in the administration procedures, were made on the basis of the pretest findings.

As described in the previous chapter, large-sample administration of the General OC Questionnaire consisted of a mail survey of 428 service providers from 42 agencies, the Survey Sample. For the interested reader, normative data from the Survey Sample on the 125 attitude items (consisting of mean scores and standard deviations) are presented in Appendix B.

Scale Construction

Scale construction has been undertaken with respect to 98 of the 125 attitude items, utilizing data from the Survey Sample. From these 98 items, 24 scales have been constructed. All but 16 of the scales' 98 component items were generated by the Interview Panel. The remaining 16 items are: A1, A2, A3, B9, B13, B15, B22, B27, D1, D2, D3, G1, H22, H28, J1, and J2.

Listings of items contained in the scales are presented in Tables XIII through XV. The variable designations shown in parentheses immediately following each scale name in the tables are shorthand names for the scales (e.g., ATT3, where "ATT" stands for "attitude"). As can be seen in the tables, 18 of the 24 scales are non-overlapping (i.e., do not contain items also contained in the other scales). Because they are

TABLE XIII
OPERATIONALIZATION OF SERVICE PROVIDER ATTITUDES
CONCERNING OLDER CLIENTS

Items	Scales	Supra-scales
Cognitions		
On my job, my elderly clients appreciate the little things I do for them (M1).	Appreciative (ATT3)	Contentment cognitions re older clients (ATT2, ATT2R, ^b ATT2S ^c)
On the whole, the elderly clients I serve are appreciative of my services (E15, I08). ^a		
On my job, I am able to help elderly clients who have no one else (M21).		
On the whole, the elderly clients I serve are at peace with themselves (E12, I15). ^a	Pleasant (ATT4)	
On the whole, the elderly clients I serve are warm (E22, I18). ^a		
On the whole, the elderly clients I serve are dependable (E19, I05). ^a		
On the whole, the elderly clients I serve have a positive outlook on life (E1, I01). ^a	Socially Contributing (ATT5)	
On the whole, the elderly clients I serve are considerate (E9, I13). ^a		
On the whole, my elderly clients hold the same attitudes and values as I do (D3).		
On the whole, my elderly clients' problems have been brought on by forces beyond their control (D2).	Hostile (ATT7)	
On the whole, the elderly clients I serve have interesting stories to tell (E17, I05). ^a		
On the whole, the elderly clients I serve have a wealth of experience (E5, I08). ^a		
On the whole, the elderly clients I serve have a sense of humor (E20, I18). ^a	Rejecting (ATT8)	
On the whole, the elderly clients I serve are hostile (E10, I13). ^a		
On the whole, the elderly clients I serve are angry (E13, I01). ^a		
On the whole, the elderly clients I serve are overly demanding (E16, I05). ^a	Adversary Relations (ATT9)	
On the whole, the elderly clients I serve are chronic complainers (E21, I05). ^a		
On the whole, the elderly clients I serve have serious emotional problems (E18, I18). ^a		
On the whole, the elderly clients I serve have given up on life (E11, I05). ^a	Discontent cognitions re older clients (ATT6, ATT6R, ^b ATT6S ^c)	
On my job, my elderly clients are hard to communicate with (B8).		
On the whole, the elderly clients I serve are uncooperative (E4, I05). ^a		
On the whole, the elderly clients I serve refuse to help themselves (E6, I18). ^a	Adversary Relations (ATT9)	
On the whole, the elderly clients I serve are ungrateful (E7, I08). ^a		
On my job, my elderly clients refuse to follow my advice (B26).		
On my job, I have too little information about my elderly clients (B5).	Adversary Relations (ATT9)	
I disagree with the following people on how I should provide services to my elderly clients: my elderly clients (C6).		
On my job, my own personality interferes with my providing services to elderly clients (B14).		
On my job, the requests my elderly clients make of me are inappropriate (B22).	Adversary Relations (ATT9)	
On my job, my elderly clients' physical conditions limit what I can do for them (B21).		
On the whole, my elderly clients' problems have been brought on by themselves (D1).		

Continued

TABLE XIII

CONTINUED

Items	Scales	Supra-scales
Cognitions (Continued)		
On the whole, the elderly clients I serve are hard of hearing (E2, lcs). ^a	Physically Aging (ATT10, ATT10S) ^c	
On the whole, the elderly clients I serve have poor eyesight (E14, lns). ^a		
On the whole, the elderly clients I serve are fragile (E2, lbs). ^a		
On the whole, the elderly clients I serve are slow (E8, lns). ^a		
Affect		
On my job, my elderly clients are especially interesting to me (H29).	Global affect toward older clients (ATT20, ATT20S) ^d	
On the whole, I enjoy working with older people as clients (J2, 45). ^a		
How enjoyable do you find the following things you do at work: being with or talking to clients (I1).	Affect toward older clients' interpersonal characteristics (ATT21)	
How pleasant or unpleasant do you find the following client characteristics: being angry (F13).		
How pleasant or unpleasant do you find the following client characteristics: being hostile (F10).		
How pleasant or unpleasant do you find the following client characteristics: having a wealth of experience (F5).		
How pleasant or unpleasant do you find the following client characteristics: being overly demanding (F16).		
How pleasant or unpleasant do you find the following client characteristics: being ungrateful (F7).		
How pleasant or unpleasant do you find the following client characteristics: being chronic complainers (F21).		
How pleasant or unpleasant do you find the following client characteristics: having a sense of humor (F20).		
How pleasant or unpleasant do you find the following client characteristics: refusing to help themselves (F6).		
How pleasant or unpleasant do you find the following client characteristics: being warm (F22).		
How pleasant or unpleasant do you find the following client characteristics: having interesting stories to tell (F17).		
How pleasant or unpleasant do you find the following client characteristics: having serious emotional problems (F18).		
How pleasant or unpleasant do you find the following client characteristics: being considerate (F9).		
How pleasant or unpleasant do you find the following client characteristics: being uncooperative (F4).		
How pleasant or unpleasant do you find the following client characteristics: having given up on life (F11).		
How pleasant or unpleasant do you find the following client characteristics: being dependable (F19).		
How pleasant or unpleasant do you find the following client characteristics: being at peace with themselves (F12).		
How pleasant or unpleasant do you find the following client characteristics: being appreciative of your services (F15).		
How pleasant or unpleasant do you find the following client characteristics: having a positive outlook on life (F1).		

Continued

TABLE XIII

CONTINUED

Items	Scales	Supra-scales
Affect (continued)		
How pleasant or unpleasant do you find the following client characteristics: being hard of hearing (F3).	Affect toward older clients' physical aging characteristics (ATT22)	
How pleasant or unpleasant do you find the following client characteristics: being slow (F8).		
How pleasant or unpleasant do you find the following client characteristics: having poor eyesight (F14).		
How pleasant or unpleasant do you find the following client characteristics: being fragile (F2).		
Behavioral predispositions		
On my job, I especially enjoy chatting with my elderly clients (H25).	Approach preference (ATT24)	
On my job, I am very warm toward elderly clients (H17).		
On my job, my elderly clients and I laugh together (H2).		
In general, I prefer a job where I work with elderly clients (G1).		
On my job, I can just be myself with my elderly clients (H8).		
On my job, I am very talkative with elderly clients (H28).		

Note. Service providers' general attitudes concerning older clients are operationalized by 65 items. These 65 items are grouped together to form seven cognition scales plus three cognition supra-scales, three affect scales, and one behavioral predisposition scale. Service providers' attitudes toward specific older clients are operationalized by a subset of 23 of these items (indicated by the superscript a). These 23 items are grouped together to form two cognition scales plus one cognition supra-scale, and one affect scale (indicated by the superscript b). Items are presented within scales according to their corrected item-total correlations, with the first item per scale being the item which has the strongest correlation with the scale. (The ordering is based on general attitude data only.)

^a These 23 items (22 cognition and one affect) were operationalized at the specific, as well as the general, attitude level. Thus, the first number within parentheses designates the questionnaire number in the General OC Questionnaire while the second number indicates the questionnaire number in the Specific OC Questionnaire.

^b ATT2R is a "reduced" version of ATT2; ATT6R is a reduced version of ATT6. These reduced general attitude versions are exactly comparable to ATT2S and ATT6S.

^c Scales with shorthand names ending in "S" are specific (rather than general) attitude scales. The specific scales are composed of the same items as are the general scales, except for some items which were not measured at the specific level.

^d The Specific OC Questionnaire item 4S is used as the specific attitude equivalent of the general attitude scale ATT20, and thus is sometimes referred to as ATT20S.

TABLE XIV
OPERATIONALIZATION OF SERVICE PROVIDER ATTITUDES
TOWARD THE JOB SITUATION

Items	Scales	Supra-scales
Cognitions		
<p>The services which my agency provides to its elderly clients are very worthwhile for the client (A1).</p> <p>The services which my agency provides to its elderly clients are of high priority to my agency (A2).</p> <p>The services which my agency provides to its elderly clients are provided effectively for the client (A2).</p> <p>On my job, the pay I receive enables me to live comfortably (B6).</p> <p>On my job, I am paid as much as I am worth (A17).</p> <p>On my job, I get credit for using my own initiative (B4).</p> <p>On my job, I have ample opportunity to air complaints concerning my job (B9).</p> <p>On my job, I get recognized by management for doing good work (A11).</p> <p>On my job, my suggestions are put into practice by my agency (B21).</p> <p>On my job, I participate in making the agency decisions which affect me and my work (B13).</p> <p>On my job, enough training is available to me (B16).</p> <p>On my job, I make the decisions about how I serve my elderly clients (B18).</p> <p>On my job, my supervisor trusts me to work independently (B28).</p> <p>On my job, effective teamwork helps me to do my work (B1).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: the administrators of my agency (C4).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: my agency's parent organization (C3).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: my supervisors (C5).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: governmental regulatory agencies (C7).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: funding sources (C8).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: my coworkers (C2).</p> <p>I disagree with the following people on how I should provide services to my elderly clients: the public (C1).</p> <p>On my job, the public looks down on people who do the work I do (B20).</p>	<p>Agency Quality (ATT13)</p> <p>Pay Adequacy (ATT14)</p> <p>Participation Opportunities (ATT15)</p> <p>Disagreements (ATT17)</p>	<p>Contentment Cognitions re Job Situation (ATT12)</p> <p>Discontent Cognitions re Job Situation (ATT16)</p> <p>Overall Contentment Cognitions re Job Situation (ATT11)</p>

Continued

TABLE XIV

CONTINUED

Items	Scales	Supra-scales
Cognitions (Continued)		
On my job, staff absenteeism makes my work harder (B15).	Staff as Obstacles (ATT18)	
On my job, staff turnover at my agency makes my work harder (B12).		
On my job, providing services to my elderly clients is made harder by incompetent people on my agency's staff (B3).		
On my job, I have to deal with a lot of red tape in providing services to my elderly clients (B23).	Rules as Obstacles (ATT19)	
On my job, the requirements of governmental regulatory agencies interfere with my providing services to elderly clients (B24).		
On my job, I am bogged down in paperwork in providing services to my elderly clients (B10).		
On my job, my agency's rules interfere with my providing services to elderly clients (B2).		
On my job, I get blamed when things don't go right (B27).		

Note. Service provider attitudes toward their job situation are operationalized by 30 cognition items from the General OC Questionnaire. These 30 items are grouped together to form six cognition scales plus three cognition supra-scales.

Except for ATT14, items are presented within scales according to their corrected item-total correlations, with the first item per scale being the item which has the strongest correlation with the scale. The scale ATT14 has only two items, which are presented in the order they appear in the questionnaire.

TABLE XV
OPERATIONALIZATION OF SERVICE PROVIDER ATTITUDES TOWARD THE JOB

Items	Scales	Supra-scales
Affect		
On my job, I enjoy the work on which I spend my time (B7).	}	Global Affect Toward Job (ATT23)
On the whole, my job is very rewarding to me (J1).		
On my job, my work is an expression of my beliefs (B25).		

Note. Service provider attitudes toward the job are operationalized by three affect items from the General OC Questionnaire. These three items are grouped together to form an affect scale re the job.

Items are presented in order according to their corrected item-total correlations, with the first item being the item which has the strongest correlation with the scale.

composite scales, the six supra-scales are overlapping with other scales. Two of the 24 scales, ATT2 and ATT6, have two versions each: a regular and a reduced (or "R") version. The reduced versions, ATT2R and ATT6R, were constructed so as to conform with scales stemming from the Specific OC Questionnaire, as will be described later.

For the interested reader, normative data on the 24 general attitude scales are presented in Appendix C. Table L presents means, standard deviations, and relative frequency distributions for the 24 scales. Corrected item-total correlations are presented in Table LI.

Items to compose scales were selected primarily on the basis of a priori analytical distinctions, supplemented by empirical examination of correlational results. Thus, items operationalizing cognitions were considered for use in building cognition scales. Items operationalizing affect were considered for use in building affect scales. And, items operationalizing behavioral predispositions were considered for use in building behavioral predisposition scales.

The set of cognition items was divided with respect to whether the attitude target was the older clientele or the job situation. The resulting two sets of items were then considered for use in building separate cognition scales regarding older clients and regarding the job situation. Each of these two sets of items was further divided with respect to whether it pertained to positive or negative aspects of the attitude target, i.e., with respect to whether it pertained to "contentment" or "discontent" cognitions. Sub-sets for each of these four basic sets of cognition items were then formed so as to distinguish between different dimensions of cognition (e.g., between pay adequacy

and participation opportunities).

Four items pertaining to older clients' physical aging characteristics were removed from the set of discontent cognition items regarding older clients because they appeared, on the basis of exploratory analyses, to be of a different nature than the other items in that set. These four items, then, formed a set of negative cognition items regarding older clients separate from the discontent set.

Because of this distinction within the cognition items, a similar distinction between the physical and non-physical characteristics of older clients was also made with respect to a parallel set of affect items. That is, four parallel affect items regarding physical aging characteristics of older clients were removed from a larger set of affect items regarding particular characteristics of older clients. Thus, two sets of affect items regarding particular characteristics of older clients were formed: (a) affect toward older clients' physical aging characteristics and (b) affect toward older clients' interpersonal characteristics.

A third set of affect items regarding older clients was formed by items pertaining to global affect toward older clients. Here the focus is on service providers' liking of older clients as people rather than liking of particular characteristics. Items pertaining to global affect toward the job (i.e., affect toward both the job's client and non-client aspects) formed a fourth set of affect items.

Items regarding service providers' preferences to approach older clients formed a behavioral predisposition set.

For each of the sets, intercorrelations of items were checked to

eliminate items with negative intercorrelations. Scales were then constructed from the sets of items, and item-total correlations were checked to eliminate component items which had extremely low correlations with the scales. All scales except three (ATT1, ATT11, and ATT21) were constructed by averaging the component items' raw scores. On all scales but these three, only respondents answering 50% or more of the component items per scale received a score for that scale.

Of the remaining three scales, ATT1 and ATT11 were formed by combining scales rather than items. ATT1 is the average of ATT2 and reverse-coded ATT6. ATT11 is the average of ATT12 and reverse-coded ATT16. On these scales, respondents missing either or both of the component scales did not receive a score for that scale. The third remaining scale, ATT21, was formed in two steps. First, items pertaining to positive and negative interpersonal characteristics of older clients were averaged separately. Respondents who were missing 50% or more of the items in an average received no score for that average. Second, the two sets of averages were themselves averaged to form the scale. Respondents who were missing one or both of the component averages received no score for the scale.

The percentage of respondents missing scores on the scales ranges from 1% (ATT3, ATT20, ATT23, and ATT24) to 11% (ATT14 and ATT17). Skewness of the scales ranges from -1.12 (ATT13) to .76 (ATT21). Kurtosis ranges from -.95 (ATT14) to 1.92 (ATT21). Because they are averages, all scales have the same seven-step potential range as do their component items.

Figure 3 shows visually just which parts of the study's

	COGNITIONS OF:	AFFECT TOWARD:	BEHAVIORAL PREDISPOSITIONS TOWARD:
Older Clients	Overall Contentment Aspects (ATT1, ATT15) Contentment Aspects (ATT2, ATT2R, ATT2S) Appreciative (ATT3) Pleasant (ATT4) Socially Contributing (ATT5) Discontent Aspects (ATT6, ATT6R, ATT6S) Hostile (ATT7) Rejecting (ATT8) Adversary Relations (ATT9) Physically Aging (ATT10, ATT10S)	Older Clients Globally (ATT20, ATT20S) Older Clients' Interpersonal Characteristics (ATT21) Older Clients' Physical Aging Characteristics (ATT22)	Approach Preferences (ATT24)
Job Situation	Overall Contentment Aspects (ATT11) Contentment Aspects (ATT12) Agency Quality (ATT13) Pay Adequacy (ATT14) Participation Opportunities (ATT15) Discontent Aspects (ATT16) Disagreements (ATT17) Staff as Obstacles (ATT18) Rules as Obstacles (ATT19)	Job Globally (ATT23)	
Other Referents			

Figure 3. Operationalization and the attitudinal model. At the level of general attitudes, 24 scales (and their component 98 items) operationalize the parts of the attitudinal model to be investigated. Two of these scales--ATT2 and ATT6--have both a regular and a reduced (or "R") version. Operationalization at the specific attitude level consists of five scales (and their component 23 items). The five specific attitudes scales are indicated by the letter "S" following the shorthand name (e.g., ATT1S). (Cells of the model which are marked with an "X" were not operationalized.)

attitudinal model are to be operationalized by measurement scales at the general attitude level in this study. Key factors involved in deciding which components of the model to operationalize were: centrality to the purpose of the study, length of questionnaire, and feasibility of operationalization. Cognitions are operationalized in regard to both older clients and the job situation. Affect is operationalized in regard to both older clients and the job as a whole (i.e., the client and non-client aspects combined). Behavioral predispositions are operationalized in regard to the older clientele. In all, 24 scales (composed of 98 items) have been developed to operationalize service providers' general attitudes.

Reliability and Validity of Scales

Reliability. Except for one scale which was composed of only two items (ATT14), the scales' internal consistency reliability for the Survey Sample was estimated by Cronbach's alpha. Cronbach's alpha is a function both of the average correlation among items in a scale and of the number of items in that scale. The SPSS Reliability subprogram (Specht & Hohlen, 1976) was used to calculate Cronbach's alpha for all but three of the involved scales (ATT1, ATT11, and ATT21). In that subprogram, missing data are deleted in a "listwise" manner, thus deleting respondents with any missing data within a variable list. This, it should be noted, is a more stringent cut-off rule for missing data than was utilized in the actual construction of the scales. Because ATT1, ATT11, and ATT21 were constructed in a non-additive manner incompatible with the Reliability subprogram, their internal consistency reliability was estimated using Nunnally's formula for the reliability

of linear combinations for weighted sums (Nunnally, 1978, Equation 7-17). The reliability for ATT14, which contained only two items, was estimated using the Spearman-Brown Prophecy formula (Nunnally, 1978, Equation 7-11). The scales' reliability coefficients range from .50 to .89 (see Table XVI). How adequate such levels of reliability are will be discussed in detail in Chapter XIV. For now, it should be noted that a reliability level lower than .70 is suggested by Nunnally (1978, pp. 245-246) to be inadequate for research purposes because correlations with other measures may be attenuated and thus relationships between variables may be obscured. Therefore, in the following six "research findings" chapters, caution should be exercised by the reader in interpreting findings of a lack of relationship regarding the five general attitude scales (ATT3, ATT5, ATT8, ATT9, and ATT10) which exhibited coefficient alphas below .70.

Validity. Content validity of the scales (i.e., whether the scales are representative of the domain they are intended to measure) is addressed by the manner in which the component items were originally selected to be in the questionnaire and by the manner in which the items were selected to be in a scale. These processes were described fully in the "Development of Questionnaire" and "Scale Construction" discussions.

Criterion-related validity of the scales (i.e., whether the scales are correlated with external criteria) is addressed by the relationships between the attitude scales and external measures of service provider behavior and client evaluations. Although not examined in this study, such relationships are being examined in the larger Client Relations Project with respect to the Encounter Sample (Behn, 1980; Stewart,

TABLE XVI

INTERNAL CONSISTENCY RELIABILITY OF GENERAL ATTITUDE SCALES

Scales	α	n	α would have been larger by amount in () if item had been deleted from scale	# of items in scale
ATT1: Overall Contentment Cognitions re Older Clients	.88	a	a	a
ATT2: Contentment Cognitions re Older Clients	.81	364	D2(.005), H21(.010)	13
ATT3: Appreciative	.60	364	H21(.080)	3
ATT4: Pleasant	.74	364	D2(.026)	7
ATT5: Socially Contributing	.67	364	b	3
ATT2R: Reduced Version of ATT2	.82	385	b	9
ATT6: Discontent Cognitions re Older Clients	.83	272	B5(.003), B21(.008)	17
ATT7: Hostile	.80	272	b	6
ATT8: Rejecting	.69	272	B5(.013)	6
ATT9: Adversary Relations	.50	272	b	5
ATT6R: Reduced Version of ATT6	.85	391	b	9
ATT10: Cognitions of Older Clients as Physically Aging	.65	407	b	4
ATT11: Overall Contentment Cognitions re Job Situation	.89	a	a	a
ATT12: Contentment Cognitions re Job Situation	.81	258	B6(.002)	14
ATT13: Agency Quality	.78	258	b	3
ATT14: Pay Adequacy	.77	c	c	c
ATT15: Participation Opportunities	.81	258	B1(.006), B28(.004)	9
ATT16: Discontent Cognitions re Job Situation	.89	158	B20(.002)	16
ATT17: Disagreements	.87	158	B20(.017)	8
ATT18: Staff as Obstacles	.70	158	b	3
ATT19: Rules as Obstacles	.79	158	B2(.013), B27(.016)	5
ATT20: Global Affect Toward Older Clients	.79	215	I1(.037)	3
ATT21: Affect Toward Older Clients' Interpersonal Characteristics	.86	a	a	a
ATT22: Affect Toward Older Clients' Physical Aging Characteristics	.73	215	b	4
ATT23: Global Affect Toward Job	.71	215	B25(.092)	3
ATT24: Behavioral Predispositions to Approach Older Clients	.78	215	b	6

Note. The internal consistency reliability of the scales, except for ATT14, is estimated by Cronbach's alpha (α). The SPSS Reliability subprogram (Specht & Hohlen, 1976) was used to calculate all but three of the scales' internal consistency coefficients. For the remaining three scales (ATT1, ATT11, and ATT21), the formula for the reliability of linear combinations for weighted sums (Nunnally, 1978, Equation 7-17) was used. ATT14's reliability was estimated by the Spearman-Brown Prophecy Formula (Nunnally, 1978, Equation 7-11).

Because the reliability level of a scale can be raised by increasing the internal consistency of the items included in a scale and/or by increasing the number of items in a scale, information regarding both these aspects is also presented in the table. Data are from the Survey Sample ($n = 428$).

^aBecause the reliability coefficient was calculated using Nunnally's formula for the reliability of linear combinations for weighted sums instead of the SPSS Reliability subprogram, this information is not relevant.

^bDeletion of items from scale would not increase the scale's Cronbach's alpha.

^cBecause the reliability coefficient was calculated using the Spearman-Brown Prophecy formula instead of the SPSS Reliability subprogram, this information is not relevant.

Petersen, & Behn, 1980).

Construct validity of the scales concerns whether the construct of attitude (presented by the analytical model) which underlies the scales is itself valid and is adequately operationalized by the scales. It is addressed here by examining the consistency of empirical findings with seven predictions. These predictions reflect what should be observed according to the construct of attitude described in Chapter III. To show patterns of relationships more clearly, all significant correlations are included in this discussion (instead of just significant correlations equal to or greater than .22). As described below, the examinations to date tend to show consistency between the seven construct predictions and the empirical findings.

Prediction 1 is: positive cognitions will be positively associated with positive affect and behavioral predispositions, while negative cognitions will be negatively associated with positive affect and behavioral predispositions. The empirical findings are shown in Table XVII (columns 1 through 3). One, consistent with prediction, the majority of the contentment and discontent cognition scales regarding older clients (ATT1 - ATT9) are significantly correlated in the predicted direction with affect and behavioral predisposition scales regarding older clients (ATT20 and ATT24) and with affect regarding the job (ATT23); only ATT8's relationship with ATT23 is non-significant. Two, consistent with prediction, the majority of the contentment and discontent cognition scales regarding the job situation (ATT11 through ATT19) are significantly correlated in the predicted direction with affect regarding the job (ATT23); only ATT14's relationship with ATT23

TABLE XVII

EMPIRICAL FINDINGS FOR CONSTRUCT VALIDITY PREDICTIONS 1 AND 4

Contentment Cognition Scales	Correlations of Cognition Scales with Affect and Behavioral Predisposition Scales ^a						T-test Comparison of Strengths of Correlations Between Cognition Scales and: ^b	
	Affect Toward Older Clients ATT20		Behavioral Predispositions Toward Older Clients ATT24		Affect Toward Job ATT23			
	r	n	r	n	r	n	ATT20/ATT23	ATT24/ATT23
	t	t						
<u>RE OLDER CLIENTS</u>								
ATT1: Overall Contentment Cognitions re Older Clients	.48***	413	.51***	412	.37***	412	2.67**	3.27**
ATT2: Contentment Cognitions re Older Clients	.52***	415	.59***	415	.43***	414	2.28*	4.03***
ATT3: Appreciative	.57***	420	.64***	420	.46***	419	2.92**	4.81***
ATT4: Pleasant	.27***	411	.29***	411	.20***	410	1.53	1.87*
ATT5: Socially Contributing	.22***	413	.24***	413	.17***	412	1.08	1.43
ATT2R: Reduced Version of ATT2	.43***	413	.50***	413	.35***	412	1.89*	3.47***
ATT6: Discontent Cognitions re Older Clients	-.31***	414	-.30***	413	-.22***	413	2.00*	1.67*
ATT7: Hostile	-.16**	412	-.15**	412	-.10*	411	1.28	1.00
ATT8: Rejecting	-.11*	418	-.15**	418	-.07	417	.85	1.61
ATT9: Adversary Relations	-.14**	415	-.19***	415	-.22***	414	-1.73* ^c	- .61
ATT6R: Reduced Version of ATT6	-.25***	413	-.23***	412	-.15**	412	2.18*	1.63

Continued

TABLE XVII

CONTINUED

Contentment Cognition Scales	Correlations of Cognition Scales with Affect and Behavioral Predisposition Scales ^a						T-test Comparison of Strengths of Correlations Between Cognition Scales and: ^b	
	Affect Toward Older Clients ATT20		Behavioral Predispositions Toward Older Clients ATT24		Affect Toward Job ATT23			
	r	n	r	n	r	n	ATT20/ATT23	ATT24/ATT23
	t	t						
<u>RE JOB SITUATION</u>								
ATT11: Overall Contentment Cognitions re Job Situation	.15**	394	.15**	393	.41***	394	5.90***	5.53***
ATT12: Contentment Cognitions re Job Situation	.19***	410	.17***	411	.41***	411	5.08***	5.21***
ATT13: Agency Quality	.27***	407	.26***	408	.31***	408	.89	1.05
ATT14: Pay Adequacy	-.05	382	-.15**	382	.07	382	.41	-1.54
ATT15: Participation Opportunities	.19***	401	.20***	401	.41***	402	5.02***	4.50***
ATT16: Discontent Cognitions re Job Situation	-.09	399	-.09	398	-.30***	399	4.59***	4.30***
ATT17: Disagreements	-.10*	382	-.08	381	-.28***	382	3.81***	3.98***
ATT18: Staff as Obstacles	-.00	393	-.02	392	-.16**	393	3.36***	2.75**
ATT19: Rules as Obstacles	-.08	388	-.11*	386	-.20**	388	2.51**	1.76*

Note. Data are from the Survey Sample (n = 428).

^aThe prediction is that positive cognitions will be positively correlated with positive affect and behavioral predispositions, and vice versa for the negative correlations. For the correlation coefficients: *p_≤.05 **p_≤.01 ***p_≤.001 two-tailed tests of statistical significance.

^bThe prediction is that: (1) cognitions re older clients will be more strongly correlated with ATT20 and ATT24 than with ATT23; (2) cognitions re the job situation will be more strongly correlated with ATT23 than with ATT20 or ATT24. Absolute values of the correlations were compared, using the t test for differences between two correlation coefficients for correlated data (Downie & Heath, 1974, p. 228). For the t tests: *p_≤.05 **p_≤.01 ***p_≤.0005 one-tailed tests of statistical significance.

^cThe results of this t test are opposite the predicted direction.

is non-significant. However, although significant, 12 of the above 40 correlations are quite weak (i.e., less than $r = .22$). Of the 14 non- or weakly significant correlations, 11 are with discontent scales, with only 3 of these correlations being with contentment scales.

Prediction 2 is: older clients and the job situation are separate attitude targets, such that cognition scales pertaining to older clients will be more intercorrelated with each other than with cognition scales pertaining to the job situation, and vice versa. See Table XVIII for the empirical findings. One, consistent with prediction, the six non-overlapping contentment and discontent cognition scales regarding older clients (ATT3, ATT4, ATT5, ATT7, ATT8, and ATT9) are more often significantly intercorrelated with each other than they are with the six non-overlapping contentment and discontent cognition scales regarding the job situation (ATT13, ATT14, ATT15, ATT17, ATT18, and ATT19): 100% (15 out of 15) versus 44% (16 out of 36) significant correlations. Two, consistent with prediction, the six non-overlapping contentment and discontent cognition scales regarding the job situation are more often significantly intercorrelated with each other than they are with the six non-overlapping contentment and discontent cognition scales regarding older clients: 87% (13 out of 15) versus 44% (16 out of 36) significant correlations. However, some scales such as ATT5 and ATT14 appear to operationalize their respective targets of older clients and job situation more independently than do scales such as ATT9 and ATT13. For example, ATT14 (pay adequacy) does not correlate significantly with any of the six cognition scales regarding older clients, whereas ATT13 (agency quality) correlates significantly with five of the six older

TABLE XVIII

EMPIRICAL FINDINGS FOR CONSTRUCT VALIDITY PREDICTIONS 2 AND 3

Intercorrelation Matrix of Contentment Cognition Scales Regarding Older Clients						
Scales	ATT3	ATT4	ATT5	ATT7	ATT8	ATT9
ATT3: Appreciative	1.00	(410) .32***	(412) .21***	(411) - .15**	(417) - .14**	(413) - .16***
ATT4: Pleasant		1.00	(411) .54***	(411) - .42***	(411) - .44***	(406) - .39***
ATT5: Socially Contributing			1.00	(413) - .14**	(414) - .26***	(409) - .19***
ATT7: Hostile				1.00	(414) .61***	(408) .40***
ATT8: Rejecting					1.00	(414) .45***
ATT9: Adversary Relations						1.00

Correlation Matrix of Contentment Cognition Scales Regarding Older Clients with Contentment Cognition Scales Regarding Job Situation						
Scales	ATT3	ATT4	ATT5	ATT7	ATT8	ATT9
ATT13: Agency Quality	(406) .33***	(397) .20***	(399) .05	(398) - .16**	(404) - .17***	(399) - .18***
ATT14: Pay Adequacy	(379) - .09	(372) .01	(374) - .07	(374) - .03	(379) .04	(378) - .04
ATT15: Participation Opportunities	(402) .22***	(392) .10*	(395) .03	(394) - .08	(400) - .09	(395) - .17***
ATT17: Disagreements	(380) - .08	(371) - .07	(373) .00	(372) .08	(378) .11*	(378) .18***
ATT18: Staff as Obstacles	(391) - .07	(382) - .13**	(384) - .10	(383) .12*	(389) .19***	(386) .17**
ATT19: Rules as Obstacles	(387) - .11*	(376) - .02	(379) .01	(378) .05	(384) .07	(379) .17***

Intercorrelation Matrix of Contentment Cognition Scales Regarding Job Situation						
Scales	ATT13	ATT14	ATT15	ATT17	ATT18	ATT19
ATT13: Agency Quality	1.00	(370) .05	(392) .41***	(371) - .30***	(383) - .24***	(376) - .14**
ATT14: Pay Adequacy		1.00	(369) .27***	(356) - .16**	(361) - .15**	(356) - .00
ATT15: Participation Opportunities			1.00	(371) - .33***	(382) - .27***	(377) - .18***
ATT17: Disagreements				1.00	(364) .38***	(364) .42***
ATT18: Staff as Obstacles					1.00	(372) .39***
ATT19: Rules as Obstacles						1.00

Note. Only scales composed of non-overlapping items are utilized in these correlations. Sample sizes are shown within parentheses above each correlation coefficient. Data are from the Survey Sample (n = 428).

*p ≤ .05 **p ≤ .01 ***p ≤ .001 two-tailed tests of statistical significance.

client scales.

Prediction 3 is: responses to cognition scales will be more organized by content (i.e., the attitudinal targets of older clients and job situation) than by valence formatting (i.e., positive and negative). The empirical findings are shown in Table XVIII. Consistent with prediction, the cognition scales are more often significantly intercorrelated within targets but across valence format (94% or 17 out of 18 correlations) than they are within valence format but across targets (56% or 10 out of 18 correlations). That as many as 56% of the intercorrelations of scales across targets but within valence format are significant may suggest that some construct invalidity due to response set is present. However, since the average of these correlations is only .12, it appears that the response set influence due to valence format is not large.

Prediction 4 is: cognition scales pertaining to older clients will be more strongly related to affect and behavioral predispositions toward older clients (ATT20 and ATT24) than to affect toward the job as a whole (ATT23), while cognition scales pertaining to the job situation will be more strongly related to affect toward the job as a whole than to affect and behavioral predispositions toward older clients. The empirical findings are presented in Table XVII, columns 4 and 5. One, consistent with prediction, more contentment and discontent cognition scales regarding older clients (ATT1 through ATT9) have significantly larger correlations with ATT20 and ATT24 than they do with ATT23 (55% or 12 out of 22 comparisons versus 5% or one out of 22 comparisons). Two, consistent with prediction, more contentment and discontent cognition

scales regarding the job situation (ATT11 through ATT19) have larger correlations with ATT23 than with ATT20 and ATT24 (78% or 14 out of 18 comparisons versus 0% or 0 out of 18 comparisons).

Prediction 5 is: behavioral predispositions toward older clients (ATT24) will be more strongly associated with affect toward older clients (ATT20) than with affect toward the job as a whole (ATT23). The empirical finding is that, consistent with prediction, ATT24 has a larger correlation ($t [422] = 11.43, p < .0005$) with ATT20 ($r [423] = .80, p < .001$) than with ATT23 ($r [422] = .48, p < .001$). The formula used to test for significant differences between the correlations was the t test for differences between two correlation coefficients for correlated data (Downie & Heath, 1974, p. 228).

Prediction 6 is: the scale measuring cognitions of older clients as physically aging (ATT10) will be negatively related to the older clients' physical capability for self care (G3) and positively related to the older clients' age. The empirical findings are as follows. One, consistent with prediction, ATT10 is significantly correlated with G3, although the correlation is quite low ($r [406] = -.16, p < .01$). Two, consistent with prediction, ATT10 is significantly correlated with older clients' actual age ($r [51] = .39, p < .01$) and with older clients' age as perceived by a service provider ($r [47] = .42, p < .01$); these latter findings derive from data on the Encounter Sample of 51 service providers and their 147 older clients.

Prediction 7 is: global affect toward older clients will be associated with affect toward specific characteristics of older clients in combination with the service providers' cognitions of the extent to which their older clients possess those characteristics. The empirical

finding is as follows. Consistent with prediction, when cognitions of older clients' interpersonal characteristics (the "E" items in ATT1) were weighted (i.e., multiplied) by affect toward those characteristics (the items in ATT21) and averaged, the results were significantly correlated with global affect toward older clients (ATT20): $r(327) = .30, p < .001$. (As of yet, it has not been undertaken to weight the physical aging cognition items in ATT10 by affect items in ATT22 and then to combine these physical characteristics with the interpersonal characteristics just discussed for an overall comparison with ATT20.)

ATTITUDES TOWARD SPECIFIC OLDER CLIENTS

Content of Questionnaire

The Specific OC Questionnaire contains 24 attitude and four non-attitudinal items (see Appendix A for questionnaire). All of the attitude items are of a closed-ended, Likert-type format. The response grid for these items is seven step (pre-scored 1 through 7, left to right). Three types of headings are utilized to name the items' left and right poles: "strongly disagree" to "strongly agree," "never" to "always," and "very young" to "very old." Twenty-three of the attitude items measure cognition of, and one measures affect toward, specific older clients. Two of the four non-attitudinal items are checks on the typicalness of the observed service encounter; one inquires into how long the service provider has worked with that particular client, and one seeks illustrative material for the training of service providers.

Development of Questionnaire

Except for one item, items used to operationalize specific

attitudes regarding older clients consist of a subset of 22 of the cognition and one of the affect items used to operationalize general attitudes in the General OC Questionnaire. For specific attitudes, however, these items were re-worded so as to be appropriate to a specific older person. For example, the general attitude item "On the whole, the elderly clients I serve are appreciative of my services" becomes "The client you just spoke with is appreciative of your services" at the specific attitude level. One additional cognition item was also included in the Specific OC Questionnaire to check on the service provider's perception of the older client's age. For the interested reader, normative data from the Encounter Sample on the 24 attitude items (consisting of mean scores and standard deviations) are presented in Appendix B. Items from the Specific OC Questionnaire are referred to in this report by their questionnaire numbers followed by an "S" (e.g., 1aS) to distinguish them from the General OC Questionnaire items.

Scale Construction

Utilizing data from the Encounter Sample, four scales have been constructed from 22 of the 24 attitude items. One of the remaining items, 4S, is utilized as a fifth scale. These five scales and their component items are indicated in Table XIII by footnotes. The specific attitude scales were constructed to parallel the general attitude scales. To emphasize this parallel, the scale names are the same at the general and specific attitude levels except for an "S," indicating "specific," attached to the shorthand designations of the specific attitude scales. Thus, ATT1S parallels ATT1, ATT2S parallels ATT2, ATT6S

parallels ATT6, and ATT10S parallels ATT10. The single item 4S, when it is being utilized as the specific attitude parallel of the general attitude scale ATT20, is referred to as ATT20S.

The equivalency of the specific and general scales is as follows. ATT2S and ATT6S are exact parallels of the reduced versions of ATT2 and ATT6 (ATT2R and ATT6R), whereas the regular versions of ATT2 and ATT6 contain some extra items not also measured by the Specific OC Questionnaire. However, respondents' scores on the reduced and regular versions at the general attitude level do not appear to differ substantially from each other: the correlation of ATT2 and ATT2R is $r(415) = .95, p < .001$; the correlation of ATT6 and ATT6R is $r(414) = .92, p < .001$. Thus, it appears that the regular and reduced versions of ATT2 and ATT6 at the general attitude level are equivalent for purposes of analyses comparing general and specific attitudes. ATT20S (i.e., 4S) is an exact parallel of the general attitude item J2. ATT20 contains two items in addition to J2 and is only moderately correlated with J2. That is, the correlation of ATT20 and J2 is $r(420) = .53, p < .001$.

As can be seen in Table XIII, the scales ATT2S, ATT6S, ATT10S, and ATT20S are non-overlapping (i.e., do not contain items also contained in other scales). Because ATT1S is a composite scale formed of ATT2S and ATT6S, it overlaps with those two scales. For the interested reader, normative data on the five scales are presented in Appendix C. Table LII presents means, standard deviations, and relative frequency distributions for the scales. Corrected item-total correlations are presented in Table LIII.

Scale construction procedures for the four multiple-item scales

were as follows. ATT2S, ATT6S, and ATT10S were constructed by averaging the component items' raw scores. On these three scales, only respondents answering 50% or more of the component items per scale received a score for that scale. ATT1S is the average of ATT2S and reverse-coded ATT6S. On ATT1S, respondents missing either or both of the component scales did not receive a score. Because the four multiple-item scales are averages, they have the same seven-step potential range as do their component items.

The percentage of respondents missing scores on the five scales ranges from 0% (on ATT2S, ATT10S, and ATT20S) to 2% (on ATT1S and ATT6S). Skewness of the scales ranges from $-.23$ (ATT20S) to $.37$ (ATT6S). Kurtosis ranges from $-.84$ (ATT1S) to $-.10$ (ATT2S).

Just which parts of the study's attitudinal model have been operationalized at the specific attitude level are shown visually in Figure 3. That is, both cognition and affect are operationalized in regard to older clients. In all, five scales (composed of 23 items) operationalize the specific attitudes to be discussed in this report.

Reliability and Validity of Scales

Reliability. The internal consistency reliability for scales ATT1S, ATT2S, ATT6S, and ATT10S for the Encounter Sample, as estimated by Cronbach's alpha, ranges from $.55$ to $.87$ (see Table XIX). The reliability estimate for ATT1S was calculated using Nunnally's (1978) formula for the reliability of linear combinations for weighted sums, while the remaining estimates were calculated using the SPSS Reliability subprogram (Specht & Hohlen, 1976). As a comparison of Tables XVI and XIX indicates, the level of internal consistency reliability appears to

TABLE XIX
INTERNAL CONSISTENCY RELIABILITY OF SPECIFIC ATTITUDE SCALES

Attitude scales	α	n	α would have been larger by amount in () if item had been deleted from scale	# of items in scale
ATT1s: Overall Contentment Cognitions re Older Clients	.89	a	a	a
ATT2S: Contentment Cognitions re Older Clients	.87	51	b	9
ATT6S: Discontent Cognitions re Older Clients	.79	50	1gS (.002), 1rS (.003)	9
ATT10S: Cognitions of Older Clients as Physically Aging	.55	51	1nS (.002)	4
ATT20S: Global Affect Toward Older Clients	c	c	c	c

Note. The internal consistency reliability of the scales is estimated by Cronbach's alpha (α). The SPSS Reliability subprogram (Specht & Hohlen, 1976) was used to calculate all but one of the scales' internal consistency coefficients. For the remaining scale, ATT1S, the formula for the reliability of linear combinations for weighted sums (Nunnally, 1978, Equation 7-17) was used.

Because the reliability level of a scale can be raised by increasing the internal consistency of the items included in a scale and/or by increasing the number of items in a scale, information regarding both these aspects is also presented in the table. Data are from the Encounter Sample (n = 51).

^aBecause the reliability coefficient was calculated using Nunnally's formula for the reliability of linear combinations for weighted sums instead of the SPSS Reliability subprogram, this information is not relevant.

^bDeletion of items from scale would not increase the scale's Cronbach's alpha.

^cCronbach's alpha was not computed for ATT20S because ATT20S is a single item.

be similar for the general and specific attitude scales. Again, the reader is cautioned about interpreting findings of a lack of relationship for any scale with a reliability coefficient less than .70. ATT10S is the only specific attitude scale falling below that level.

Validity. Because the specific attitude scales were constructed on the basis of paralleling the general attitude scales, validity documentation has not been undertaken for the specific scales separately from the general scales. Thus, the reader may wish to review the discussion of validity presented earlier for the general attitude scales.

RELATIONSHIP BETWEEN GENERAL AND SPECIFIC MEASURES OF SERVICE PROVIDERS' ATTITUDES TOWARD OLDER CLIENTS

For the most part, the concern that is expressed regarding service providers' attitudes toward older clients has been aroused by the suspected implications of those attitudes for older clients as individuals. However, largely for pragmatic reasons, measurements of service providers' attitudes toward older clients tend to be taken at the general rather than the specific level. That is, measurements tend to be of attitudes toward abstract references such as "older people" rather than of attitudes toward particular older individuals. But, what relationship is there between the two types of measurement? Are they substitutable?

The relationship between measurements of service providers' general and specific attitudes toward older clients is examined here, using data from the study's Encounter Sample. The general attitudes

toward older clients to be examined were measured by 22 cognition items and one affect item to which service providers were asked to respond about their older clientele "on the whole" (using the General OC Questionnaire). These 23 items are listed in Table XIII, where they are indicated by the superscript "a." Specific attitudes toward older clients were measured by the same 23 items but to which service providers were asked to respond in regard to an older client with whom they had just been observed interacting in a service encounter (using the Specific OC Questionnaire). Service providers' specific attitude scores consist of the averages of their responses to two or three older clients.

The service providers themselves selected the older clients toward whom their specific attitudes were to be measured (this non-random sampling procedure was necessary in order to gain agency permission to conduct the observational stage of the larger Client Relations Project). The older clients were selected by the service providers in the process of selecting service encounters for behavioral observations for the larger Client Relations Project. Although we cannot know for certain how the service providers selected the older clients with whom they were to be observed, we suspect that the service providers chose on the basis of: first, the older clients' availability, and, next, the service providers' attitudes toward the older clients. More will be said later about the relationship between the service providers' attitudes and their choice of older clients. The point to be considered now is that, because of the non-random sampling procedure used, the specific older clients about whom the service providers expressed their attitudes may

not have been entirely representative of their older clientele. Thus, the non-random nature of the sample of specific older clients should be kept in mind when interpreting the data presented in the following discussion.

Correlations of General Affect with Specific Attitudes

General Affect with Specific Affect. When general affect (J2) was correlated with specific affect (4S) a significant correlation was found: $r(51) = .44, p < .001$. This correlation reflects that the more a service provider agreed to "On the whole, I enjoy working with older people as clients" (on the mailed survey questionnaire), then the more that same service provider also agreed with "I especially enjoy working with clients like this person" (in reference to an older client just encountered). In regard to service providers' attitudes toward older clients, then, the measure of general affect appears to be moderately predictive of the measure of specific affect. However, the lack of a higher correlation may be due to affect being measured by a single item.

General Affect with Specific Cognitions. When general affect was correlated with the 22 specific cognitions, only one of the correlations was significant at the .05 or smaller level (see Table XX, column 1). This is no more than would be expected to occur by chance. Thus, general affect does not appear to be related to specific cognitions. One suggested reason for why the two measures do not correlate is that general affect may be more a characteristic of the attitude holder, whereas specific cognitions may be more characteristic of the attitude target. That is, general affect may tend to remain a relatively constant attribute of a service provider while the specific cognitions may tend

TABLE XX

CORRELATIONS OF SERVICE PROVIDERS' GENERAL AND
SPECIFIC ATTITUDES TOWARD OLDER CLIENTS

Cognition Items	Correlations					
	General Affect (J2) x Specific Cognitions		General Cognition x Corresponding Specific Cognition		General Cognitions x Specific Affect (4S)	
	r	n	r	n	r	n
Contentment Cognitions of Older Clients as:						
positive outlook on life (E1, 1aS)	.05	51	.05	51	.16	50
wealth of experience (E5, 1eS)	.22	51	.45***	49	.01	49
considerate (E9, 1iS)	.05	51	-.08	49	.26*	49
at peace with themselves (E12, 1lS)	.12	51	.43***	50	.25*	50
appreciative of my services (E15, 1oS)	.22	51	.36**	50	.49***	50
interesting stories to tell (E17, 1qS)	.14	51	.22	50	.39**	50
dependable (E19, 1sS)	.03	51	.13	50	.15	50
sense of humor (E20, 1tS)	.13	51	.20	50	.24*	50
warm (E22, 1vS)	.24*	51	.33**	50	.36**	50
Discontent Cognitions of Older Clients as:						
uncooperative (E4, 1dS)	-.02	50	.07	49	-.25*	50
refuse to help themselves (E6, 1fS)	-.12	50	.24*	49	-.10	50
ungrateful (E7, 1gS)	.06	51	.12	50	-.57***	50
hostile (E10, 1jS)	-.08	50	-.01	49	-.27*	50
given up on life (E11, 1kS)	-.00	50	.28*	49	-.18	50
angry (E13, 1mS)	-.07	51	.33**	50	-.23	50
overly demanding (E16, 1pS)	-.11	51	.09	50	-.08	50
serious emotional problems (E18, 1rS)	.09	51	.07	50	.06	50
chronic complainers (E21, 1uS)	-.16	51	.11	50	.02	50
Cognitions of Older Clients as Physically Aging:						
fragile (E2, 1bS)	.15	51	.20	50	-.00	50
hard of hearing (E3, 1cS)	-.04	51	.12	50	-.02	50
slow (E8, 1hS)	.10	51	.31*	50	.01	50
poor eyesight (E14, 1nS)	.03	51	.14	49	-.05	49

Note. General attitudes are expressed in reference to older clients-in-general (i.e., in the abstract), while specific attitudes are expressed in reference to specific older clients. Designations in parentheses following the item names are the questionnaire item numbers--first the general attitude numbers from the General OC Questionnaire and then the specific attitude numbers from the Specific OC Questionnaire.

*p < .05 **p < .01 ***p < .001 one-tailed tests of statistical significance.

to vary with the different characteristics of different older clients. As such, specific cognitions would tend not to be predicted by general affect.

Correlations of General Cognitions with Specific Attitudes

Of the 22 general cognition items, eight correlated significantly with the corresponding specific cognition item (see Table XX, column 2). The eight cognitions on which service providers' general and specific attitudes tended to coincide are cognitions of older clients as: having a wealth of experience, at peace with themselves, appreciative of "my" services, warm, angry, slow, given up on life, and refusing to help themselves. For example, service providers who stated on the survey questionnaire that "On the whole, the clients I serve have a wealth of experience" also tended to agree in response to a particular older client that "the client you just spoke with has a wealth of experience."

In addition, nine of the 22 general cognition items correlated significantly with specific affect (Table XX, column 3). That is, service providers who expressed more liking of particular older clients also tended to have reported: (a) more frequent cognitions of older clients-in-general as appreciative of "my" services, having interesting stories to tell, warm, considerate, at peace with themselves, and having a sense of humor; and (b) less frequent cognitions of older clients-in-general as ungrateful, hostile, and uncooperative.

These 17 significant correlations suggest the existence of some relationship between measures of service providers' cognitions of older clients-in-general and their attitudes toward specific older clients. In regard to service providers' attitudes toward older clients, then,

general cognitions appear to be somewhat weakly and inconsistently predictive of both specific cognitions and specific affect.

However, the existence of non-significant correlations for 14 of the 22 paired cognition items across the general and specific measurements ought not to be ignored (see Table XX, column 2). Various reasons can be suggested for the relatively large number of non-correlated cognitions. First, there is the study-specific methodological reason that, because of the non-random sampling procedure used in selecting the specific older clients, the specific older clients about whom the service providers expressed their attitudes may not have been truly representative of their older clientele. Also at the methodological level, it can be hypothesized that response sets may have varied across the two applications of the questions, or that time interval, day-to-day fluctuations, etc., contributed to measurement error.

At the substantive level, it can be suggested that general cognitions really do differ from specific cognitions in that: (a) general cognitions may be more influenced by affect and less influenced by older clients' characteristics than are specific cognitions; and (b) general cognitions (and general affect as well) may be heavily influenced by experiences with older clients possessing extreme characteristics while specific cognitions give equal weight to each older client. Thus, it may be that although measures of general and specific cognitions are related, they should not be expected to be related very strongly nor in all aspects.

Summary

In sum, the study's data regarding the relationships between measures of service providers' general and specific attitudes toward older clients suggest that measures of service providers' attitudes toward older clients-in-general tend to be somewhat, although not strongly, predictive of measures of their attitudes toward specific older clients. That is, general affect was found to be moderately correlated with specific affect but to be uncorrelated with specific cognitions; a little over a third of the general cognitions were found to be correlated with the corresponding specific cognition; and 40% of the general cognitions were found to be correlated with specific affect. General and specific measures of service providers' attitudes toward older clients, then, do not appear from this study's data to be anywhere near perfectly substitutable.

CHAPTER VII

VALENCE OF SERVICE PROVIDERS' ATTITUDES TOWARD WORKING WITH OLDER CLIENTS

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

Of immediate interest in studies of attitudes is the measurement of attitudinal direction and magnitude. That is: is the attitude being studied positive or negative (direction), and how much so (magnitude)? This characteristic of positiveness (or "valence") exists at the level of all three attitudinal components: cognition, affect, and behavioral predispositions. Indeed, all three can vary in valence, from negative through neutral to positive.

The phenomenon of valence is addressed in this study by Research Question 1: How positive are service providers' attitudes toward working with older clients? This chapter presents findings in response to Research Question 1. Data utilized in this analysis pertain to the 24 general attitude scales stemming from the Survey Sample and the five specific attitude scales stemming from the Encounter Sample.

Adjectives used to describe the magnitude of a scale's attitudinal valence are: "very," "somewhat," "slightly," and "neutral." "Neutral" refers to scores of exactly 4.0 on the 7-point scale. For scales oriented in the positive direction (i.e., where a score of 7 is the most positive score), "very positive" refers to scores between 6.1 and 7.0,

"somewhat positive" refers to scores between 5.1 and 6.0, "slightly positive" refers to scores between 4.1 and 5.0, "slightly negative" refers to scores between 3.0 and 3.9, "somewhat negative" refers to scores between 2.0 and 2.9, and "very negative" refers to scores between 1.0 and 1.9. The reverse interpretation of scores holds for scales oriented in the negative direction (i.e., where a score of 7 is the most negative score).

Overview of Findings

The study's findings regarding the valence of service providers' attitudes toward working with older clients are three-fold.

1. On the average, the study's service providers reported holding positive attitudes toward older clients and toward their job situations. For 27 of the study's 29 attitude scales, the service providers' scores, on the average, were "slightly" or "somewhat" positive, although never "very" positive. The two exceptions to this finding of positive valence were concerned with the physical aging characteristics of older clients. That is, the study's service providers, on the average, reported their older clients to possess physical aging (i.e., negative) characteristics to a slight extent and then expressed a slight dislike of those characteristics.

2. On the average, the study's service providers reported different attributes of older clients and of the job situation to possess different degrees of positiveness. Of six interpersonal attributes of older clients, "appreciative" received the most positive mean score and "pleasant" received the least positive mean score. Receiving a more negative mean score than any of the interpersonal

attributes was the physical status of older clients. "Agency quality" in providing services to older clients received the most positive mean score of six attributes of the job situation, while "pay adequacy" received the least positive mean score.

3. As individuals, the study's service providers reported holding attitudes toward older clients and toward their job situations that ranged in valence from very negative to very positive.

POSITIVENESS OF MEAN SCORES

Absolute Positiveness

On the average, service providers' responses to the attitude items tended to be positive. With two exceptions, the service providers' mean scores on 29 attitudinal scales ranged from "slightly" to "somewhat" positive, approaching but never quite reaching "very" positive. Mean scores were "slightly" negative on two scales.

Cognitions of Older Clients. As can be seen in Figure 4, all of the contentment cognitions regarding the older clients received mean scores greater than 4 (i.e., the midpoint value), while all the discontent cognitions received mean scores lower than 4. Older clients, then, as reported by the study's service providers, tend to possess the three characteristics of being appreciative, socially contributing, and pleasant, and to lack the three negative characteristics of being in adversary relations, rejecting, and hostile.

The only exception to this positive trend in cognitions occurred on the physically aging scale (ATT10) at the general attitude level. That is, the cognition of older clients as physically aging received a

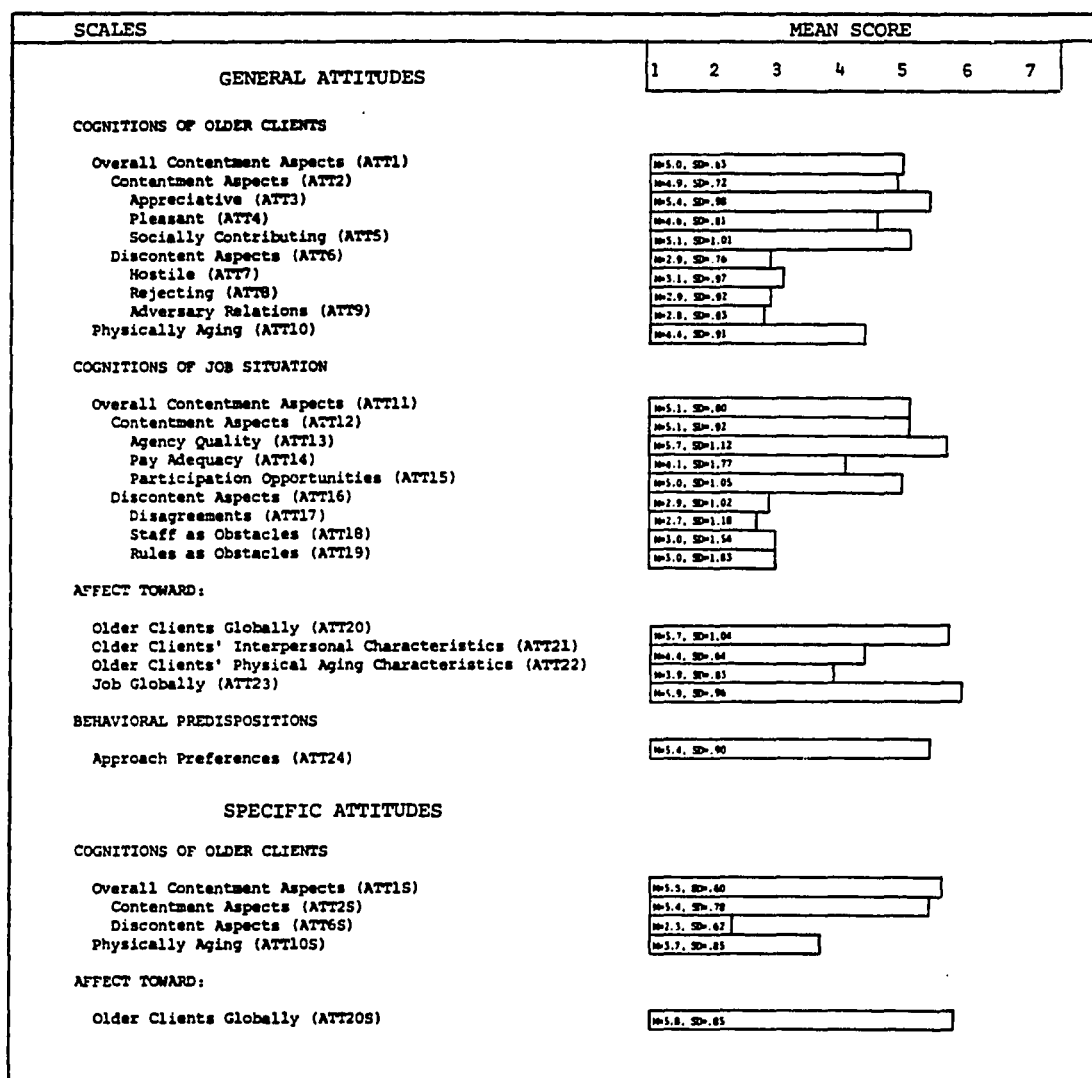


Figure 4. Bar graph of mean scores on attitudinal scales. Scale means and standard deviations are indicated within the bars for each scale. All scales are of a 7-step format (e.g., 1=Never; 7=Always). The higher the mean score, the more positive the valence for the contentment cognition scales (ATT1-ATT5, ATT11-ATT15, ATT19-ATT25) and the affect and behavioral predisposition scales (ATT20-ATT24, ATT20S). For the discontent cognition scales (ATT6-ATT9, ATT16-ATT19, ATT6S) and the physically aging cognition scale (ATT10, ATT10S), the higher the mean score, the more negative the valence. General attitude scores come from the Survey Sample (n=428); specific attitude scores come from the Encounter Sample (n=51).

mean score slightly greater than the midpoint value of 4. However, given the actual aged status of the clients, this perception of the typical older client as possessing physical aging characteristics is to be expected.

Cognitions of the Job Situation. Cognitions regarding the job situation also divided around the midpoint, with the contentment aspects being described as occurring more frequently, and the discontent aspects as occurring less frequently. That is, the study's service providers reported their job situations tend to possess the three positive characteristics of agency quality in providing services to elderly clients, participation opportunities, and pay adequacy, and to lack the three negative characteristics of disagreements, staff as obstacles, and rules as obstacles. Coming the closest to receiving a negative mean score with respect to the job situation is the scale measuring cognitions of pay adequacy (ATT14). The mean score for ATT14 is only 4.1. On the average, then, the pay of service providers who serve the elderly was reported to be barely adequate.

Affect and Behavioral Predispositions. The trend toward positiveness reflected in the service providers' cognitions continues in their affect and behavioral predisposition scores. Service providers expressed liking of their older clients both globally and with respect to interpersonal characteristics, liking of their jobs, and preferences to approach older clients. Of the six affect and behavioral predisposition scales, only the scale measuring liking of the older clients' physical aging characteristics (ATT22) at the general attitude level fell below the midpoint value of 4 (and then only slightly).

Relative Positiveness

Cognitions of Older Clients. It may be of interest to just briefly note the relative positiveness of service providers with respect to the seven non-overlapping cognitions of older clients at the general attitude level (ATT3-ATT5 and ATT7-ATT10). This can be done by reversing the scores of the negatively oriented scales so that their negative and positive poles are oriented in the same direction as the poles of the positively oriented scales (thus, disagreeing with a negative item is an expression of a positive attitude). Of these seven cognition scales, the cognition of older clients which received the most positive mean score is: appreciative ($M = 5.4$). The least positive mean score went to the cognition of older clients as not physically aging ($M = 3.6$). Relative positiveness of the remaining four cognitions of older clients is as follows: not in adversary relations ($M = 5.2$), socially contributing ($M = 5.1$), not rejecting ($M = 5.0$), not hostile ($M = 4.9$), and pleasant ($M = 4.6$).

Service providers, then, appear to view their older clients as possessing larger quantities of some attributes (for example, appreciativeness) and lesser quantities of other attributes (for example, pleasantness).

Cognitions of the Job Situation. A similar variability appears to exist in service providers' cognitions of the job situation, where again the presence of attributes was not equally reported. That is, when the discontent cognitions were reverse-scored, the six non-overlapping cognition scales regarding the job situation (ATT13-ATT15 and ATT17-ATT19) ranked in order of positiveness thusly: agency quality in

providing services to elderly clients ($M = 5.7$), lack of disagreements ($M = 5.3$), participation opportunities ($M = 5.0$), lack of staff as obstacles ($M = 5.0$), lack of rules as obstacles ($M = 5.0$), and pay adequacy ($M = 4.1$). Of the six job situation attributes, then, agency quality scored the most positively and pay adequacy scored the least positively for this sample of service providers who serve older clients.

Summary and Cautionary Note. The ordering of the two sets of characteristics according to service providers' relative positiveness helps describe how service providers to the elderly perceive their jobs. These orderings, however, may be somewhat influenced by a difference in response set with respect to whether a scale's format was negative or positive. It has been reported that, in expressing negative attitudes, respondents have been more willing to disagree with positive items than to agree with negative items (Bennett & Eckman, 1973; Gordon & Hallauer, 1976; Robb, 1979). Thus, the positiveness of the discontent scales may be inflated relative to that of the contentment scales.

VARIABILITY OF INDIVIDUAL SCORES

As can be seen in Figure 4, the standard deviations of the attitude scales range from .60 (ATT1S) to 1.77 (ATT14). That is, the scales differ with respect to the consensus of response they received from the service providers. Overall, somewhat greater variability in service providers' cognitions was reported in regard to the job situation than in regard to older clients.

The scale on which service providers reported the least consensus in attitudes, ATT14, concerns cognitions of pay adequacy. For example,

some 21% of the service providers reported pay adequacy in the highest 6.0 to 7.0 (or "very adequate") range, while a nearly equal number (18%) reported pay adequacy in the lowest 1.0 to 2.0 (or "very inadequate") range.

The variability in service providers' attitudes toward working with older clients is graphically illustrated in Figure 5. In Figure 5, the relative frequency polygons of four key cognition scales at the general attitude level are presented (ATT2, ATT6, ATT12, and ATT16). As can be seen, many service providers reported cognitions either more negative or more positive than the average scores. For example, on the scale measuring contentment aspects regarding older clients (ATT2), which has a mean of 4.9, the individual scores range from 2.9 to 6.8.

Thus, describing service providers' attitudes toward working with older clients on the basis of their mean scores as being generally "somewhat positive" would miss part of the story. Such a description fails to show that, on the one hand, some service providers reported attitudes of a "very" positive nature, while on the other hand, other service providers reported attitudes of a "slightly" to "very" negative nature. For example, with respect to "very" positive attitudes, 5% of the service providers reported very positive attitudes on ATT2, 8% on ATT6, 15% on ATT12, and 21% on ATT16. And, although the mean scores for the four scales all fell on the positive side of the midpoint value of 4, a considerable number of service providers scored on the negative side. Specifically, with respect to cognitions of older clients, 10% of the service providers gave negative evaluations of contentment aspects (ATT2) and 8% gave negative evaluations of discontent aspects (ATT6).

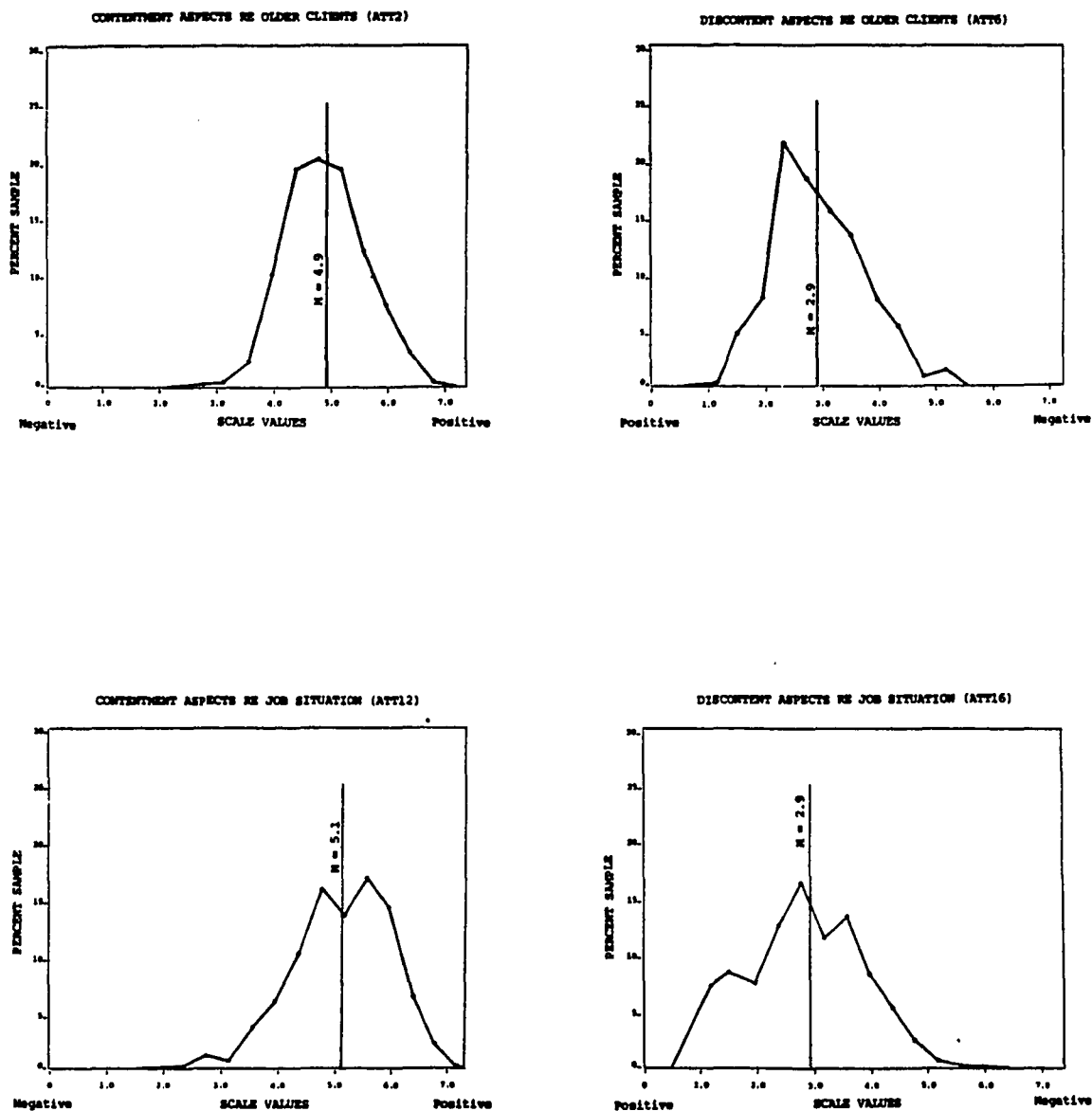


Figure 5. Relative frequency polygons of four key general attitude scales. Interval size used = .4. Sample size: ATT2 = 417, ATT6 = 415, ATT12 = 412, ATT16 = 399. Mean scores are indicated by vertical lines.

With respect to cognitions of the job situation (ATT12 and ATT16), similar percentages of the service providers reported cognitions on the negative side of the midpoint value of 4 (12% and 12%, respectively).

In sum, variability appears to be a feature of the study's service providers' attitudes toward working with older clients. Although on the average service providers reported attitudes ranging from slightly to somewhat positive, some reported attitudes of a very positive nature and others reported attitudes of a negative nature. Some possible explanations for this variability will be examined later in this report in regard to types of service providers (Chapter VIII) and in regard to antecedents of service providers' attitudes (Chapter XII).

INTERPRETING THE POSITIVENESS OF ATTITUDE SCORES

Social Desirability Response Set

Difficulty lies in trying to determine how much of the measured positiveness of service providers' attitude scores is real and how much is just appearance. Partially, this difficulty arises because we live in an age of increased public sensitivity toward the elderly in our society. This sensitivity is a hard-won achievement of the many governmental agencies, private agencies, and individuals who over the past several decades have so energetically advocated the cause of elderly citizens. However, invaluable as this sensitivity is, it makes more difficult the task of trying to accurately assess service providers' attitudes toward working with older clients. For, in the face of pressures not to be prejudiced against older people, it becomes less likely that an individual will feel free to admit it if he or she truly

tends to view older people negatively, to dislike them, and to prefer not to be with them.

This difficulty of measuring the reality of positiveness separately from the appearance of positiveness is a common problem in studying attitudes. That is, regardless of the topic, people tend to present themselves on questionnaires in a manner they deem to be socially desirable: they have a "social desirability" response set (for discussions of the social desirability response set, see Crowne & Marlowe, 1960; Marlowe & Crowne, 1961; and Oskamp, 1977). Among the socially desirable presentations of self relevant to this study may be presentations of self-as-positive (toward older clients) and of self-as-competent (as a service provider). Thus, in this study, the social desirability response set may have acted to bias the positiveness of service providers' responses.

Real Positiveness

In contrast, reasons exist to expect that the reported positiveness is not all a methodological artifact. After all, workers of all sorts are, to a certain extent, self-selected on the basis of liking their work (even though some approach behavior toward a job may be actually avoidance behavior toward unemployment). Moreover, the several decades of advocacy for older people may have actually succeeded in improving the general attitudinal climate regarding older clients. Thus, it does not seem unreasonable to find that service providers who work with older clients would tend to be at least somewhat positive toward their older clients.

Absolute Scores Versus Relative Differences

To the extent, however, that positiveness of response may be a function not just of attitudinal valence but also of methodological artifact, relative differences between service providers' scores tend to be more informative than their absolute scores. This report, then, although not ignoring absolute scores, focuses primarily on the relative differences between scores in its analysis of service providers' attitudes toward working with older clients.

CHAPTER VIII

EXTENT OF ATTITUDINAL UNIFORMITY AMONG SERVICE PROVIDER TYPES

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

In speaking and writing about service providers' attitudes toward older clients, social gerontologists often appear to assume that there is "an attitude" which is identical for all service providers. This study's analytical model, however, does not agree with the assumption of a uniform service provider attitude toward older clients. Instead, the model predicts that service providers who have different backgrounds, who experience different types of older clients, and who experience those older clients in different capacities will differ in their attitudes toward older clients. That is, different learning experiences will tend to result in different attitudes. In contrast, the model predicts that service providers who have similar backgrounds, who experience similar types of older clients, and who experience those older clients in similar capacities will hold similar attitudes toward older clients. Thus, experiences create diversity and similarity of attitudes. Moreover, not just attitudes toward older clients, but also attitudes toward the job situation are expected to vary and be similar according to the experiences of service providers.

This chapter addresses Research Question 2: Do attitudes toward working with older clients differ by service provider type?

In this chapter, the uniformity of service providers' attitudes is investigated by comparing attitude scores across the study's 13 types of service providers. These 13 service provider types represent differences in professional and educational levels, as well as in area of work. Because the 13 service provider types possess differences in background, in clientele, and/or in the capacities in which they interact with older clients, they provide an opportunity to investigate whether or not service providers' attitudes toward working with older clients are uniform.

First, attitudinal diversity and similarity across the study's 13 service provider types are examined, and then some selected service-setting by service-provider-type comparisons are made. Next, Hypothesis 2 is examined, followed by a discussion of least and most positive aspects of working with older clients. The chapter concludes with an attitudinal profiling of service provider types. Details of these analyses are presented below, following the overview of findings. Data available for these analyses come from the Survey Sample; thus, the attitudinal scores involved are of a general (as opposed to specific) attitude nature. In reading the research findings in this and subsequent chapters, it should be remembered that low response rates may lead to limited generalizability of findings. Of the study's 13 service provider types, those which had response rates lower than 70% were: hospital MDs (54%), transportation personnel (65%), and nursing home aides (65%).

Overview of Findings

The study's findings regarding whether attitudes toward working with older clients differ by service provider type are as follows.

with older clients differ by service provider type are as follows.

1. Attitude scores concerning working with older clients were found to be similar but not totally uniform across service provider types. Of 13 service provider types, the most positive and most negative scorers on seven key attitude measures are as follows. One, mental health practitioners reported the most negative cognitions, and nutrition personnel reported the most positive cognitions, regarding older clients' primarily interpersonal characteristics. Two, nursing home RNs reported the most negative cognitions, and transportation personnel reported the most positive cognitions, of their job situations. Three, hospital aides reported older clients as being the most, and income personnel reported older clients as being the least, physically aged. Four, mental health practitioners reported the least liking, and nursing home aides reported the most liking, of older clients. Five, hospital MDs reported the least liking, and nutrition personnel reported the most liking, of the physical aging characteristics of older clients. Six, mental health practitioners reported the least preferences, and nutrition personnel reported the greatest preferences, to approach older clients. And seven, income personnel reported the least liking, and nutrition personnel reported the greatest liking, of their jobs.

2. A comparison of attitude scores across three different service provider types in the same service setting and across the same service provider type in three different service settings found considerable similarity and some variability. The comparisons were made across: (a) the different service provider types of MDs, RNs, and aides within the

same service setting, and (b) RNs as compared with other RNs, and aides as compared with other aides, across the three service settings of hospital, in-home nursing agency, and nursing home. Across these comparisons, scores were found to be: (a) similar in affect and behavioral predisposition, and nearly similar in cognitions, regarding older clients; (b) somewhat variable in cognitions of the job situation; and (c) similar in affect toward the job as a whole.

3. With respect to absolute scores, service provider types varied in the number of attributes of older clients and of the job situation which they reported to be at "least" and "most" positive levels. Accordingly, attributes of older clients and the job situation also varied in the number of service provider types reporting them to be at least and most positive levels. On a 1 to 7 range (very negative, somewhat negative, slightly negative, neutral, slightly positive, somewhat positive, and very positive), those types and attributes which most and least often scored at a least positive level (i.e., "slightly" positive or less) or at a most positive level (i.e., "very" positive) are as follows.

Of the study's 13 service provider types, those types which most often reported attributes of older clients to be at a least positive level were mental health practitioners, hospital RNs, and nursing home RNs (seven, six, and six, respectively, of seven attributes). The type least often reporting attributes of older clients to be at a least positive level was nutrition personnel (one of seven attributes). Those types which most often reported attributes of the job situation to be at a least positive level were hospital RNs and nursing home RNs (five of

six attributes). Least often reporting the attributes of the job situation to be at a least positive level were hospital MDs, in-home nursing aides, nutrition personnel, and interaction personnel (one of six attributes). Only four types reported any of the attributes of either older clients or the job situation to be at a most positive level (and then only for two of the 13 attributes); these types were in-home nursing aides, nutrition personnel, transportation personnel, and interaction personnel.

Of seven attributes of older clients, the characteristics of physical aging and pleasantness were most often reported to be at a least positive level (13 and 12, respectively, of the 13 types), while the characteristics of appreciativeness and being in adversary relations were the least often reported to be at a least positive level (two and three types, respectively). Of six attributes of the job situation, the characteristic of pay adequacy was most often reported to be at a least positive level (12 types), while the characteristic of agency quality in serving older clients was the least often reported to be at a least positive level (two types). The only attributes of either older clients or the job situation which the service provider types reported to be at a most positive level were the job situation characteristics of agency quality in serving older clients and rules as obstacles (reported to be at a most positive level by 4 and 1 of the 13 types, respectively).

4. Within service provider types, non-uniformity in the variability of scores was found to exist with respect to some aspects of service providers' attitudes toward working with older clients (e.g., cognitions regarding the job situation and global affect toward the job)

although not with respect to others (e.g., cognitions regarding older clients and global affect toward older clients). Of 13 service provider types, those types found to have the most and least variability in scores, respectively, were: (a) nursing home RNs and in-home nursing RNs, on cognitions regarding the job situation; (b) income personnel and in-home nursing RNs, on global affect toward the job; (c) transportation personnel and in-home nursing RNs, on affect toward older clients' interpersonal characteristics; and (d) hospital aides and mental health practitioners, on affect toward older clients' physical aging characteristics.

ATTITUDINAL DIVERSITY AND SIMILARITY

Diversity Across 13 Service Provider Types

Diversity of Cognitions. To test the prediction of non-uniform cognitions across service provider types, mean scores of the study's 13 service provider types were compared on 10 cognition scales regarding older clients and nine cognition scales regarding the job situation. Mean scores of the 13 service provider types on the 19 cognition scales are reported in Table XXI. In Table XXII are presented the results of significance tests which indicate whether or not significant differences exist between the mean scores.

As can be seen in Table XXII, significant "pairwise" mean differences were found to exist between service provider types on all 10 of the cognition scales regarding older clients and on eight of the nine cognition scales regarding the job situation. That is, at least one service provider type has a significantly lower or higher mean score

TABLE XXI

MEAN COGNITION SCORES FOR 13 DIFFERENT SERVICE PROVIDER TYPES

Cognition scales	Means (and standard deviations) for each service provider type												
	1 HOSPITAL NMs (n=19-26)	2 HOSPITAL RNs (n=40-43)	3 HOSPITAL AIDES (n=29-34)	4 IN-HOME NURSING RNs (n=16-18)	5 IN-HOME NURSING AIDES (n=15-18)	6 NURSING HOME RNs (n=18-19)	7 NURSING HOME AIDES (n=16-17)	8 MENTAL HEALTH PRACTI- TIONERS (n=42-47)	9 INCOME PERSONNEL (n=39-43)	10 NUTRITION PERSONNEL (n=20-40)	11 TRANSPOR- TATION PERSONNEL (n=25-31)	12 HOUSING PERSONNEL (n=17-44)	13 INTER- ACTION PERSONNEL (n=34-44)
OLDER CLIENTS													
Overall Contentment Cognitions (ATT1)	5.06 (.55)	4.76 (.59)	4.82 (.68)	4.96 (.54)	5.11 (.52)	4.89 (.56)	4.74 (.52)	4.41 (.55)	4.86 (.64)	5.40 (.63)	5.29 (.52)	5.11 (.57)	5.20 (.47)
Contentment Aspects (ATT2)	4.87 (.75)	4.69 (.58)	4.87 (.64)	4.93 (.67)	5.07 (.47)	4.85 (.69)	4.71 (.50)	4.32 (.54)	4.62 (.83)	5.27 (.73)	5.15 (.83)	5.10 (.68)	5.07 (.60)
Appreciative (ATT3)	5.07 (.88)	4.99 (.81)	5.25 (1.09)	5.51 (.58)	5.71 (.74)	5.46 (.74)	5.52 (.80)	4.80 (.77)	5.04 (1.14)	5.98 (.97)	5.57 (.98)	5.55 (1.10)	5.93 (.75)
Pleasant (ATT4)	4.74 (.78)	4.37 (.70)	4.50 (.70)	4.57 (.73)	4.79 (.67)	4.28 (.70)	4.48 (.72)	3.87 (.60)	4.48 (.79)	5.02 (.90)	4.85 (1.07)	4.79 (.70)	4.70 (.65)
Socially Contributing (ATT5)	4.97 (1.05)	5.11 (.84)	5.33 (.81)	5.18 (1.14)	5.09 (.86)	4.86 (1.07)	5.15 (.91)	4.89 (.91)	4.57 (1.18)	5.36 (1.15)	5.24 (.86)	5.49 (.94)	5.01 (1.09)
Discontent Aspects (ATT6)	2.75 (.51)	3.16 (.75)	3.23 (.81)	3.01 (.62)	2.84 (.75)	3.06 (.64)	3.24 (.66)	3.51 (.65)	2.90 (.74)	2.42 (.86)	2.57 (.58)	2.89 (.68)	2.65 (.55)
Hostile (ATT7)	2.84 (.67)	3.10 (1.00)	3.62 (1.10)	3.03 (.66)	3.18 (.91)	3.47 (1.01)	3.34 (.82)	3.92 (.83)	2.87 (.96)	2.47 (.97)	2.66 (.80)	2.93 (.88)	2.86 (.71)
Rejecting (ATT8)	2.69 (.63)	3.30 (.80)	3.26 (1.01)	3.03 (.81)	2.65 (1.07)	3.16 (.66)	3.13 (.82)	3.39 (.83)	2.87 (.80)	2.33 (1.10)	2.58 (.84)	2.93 (.99)	2.63 (.75)
Adversary Relations (ATT9)	2.67 (.67)	3.04 (.79)	2.73 (.79)	2.89 (.89)	2.62 (.73)	3.02 (.75)	2.61 (.96)	3.22 (.62)	2.88 (.75)	2.43 (1.00)	2.62 (.88)	2.64 (.86)	2.39 (.70)
Physically Ailing (ATT10)	4.24 (.84)	4.69 (.78)	4.85 (.72)	4.43 (.72)	4.64 (1.03)	4.65 (1.07)	4.51 (.78)	4.46 (.88)	3.69 (.83)	4.41 (.93)	4.21 (.83)	4.24 (.93)	4.21 (.93)
JOB SITUATION													
Overall Contentment Cognitions (ATT11)	5.38 (.54)	4.84 (.65)	4.71 (.84)	5.01 (.39)	5.38 (.67)	4.52 (1.05)	4.93 (.70)	5.18 (.73)	4.90 (.78)	5.44 (.84)	5.50 (.78)	5.01 (.93)	5.37 (.65)
Contentment Aspects (ATT12)	5.95 (.62)	4.61 (.77)	4.50 (1.02)	5.22 (.58)	5.26 (.68)	4.88 (1.21)	5.21 (.78)	4.97 (.97)	5.01 (.79)	5.68 (.74)	5.02 (.95)	4.92 (.98)	5.33 (.65)
Agency Quality (ATT13)	6.03 (.98)	4.89 (1.12)	5.33 (1.14)	5.94 (.66)	6.14 (.73)	5.46 (1.42)	5.88 (1.07)	4.86 (.95)	5.72 (.91)	6.52 (.62)	6.19 (.66)	5.58 (1.26)	6.17 (1.03)
Pay Adequacy (ATT14)	5.54 (1.52)	4.90 (1.29)	3.59 (1.57)	4.33 (1.01)	3.17 (1.72)	4.18 (2.12)	3.85 (2.07)	4.30 (1.55)	4.44 (1.63)	2.75 (2.22)	4.35 (1.89)	4.10 (1.59)	3.49 (1.79)
Participation Opportunities (ATT15)	5.88 (.65)	4.47 (.87)	4.41 (1.14)	5.17 (.71)	5.39 (.82)	4.82 (1.23)	5.31 (.86)	5.16 (1.11)	4.87 (1.03)	5.67 (.69)	4.69 (1.25)	4.86 (1.11)	5.37 (.78)
Discontent Aspects (ATT16)	3.13 (.74)	2.99 (.82)	2.99 (.97)	3.25 (.79)	2.54 (.95)	3.83 (1.20)	3.35 (.87)	2.63 (.84)	3.21 (1.07)	2.59 (1.15)	2.12 (.85)	2.83 (1.12)	2.55 (.96)
Disagreements (ATT17)	2.95 (.74)	2.76 (1.04)	3.15 (1.31)	3.04 (.81)	2.62 (1.33)	3.41 (1.61)	3.19 (1.01)	2.55 (1.04)	2.87 (1.17)	2.32 (1.11)	2.31 (1.21)	2.76 (1.34)	2.40 (1.05)
Staff as Obstacles (ATT18)	2.01 (1.22)	3.24 (1.16)	3.28 (1.47)	2.72 (1.33)	2.41 (1.09)	5.22 (1.45)	4.52 (1.32)	2.73 (1.38)	3.48 (1.45)	2.58 (1.51)	2.03 (1.08)	2.87 (1.61)	2.54 (1.34)
Rules as Obstacles (ATT19)	3.75 (1.10)	3.23 (1.16)	2.60 (1.02)	3.90 (1.25)	2.47 (.97)	3.48 (1.54)	2.90 (1.45)	2.69 (.89)	3.58 (1.37)	2.93 (1.58)	1.91 (1.09)	3.03 (1.37)	2.88 (1.36)

Note. Standard deviations are presented in parentheses following each mean. Significance tests for differences between means are presented in Table XXII.

TABLE XXII

SIGNIFICANCE TESTS FOR DIFFERENCES BETWEEN MEAN COGNITION
SCORES OF 13 SERVICE PROVIDER TYPES

Cognition Scales	Overall F from ANOVA df=12,169-409	Significant Pairwise Mean Differences ^a				Order of Means ^b		
OLDER CLIENTS								
Overall Contentment Cognitions (ATT1)	8.29****	8<7,2,3,9,6,4,1,12,5,13,11,10	7,2,3,9,6<10	7,2,3,9,6,4,1,12,5,13,11>8	10>8,7,2,3,9,6	8,7,2,3,9,6,4,1,12,5,13,11,10		
Contentment Aspects (ATT2)	5.87****	8<6,3,1,4,5,13,12,11,10	9<12,11,10	2<10	6,3,1,4,5,13>8	12,11>8,9	10>8,9,2	8,9,2,7,6,3,1,4,5,13,12,11,10
Appreciative (ATT3)	6.28****	8<12,11,5,13,10	2,9,1,3,<13,10		12,11,5>8	13,10>8,2,9,1,3		8,2,9,1,3,6,4,7,12,11,5,13,10
Pleasant (ATT4)	6.06****	8<6,2,9,7,3,4,13,1,12,5,11,10	6,2,9<10		6,2,9,7,3,4,13,1,12,5,11>8		10>8,6,2,9	8,6,2,9,7,3,4,13,1,12,5,11,10
Socially Contributing (ATT5)	2.30**	9<3,10,12			3,10,12>9			9,6,8,1,13,5,2,7,4,11,3,10,12
Discontent Aspects (ATT6)	7.19****	10<6,2,3,7,8			8>10,11,13,1,5,12,9			10,11,13,1,5,12,9,4,6,2,3,7,8
Hostile (ATT7)	7.63****	10<7,6,3,8	11,1,13,9,12<3,8	4,2,5<8	7,6>10	3>10,11,1,13,9,12	8>10,11,1,13,9,12,4,2,5	10,11,1,13,9,12,4,2,5,7,6,3,8
Rejecting (ATT8)	5.02****	10<7,6,3,2,8	11,13<2,8		7,6,3>10	2,8>10,11,13		10,11,13,5,1,9,12,4,7,6,3,2,8
Adversary Relations (ATT9)	3.65****	13,10<2,8			2,8>13,10			13,10,7,5,11,12,1,3,9,4,6,2,8
Physically Aging (ATT10)	4.11****	9<10,4,8,7,5,6,2,3			10,4,8,7,5,6,2,3>9			9,11,13,12,1,10,4,8,7,5,6,2,3
JOB SITUATION								
Overall Contentment Cognitions (ATT11)	4.47****	6<8,13,1,5,10,11	3,2<10,11	9<11	8,13,1,5>6	10>6,3,2	11>6,3,2,9	6,3,2,9,7,4,12,8,13,1,5,10,11
Contentment Aspects (ATT12)	6.68****	3,2<13,10,1	6,12,8,9,11<10,1		13>3,2	10,1>3,2,6,12,8,9,11		3,2,6,12,8,9,11,7,4,5,13,10,1
Agency Quality (ATT13)	9.51****	8,2<12,9,7,4,1,5,13,11,10	3<13,11,10	6,12,9<10	12,9,7,4,1,5>8,2	13,11>8,2,3	10>8,2,3,6,12,9	8,2,3,6,12,9,7,4,1,5,13,11,10
Pay Adequacy (ATT14)	4.71****	10<11,9,2,1	5,13,3<2,1	7,12<1	11,9>10	2>10,5,13,3	1>10,5,13,3,7,12	10,5,13,3,7,12,6,8,4,11,9,2,1
Participation Opportunities (ATT15)	6.06****	3,2<13,5,10,1	11<10,1	6,12,9<1	13,5>3,2	10>3,2,11	1>3,2,11,6,12,9	3,2,11,6,12,9,8,4,7,13,5,10,1
Discontent Aspects (ATT16)	5.30****	11<12,2,3,1,9,4,7,6	5,13,10,8,12,2,3<6		12,2,3,1,9,4,7>11	6>11,5,13,10,8,12,2,3		11,5,13,10,8,12,2,3,1,9,4,7,6
Disagreements (ATT17)	2.31**	No significant differences						11,10,13,8,5,12,2,9,1,4,3,7,6
Staff as Obstacles (ATT18)	9.88****	1,11<2,3,9,7,6	5,13,10,4,8,12,2,3,<7,6		2,3,9>1,11	7,6>1,11,5,13,10,4,8,12,2,3,9		1,11,5,13,10,4,8,12,2,3,9,7,6
Rules as Obstacles (ATT19)	4.94****	11<10,12,2,6,9,1,4	5,3,8<1,4		10,12,2,6,9>11	1,4>11,5,3,8		11,5,3,8,13,7,10,12,2,6,9,1,4

Continued

TABLE XXII

CONTINUED

Note. Significance tests are between the mean scores reported in Table XXI. Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, (13) interaction personnel.

^aFollowing a significant overall F, significant pairwise mean differences were determined using the Student-Neuman-Keuls Procedure to examine differences between all possible pairs of means ($p < .05$).

^bThe means are ordered, left to right, from low to high. A high mean score indicates a positive valence for the contentment cognition scales (ATT1-ATT5, ATT11-ATT15) and a negative valence for the discontent cognition scales (ATT6-ATT9, ATT16-ATT19) and for the physically aging scale (ATT10).

** $p < .01$ *** $p < .0001$

than at least one other service provider type on all but one of the 19 cognition scales. Thus, the data suggest that, across service provider types, there is no one uniform service provider cognition of older clients nor of the job situation.

Relative Positiveness of Cognitions. Figures 6, 7, and 8 illustrate graphically with respect to three of the study's key cognition scales (ATT1, ATT10, and ATT11) which of the 13 service provider types expressed the more positive cognitions and which expressed the more negative cognitions.

As shown in Figure 6, the 13 service provider types fell into four groups in terms of the positiveness of their overall contentment cognit scores concerning older clients (ATT1). Reporting the most positive cognitions were the nutrition personnel. Nutrition personnel expressed significantly more positive cognitions concerning older clients than did six of the 12 other service provider types (types 8, 7, 2, 3, 9, and 6). The least positive cognitions were reported by the mental health practitioners. Mental health practitioners expressed significantly less positive cognitions concerning older clients than did all of the 12 other service provider types.

Figure 7 graphically illustrates differences between service provider types in their cognition scores concerning the physical aging characteristics of older clients (ATT10). The service provider types fell into three groups with respect to reporting their older clients as being physically aged. Their older clients were reported as being the most physically aged by hospital aides (followed closely by hospital RNs, nursing home RNs, in-home nursing aides, nursing home aides, mental

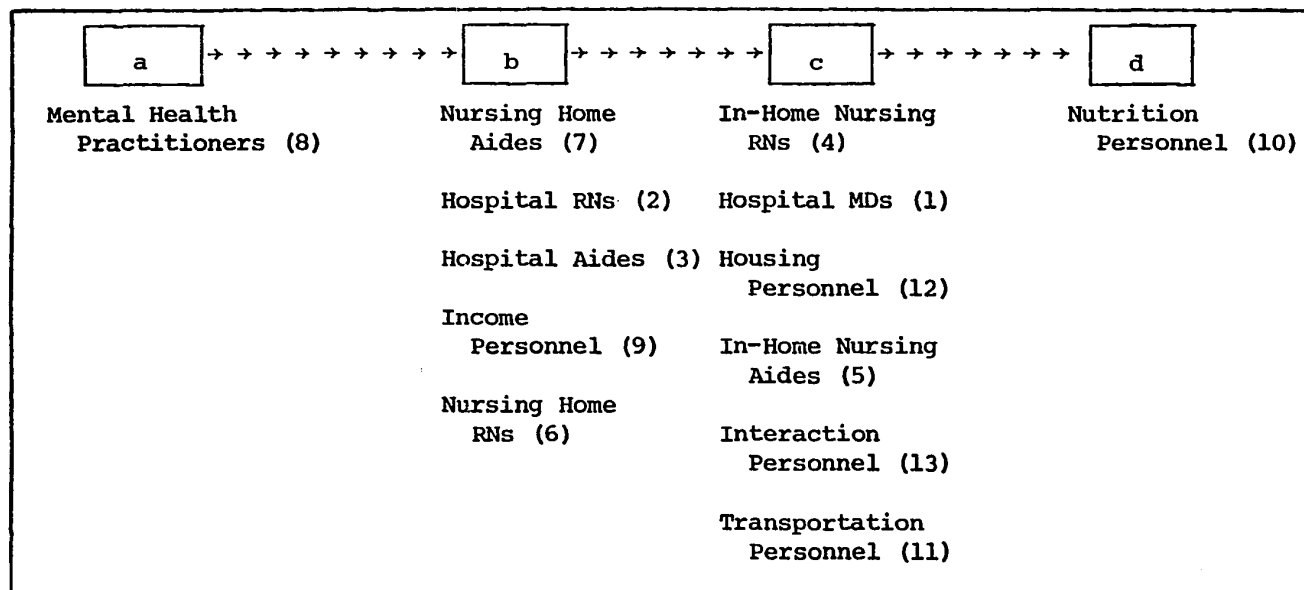


Figure 6. Overall contentment cognitions re older clients (ATT1). Positiveness of reported cognitions regarding older clients ranges from least (mental health practitioners) to most (nutrition personnel). This figure illustrates significance tests reported in Table XXII. Numbers in parentheses are the numbers used to identify the service provider types in Table XXII.

Significant differences: $a < b, c, d$; $b < d$; $b, c > a$; $d > a, b$.

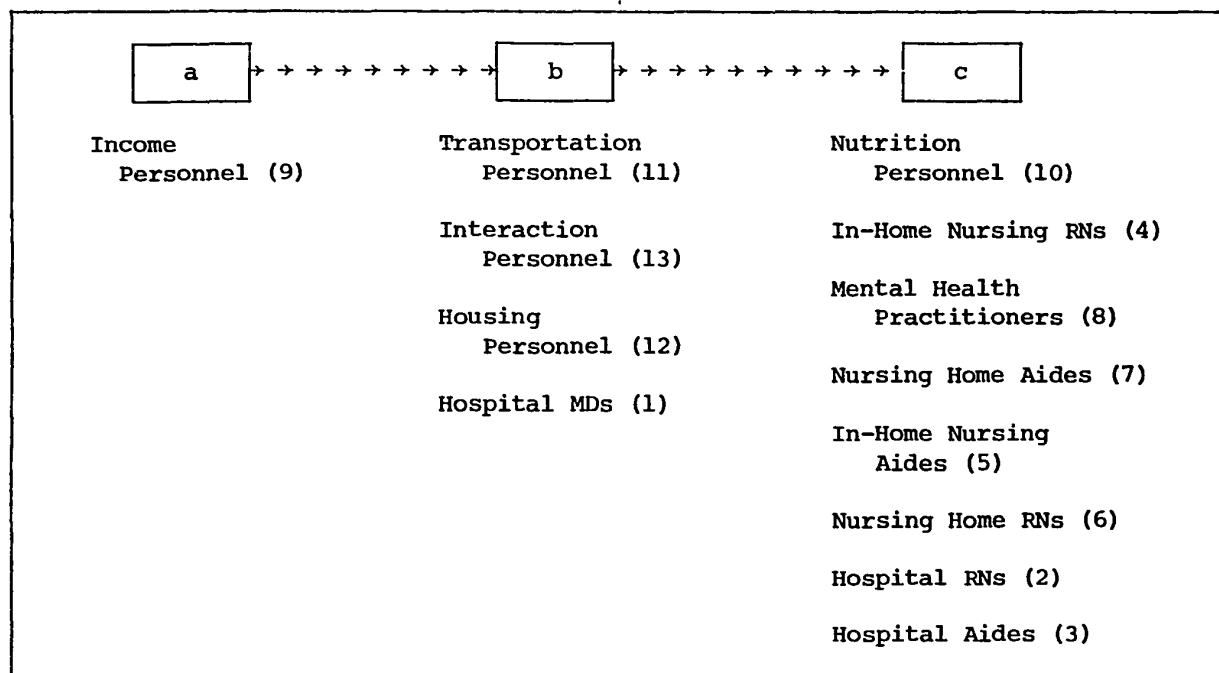


Figure 7. Cognitions of older clients as physically aging (ATT10). Positiveness of types' reported cognitions regarding physical aging status of older clients ranges from hospital aides (least positive) to income personnel (most positive).

This figure illustrates significance tests reported in Table XXII. Numbers in parentheses are the numbers used to identify the service provider types in Table XXII.

Significant differences: $a < c$; $c > a$.

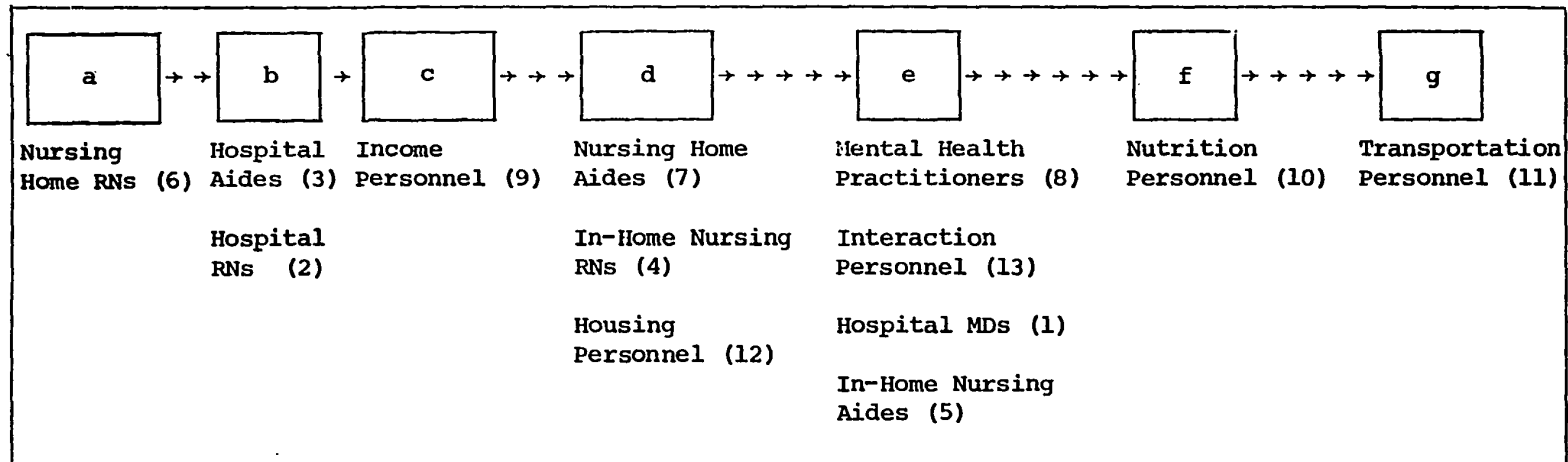


Figure 8. Overall contentment cognitions re job situation (ATT11). Positiveness of reported cognitions regarding the job situation ranges from least (nursing home RNs) to most (transportation personnel). This figure illustrates significance tests reported in Table XXII. Numbers in parentheses are the numbers used to identify the service provider types in Table XXII.

Significant differences: $a < e, f, g$; $b < f, g$; $c < g$; $e > a$; $f > a, b$; $g > a, b, c$.

health practitioners, in-home nursing RNs, and nutrition personnel). Reporting their older clients as being the least physically aged were the income personnel. The differences between the mean scores of these "most aged" and "least aged" groups were statistically significant.

In Figure 8 are illustrated the differences between service provider types in regard to their overall contentment cognition scores regarding the job situation (ATT11). The most positive cognitions were reported by transportation personnel, while the least positive cognitions were reported by nursing home RNs. Transportation personnel expressed significantly more positive cognitions concerning their job situation than did four of the 12 other service provider types (types 6, 3, 2, and 9). By contrast, nursing home RNs reported significantly less positive cognitions concerning the job situation than did six of the 12 other service provider types (types 8, 13, 1, 5, 10, and 11).

Diversity of Affect and Behavioral Predispositions. The extent to which there are uniform affect and uniform behavioral predispositions across service provider types is investigated by comparisons concerning three sets of variables. The sets are: (a) affect toward older clients (toward older clients globally, toward older clients' interpersonal characteristics, and toward older clients' physical aging characteristics); (b) affect toward the job in its entirety (i.e., toward both its client and non-client aspects); and (c) behavioral predispositions toward older clients (i.e., preferences to approach older clients).

Mean scores of the study's 13 service provider types on the four affect and one behavioral predisposition scales which operationalize

these variables are reported in Table XXIII. In Table XXIV, significant differences between the means are indicated.

As can be seen in Table XXIV, significant pairwise mean differences between service provider types were found to exist on all five scales. That is, at least one service provider type has a significantly lower or higher mean score than at least one other service provider type on all five affect and behavioral predisposition scales. Thus, the data suggest that, across service provider types, service providers' affect toward older clients and the job, as well as behavioral predispositions toward older clients, are not uniform.

Relative Positiveness of Affect and Behavioral Predispositions.

Figures 9 through 12 graphically illustrate the findings concerning four key scales in Table XXIV. Figure 9 illustrates differences between service provider types in their self-reported affect toward older clients (ATT20). Service provider types fell into three groups in terms of their expressed liking of older clients. Reporting the most liking of older clients were the nursing home aides, followed closely by nursing home RNs, nutrition personnel, and interaction personnel. The least liking of older clients was reported by the mental health practitioners, followed closely by income personnel. These two extreme groups differed significantly from each other in their expressed affect toward older clients.

As Figure 10 shows, the most positive affect toward older clients' physical aging characteristics (ATT22) was reported by nutrition personnel, while hospital MDs (followed closely by mental health practitioners and income personnel) reported the least positive affect.

TABLE XXIII

MEAN AFFECT AND BEHAVIORAL PREDISPOSITION SCORES FOR 13 DIFFERENT SERVICE PROVIDER TYPES

Scales	Means (and standard deviations) for each service provider type												
	1 HOSPITAL NHS (n=26)	2 HOSPITAL RNs (n=43)	3 HOSPITAL AIDES (n=34)	4 IN-HOME NURSING NHS (n=17-18)	5 IN-HOME NURSING AIDES (n=18)	6 NURSING HOME NHS (n=19)	7 NURSING HOME AIDES (n=17)	8 MENTAL HEALTH PRACTI- TIONERS (n=45-47)	9 INCOME PERSONNEL (n=43)	10 NUTRITION PERSONNEL (n=34-41)	11 TRANSPOR- TATION PERSONNEL (n=29-31)	12 HOUSING PERSONNEL (n=44)	13 INTER- ACTION PERSONNEL (n=39-45)
<u>Affect Scales</u>													
OLDER CLIENTS													
Toward older clients globally (ATT20)	5.42(1.02)	5.50(1.03)	5.74(1.11)	5.74 (.71)	5.81 (.85)	6.16 (.80)	6.32 (.94)	5.13 (.94)	5.17(1.24)	6.14 (.81)	5.83(1.07)	5.74 (.99)	6.06 (.91)
Toward older clients' interpersonal characteristics (ATT21)	4.23 (.38)	4.31 (.47)	4.42 (.68)	4.22 (.35)	4.47 (.78)	4.49 (.44)	4.42 (.59)	4.50 (.44)	4.13 (.62)	4.77 (.83)	4.49 (.85)	4.50 (.77)	4.43 (.55)
Toward older clients' physical aging characteristics (ATT22)	3.63 (.76)	3.84 (.61)	4.11(1.10)	3.88 (.71)	3.79 (.68)	3.78 (.81)	3.84 (.92)	3.69 (.54)	3.73 (.81)	4.41(1.02)	4.01(1.00)	4.11 (.91)	3.96 (.60)
JOB													
Toward job globally (ATT23)	6.15 (.62)	5.72 (.81)	5.86 (.90)	5.76 (.55)	5.96 (.82)	5.84(1.04)	5.94(1.20)	5.85 (.64)	5.16(1.44)	6.44 (.77)	5.90 (.97)	5.77 (.97)	6.26 (.72)
<u>Behavioral Predisposition Scales</u>													
OLDER CLIENTS													
Approach preference (ATT24)	4.93 (.93)	5.07 (.78)	5.53 (.73)	5.17 (.65)	5.61 (.75)	5.59 (.62)	5.71 (.92)	4.81 (.75)	4.87 (.97)	5.91 (.85)	5.55 (.81)	5.54 (.93)	5.68 (.79)

Note. Standard deviations are presented in parentheses following each mean. Significance tests for differences between means are presented in Table XXIV.

TABLE XXIV

SIGNIFICANCE TESTS FOR DIFFERENCES BETWEEN AFFECT AND BEHAVIORAL PREDISPOSITION
MEAN SCORES OF 13 SERVICE PROVIDER TYPES

Affect Scales	Overall F from ANOVA df=12, 397-412	Significant Pairwise Mean Differences ^a				Order of Means ^b
OLDER CLIENTS						
Toward older clients globally (ATT20)	4.78****	8,9<13,10,6,7		13,10,6,7>8,9	8,9,1,2,12,3,4,5,11,13,10,6,7	
Toward older clients' inter- personal characteristics (ATT21)	2.29**	9<10		10>9	9,4,1,2,7,3,13,5,6,11,8,12,10	
Toward older clients' physical aging characteristics (ATT22)	2.40**	1,8,9<10		10>1,8,9	1,8,9,6,5,7,2,4,13,11,12,3,10	
JOB ^c						
Toward job globally (ATT23)	4.58****	9<1,13,10	2<10	1,13>9 10>9,2	9,2,4,12,6,8,3,11,7,5,1,13,10	
Behavioral Predisposition Scales						
OLDER CLIENTS						
Approach preferences (ATT24)	7.09****	8,9<3,12,11,6,5,13,7,10	1,2,4<10	3,12,11,6,5,13,7>8,9 10>8,9,1,2,4	8,9,1,2,4,3,12,11,6,5,13,7,10	

Note. Significance tests are between the mean scores reported in Table 3.6. Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, and (13) interaction personnel.

^aFollowing a significant overall F, significant pairwise mean differences were calculated using the Student-Neuman-Keuls Procedure to examine differences between all possible pairs of means ($p<.05$).

^bThe means are ordered, left to right, from low to high. A high mean score indicates a positive valence.

^c"Job" includes both the non-client and client aspects of the service providers' work.

** $p<.01$ **** $p<.0001$

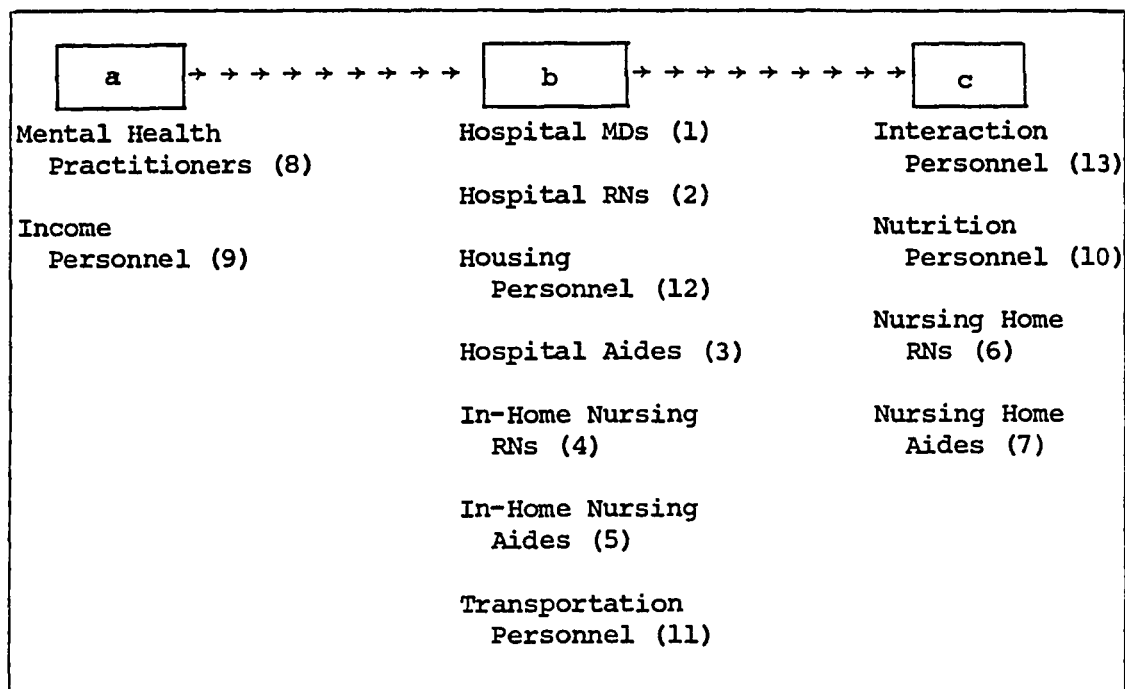


Figure 9. Global affect toward older clients (ATT20). Positiveness of reported affect toward older clients ranges from least (mental health practitioners) to most (nursing home aides). This figure illustrates significance tests reported in Table XXIV. Numbers in parentheses are the numbers used to identify the service provider types in Table XXIV.

Significant differences: $a < c$; $c > a$.

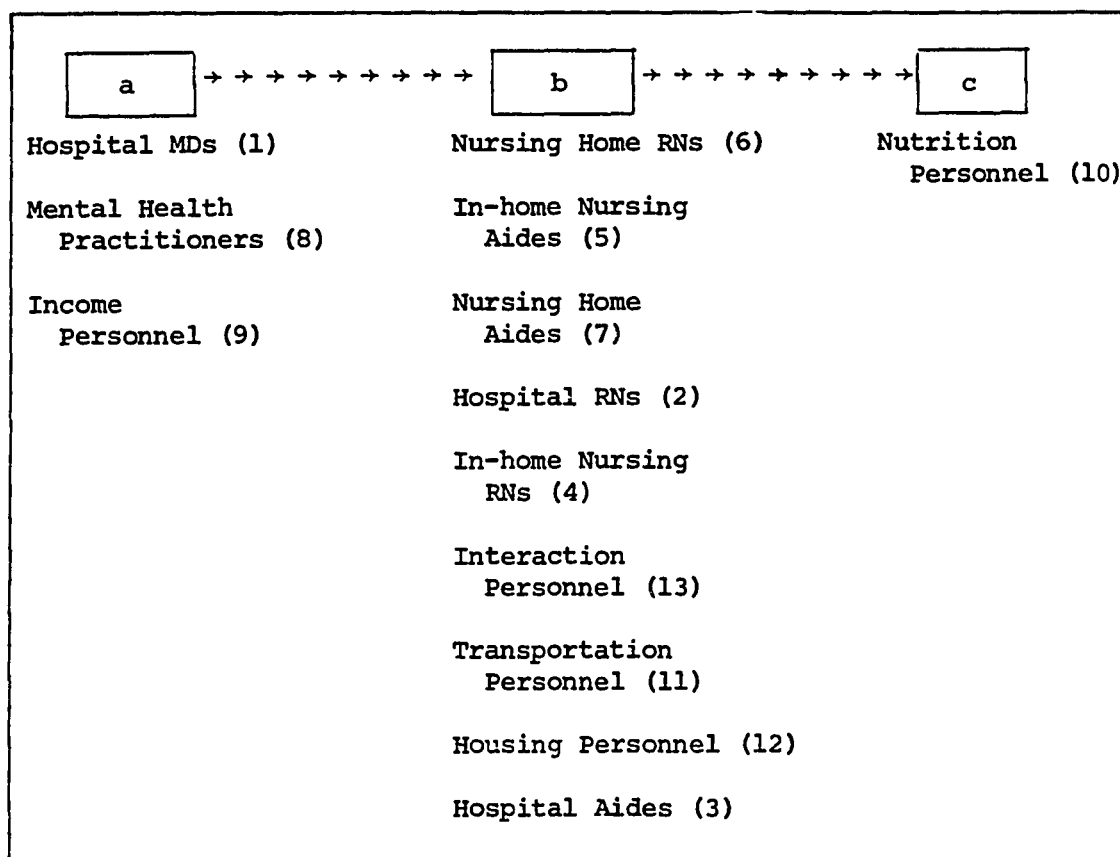


Figure 10. Affect toward older clients' physical aging characteristics (ATT22). Positiveness of reported affect toward older clients' physical aging characteristics ranges from least (hospital MDs) to most (nutrition personnel). This figure illustrates significance tests reported in Table XXIV. Numbers in parentheses are the numbers used to identify the service provider types in Table XXIV.

Significant differences: $a < c$; $c > a$.

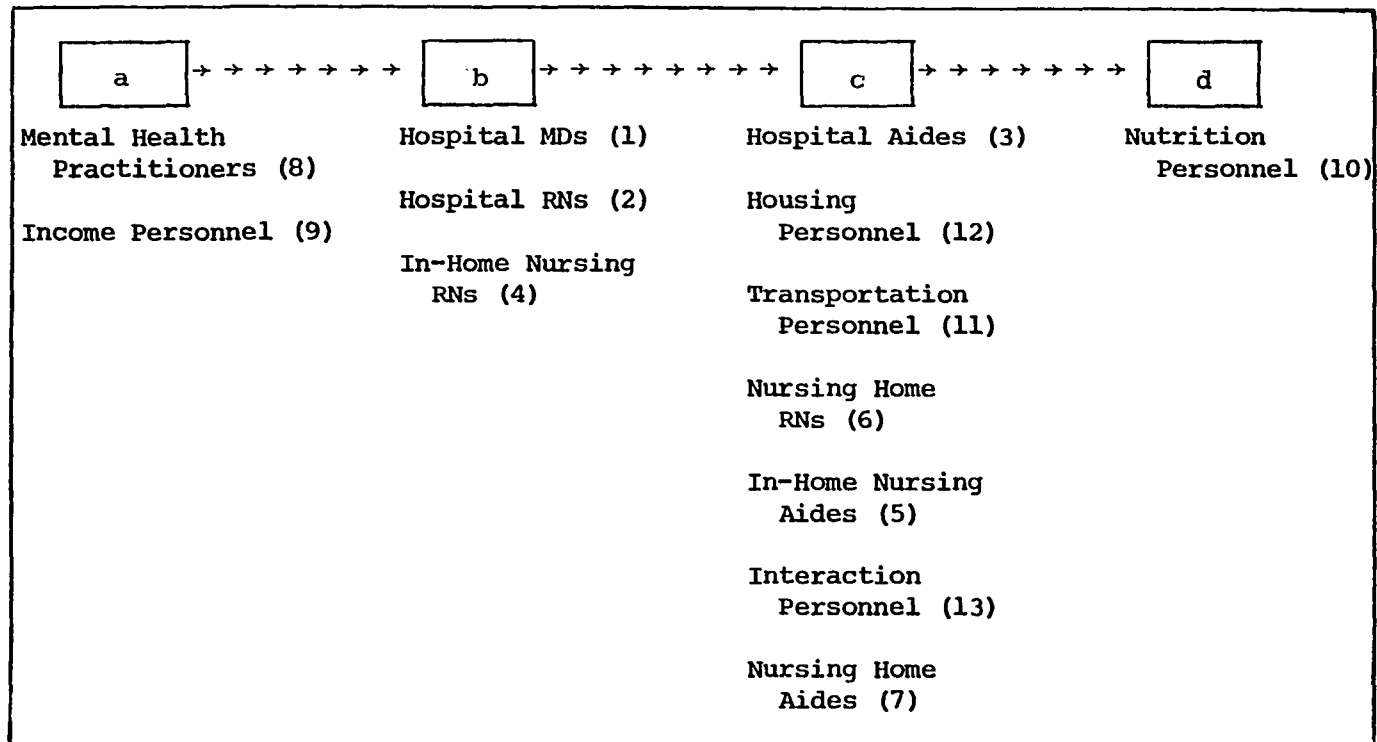


Figure 11. Approach preferences toward older clients (ATT24). Reported preferences to approach older clients range from least (mental health practitioners) to most (nutrition personnel). This figure illustrates significance tests reported in Table XXIV. Numbers in parentheses are the numbers used to identify the service provider types in Table XXIV.

Significant differences: $a < c, d$; $b < d$; $c > a$; $d > a, b$.

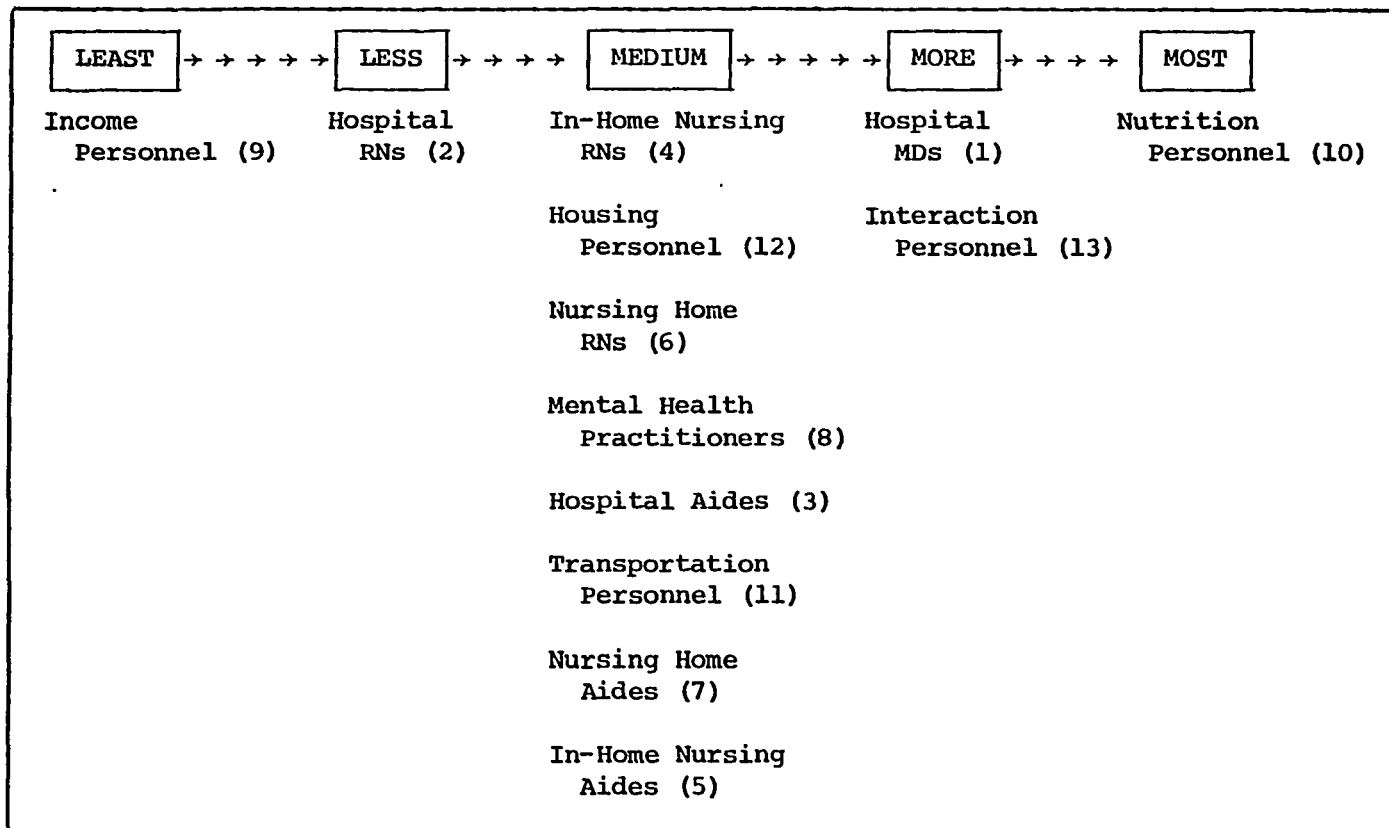


Figure 12. Global affect toward job (ATT23). Positiveness of reported affect toward the job (including both non-client and client aspects) ranges from least (income personnel) to most (nutrition personnel). This figure illustrates significance tests reported in Table XXIV. Numbers in parentheses are the numbers used to identify the service provider types in Table XXIV.

Significant differences: $a < d, e$; $b < e$; $d > a$; $e > a, b$.

The differences between these most and least positive groups of service provider types were statistically significant. Thus, according to service providers' self-reports, the older clients' physical aging characteristics of hearing and vision deficits, fragility, and slowness are liked the most by nutrition personnel and liked the least by hospital MDs, mental health practitioners, and income personnel.

Figure 11 illustrates differences between service provider types in their self-reported behavioral predispositions toward older clients. Of the 13 service provider types, nutrition personnel reported the greatest preferences to approach older clients (ATT24), while mental health practitioners (followed closely by income personnel) reported the least approach preferences. Nutrition personnel expressed significantly more positive behavioral predispositions toward older clients than did 5 of the study's 12 other service provider types (types 8, 9, 1, 2, and 4). Mental health practitioners and income personnel expressed significantly less positive behavioral predispositions than did 8 of the study's 12 other service provider types (types 3, 12, 11, 6, 5, 13, 7, and 10).

Figure 12 illustrates differences between service provider types in their self-reported affect toward the job (i.e., combined liking of both the client and non-client aspects of their work, ATT23). Of the 13 service provider types, nutrition personnel reported liking their jobs the most, while income personnel reported liking their jobs the least. Nutrition personnel reported significantly more positive affect toward the job than did 2 of the 12 other service provider types (types 9 and 2). Income personnel reported significantly less positive affect toward

the job than did three of the 12 other service provider types (types 1, 13, and 10).

Similarity Across 13 Service Provider Types

Although, as was just shown, the service providers' attitude scores are not uniform across service provider types, they are far from being totally diverse. As can be seen in Tables XXI through XXIV, not every service provider type differed significantly from every other service provider type on every attitudinal measure. Rather, there are many similarities. For example, in their overall contentment cognition scores concerning older clients (ATT1), the middle-ranking 11 of the 13 service provider types did not differ significantly among themselves (see Figure 6). Similarly, in their overall contentment cognition scores toward the job situation (ATT11), the middle-ranking eight of the 13 service provider types did not differ significantly among themselves (see Figure 8). Indeed, as shown in Table XXII, the trend is for many types of service providers to report similar cognitions concerning older clients and concerning their job situations. This trend of attitudinal similarity across service provider types is also evident in regard to the affect and behavioral predisposition scales, as shown in Table XXIV. Thus, the data suggest that, although not uniform across all service provider types, attitudes toward working with older clients are similar for many different types of service providers. It should be noted, however, that the finding of similarity across types may be exaggerated because items for the questionnaire were chosen from the Interview Panel's responses partly on the basis of their being relevant to a broad range of service providers (as discussed in Chapter VI).

Diversity and Similarity Within 13 Service Provider Types

Non-uniformity of attitudes may occur, not just across service provider types, but also within types, and some types may be more variable than other types. For example, the types' standard deviations on the overall contentment cognitions scale regarding the job situation (ATT11) range from .39 (in-home nursing RNs) to 1.05 (nursing home RNs), as shown in Table XXI. And, on the scale measuring affect toward job (ATT23), the standard deviations range from .55 (in-home nursing RNs) to 1.44 (income personnel), as shown in Table XXIII. The variances of these two scales, when tested for differences across the 13 service provider types using Cochran's C (Winer, 1971, pp. 208-210) were found to differ significantly across types (for ATT11, $C [13, 16-43] = .15, p \approx .010$; for ATT23, $C [13, 16-45] = .19, p \approx .001$). In addition, significant differences in variability within types were found across types on two of the other affect scales in Table XXIII, affect toward older clients' interpersonal characteristics (ATT21) and affect toward older clients' physical aging characteristics (ATT22); for ATT21, $C (13, 16-45) = .14, p \approx .015$, and for ATT22, $C (13, 16-45) = .14, p \approx .032$. On ATT21, the standard deviations range from .35 (in-home nursing RNs) to .85 (transportation personnel). The standard deviations range from .54 (mental health practitioners) to 1.10 (hospital aides) on ATT22. No significant differences in variability across types were found on the overall contentment cognitions scale regarding older clients (ATT1), the cognition scale regarding older clients' physical aging characteristics (ATT10), the global affect scale regarding older clients (ATT20), nor the scale regarding behavioral predispositions toward older clients

(ATT24) .

In sum, the extent to which attitude scores are variable within service provider types varies across types on some scales and does not vary on other scales. On those scales where significant differences were found, in-home nursing RNs tended to be the least variable and nursing home RNs, income personnel, transportation personnel, and hospital aides were among the more variable.

SOME SERVICE-SETTING BY SERVICE-PROVIDER-TYPE COMPARISONS

Of special interest with respect to uniformity of attitudes is the extent to which there is diversity or similarity between: (a) different service provider types within the same service setting, and (b) the same service provider types in different service settings. For example, the degree of such uniformity may be critical for the successful planning of attitude-change intervention programs with respect to choosing a within-setting-but-across-type focus or a cross-setting-but-within-type focus.

In this analysis, the study looks to the service provider types of MDs, RNs, and aides, and to the service settings of hospital, in-home nursing agency, and nursing home. Comparisons of cognitions across settings or types are made on the basis of the 13 non-overlapping scales in Tables XXI and XXII (i.e., ATT3-5, 7-10, 13-15, and 17-19). For affect and behavioral predispositions, the comparisons are made on all five scales in Tables XXIII and XXIV. It should be noted that comparisons in this analysis are based on data from all 13 service provider types. The comparisons for these seven types are pulled from the

analysis for all 13 types shown in Tables XXI through XXIV. The results may have been somewhat different if just the seven types had been compared.

Comparing Different Types in Same Setting

Extent of diversity or similarity of attitudes between different service provider types in the same service setting is investigated by three comparisons: (a) within hospitals, a comparison of MDs, RNs and aides; (b) within in-home nursing agencies, a comparison of RNs and aides; and (c) within nursing homes, a comparison of RNs and aides.

Cognitions Concerning Older Clients. In regard to cognition scores concerning older clients, no significant differences were found between RNs and aides either in in-home nursing agencies or in nursing homes. In the hospital setting, one significant difference in cognition scores was found: aides reported perceiving older clients as hostile significantly more often than did MDs. Thus, out of 35 comparisons of different types in the same setting (i.e., seven scales x five combinations of types), only one significant difference in cognition scores concerning older clients was found.

Cognitions of the Job Situation. In regard to cognitions of the job situation, no significant differences were found between the scores of RNs and aides in nursing homes. Between RNs and aides in in-home nursing agencies, one significantly different score occurred: RNs reported perceiving rules as obstacles significantly more often than did aides.

Within the hospital setting, significant differences between service provider types were found on five of the six cognition scales

regarding the job situation. One, MDs reported perceiving higher agency quality in serving older clients than did RNs. Two, MDs and RNs reported higher pay adequacy than did aides. Three, MDs reported more frequent participation opportunities than did RNs and aides. Four, RNs and aides reported finding staff as obstacles more frequently than did MDs. And five, MDs reported perceiving rules as obstacles more often than did aides. In all, significant differences in scores were found on eight of the 18 comparisons (i.e., six scales x three combinations of types) within the hospital setting. All but one of these eight differences set MDs apart from RNs and/or aides. In considering these differences, however, it should be noted that, although the hospital MDs, RNs, and aides were sampled from the same hospital personnel lists, the RNs and aides tend to work exclusively within those hospitals, while the study's MDs tend to work partially in the hospital and partially in their private practices. Thus, the service settings tend to be not entirely "the same" for the MDs as for the RNs and aides. Excluding MDs from the analysis would result in the finding of two significant differences in cognition scores concerning the job situation, out of 18 comparisons (i.e., six scales x three combinations of types).

Affect and Behavioral Predispositions. In regard to affect and behavioral predisposition scores, no significant differences were found between the different service provider types in the same service setting. For example, within hospitals, MDs, RNs, and aides all reported equal liking of older clients, equal liking of the job, and equal preferences to approach older clients.

Summary. Within the service settings of hospitals, in-home nursing

agencies, and nursing homes, the different service provider types of MDs, RNs, and aides reported: (a) mostly similar cognitions concerning older clients; (b) somewhat variable cognitions of the job situation; (c) similar affect and behavioral predispositions concerning older clients; and (d) similar affect concerning the job as a whole.

Comparing Same Types in Different Settings

Extent of attitudinal diversity or similarity between the same service provider types in different service settings is investigated in this study by comparing attitude scores across the settings of hospital, in-home nursing agencies, and nursing homes. These cross-setting comparisons are made for two service provider types: RNs and aides.

Cognitions Concerning Older Clients. For both RNs and aides, no significant differences were found across the three service settings in their cognition scores concerning older clients. Regardless of whether they worked in a hospital, in-home nursing agency, or a nursing home, RNs reported the same cognitions regarding older clients. Aides also reported the same cognitions regardless of setting.

Cognitions of the Job Situation. Several significant differences across service settings were found in both the RNs and aides' cognition scores concerning the job situation. One, in-home nursing RNs reported experiencing significantly higher agency quality in serving older clients than did hospital RNs. Two, nursing home RNs reported experiencing staff as obstacles significantly more frequently than did either hospital or in-home nursing RNs. Three, in-home nursing aides reported experiencing significantly more frequent participation opportunities than did hospital aides. And four, nursing home aides, in

agreement with their RN counterparts, reported finding staff as obstacles significantly more frequently than did either hospital or in-home nursing aides. In all, significant differences in scores were found on 6 of the 36 comparisons (i.e., six scales x six combinations of types).

Affect and Behavioral Predispositions. In regard to affect and behavioral predispositions, no significant differences in scores were found between the same service provider types across the three different service settings. Regardless of whether they worked in a hospital, in-home nursing agency, or nursing home, RNs agreed with other RNs, and aides agreed with other aides, in their expressions of affect and behavioral predispositions toward older clients and their expressions of affect toward the job as a whole.

Summary. Attitude scores were compared across the three settings of hospital, in-home nursing agency, and nursing home for RNs and aides. Across the three settings, both the RNs and aides tended to report: (a) similar cognitions, affect, and behavioral predispositions concerning older clients; (b) somewhat variable cognitions concerning the job situation; and (c) similar affect toward the job as a whole.

HYPOTHESIS TESTING

Hypothesis 2

The findings of this chapter offer a direct test, with respect to service provider types, of Hypothesis 2 (that different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients). Although attitude scores

were found to be similar among many of the study's 13 service provider types, they were not uniform across all of the types. The non-uniformity occurred with respect to both older clients and the job situation, as well as with respect to cognitions, affect, and behavioral predispositions. This finding of non-uniformity gives support to Hypothesis 2 with respect to service provider types. Hypothesis 2 will be examined with respect to sub-groupings of service providers by age, sex, and educational level in Chapter XII.

LEAST AND MOST POSITIVE ASPECTS

Those aspects of the job of providing services to older clients which the study's different service provider types reported viewing the least and most positively are of interest with respect to identifying areas for possible intervention. Grouping the mean scores in Table XXI into very negative, somewhat negative, slightly negative, neutral, slightly positive, somewhat positive, and very positive (as defined in Chapter VI) helps simplify this examination. Scores no greater than "slightly" positive will be considered here to define the service provider types' least positive aspects of working with older clients, while scores no less than "very" positive define the most positive aspects.

Regarding Older Clients

As can be seen in Table XXI, some of the study's seven attributes of older clients were reported by many of the 13 service provider types to be at a least positive level, while other attributes were rarely reported to be least positive aspects. None of the seven attributes were

reported by any of the service provider types to be at a most positive level.

Specifically, mental health practitioners and hospital RNs reported their older clients to be relatively unappreciative. Except for nutrition personnel, all of the study's 13 service provider types reported their older clients to be relatively unpleasant. Older clients were reported to be relatively socially non-contributing by four types: income personnel, nursing home RNs, mental health practitioners, and hospital MDs. Older clients were reported to be relatively hostile by seven types (all medical): mental health practitioners, hospital aides, nursing home RNs, nursing home aides, in-home nursing aides, hospital RNs, and in-home nursing RNs. With the exception of in-home nursing aides, the same medical types also reported older clients to be relatively rejecting. Older clients were reported to be in relatively adversary relations by three medical types: mental health practitioners, hospital RNs, and nursing home RNs. Older clients were reported to be relatively physically aged by all 13 service provider types.

Regarding the Job Situation

Least and most positive aspects of the job situation can likewise be suggested by Table XXI with respect to both job attribute and service provider type. Specifically, mental health practitioners and hospital RNs reported their agencies' quality in serving older clients to be relatively negative. Except for hospital MDs, all of the study's 13 service provider types reported their pay to be relatively inadequate. Participation opportunities were reported to be at a relatively negative level by hospital aides, hospital RNs, transportation personnel, nursing

home RNs, housing personnel, and income personnel. Disagreements as to how services should be provided to older clients were reported to be at a relatively negative level by nursing home RNs, nursing home aides, hospital aides, and in-home nursing RNs. Staff as obstacles were reported to be at a relatively negative level by income personnel, hospital aides, hospital RNs, nursing home aides and nursing home RNs. Rules as obstacles were reported to be at a relatively negative level by in-home nursing RNs, hospital MDs, income personnel, nursing home RNs, hospital RNs, and housing personnel.

By contrast, reported to be at a most positive level by at least one of the 13 service provider types were two of the study's six attributes of the job situation. Nutrition personnel, transportation personnel, interaction personnel, and in-home nursing aides reported their agencies' quality in serving older clients to be very positive. And, the characteristic of rules as obstacles was reported to be very positive by transportation personnel.

SUMMARY: ATTITUDINAL PROFILES OF SERVICE PROVIDER TYPES

This chapter reported findings regarding the diversity and similarity of attitudes across service provider types. As a summary to these findings, attitudinal profiles of the study's 13 service provider types have been developed. These profiles are presented in Table XXV.

The 13 service provider types are profiled as "positive" or "negative" by the attitudinal scales on which they averaged comparatively high or low scores. For each scale, a service provider type must have scored significantly higher or lower than at least one

TABLE XXV
ATTITUDINAL PROFILES OF SERVICE PROVIDER TYPES

Attitudinal scales	Service provider types												
	HOSPITAL			H-HOME NURSING		NURSING HOME		MENTAL HEALTH PRACTITIONERS	PHYSICIAN	PHYSICIAN ASSISTANTS	PHYSICIAN NURSES	PHYSICIAN ASSISTANTS	PHYSICIAN NURSES
	Pos	Neg	Aides	Pos	Neg	Pos	Neg	Pos	Pos	Pos	Pos	Pos	Pos
OLDER CLIENTS													
<u>Cognitions</u>													
Contentment Aspects													
Appreciative (ATT3)	Neg. (<2)	Neg. (<2)	Neg. (<2)	Pos. (>1)	Pos. (>1)	Neg. (<1)	Neg. (<1)	Neg. (<5)	Neg. (<2)	Pos. (>1)	Pos. (>1)	Pos. (>1)	Pos. (>1)
Pleasant (ATT4)	Pos. (>1)	Neg. (<1)	Pos. (>1)	Pos. (>1)	Pos. (>1)	Neg. (<1)	Pos. (>1)	Neg. (<12)	Neg. (<1)	Pos. (>1)	Pos. (>1)	Pos. (>1)	Pos. (>1)
Socially Contributing (ATT5)	---	---	Pos. (>1)	---	---	---	---	---	Neg. (<2)	Pos. (>1)	---	Pos. (>1)	---
Discontent Aspects													
Hostile (ATT7)	Pos. (<2)	Pos. (<1)	Neg. (<6)	Pos. (<1)	Pos. (<1)	Neg. (<1)	Neg. (<1)	Neg. (<9)	Pos. (<4)	Pos. (<2)	Pos. (<2)	Pos. (<2)	Pos. (<2)
Rejecting (ATT8)	---	Neg. (<1)	---	---	---	Neg. (<1)	Neg. (<1)	---	Pos. (<5)	Pos. (<2)	---	Pos. (<2)	Pos. (<2)
Adversary Relations (ATT9)	---	Neg. (<2)	---	---	---	---	---	Neg. (<2)	---	Pos. (<2)	---	Pos. (<2)	Pos. (<2)
Physically Aging (ATT10)	---	Neg. (<1)	Neg. (<1)	Neg. (<1)	Neg. (<1)	Neg. (<1)	Neg. (<1)	Neg. (<1)	Pos. (<8)	Neg. (<1)	---	---	---
<u>Affect</u>													
Toward older clients globally (ATT20)	---	---	---	---	---	Pos. (>2)	Pos. (>2)	Neg. (<4)	Neg. (<4)	Pos. (>2)	---	---	Pos. (>2)
Toward older clients' interpersonal characteristics (ATT21)	---	---	---	---	---	---	---	---	Neg. (<1)	Pos. (>1)	---	---	---
Toward older clients' physical aging characteristics (ATT22)	Neg. (<1)	---	---	---	---	---	---	Neg. (<1)	Neg. (<1)	Pos. (>2)	---	---	---
<u>Behavioral Predispositions</u>													
Approach preferences (ATT24)	Neg. (<1)	Neg. (<1)	Pos. (<2)	Neg. (<1)	Pos. (<2)	Pos. (<2)	Pos. (<2)	Neg. (<8)	Neg. (<8)	Pos. (<5)	Pos. (<2)	Pos. (<2)	Pos. (<2)
JOB SITUATION													
<u>Cognitions</u>													
Contentment Aspects													
Agency Quality (ATT13)	Pos. (>2)	Neg. (<9)	Neg. (<1)	Pos. (>2)	Pos. (>2)	Neg. (<1)	Pos. (>2)	Neg. (<9)	Neg. (<1)	Pos. (>6)	Pos. (>3)	Neg. (<1)	Pos. (>3)
Pay Adequacy (ATT14)	Pos. (>6)	Pos. (>4)	Neg. (<2)	---	Neg. (<2)	---	Neg. (<1)	---	Pos. (>1)	Neg. (<4)	Pos. (>1)	Neg. (<1)	Neg. (<2)
Participation Opportunities (ATT15)	Pos. (>6)	Neg. (<4)	Neg. (<4)	---	Pos. (>2)	Neg. (<1)	---	---	Neg. (<1)	Pos. (>3)	Neg. (<2)	Neg. (<1)	Pos. (>2)
Discontent Aspects													
Disagreements (ATT17)	---	---	---	---	---	---	---	---	---	---	---	---	---
Staff as Obstacle (ATT18)	Pos. (<5)	Neg. (<2)	Neg. (<2)	---	---	Neg. (<11)	Neg. (<11)	---	Neg. (<2)	---	Pos. (<5)	---	---
Rules as Obstacle (ATT19)	Neg. (>4)	Neg. (<1)	Pos. (<2)	Neg. (<4)	Pos. (<2)	Neg. (<1)	---	Pos. (<2)	Neg. (<1)	Neg. (<1)	Pos. (<7)	Neg. (<1)	---
JOB													
<u>Affect</u>													
Toward job globally (ATT23)	Pos. (<1)	Neg. (<1)	---	---	---	---	---	---	Neg. (<7)	Pos. (>2)	---	---	Pos. (>1)

Note. Service provider types are profiled as "positive" (Pos.) or "negative" (Neg.) on the attitudinal scales on which they reported relatively positive or negative attitudes. To be profiled by a scale, a service provider type must have scored significantly more positive or more negative than at least one other type. The number of other types whose scale means are significantly greater than (>) or significantly less than (<) a given service provider type's mean is indicated in parentheses.

other type in order to be profiled by that scale. A reading down each column in Table XXV gives the service provider type's attitudinal profile. A reading across each row gives an indication of the relative standing of a service provider type on a given attitude scale as well as an indication of the scale's tendency to differentiate between types.

Because it is sufficient by itself, the attitudinal profiling reported in Table XXV will not be repeated in the text. However, to illustrate how Table XXV is to be read, the text will sketch two of the service provider types' profiles with respect to older clients and two with respect to the job situation. The service provider types in these examples reported, respectively, the most positive and most negative cognitions overall regarding the two attitude targets (recall Figures 6 and 8).

Polar-Opposite Profiles Regarding Older Clients

Profile of Nutrition Personnel. In profile, the attitude scores of nutrition personnel are characterized by cognitions of older clients as appreciative, pleasant, socially contributing, not hostile, not rejecting, and not in adversary relations, but as physically aging. Nutrition personnel reported strong liking of their older clients globally as well as of their older clients' interpersonal characteristics and their physical aging characteristics. Nutrition personnel also reported strong predispositions to approach older clients. Thus, the profile of nutrition personnel's attitude scores toward older clients is strongly positive.

Profile of Mental Health Practitioners. By contrast, the profile of the mental health practitioners' attitude scores toward older clients

is relatively negative. Their attitude scores are characterized by cognitions of older clients as relatively: unappreciative, unpleasant, hostile, rejecting, in adversary relations, and physically aging. The mental health practitioners reported relative dislike of their older clients globally as well as of their older clients' physical aging characteristics. In addition, mental health practitioners reported relatively weak predispositions to approach older clients. Their cognition scores regarding the socially contributing characteristic of older clients and their affect scores regarding the older clients' interpersonal characteristics were neither less nor more positive than the scores of any other type.

Polar-Opposite Profiles Regarding the Job Situation

Profile of Transportation Personnel. In profile, the attitude scores of transportation personnel are characterized by cognitions of the job situation as offering agency quality in serving elderly clients, adequate pay, staff who are not obstacles to the provision of services to elderly clients, and rules which are not obstacles to the provision of services to elderly clients, but as lacking in participation opportunities to control their own jobs. Transportation personnel's cognition scores regarding disagreements on how to provide services to elderly clients were neither less or more positive than the scores of any other type. With respect to liking of the job, the transportation personnel's scores also were neither less or more positive than the scores of any other type. Thus, the profile of transportation personnel's attitude scores toward the job situation is mostly positive.

Profile of Nursing Home RNs. By contrast, the profile of nursing

home RNs' attitude scores toward the job situation is relatively negative. Attitude scores of the nursing home RNs are characterized by cognitions of the job situation as offering relatively low agency quality in serving elderly clients and low participation opportunities to control own job, as well as relatively high occurrence of staff who are obstacles, and of rules which are obstacles, to the provision of services to elderly clients. Nursing home RNs' cognition scores regarding pay adequacy and disagreements on how to provide services to elderly clients were neither less nor more positive than the scores of any other type. With respect to liking of job, nursing home RNs' scores also were neither less nor more positive than the scores of any other type.

CHAPTER IX

INTERRELATIONSHIP OF THE ATTITUDINAL COMPONENTS OF COGNITION, AFFECT, AND BEHAVIORAL PREDISPOSITIONS

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

Integral to an understanding of service providers' attitudes toward working with older clients is an understanding of the interrelationships of the component elements of such attitudes. This chapter addresses Research Question 3: How are the attitudinal components of cognition, affect, and behavioral predispositions interrelated?

First, the interrelationship of affect with behavioral predispositions is examined. Next examined are the interrelationships of cognitions regarding older clients with affect and behavioral predispositions toward older clients. Third, the interrelationships of cognitions regarding the job situation with affect toward the job are examined.

For each of these three types of interrelationships, the data are examined from three different perspectives. The first perspective is that of the total sample. Here, correlations between the scales which operationalize the attitudinal components are presented for the sample of service providers as a whole. The second perspective is that of the service provider types. In this perspective, correlations between the

scales are calculated for each of the 13 service provider types separately, i.e., as a type.

The third perspective is that of the "typical" (i.e., average) service provider type member. This perspective utilizes regression analysis descriptively to show where the typical member of a particular service provider type scores relative to the total sample. That is, the typical members of the 13 service provider types are plotted onto a graph on two scales which are to be compared. A regression line is then drawn onto the graph to indicate the prediction of one scale from another scale, and bounds are placed onto the regression line to identify the typical service provider type members who deviate the most from the expected relationship. In addition, the graphs are divided into quadrants by the total sample's mean scores on the two scales, so as to draw further attention to the relative position of each typical service provider type member. It should be emphasized that this regression analysis is of a purely descriptive, and not an inferential, nature. The regression line is based on a sample of 428 (the 428 service providers), but the bounds are drawn based on a sample of 13 (the 13 typical members of service provider types).

In reading the following findings, it should be noted that, with respect to correlations, attenuation may occur differentially for relationships with negatively formatted scales (e.g., hostile) as compared with positively formatted scales (e.g., appreciative). This is because, as mentioned earlier in Chapter VI, a response set may selectively restrict the range for the negatively formatted scales.

Overview of Findings

The study's findings regarding the interrelationship of service providers' cognitions, affect, and behavioral predispositions toward working with older clients represent the composite of the three perspectives described above. There are five findings.

1. Service providers' affect scores toward older clients were found to be correlated with their behavioral predisposition scores toward older clients. For example, service providers who reported more liking of older clients tended to also report greater preferences to approach older clients.

2. Service providers' cognition scores regarding older clients were found to be correlated with their affect and behavioral predisposition scores toward older clients. For example, service providers who reported holding more positive cognitions toward older clients tended also to report greater liking of, and preferences to be with, older clients. Specifically, the study's service providers tended to report: (a) more liking of and preferring to be with older clients whom they viewed as appreciative, pleasant, and socially contributing; and (b) less liking of and preferring to be with older clients whom they viewed as hostile, rejecting, in adversary relations, and physically aging. Reported cognitions of older clients as appreciative were found to be especially strongly and consistently correlated with service providers' expressions of liking of, and preferring to be with, older clients.

3. Service providers' cognition scores regarding the job situation were found to be correlated with their affect scores regarding the job

as a whole. For example, service providers who reported holding more positive cognitions toward the job situation tended to also report greater liking of the job as a whole. Specifically, the study's service providers tended to report: (a) more liking of their jobs when there were increased cognitions of agency quality, pay adequacy, and participation opportunities; and (b) less liking of their jobs when there were increased cognitions of disagreements, staff as obstacles, and rules as obstacles.

4. Across service provider types, the correlation between affect scores and behavioral predisposition scores was found to be consistently significant and consistent in direction. However, the correlation between cognition scores and affect scores, regarding both older clients and the job situation, was found to vary in magnitude (and sometimes even in direction) by service provider type.

5. Of 13 service provider types, those types showing the greatest inconsistency of scores across the attitudinal components of cognition, affect, and behavioral predisposition are as follows. In-home nursing aides and nutrition personnel averaged higher, and hospital MDs and in-home nursing RNs averaged lower, scores regarding preferences to approach older clients than would have been expected on the basis of their average scores regarding liking of older clients. Nursing home RNs and aides averaged higher, and income personnel averaged lower, scores regarding liking of older clients than would have been expected on the basis of their average cognition scores regarding older clients. Nutrition personnel averaged higher, and income personnel averaged lower, scores regarding liking of their jobs than would have been

expected on the basis of their average cognition scores regarding their job situation.

INTERRELATIONSHIP OF AFFECT AND BEHAVIORAL PREDISPOSITIONS

As will be remembered, in this study behavioral predispositions were operationalized in regard to older clients only and not in regard to the job situation. In addition, these behavioral predispositions were operationalized at the general attitude level only and not at the specific attitude level. Thus, the interrelationship of affect and behavioral predispositions examined here pertain exclusively to the attitudinal target of older clients-in-general. Data for this analysis come from the Survey Sample.

Total Sample

For the Survey Sample as a whole, the scale measuring affect toward older clients (ATT20) is significantly correlated ($r [423] = .80$, $p < .001$) with the scale measuring behavioral predispositions to approach older clients (ATT24). Thus, the more the service providers reported liking older clients, the more they also reported preferring to approach older clients.

Service Provider Types

Correlations between the scales measuring liking of older clients and preferences to approach older clients, calculated separately for each of the 13 service provider types, echo the correlations calculated for the total sample. Indeed, none of the correlations at the type level are significantly different from the correlations at the total sample

level (differences were tested for significance using a z test, Hays, 1973, p. 662; tests were two-tailed with $p < .05$).

For all 13 service provider types, reported liking of older clients is significantly correlated with reported preferences to approach older clients. The 13 coefficients range from $r = .63$ (in-home nursing RNs, $n = 18$, $p < .01$) to $r = .86$ (nursing home aides, $n = 17$, $p < .001$).

Typical Member of Service Provider Type

Figure 13 illustrates the co-varying of reported liking of older clients and behavioral predispositions to approach older clients for the 13 typical service provider type members. In Figure 13, the 13 types are plotted on the basis of their mean affect and mean behavioral predisposition scores. The regression line predicts behavioral predispositions from affect. Within the dashed lines outlining the expected co-varying of affect and behavioral predispositions, the service provider types range from relatively negative affect and behavioral predispositions (mental health practitioners) to relatively positive affect and behavioral predispositions (nursing home aides).

Falling outside the dashed lines are the four typical service provider type members whose reported preferences to approach older clients deviate the most from what would have been expected on the basis of their affect scores toward older clients. The typical nutrition personnel and typical in-home nursing aide reported even greater preferences to approach older clients than their relatively positive affect scores toward older clients would have predicted. In contrast, the typical in-home nursing RN reported less preference to approach

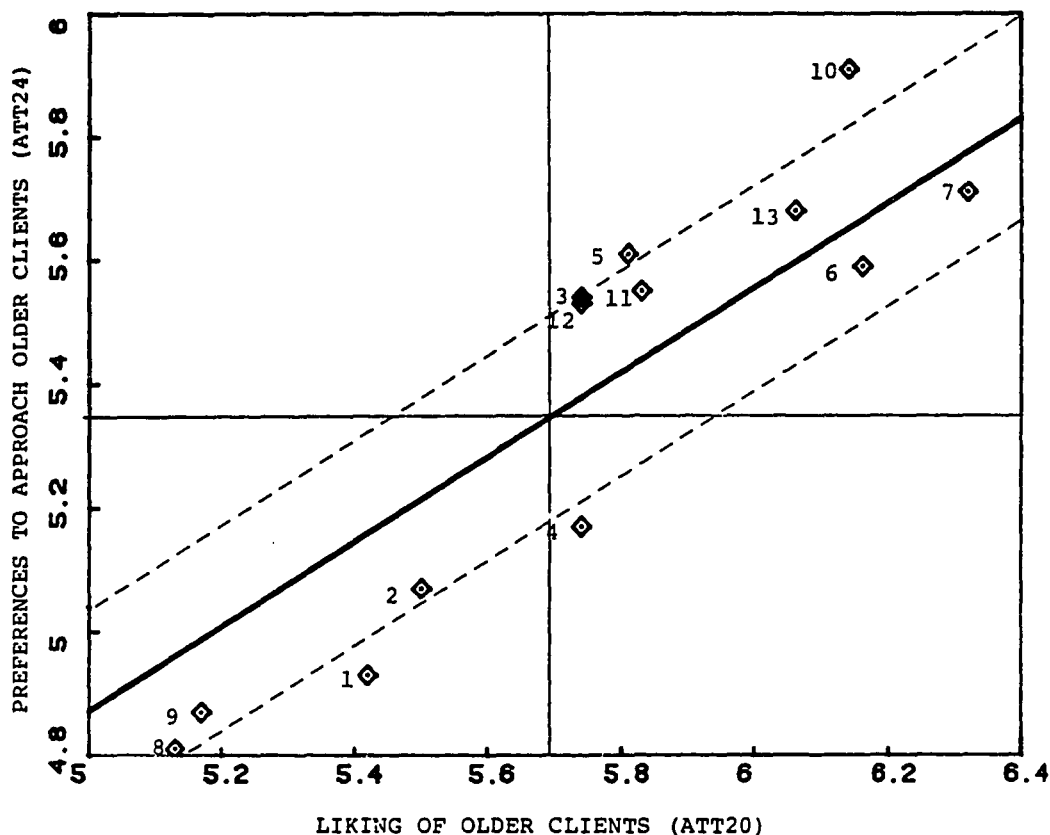


Figure 13. Predicting preferences to approach older clients (ATT24) from liking of older clients (ATT20). The solid line represents the regression line which predicts the score to be expected on ATT24 given the ATT20 score. This regression line was obtained at the level of the 428 individual service providers; it is being used to predict scores at the level of the 13 service provider types.

Scores of service provider types are plotted with the axes' origin representing, for both scales, the least positive scores.

The broken lines represent one standard error of estimate on each side of the regression line. The standard error of estimate was calculated on the basis of the 13 service provider types, using the formula: $Sy.x = \sqrt{[\sum (y - y')^2] / [N - 2]}$. Falling outside the broken lines are those service provider types whose preferences to approach older clients deviate the most from what would have been expected on the basis of their affect toward older clients.

The graph is divided into quadrants by the total sample's mean scores on the two scales.

Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, and (13) interaction personnel.

older clients than his/her relatively positive affect score would have predicted. And, the typical hospital MD reported even less preference to approach older clients than his/her relatively negative affect score would have predicted.

INTERRELATIONSHIP OF COGNITIONS REGARDING OLDER CLIENTS
WITH AFFECT AND BEHAVIORAL PREDISPOSITIONS

Affect data available for analysis with respect to the perspective of the total sample come from the Survey and Encounter Samples and therefore represent both general and specific attitudes. Behavioral predisposition data are available from the Survey Sample alone and thus are at a general (as opposed to specific) level of attitude. Data available for analysis with respect to the perspectives of service provider types and typical members of service provider types also come from the Survey Sample alone.

Total Sample

As can be seen in Table XXVI (first column), service providers' contentment and discontent cognition scores regarding older clients were significantly correlated with their affect scores toward older clients. These significant correlations were found at both the level of attitudes toward older clients-in-general (general attitudes) and at the level of attitudes toward specific older clients (specific attitudes). At both the general and specific attitude levels, the correlations were in the expected direction. That is, contentment cognitions regarding older clients correlated positively with liking of older clients, while discontent cognitions regarding older clients correlated negatively

TABLE XXVI

CORRELATIONS BETWEEN COMPONENTS OF SERVICE PROVIDERS'
ATTITUDES RE OLDER CLIENTS, FOR TOTAL SAMPLE

Cognitions re Older Clients	Affect Toward Older Clients (ATT20, ATT20S) ^a		Behavioral Predisposition to Approach Older Clients (ATT24)	
	r	n	r	n
GENERAL ATTITUDES				
Overall Contentment Aspects (ATT1)	.48***	413	.51***	412
Contentment Aspects (ATT2)	.52***	415	.59***	415
Appreciative (ATT3)	.57***	420	.64***	420
Pleasant (ATT4)	.27***	411	.29***	411
Socially Contributing (ATT5)	.22***	413	.24***	413
Discontent Aspects (ATT6)	-.31***	414	-.30***	413
Hostile (ATT7)	-.16***	412	-.15***	412
Rejecting (ATT8)	-.11*	418	-.15***	418
Adversary Relations (ATT9)	-.14**	415	-.19***	415
Physically Aging (ATT10)	-.08	416	-.01	415
SPECIFIC ATTITUDES				
Overall Contentment Aspects (ATT1S)	.52***	50		b
Contentment Aspects (ATT2S)	.46***	51		b
Discontent Aspects (ATT6S)	-.41**	50		b
Physically Aging (ATT10S)	-.05	51		b

Note. Data on general attitudes are from the Survey Sample (n = 428); data on specific attitudes are from the Encounter Sample (n = 51).

^aATT20 is the general attitudes' affect scales, and ATT20S is the specific attitudes' affect scale.

^bBehavioral predispositions were not operationalized at the specific attitude level.

*p < .05 **p < .01 ***p < .001 one-tailed tests of statistical significance.

(although the three non-overlapping scales, ATT7-ATT9, were correlated too weakly to be considered meaningful). Thus, on the whole, service providers who described their older clients as being more appreciative, pleasant, and having something to contribute socially tended to also express more liking for their older clients than did those service providers who described their older clients as being more unappreciative, unpleasant, and having nothing to contribute socially.

In addition to the relationship between affect and the contentment and discontent cognitions, Table XXVI also reports the relationship between affect and cognitions of older clients as physically aging (ATT10). Because older clients' physical limitations would tend to make a service provider's job more difficult, it was thought that greater cognitions of such physical limitations would be associated with less positive affect toward older clients. Contrary to expectations, however, reported cognitions of older clients as physically aging were not significantly correlated with reported liking of older clients. This finding holds for both general and specific attitudes (see Table XXVI).

Table XXVI also reports the relationship between behavioral predispositions and cognitions. The study's general attitude measure of behavioral predispositions toward older clients (preferences to approach older clients, ATT24) as will be remembered, was strongly correlated with affect toward older clients (ATT20): $r(423) = .80, p < .001$. Thus, it is not surprising to find correlations of cognitions with affect are highly similar to correlations of cognitions with behavioral predispositions (see Table XXVI). That is, when an increase in positiveness of a cognition score is correlated with an increase in

reported liking of older clients, it also tends to be similarly correlated with an increase in reported preferences to approach older clients. Because of this similarity, the type-specific analyses conducted for affect which are reported next are omitted for behavioral predispositions.

Service Provider Types

When the sample of service providers is divided by type, the type-specific correlations between cognition and affect scores at the general attitude level tend to mirror the above correlations for the total sample. Indeed, with the exception of 14 correlations, the 130 correlations between affect and cognition scores for the service provider types (i.e., 13 types x 10 cognition scales) do not differ significantly from the correlations for the total sample (significant differences were calculated using a z test, Hays, 1973, p. 662; tests were two-tailed, with $p < .05$).

Significant correlations between the scale measuring liking of older clients and the seven non-overlapping cognition scales regarding older clients for each of the 13 service provider types are presented in Table XXVII. As can be seen, the correlations differ across the different types of service providers. For some service provider types, a particular cognition scale is significantly correlated with the affect scale, while for other types the correlation is not significant. For example, the correlation between the affect scale and the scale measuring cognition of older clients as appreciative (ATT3) ranges across service provider types from .18 (in-home nursing aides) to .72 (nursing home aides). Some of the apparent variation in the

TABLE XXVII

SIGNIFICANT CORRELATIONS BETWEEN COMPONENTS OF SERVICE PROVIDERS' ATTITUDES
RE OLDER CLIENTS, FOR EACH SERVICE PROVIDER TYPE SEPARATELY

Service provider types	Significant correlations between affect toward older clients (ATT20) and cognitions:						
	Appreciative (ATT3)	Pleasant (ATT4)	Socially contributing (ATT5)	Hostile (ATT7)	Rejecting (ATT8)	Adversary relations (ATT9)	Physically aging (ATT10)
Hospital MDs	.57*** (26)		.49** (26)		-.46** (26)	-.44* (26)	
Hospital RNs	.30* (43)	.33* (43)	.46*** (43)				-.36** (43)
Hospital Aides	.71*** (33)	.44** (33)		-.46** (33)	-.42** (33)	-.35* (34)	
In-home Nursing RNs	.56** (18)	.51* (18)				-.55** (18)	
In-home Nursing Aides						-.50* (18)	
Nursing Home RNs	.45* (19)		.39* (19)			.48* (19)	
Nursing Home Aides	.72*** (17)	-.58** (16)			.42* (17)		
Mental Health Practitioners	.47*** (47)						
Income Personnel	.71*** (43)	.28* (40)					
Nutrition Personnel						.30* (34)	-.33* (39)
Transportation Personnel	.49** (31)						
Housing Personnel	.57*** (44)	.28* (42)			.26* (44)		
Interaction Personnel	.51*** (43)	.39** (42)	.27* (42)				
TOTAL SAMPLE	.57*** (420)	.27*** (411)	.22*** (413)	-.16*** (412)	-.11* (418)	-.14** (415)	-.08 (416)

Note. The number in parentheses following each correlation coefficient indicates the number of individuals in that sub-sample. The cognition scales were scored such that a high score indicates more of that characteristic: e.g., more appreciative or more hostile.

In order to make the table more readable, only the significant correlations are presented. The complete table is available upon request.

Comparisons should be made with care in that the strengths of some correlation coefficients may be restricted by low reliability of a scale and the significance level may be restricted by a small number of individuals in some sub-samples.

* $p < .05$ ** $p < .01$ *** $p < .001$ one-tailed tests of statistical significance.

correlations, however, may be due to methodological artifacts, such as differing numbers of individuals in the sub-samples and differing reliability of scales. To the extent that the variation in magnitude of correlation is not a methodological artifact, it suggests that the relationship between service providers' cognitions of older clients and their liking of older clients may vary by service provider type.

In addition to differences in magnitude, even whether a significant correlation between a cognition scale and an affect scale is negative or positive in direction varies by service provider type for three cognitions. That is, significant correlations are in contrary directions on the scales measuring cognitions of older clients as: pleasant (ATT4), rejecting (ATT8), and in adversary relations (ATT9).

And, interestingly, the physical aging scale (ATT10), which is not significantly correlated with affect toward older clients for the sample as a whole, is significantly correlated with affect for 2 of the 13 service provider types. That is, the more the hospital RNs and nutrition personnel reported their older clients to exhibit physical aging characteristics, the less they reported liking their older clients.

Of the seven cognitions in Table XXVII, older clients as appreciative (ATT3) tends to be the most strongly and most consistently correlated with service providers' liking of older clients. Why the appreciative scale should be so strongly and consistently correlated with liking is interesting to consider, especially since service providers reported appreciativeness to be a very abundant attribute of older clients (see Chapter VII). Substantively, it may be that older clients' being appreciative acts as a powerful reinforcement for their

service providers. In other words, service providers who perceive their older clients as being appreciative may consequently develop more positive feelings about them. Or, it may be that service providers who feel positively about their older clients may treat them such that the older clients actually do express greater appreciation for the services. Methodologically, other reasons may exist for the stronger and more consistent correlation of ATT3 versus the other scales, such as differences in the scales' social desirability proneness.

In sum, then, it appears that all seven of the cognitions in Table XXVII are related to service providers' liking of older clients for at least some type of service providers. Most related to liking appears to be the cognition of older clients as appreciative. The relationships between affect and the seven cognitions, however, tend to vary in magnitude and sometimes in direction by service provider type.

Typical Member of Service Provider Type

For the 13 typical members of service provider types, Figure 14 illustrates the co-varying of liking of older clients (ATT20) and overall contentment cognitions regarding older clients (ATT1). Each of the 13 types are graphed into the figure by their mean affect and mean cognition scores. The regression line predicts affect from cognition.

For the overall contentment cognitions in Figure 14, the dashed lines which outline the expected co-varying of affect and cognitions contain 10 of the 13 typical service provider type members. Within the dashed lines, the typical service provider type members range from relatively negative cognition and affect scores (mental health practitioners) to relatively positive cognition and affect scores

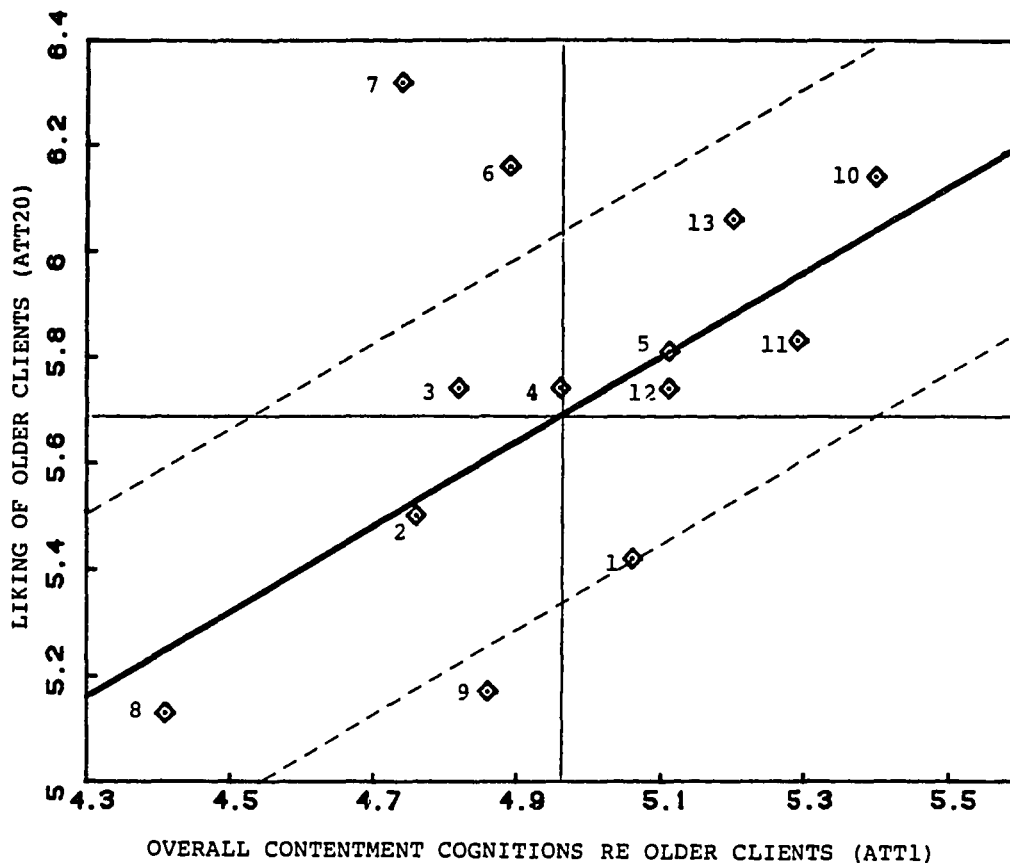


Figure 14. Predicting liking of older clients (ATT20) from overall contentment cognitions re older clients (ATT1). The solid line represents the regression line which predicts the score to be expected on ATT20 given the ATT1 score. This regression line was obtained at the level of the 428 individual service providers; it is being used to predict scores at the level of the 13 service provider types.

Scores of service provider types are plotted with the axes' origin representing, for both scales, the least positive scores.

The broken lines represent one standard error of estimate on each side of the regression line. The standard error of estimate was calculated on the basis of the 13 service provider types, using the formula: $Sy.x = \sqrt{[E(y-y')^2]/[N-2]}$. Falling outside the broken lines are those service provider types whose liking of older clients deviates the most from what would have been expected on the basis of their cognitions of older clients.

The graph is divided into quadrants by the total sample's mean scores on the two scales.

Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, (13) interaction personnel.

(nutrition personnel).

Deviating the most from the predicted affect scores are the typical nursing home RN and aide and the typical income personnel. The typical nursing home RN and aide reported greater liking of older clients than would have been predicted from their relatively negative cognition scores. Interestingly, then, even though they may view older clients less positively, the typical nursing home RN and aide still appear to feel more liking for them. A reverse pattern was found for the typical income personnel who reported even less liking of older clients than would have been predicted from his/her relatively negative cognition score.

INTERRELATIONSHIP OF COGNITIONS REGARDING JOB SITUATION WITH AFFECT

As will be remembered, cognitions alone were operationalized in regard to the service provider's job situation; affect and behavioral predispositions were not measured. However, affect was measured regarding the job as a whole (i.e., regarding both the client and non-client aspects of the job, ATT23). This combined measure of affect, then, is available for examination regarding its relationship with cognitions regarding the job situation. These cognitions of the job situation and affect toward the job were operationalized at the general attitude level only and not at the specific attitude level. Thus, data for this analysis come from the Survey Sample.

Total Sample

The correlation coefficients between liking of the job and various

cognitions of the job situation are shown in Table XXVIII for the Survey Sample as a whole. As can be seen, cognitions of contentment aspects regarding the job situation, except for pay adequacy (ATT14), are significantly positively correlated with liking of the job, while cognitions of discontent aspects are significantly negatively correlated (although the correlations with ATT18 and ATT19 are too weak to be considered meaningful). Thus, the more the service providers reported experiencing high agency quality in serving older clients or the existence of participation opportunities, the more they also reported liking their jobs. And, the more the service providers reported experiencing disagreements, then also the less they reported liking their jobs.

Service Provider Types

When affect and cognition scores are correlated for each service provider type separately, a similar pattern of coefficients is found. Only 7 out of the 177 type-specific correlations differ significantly from the total sample's correlations (differences were tested for significance using a Z test, Hays, 1973, p. 662; tests were two-tailed, with $p < .05$).

Table XXIX presents, for each service provider type, the significant correlations between liking of job and the six most detail-level cognition scales regarding the job situation. As can be seen, whether or not a particular cognition scale is significantly correlated with liking of job differs by service provider type (although some relationships may be concealed due to small sample sizes or low scale reliability). For example, the correlation of ATT15 (cognitions of

TABLE XXVIII

CORRELATIONS BETWEEN COMPONENTS OF SERVICE PROVIDERS'
ATTITUDES RE JOB SITUATION, FOR TOTAL SAMPLE

Cognitions re Job Situation	Affect Toward Job (ATT23)	
	r	n
Overall Contentment Aspects (ATT11)	.41***	394
Contentment Aspects (ATT12)	.41***	411
Agency Quality (ATT13)	.31***	408
Pay Adequacy (ATT14)	.07	382
Participation Opportunities (ATT15)	.41***	402
Discontent Aspects (ATT16)	-.30***	399
Disagreements (ATT17)	-.28***	382
Staff as Obstacles (ATT18)	-.16***	393
Rules as Obstacles (ATT19)	-.20***	388

***p<.001 one-tailed tests of statistical significance

TABLE XXIX

SIGNIFICANT CORRELATIONS BETWEEN COMPONENTS OF SERVICE PROVIDERS' ATTITUDES
RE JOB SITUATION, FOR EACH SERVICE PROVIDER TYPE SEPARATELY

Service provider types	Significant correlations between affect toward job (ATT23) and cognitions:					
	Agency quality (ATT13)	Pay adequacy (ATT14)	Participation opportunities (ATT15)	Disagree- ments (ATT17)	Staff as obstacles (ATT18)	Rules as obstacles (ATT19)
Hospital MDs	.39* (26)	.42* (23)		-.48* (21)		
Hospital RNs			.33* (43)	-.34* (40)		
Hospital Aides	.55*** (33)	.31* (33)	.51*** (33)		-.44** (32)	
In-home Nursing RNs ^a						
In-home Nursing Aides						-.56** (18)
Nursing Home RNs		.49* (19)	.45* (19)	-.68*** (19)		
Nursing Home Aides ^a						
Mental Health Practitioners	.38** (46)	.28* (46)				
Income Personnel	.34* (42)		.48*** (43)	-.57*** (42)		-.50*** (43)
Nutrition Personnel			.44** (33)			
Transportation Personnel	.45** (29)		.66*** (29)			
Housing Personnel	.36** (44)		.42** (43)			
Interaction Personnel	.29* (43)			-.47*** (44)		
TOTAL SAMPLE	.31*** (408)	.07 (382)	.41*** (402)	-.28*** (382)	-.16*** (393)	-.20*** (388)

Note. The number in parentheses following each correlation coefficient indicates the number of individuals in that sub-sample. The cognition scales were scored such that a high score indicates more of a characteristic; e.g., more agency quality or more disagreements.

In order to make the table more readable, only the significant correlations are presented. The complete table is available upon request.

Comparisons should be made with care in that the strengths of some correlation coefficients may be restricted by low reliability of a scale and the significance level may be restricted by a small number of individuals in some sub-samples.

^aThere were no significant correlations for the in-home nursing RNs and the nursing home aides. For both, the largest correlations with affect toward job were with cognition of greater participation opportunities ($r=.39$, $p=.054$, $n=18$, for the in-home nursing RNs; and $r=.32$, $p=.103$, $n=17$, for the nursing home aides).

* $p<.05$ ** $p<.01$ *** $p<.001$ one-tailed tests of statistical significance

participation opportunities) with liking of job ranges across service provider types from .05 (interaction personnel) to .66 (transportation personnel). Thus, the type-specific correlations, although supporting the total sample's pattern of correlations, also suggest that the relationship between service providers' cognitions of the job situation and their affect toward the job may vary by service provider type.

And, it is interesting to note that cognitions of pay adequacy, which were not significantly correlated with liking of job for the sample as a whole, are significantly correlated at the level of service provider types for four of the 13 types. That is, for nursing home RNs, hospital MDs, hospital aides, and mental health practitioners, the greater the reported pay adequacy, then also the greater the reported liking of the job. Thus, it appears that all six cognitions regarding the job situation are related to liking of the job for at least some of the service provider types.

Typical Member of Service Provider Type

Figure 15 illustrates the co-varying of liking of job and cognitions regarding job situation for the 13 typical members of service provider types. That is, each type is plotted into Figure 15 on the basis of its mean affect and cognition scores. The regression line shown in Figure 15 predicts the affect score from the cognition score.

The dashed lines which outline the expected co-varying of liking of job and cognitions regarding the job situation contain 11 of the 13 typical service provider type members. Falling outside the dashed lines on either side of the regression line are the two typical members of service provider types, nutrition personnel and income personnel, whose

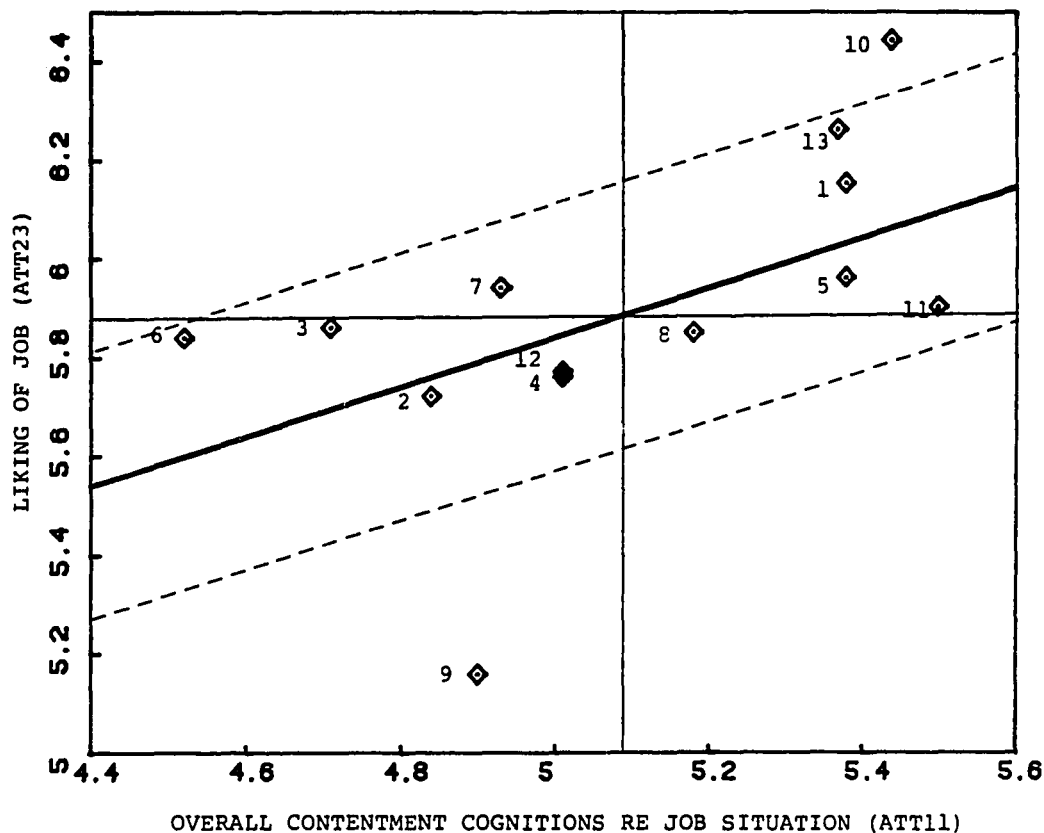


Figure 15. Predicting liking of job (ATT23) from overall contentment cognitions re job situation (ATT11). The solid line represents the regression line which predicts the score to be expected on ATT23 given the ATT11 score. This regression line was obtained at the level of the 428 individual service providers; it is being used to predict scores at the level of the 13 service provider types.

Scores of service provider types are plotted with the axes' origin representing, for both scales, the least positive scores.

The broken lines represent one standard error of estimate on each side of the regression line. The standard error of estimate was calculated on the basis of the 13 service provider types, using the formula: $Sy.x = \sqrt{[E(y-y')^2]/[N-2]}$. Falling outside the broken lines are those service provider types whose liking of the job deviates the most from what would have been expected on the basis of their cognitions of the job situation.

The graph is divided into quadrants by the total sample's mean scores on the two scales.

Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, (13) interaction personnel.

affect scores deviate the most from what would have been expected on the basis of their cognition scores. The typical nutrition personnel reported even greater liking of the job than a relatively positive cognition of the job situation would have predicted. By contrast, even lesser liking of the job than would have been predicted from a relatively negative cognition of the job situation was reported by the typical income personnel. In respect to their reported cognitions of the job situation, then, the typical nutrition personnel appears to like the job more, while the typical income personnel appears to like the job less, than would have been expected.

HYPOTHESIS TESTING

Hypotheses 1, 2, 4, and 5 are tested below with respect to this chapter's focus on the interrelationships of the attitudinal components of cognition, affect, and behavioral predisposition.

Hypothesis 1

Hypothesis 1 stated that the more positive a service provider's attitude is toward an older client(s), then the more likely the service provider is to approach rather than avoid the older client(s).

Hypothesis 1 was tested in this chapter with respect to self-reported approach preferences. Affect scores were consistently highly correlated with approach scores for the Survey Sample as a whole and as types.

Cognition scales tended to be weakly to moderately significantly correlated with approach scores for the Survey Sample as a whole.

Although all are significant, the correlations with approach scores tended to be stronger for the contentment cognition scales than for the

discontent cognition scales. The correlation between approach scores and the physically aging cognition scale was found to be non-significant. For the most part, then, the study's findings support Hypothesis 1 with respect to self-reported approach preferences. Hypothesis 1 will be further tested in Chapters XI and XII.

Hypothesis 2

Hypothesis 2, that different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients, was directly examined earlier in Chapter VIII with respect to types. Hypothesis 2 also received an indirect test with respect to types in the above analyses, resulting in further partial support for the hypothesis. That test is, if different service provider types do hold different attitudes, then the attitudinal components need not be interrelated in exactly the same way for every service provider type. With respect to the interrelationship of affect and behavioral predisposition, Hypothesis 2 was not supported. For all service provider types, affect toward older clients was highly significantly correlated with behavioral predispositions to approach older clients. However, with respect to the interrelationship of cognitions and affect, support for the hypothesis was found. For both cognitions regarding older clients and cognitions regarding the job situation, correlations with affect were significant for some service provider types and not for others. Correlation coefficients ranged widely across types. These differences between service provider types in the correlation of cognition and affect scales offer some indirect additional support for Hypothesis 2.

Hypothesis 4

Hypothesis 4 (that the more similar service providers are to their older clients, then the more positive will be their attitudes toward the older clients) pertains largely to similarity of attitudes and values. Item D3 of the General OC Questionnaire asked the service provider to indicate the extent to which: "On the whole, my elderly clients hold the same attitudes and values as I do." Hypothesis 4, then, can be tested with respect to attitudes and values by correlating item D3 with scales measuring cognitions (ATT2R and ATT6R, the reduced versions of the contentment and discontent cognitions, chosen because they do not overlap with D3), affect (ATT20), and behavioral predispositions toward older clients (ATT24). According to Hypothesis 4, the correlations should be positive for ATT2R, ATT20, and ATT24, and negative for ATT6R.

The correlations are reported in Table XXX. For the Survey Sample as a whole, the correlations, although low (i.e., .21 to .25), are significant and in the predicted direction. Across types, the pattern of correlation with the four attitude scales varies from consistently no correlation (i.e., in-home nursing aides, nursing home aides, and housing personnel) to almost consistently near-significant and significant correlation (i.e., hospital MDs, hospital RNs, and hospital aides). In all, perceived similarity of attitudes and values was significantly or near-significantly correlated in the predicted direction with at least one of the four attitude scales for nine of the 13 service provider types. No significant and only one near-significant correlation opposite the predicted direction was found; the one correlation in the opposite direction occurred for nursing home RNs.

TABLE XXX

CORRELATIONS BETWEEN ATTITUDES AND SIMILARITY OF ATTITUDES AND VALUES

Service provider types	Correlations between similarity of attitudes and values (D3) and attitudes toward older clients:			
	Contentment cognitions (ATT2R)	Discontent cognitions (ATT6R)	Affect (ATT20)	Approach preferences (ATT24)
Hospital MDs	.57*** (25)	-.32+ (25)	.39* (25)	.61*** (25)
Hospital RNs	.29* (43)	-.38** (43)	.28* (43)	.15 (43)
Hospital Aides	.31* (30)	-.26+ (30)	.49** (30)	.55*** (30)
In-Home Nursing RNs	.42+ (16)	-.19 (16)	.38+ (16)	.28 (16)
In-Home Nursing Aides	-.01 (18)	-.26 (18)	.16 (18)	.07 (18)
Nursing Home RNs	-.14 (18)	-.29 (18)	-.35 ^a (18)	-.11 (18)
Nursing Home Aides	-.01 (14)	.22 (14)	-.17 (15)	-.16 (15)
Mental Health Practitioners	.19 (45)	-.22+ (45)	.20+ (46)	.28* (46)
Income Personnel	.26+ (37)	-.06 (37)	.22+ (39)	.31* (39)
Nutrition Personnel	.18 (32)	-.17 (32)	.24+ (32)	.11 (33)
Transportation Personnel	-.17 (29)	-.07 (29)	.26+ (29)	.11 (29)
Housing Personnel	.16 (40)	-.02 (40)	.11 (41)	.11 (41)
Interaction Personnel	.27* (42)	-.17 (41)	.21+ (43)	.17 (42)
TOTAL SAMPLE	.21*** (389)	-.22*** (388)	.25*** (395)	.23*** (395)

Note. Data are from the Survey Sample (N=428). The number in parentheses following each correlation coefficient indicates the number of individuals analyzed in that sub-sample.

In order to better show the patterning of correlations, the near-significant correlations ($p < .10$) are also indicated.

^aThe correlation is opposite the predicted direction.

+ $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$ one-tailed tests of statistical significance.

Of the four attitude scales, those most consistently significantly correlated with perceived similarity of attitudes and values across the 13 service provider types were the scales operationalizing contentment cognitions about older clients (ATT2R), affect (ATT20), and approach preferences (ATT24). Least consistently significantly correlated with perceived similarity of attitudes and values was the scale operationalizing discontent cognitions about older clients (ATT6R).

In sum, out of 52 correlations, 23 are significant or near-significant in the predicted direction, and 1 is near-significant in the opposite direction. Thus, although inconsistent across service provider types, the general pattern of correlations gives some weak support to Hypothesis 4 with respect to similarity of attitudes and values (while the cross-type inconsistency gives yet further support to Hypothesis 2). Further testing of Hypothesis 4 with respect to other aspects of similarity occurs as part of Chapter XII.

Hypothesis 5

Hypothesis 5 (that the more service providers attribute the cause of their older clients' problems to forces beyond the clients' control, then the more positive will be their attitudes toward the older clients) can be tested with items D1 and D2 from the General OC Questionnaire. These items asked the service provider to indicate the extent to which: "On the whole, my elderly clients' problems have been brought on by themselves" (D1) and "On the whole, my elderly clients' problems have been brought on by forces beyond their control" (D2). The two items can be combined to form an attribution score for this testing by reversing the coding of D1 and then averaging the reverse-coded D1 with D2. As

with Hypothesis 4, the dependent variables are: ATT2R, ATT6R, ATT20, and ATT24. According to Hypothesis 5, the correlations should be positive for ATT2R, ATT20, and ATT24, and negative for ATT6R.

As shown in Table XXXI, the correlations for the Survey Sample as a whole, although significant and in the predicted direction for three of the four attitude scales, are so small as to be meaningless. And, across service provider types, the pattern of correlation varies from zero to four significant or near-significant correlations. The most extreme types were: (a) interaction personnel with four and income personnel with three significant correlations, and (b) hospital RNs, in-home nursing aides, nursing home RNs, nutrition personnel, and housing personnel with zero significant or near-significant correlations. Overall, causal attribution of problems was significantly or near-significantly correlated in the predicted direction with at least one of the four attitude scales for seven of the 13 service provider types. For one type, one significant correlation opposite the predicted direction was found: for mental health practitioners, greater attribution of older clients' problems to forces beyond their control was significantly correlated with less frequent reporting of the older clients as possessing positive interpersonal characteristics (ATT2R).

The attitude scales most consistently positively correlated with attribution of older clients' problems to external forces are: preferences to approach older clients (ATT24) and contentment cognitions of older clients (ATT2R). However, it is this latter scale which is also significantly correlated with attribution for one service provider type in the direction opposite that predicted. Least consistently correlated

TABLE XXXI

CORRELATIONS BETWEEN ATTITUDES AND ATTRIBUTION OF PROBLEMS' CAUSALITY

Service provider types	Correlations between attribution of problems' causality (D1, D2) and attitudes toward older clients:			
	Contentment cognitions (ATT2R)	Discontent cognitions (ATT6R)	Affect (ATT20)	Approach preferences (ATT24)
Hospital MDs	.32+ (26)	-.05 (26)	.05 (26)	.16 (26)
Hospital RNs	.15 (43)	-.14 (43)	-.01 (43)	-.05 (43)
Hospital Aides	.05 (33)	-.07 (33)	.19 (33)	.44** (33)
In-Home Nursing RNs	.43* (17)	-.38+ (17)	.31 (17)	.23 (17)
In-Home Nursing Aides	-.07 (18)	-.05 (18)	-.12 (18)	-.04 (18)
Nursing Home RNs	-.06 (19)	.05 (19)	.05 (19)	-.09 (19)
Nursing Home Aides	.41+ (15)	-.20 (15)	-.11 (16)	-.00 (16)
Mental Health Practitioners	-.28 ^a (45)	.17 (45)	-.06 (46)	.11 (46)
Income Personnel	.31* (37)	-.10 (37)	.29* (39)	.41** (39)
Nutrition Personnel	-.03 (30)	-.10 (30)	-.13 (30)	-.13 (31)
Transportation Personnel	.30+ (28)	.14 (28)	.09 (28)	.36* (28)
Housing Personnel	.20 (42)	.10 (42)	.04 (43)	-.12 (43)
Interaction Personnel	.38** (39)	-.32* (39)	.29* (39)	.35* (38)
TOTAL SAMPLE	.15*** (392)	-.06 (392)	.09* (397)	.13** (397)

Note. Data are from the Survey Sample (n=428). The number in parentheses following each correlation coefficient indicates the number of individuals analyzed in that sub-sample.

In order to better show the patterning of correlations, the near-significant correlations ($p < .10$) are also indicated.

^aThe correlation is opposite the predicted direction.

+ $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$ one-tailed tests of statistical significance.

with attribution of problems were the scales operationalizing affect and discontent cognitions of older clients.

In sum, out of 52 correlations, 14 are significant or near-significant in the predicted direction, and one is significant in the opposite direction. Thus, the correlations provide some support for Hypothesis 5, but that support is quite weak and inconsistent (more so, even, than the support for Hypothesis 4 just discussed). However, the inconsistency across types gives yet further support to Hypothesis 2.

CHAPTER X

RELATIONSHIP BETWEEN ATTITUDES REGARDING OLDER CLIENTS AND ATTITUDES REGARDING THE JOB SITUATION

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

Out of the many types of attitudes which may influence service providers' behaviors in their provision of services to older clients, this study focuses on attitudes concerning older clients and attitudes concerning the job situation within which a service provider works. So far, the two types of attitudes have been discussed as if they were independent. Now, the interrelationships of service providers' attitudes toward older clients and attitudes toward the job situation are examined. This chapter addresses Research Question 4: How are service providers' attitudes regarding older clients related to their attitudes regarding the job situation?

The study's analyses regarding the relationship between service providers' attitudes toward the older client and non-client aspects of their jobs are of two sorts. One set focuses on congruency of valence between cognitions of older clients and the job situation; the second set focuses on the two cognitions' relative relationship with affect.

Data available for these analyses consist of: cognitions regarding older clients, cognitions regarding the job situation, affect toward older clients, and affect toward the job as a whole (i.e., toward both

older clients and the job situation). These data stem from the Survey Sample and thus are at a general (as opposed to specific) level of attitudes.

Overview of Findings

The study's findings regarding the relationship between service providers' attitudes toward the two aspects of their jobs are as follows.

1. Service providers' cognition scores regarding their older clients were found to be slightly correlated with their cognition scores regarding their job situation. That is, to a small extent, service providers who reported holding more positive cognitions toward older clients tended also to report more positive cognitions regarding the job situation (and vice versa).

With respect to absolute scores, approximately 60% of the study's service providers were consistent in valence across cognitions of job situation and older clients (with 32% positive toward both and 27% negative toward both). The remaining 40% were positive toward one attitude target and negative toward the other (with 17% favoring older clients and 23% favoring the job situation).

2. However, the correlation between cognition scores regarding older clients and cognition scores regarding the job situation was found to differ by service provider type, with some types reporting greater congruency and others reporting less congruency. Of 13 service provider types, hospital RNs exhibited the least, and in-home nursing RNs and aides exhibited the greatest, correlation between the two types of cognition scores.

With respect to absolute scores, more positive cognitions of the overall job (i.e., of both client and non-client aspects) were reported by nutrition personnel, in-home nursing aides, interaction personnel, transportation personnel, and hospital MDs. More negative cognitions of the overall job were reported by nursing home RNs, hospital aides, nursing home aides, and mental health practitioners. Of the study's 13 service provider types, in-home nursing RNs and income personnel reported cognitions that were the most polarized between being congruently negative or congruently positive. And the least consensus in the valence of cognitions regarding the overall job was reported by the mental health practitioners, housing personnel, and hospital RNs.

3. The study's service providers reported a level of liking of older clients which was more strongly correlated with cognition scores regarding older clients than with cognition scores regarding the job situation. By contrast, the study's service providers reported a level of liking of the job as a whole which correlated equally strongly with cognition scores regarding older clients and cognition scores regarding the job situation.

With respect to absolute scores, service providers who reported positive cognitions of both the older client and non-client aspects of their jobs reported significantly greater liking of their jobs than did service providers who reported positive cognitions regarding only one of the aspects. Service providers who reported negative cognitions of both aspects reported significantly less liking of their jobs than all other service providers.

CONGRUENCY OF VALENCE

The Evidence

Total Sample. Table XXXII presents correlation coefficients between cognition scores regarding older clients and cognition scores regarding the job situation for the Survey Sample as a whole. As can be seen, service providers who reported positive cognitions of their job situation also tended to report positive cognitions of their older clients (although the correlations are of a relatively weak nature, .21 to .36). For example, contentment cognitions regarding the job situation (ATT12) are positively correlated with contentment cognitions regarding older clients (ATT2), while being negatively correlated with discontent cognitions regarding older clients (ATT6). Likewise, the reverse pattern of correlations was found for the discontent cognition scores regarding the job situation (ATT16). Overall, the correlation of ATT1 (the average of the two cognition scales regarding older clients in Table XXXII) and ATT11 (the average of the two cognition scales regarding the job situation in Table XXXII) equals $r(386) = .37, p < .001$. Thus, correlations of the total-sample data suggest the existence of some congruency of valence between cognitions concerning older clients and cognitions toward the job situation on the part of service providers.

The correlations described above give information on the relative position of scores on the scales. What these correlations mean in terms of absolute scores and absolute numbers of service providers is illustrated in Figure 16. The two overall contentment cognition scales (ATT1 and ATT11) were dichotomized, with scores of 5 through 7 forming the positive segment and scores of 1 through 4 forming the negative

TABLE XXXII

CORRELATION OF SERVICE PROVIDERS' COGNITIONS RE THE JOB SITUATION
WITH THEIR COGNITIONS RE OLDER CLIENTS

Cognitions re Job Situation	Cognitions re Older Clients			
	Contentment Aspects (ATT2)		Discontent Aspects (ATT6)	
	r	n	r	n
Contentment Aspects (ATT12)	.29***	406	-.23***	404
Discontent Aspects (ATT16)	-.21***	392	.36***	391

***p < .001 one-tailed tests of statistical significance.

OVERALL CONTENTMENT COGNITION SCALES:			
		RE OLDER CLIENTS (ATT1)	
		Negative (1-4)	Positive (5-7)
RE JOB SITUATION (ATT11)	Negative (1-4)	1 n = 104 27%	2 n = 67 17%
	Positive (5-7)	3 n = 90 23%	4 n = 125 32%

Figure 16. Cross classification of overall contentment cognition scores re older clients (ATT1) and overall contentment cognition scores re the job situation (ATT11). (Data are from the Survey Sample, n=428. Data are missing on 42 service providers.)

segment. A two-by-two cross classification of the dichotomized scales formed four cells. Cells 1 and 4 contain congruent cognition values, with Cell 1 containing the congruently negative values and Cell 4 containing the congruently positive values. The majority (229 out of 386, or 59%) of the study's service providers for whom data exist are contained within the two congruency cells. The remaining 40% are divided between the two incongruency cells. Thus, the size of the congruency cells exceeds that of the incongruency cells by 19%.

Service Provider Types. To investigate whether differences exist between service provider types in the congruency of valence between cognitions of the older client and non-client aspects of their jobs, correlations were also calculated for each of the 13 service provider types separately. In order to simplify the rather massive nature of this analysis, the correlations were performed on only the two overall contentment scales, ATT1 and ATT11, rather than on the four contentment and discontent scales utilized in Table XXXII for the total sample.

For the service provider types, the correlations between ATT1 and ATT11 range from $-.03$ (hospital RNs) to $.64$ (in-home nursing aides) and $.69$ (in-home nursing RNs). That is, with respect to correlations, hospital RNs showed the least, and in-home nursing RNs and aides showed the greatest, congruency of valence between their reported cognitions of older client and non-client aspects of their jobs.

Correlations between cognition scores regarding older clients (ATT1) and cognition scores regarding the job situation (ATT11) were significant for nine of the 13 service provider types and not significant for the remaining four types (although small sample sizes

may be implicated in some of these non-significant results). Significant correlations occurred for: in-home nursing RNs ($r [17] = .69, p < .001$), in-home nursing aides ($r [17] = .64, p < .01$), income personnel ($r [41] = .56, p < .001$), nutrition personnel ($r [28] = .52, p < .01$), nursing home aides ($r [16] = .50, p < .05$), nursing home RNs ($r [19] = .44, p < .05$), interaction personnel ($r [40] = .35, p < .05$), transportation personnel ($r [28] = .34, p < .05$), and hospital aides ($r [32] = .31, p < .05$). The correlations were non-significant for hospital MDs ($r [24] = .32, p = .06$), mental health practitioners ($r [43] = .23, p = .06$), housing personnel ($r [41] = .22, p = .08$), and hospital RNs ($r [40] = -.03, p = .42$).

Thus, correlations of the data at the level of service provider types agree with the correlations for the total sample in suggesting that there is some congruency of valence between cognitions concerning older clients and cognitions toward the job situation on the part of service providers. That congruency, however, appears to be stronger for some service provider types than it is for others.

What these correlations represent in terms of absolute scores and absolute numbers of service providers is illustrated in Table XXXIII. This table shows the numbers of service providers of each type in the four cells introduced in Figure 16. Of the 13 service provider types, only one (mental health practitioners) had fewer than 50% of its members falling into one or the other of the congruency cells, while just two more types (hospital RNs and transportation personnel) were split 50/50 between the two congruency and incongruency cells (Table XXXIII, fifth column). The service provider type with the largest percentage of

TABLE XXXIII

CROSS CLASSIFICATIONS OF OVERALL CONTENTMENT COGNITIONS RE OLDER CLIENTS (ATT1) AND
OVERALL CONTENTMENT COGNITIONS RE THE JOB SITUATION (ATT11),
FOR EACH SERVICE PROVIDER TYPE

Service Provider Types	Negative Older Client, Negative Job Situation (Cell 1)		Positive Older Client, Negative Job Situation (Cell 2)		Negative Older Client, Positive Job Situation (Cell 3)		Positive Older Client, Positive Job Situation (Cell 4)		Total Congruency (Cells 1 & 4)		Missing Data
	n	%	n	%	n	%	n	%	n	%	n
Hospital MDs	3	12	1	4	10	42	10	38	13	51	2
Hospital RNs	12	30	10	25	10	25	8	20	20	50	3
Hospital Aides	14	44	9	28	3	9	6	19	20	63	2
In-Home Nursing RNs	8	47	1	6	1	6	7	41	15	88	1
In-Home Nursing Aides	2	12	2	12	4	24	9	53	11	65	1
Nursing Home RNs	10	53	3	16	2	10	4	21	14	74	0
Nursing Home Aides	6	38	3	19	4	25	3	19	9	58	1
Mental Health Practitioners	12	28	2	5	24	56	5	12	17	40	4
Income Personnel	19	46	6	15	5	12	11	27	30	73	2
Nutrition Personnel	2	7	6	21	3	11	17	61	19	68	14
Transportation Personnel	2	7	7	25	7	25	12	43	14	50	3
Housing Personnel	9	22	11	27	9	22	12	29	23	52	3
Interaction Personnel	5	12	6	15	8	20	21	52	26	65	6
TOTAL SAMPLE	104	27	67	17	90	23	125	32	229	59	42

Note. Scores are cross classified according to the scheme shown in Figure 16.

members contained in the congruency cells is in-home nursing RNs (with 88%). Mental health practitioners compose the service provider type with the smallest percentage of members in the congruency cells (40%).

Valence of Attitudes

In addition to addressing this chapter's research question, the findings reported in Figure 16 and Table XXXIII also supplement Chapter VII's findings regarding the valence of attitudes. The cognition scores concerning older clients and the job situation were found to be, in combination as they were singly, generally positive but variable. Specifically, 32% of the total sample reported positive cognitions of both older clients and the job situation, 17% reported positive cognitions of older clients although negative cognitions of the job situation, 23% reported negative cognitions of older clients but positive cognitions of the job situation, while 27% reported negative cognitions of both older clients and the job situation.

Of the study's 13 service provider types, some reported congruently positive or negative cognitions with high frequency (i.e., 50% or more of the respondents) and some with low frequency (i.e., less than 20% of the respondents). Congruently positive cognitions of older clients and the job situation were reported the most often by nutrition personnel, in-home nursing aides, and interaction personnel, and the least often by mental health practitioners, hospital aides, and nursing home aides. Congruently negative cognitions were reported the most often by nursing home RNs, and the least often by nutrition personnel, transportation personnel, hospital MDs, in-home nursing aides, and interaction personnel. Thus, defining overall positiveness of cognitions

on the basis of a high percentage of respondents with congruently positive cognitions and/or a low percentage of respondents with congruently negative cognitions results in the identification of nutrition personnel, in-home nursing aides, interaction personnel, transportation personnel, and hospital MDs as the most positive of the study's 13 service provider types. Defining overall negativity of cognitions in a parallel fashion results in the identification of nursing home RNs, hospital aides, nursing home aides, and mental health practitioners as the most negative of the types. In-home nursing RNs and income personnel reported cognitions that were the most polarized between being congruently negative or congruently positive (operationally, neither incongruency cell was larger than either congruency cell, and the spread between the two congruency cells was no greater than 20% of the respondents). The least consensus in the valence of cognitions regarding the overall job (i.e., no more than 30% of the respondents in any one of the four cells) was reported by the mental health practitioners, housing personnel, and hospital RNs.

Some Speculating on Explanations

The finding of both congruency and non-congruency of valence is of particular interest to this study because of its implications for understanding the source of the service providers' attitudes toward working with older clients. Thus, although undertaking to explain why congruency should or should not have been found is far beyond the scope of this study, some possible interpretations will be suggested. First, it should be noted that the observed extent of congruency of valence could be a product of methodological factors such as response sets. At

the more substantive level, it might be speculated that occurrences of congruency of valence across service providers' cognitions regarding older clients and the job situation represent: (a) basic predispositions of service providers to be positive or negative in outlook, (b) conditioning of valence from one aspect to the other, and/or (c) co-varying of the actual pleasantness of client and non-client aspects of the job.

Basic Predispositions. In regard to basic predispositions of service providers to be positive or negative in outlook, it can be seen that such predispositions would tend to influence attitudes toward older clients and toward the job situation alike. In other words, service providers with positive outlooks would tend to find salient the positive aspects of both their older clients and their job situation, while service providers with negative outlooks would tend to find salient the negative aspects of both. Thus, basic predispositions to be positive or negative in outlook could lead to congruency of cognitions concerning older clients and the job situation.

Conditioning of Valence. In regard to conditioning of valence, it can be seen that the client and non-client aspects of the job are experienced together by service providers. Thus, attitudinal valence toward one aspect may become conditioned to (i.e., associated with or transferred over to) the other aspect. For example, if the non-client aspects of a service provider's job are unpleasant and thereby arouse dislike on the part of the service provider, that dislike may become transferred onto the older clients. With the transfer of dislike may come heightened salience of negative cognitions regarding older clients,

thereby promoting even more dislike, and so on. Thus, attitudes regarding one aspect of the service provider's job may be causally related to (i.e., may help form) attitudes regarding the other aspect. This causal relationship, the conditioning of valence from one aspect of the service provider's job to the other aspect, could lead to congruency of cognitions concerning older clients and the job situation.

Co-varying of Actual Pleasantness. The third substantive suggestion for why cognitions toward the job situation appear to be somewhat congruent with cognitions concerning older clients is that the pleasantness of the two aspects actually vary together. In other words, it may be that service providers' jobs tend to be pleasant or unpleasant as a whole. That is, service providers who work in pleasant job situations may also have older clients who are pleasant, while service providers working in unpleasant job situations may have older clients who are also unpleasant. Thus, co-varying of the pleasantness of client and non-client aspects of the job could lead to congruency of cognitions concerning older clients and the job situation.

Summary

The data suggest a tendency for congruency of valence to exist between service providers' cognitions concerning older clients and their cognitions toward the job situation. This tendency may be a function of such overarching human factors as response sets, basic predispositions to be positive or negative in outlook on the part of service providers, or the conditioning of valence from one aspect of a service provider's job to the other. However, the finding that congruency of valence is present more often for some service provider types than for others

suggests the additional influence of some less systematic factors, such as the differential co-varying of the actual pleasantness of the older client and non-client aspects.

RELATIVE RELATIONSHIP OF TWO COGNITIONS TO AFFECT

Affect Regarding Older Clients

As can be seen in Table XXXIV (first column), the correlations of cognition scores regarding the job situation (ATT12 and ATT16) with affect scores toward older clients (ATT20), although significant, are quite weak. By contrast, the correlations of cognition scores regarding older clients (ATT2 and ATT6) with affect scores toward older clients are considerably stronger.

The differences between these two sets of correlations were found to be significant (using the t test for testing the difference between two correlation coefficients for correlated data, Downie & Heath, 1974, p. 228). With respect to cognitions of contentment aspects, liking of older clients is significantly more highly correlated with cognitions of older clients than it is with cognitions of the job situation (t [406] = 6.57, $p < .001$). Similarly, with respect to cognitions of discontent aspects, disliking of older clients is significantly more correlated with cognitions of older clients than it is with cognitions of the job situation (t [391] = -4.19, $p < .001$). Since the reliability coefficients of the scales are comparable (see Table XVI), this discrepancy in relationship does not appear to be just a methodological artifact due to the obscuring of a relationship by differential attenuation of the correlations.

TABLE XXXIV
CORRELATIONS OF SERVICE PROVIDERS' AFFECT WITH
COGNITIONS RE OLDER CLIENTS AND
RE JOB SITUATION

Cognitions	Affect			
	Toward Older Clients (ATT20)		Toward Job (ATT23)	
	r	n	r	n
<u>Cognitions re older clients</u>				
Contentment aspects (ATT2)	.52***	415	.43***	414
Discontent aspects (ATT6)	-.31***	414	-.22***	413
<u>Cognitions re job situation</u>				
Contentment aspects (ATT12)	.19**	410	.41***	411
Discontent aspects (ATT16)	-.09*	399	-.30***	399

*p < .05 **p < .01 ***p < .001 one-tailed tests of statistical significance.

The cross-classification scheme introduced in Figure 16 can also illustrate this finding. That is, when compared across the four cells, the mean of the affect toward older clients scale (ATT20) was found to be significantly lower for Cells 3 and 1 than for Cells 2 and 4, but no significant differences were found between Cells 3 and 1 or Cells 2 and 4. Significant differences between cells were determined (at the .05 level or less) by the Student-Newman-Keuls Procedure following a significant F in analysis of variance. The F ratio for the four cells on ATT20 was: $F_{(3,382)} = 18.7, p < .001$. Thus, service providers who reported positive cognitions regarding older clients also expressed positive affect toward older clients, regardless of whether their reported cognitions toward the job situation were positive or negative.

In sum, the data suggest that the extent to which service providers like their older clients is more associated with how they view the older clients than it is with how they view the non-client aspects of their jobs. With respect to the factors speculated on earlier as reasons for congruency of valence, the weak correlations between cognitions regarding the job situation and liking of older clients may suggest that the conditioning of valence from job situation to older clients has little influence on service providers' liking of older clients.

Affect Regarding the Job

It is, however, not only service providers' affect toward older clients, but also their affect toward the job as a whole, which is of concern in this study. Either may have consequences for an older client, for example, with respect to whether or not a service provider

perseveres or quits the service-providing job.

Service providers' liking of their jobs appears to be related to both cognitions of the job situation and cognitions of older clients. As can be seen in Table XXXIV (second column), both types of cognitions are significantly correlated with affect toward the job (ATT23). No significant differences were found between the two sets of correlations (using the t test for testing the difference between two correlation coefficients for correlated data, Downie & Heath, 1974, p. 228). T values were .32 ($n = 406$) for the contentment aspects and 1.55 ($n = 391$) for the discontent aspects.

With respect to Figure 16's cross classification of service providers, service providers in Cell 1 reported liking their jobs less than all three of the other cells, service providers in Cells 2 and 3 reported liking their jobs less than those in Cell 4, and service providers in Cell 4 reported liking their jobs more than all three of the other cells. Significant differences between cells (at the .05 probability level or less) were determined by the Student-Newman-Keuls Procedure following a significant F in analysis of variance. The F ratio for the four cells on ATT23 was: $F(3,382) = 24.2, p < .001$.

Thus, the above correlations suggest that how much service providers like their jobs is associated equally with how they view their older clients and the non-client aspects of their jobs. To the extent that service providers' liking or disliking of their jobs impacts on older clients, then, it appears that neither the older client nor non-client aspect can safely be ignored in efforts to maximize the quality of services to the elderly.

HYPOTHESIS TESTING

Hypothesis 2

This chapter offers another indirect test, with respect to types, of Hypothesis 2: that different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients. According to Hypothesis 2, it is to be expected that attitudes toward older clients and attitudes toward the job situation would not be related in exactly the same way for all types of service providers. The expected non-uniformity was observed in this chapter. Thus, the inconsistency, across the study's 13 service provider types, of correlations of attitudes regarding older clients and attitudes regarding the job situation provides further evidence in support of Hypothesis 2 (with respect to types).

CHAPTER XI

RELATIONSHIP BETWEEN ATTITUDES AND A SIMULATED CHOICE OF CLIENT

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

Primarily, researchers and planners are concerned with the attitudes which service providers hold toward older clients not because of the attitudes themselves, but rather because of how those attitudes might influence service providers' behavior toward older clients. For example, whether or not service providers choose to work with older persons as a clientele group, and whether or not those service providers who do work with an older clientele choose to serve older clients with particular characteristics, is critically important to the quality of services received by older persons. In this chapter, clues are sought to the attitudinal causes of such choices. Chapter XI addresses Research Question 5: What relationship do service providers' attitudes bear to their choice of clients?

This analysis consists of a comparison of mean scores between measures of general and specific attitudes. Data for this analysis come from the Encounter Sample, on whom attitude measurements were made with respect to both older clients-in-general and specific older clients. Scores on both cognition and affect (but not behavioral predisposition) are available for the comparison.

Overview of Findings

In overview, the study's findings regarding the relationship between service providers' attitudes and their choice of clients are as follows.

1. In a simulated choice of clients, the study's service providers tended to choose those older clients toward whom they reported holding relatively more positive cognitions although relatively less positive affect.

2. Service providers' simulated choices of older clients were found to be characterized more by avoidance of older clients' negative characteristics than by selection for positive characteristics.

3. Service providers' simulated choices of older clients were found to be characterized more by a selective focus on those characteristics (both negative and positive) of older clients which were reported to be at the most negative level rather than by a general focus on all characteristics.

4. Of 22 characteristics of older clients, hard of hearing was found to be the characteristic which most strongly distinguished avoided from chosen clients in a simulated choice of clients. Other strongly avoided characteristics were: angry, overly demanding, given up on life, slow, little sense of humor, not at peace with themselves, refuse to help themselves, serious emotional problems, chronic complainers, negative outlook on life, cold, and hostile.

SIMULATED CLIENT-CHOICE BEHAVIOR

As was explained in the sampling description (Chapter V), the 51

service providers in the Encounter Sample chose from their own clientele the two or three older clients with whom they were to be observed interacting and about whom they would then report their specific attitudes. Thus, they chose their own "specific older clients."

If the choice of these specific older clients on the part of the service provider were to be viewed not just as a sampling procedure but also as a measure of service provider behavior, then that choice can be utilized to investigate the relationship between service providers' attitudes and their client-choice behavior. That is, the service providers' choice of their specific older clients can be utilized as a simulated or laboratory type of choice behavior which, although artificial, can generate findings which may be generalizable to real-life choice behavior.

However, in order for this analysis to be valid, it must be ascertained that there really was a choice. Or, was the service provider limited to the observed older clients because of a scarcity of older clients? Was the service provider unfamiliar with the older clients from whom he/she was to choose and thus could not really make a choice? In terms of both questions, the answer appears to be: in general, there was a choice.

First, did the service providers have sufficient numbers of older clients to allow for a choice? In terms of the average number of older clients served per day, only 8 of the 51 service providers in the Encounter Sample reported a daily average of three or fewer older clients (2 other service providers did not report the average number of older clients served per day). The range of the daily average of older

clients served by the service providers was from 2 to 70. The median daily average of older clients served was six. In terms of percentage of clientele who are elderly, only one service provider reported having fewer than 20% of the clientele being elderly. The remaining 50 service providers reported that more than 20% of their clientele were elderly, with 35 of the 50 reporting that 81% to 100% of their clientele were elderly. Most of the 51 service providers, then, reported having a sufficient number of older clients to allow for some choice.

Second, did the service providers know the older clients from whom they were to choose? With respect to percentage of work day spent being with or talking to clients, 4 service providers spent between 21% and 40%, 20 spent between 41% and 60%, another 20 spent between 61% and 80%, and 7 spent between 81% and 100%. Frequency of contact with the same elderly client was reported by only one service provider to be as low as twice a year. Another 15 service providers reported monthly contact, 31 reported weekly contact, and 2 reported daily contact (2 did not report frequency of contact). And, according to the service providers, in only 8 of the 147 observed encounters were the older clients totally not known. In 119 of the encounters, the service providers and older clients had met previously (for 20 encounters, service providers did not report whether or not they had met previously with the older client). Most of the specific older clients, then, were reported by the service provider to have been met prior to the observed encounter.

Thus, it appears that, with some restrictions, service providers did have a choice in their selection of older clients with whom to be observed and about whom they were to be surveyed. On what basis, then,

did the service providers choose these older clients? Speculating from the attitudinal model described in Chapter III, it is expected that service providers would choose those older clients toward whom they held more positive attitudes. For example, it is expected that service providers would tend to ask older clients to participate in the observations whom they liked, who were easy to deal with, and who would not make the service providers "look bad." This expectation that service providers chose their specific older clients on the basis of attitude valence will be tested by comparing mean scores between general and specific attitudes for the 51 service providers in the Encounter Sample.

COMPARISON OF MEAN SCORES BETWEEN GENERAL AND SPECIFIC ATTITUDES

For the expectation to be upheld that service providers would choose specific older clients toward whom they held more positive attitudes, the service providers' attitude scores toward the chosen two or three older clients must be found to be more positive than their attitude scores toward their older clientele as a whole. The analysis to examine this expectation assumes that the service providers were comparably accurate in their reports of general and specific attitudes. This assumption of comparable accuracy requires that subject response sets did not operate differently in the general and specific attitude measurements and thereby result in different systematic extraneous variance being contained within the two types of measurements. However, data to examine the validity of this assumption could not be obtained from this study. In addition, as discussed in Chapter VI's comparison of

general and specific measures of attitudes, the process of rating older clients-in-general may be a different process from that of rating specific older clients. Thus, this chapter is of a highly speculative nature and should be read as such.

Cognitions

Magnitude of Valence Across General and Specific Cognitions. As can be seen in Table XXXV, the mean scores on the contentment, discontent, and physically aging cognition items tend to be more positive for the specific older clients than they are for older clients-in-general. Of the 22 cognition items' mean scores, 14 are more positive, 6 are not significantly different, and only 2 are less positive for the specific older clients than for older clients-in-general. Thus, the data suggest that the service providers did choose to be observed interacting with older clients whom they evaluated more positively than their older clientele on the whole. With respect to cognitions, then, the expectation is supported that service providers would choose those older clients toward whom they held more positive attitudes.

Relative Import of Characteristics of Older Clients. However, as mentioned above, not all of the items differed significantly between general and specific attitudes. Indeed, as shown in Table XXXV, the absolute values of the t values for the 22 cognition items range from .61 to 5.35. These differences in t values suggest that differences exist in the relative import of certain characteristics of older clients to service providers in their choosing of whom to serve. Where the differences occur appears to be associated with: (a) whether the

TABLE XXXV
COMPARISON OF MEAN SCORES BETWEEN GENERAL
AND SPECIFIC ATTITUDES

Attitude items	Mean scores		t (df=48-50)	Compared to general attitudes, specific attitudes are:
	General attitudes	Specific attitudes		
COGNITIONS OF OLDER CLIENTS				
Contentment Cognitions of Older Clients (ATT2R ^a , ATT2S)	5.22 (.55)	5.42 (.77)	-1.73*	more positive
positive outlook on life (E1,1aS)	4.28 (.97)	4.89 (1.01)	-3.15**	more positive
wealth of experience (E5, 1eS)	5.74 (1.24)	5.39 (1.22)	1.88*	less positive ^b
considerate (E9, 1iS)	5.49 (1.12)	5.64 (1.18)	- .61	same
at peace with themselves (E12, 1lS)	4.20 (1.09)	4.76 (1.10)	-3.38***	more positive
appreciative of my services (E15,1oS)	6.08 (.63)	5.96 (.93)	.93	same
interesting stories to tell (E17, 1qS)	5.66 (1.06)	5.15 (1.08)	2.69**	less positive ^b
dependable (E19, 1sS)	5.04 (.99)	5.30 (1.27)	-1.22	same
sense of humor (E20, 1tS)	5.06 (.89)	5.66 (.99)	-3.58***	more positive
warm (E22, 1vS)	5.42 (.91)	5.84 (1.00)	-2.67**	more positive
Discontent Cognitions of Older Clients (ATT6R ^a , ATT6S)				
uncooperative (E4, 1dS)	2.93 (.60)	2.29 (.63)	5.40***	more positive
refuse to help themselves (E6,1fS)	2.45 (1.01)	2.24 (.91)	1.11	same
ungrateful (E7, 1gS)	2.90 (1.03)	2.33 (.90)	3.31***	more positive
hostile (E10, 1jS)	2.08 (.90)	1.88 (.97)	1.12	same
given up on life (E11, 1kS)	2.29 (1.00)	1.85 (.90)	2.24*	more positive
angry (E13, 1mS)	3.35 (1.27)	2.49 (1.11)	4.19***	more positive
overly demanding (E16, 1pS)	3.32 (1.22)	2.46 (.93)	4.81***	more positive
serious emotional problems (E18, 1rS)	3.14 (1.14)	2.20 (.98)	4.62***	more positive
chronic complainers (E21, 1uS)	3.68 (1.17)	2.92 (1.28)	3.22***	more positive
Cognitions of Older Clients as Physically Aging (ATT10, ATT10S)	3.18 (1.04)	2.50 (1.20)	3.21***	more positive
fragile (E2, 1bS)	4.49 (.71)	3.73 (.84)	5.09***	more positive
hard of hearing (E3, 1cS)	4.14 (1.05)	3.84 (1.16)	1.52	same
slow (E8, 1hS)	4.44 (.97)	3.27 (1.32)	5.35***	more positive
poor eyesight (E14, 1nS)	4.36 (1.41)	3.49 (1.25)	3.94***	more positive
	4.90 (1.05)	4.29 (1.46)	2.54**	more positive
AFFECT TOWARD OLDER CLIENTS				
enjoy working with older clients (J2, 4S)	6.20 (.92)	5.79 (.84)	3.09**	less positive ^b

Note. General attitudes are expressed in reference to older clients-in-general (i.e., in the abstract), while specific attitudes are expressed in reference to specific older clients. Designations in parentheses following the item names are the questionnaire item numbers--first the general attitude numbers from the General OC Questionnaire and then the specific attitude numbers from the Specific OC Questionnaire. Standard deviations are indicated in parentheses following each item mean.

^aATT2R and ATT6R are reduced versions of the general attitude scales ATT2 and ATT6. The reduced scales are totally comparable in their items to the specific attitude scales ATT2S and ATT6S. That is, the non-comparable items have been eliminated from ATT2 and ATT6 to form ATT2R and ATT6R for this comparison of mean scales.

^bThe results of this *t* test are opposite the predicted direction.

p* < .05 *p* < .01 ****p* < .001 one-tailed tests of statistical significance.

characteristics pertain to negative or positive aspects of older clients, and (b) the valence of the cognitions of the characteristics for the clientele as a whole. However, with available data it is not possible to determine whether it is positive versus negative aspect that is implicated or the absolute level of valence (regardless of aspect). Thus, both are described below.

With respect to whether the characteristics pertain to negative or positive aspects of older clients, a greater degree of positiveness appeared in regard to the clients' negative characteristics. That is, pairings of general with specific scores exhibited significantly larger differences for the discontent cognition scales (ATT6R with ATT6S) and physically aging cognition scales (ATT10 with ATT10S) than for the contentment cognition scales (ATT2R with ATT2S). Comparisons of mean difference scores by t test found the mean difference between general and specific contentment cognitions ($M = .20$) to be significantly smaller than the mean difference between general and specific discontent cognitions ($M = .64$; $t [48] = -4.27$, $p < .001$) and also smaller than the mean difference between general and specific physically aging cognitions ($M = .76$; $t [49] = -3.27$, $p < .01$). ATT2R and ATT6R (reduced versions of the general attitude scales ATT2 and ATT6 in which only those items are included which are also in the specific attitude scales ATT2S and ATT6S) were used in these comparisons rather than the unreduced versions in order to make the comparisons as valid as possible. In sum, assuming that the contentment, discontent, and physically aging cognition scales have comparable content validity, then the data suggest that the service providers chose their specific older clients more on the basis of

minimizing their negative characteristics than on the basis of maximizing their positive characteristics.

Of the 16 cognition item scores differing significantly between general and specific attitudes, 11 have t values greater than 13.001. These 11 items, then, differed the most systematically between general and specific attitudes. This suggests that these characteristics of older clients may be especially influential with respect to the service provider's choice of clients. All 11 of these items differed in the direction of the specific older clients being more positively rated than the older clients-in-general. Specifically, negative characteristics of older clients on which the service providers reported the most systematically positive cognitions of their specific older clients as compared with their older clients-in-general were: hard of hearing ($t = 5.35$), angry ($t = 4.81$), overly demanding ($t = 4.62$), given up on life ($t = 4.19$), slow ($t = 3.94$), refuse to help themselves ($t = 3.31$), serious emotional problems ($t = 3.22$), and chronic complainers ($t = 3.21$). The positive characteristics of older clients on which service providers reported the most systematically positive cognitions of their specific older clients compared with their older clients-in-general were: sense of humor ($t = -3.58$), at peace with themselves ($t = -3.38$), and positive outlook on life ($t = -3.15$). Thus, the data suggest that these 11 characteristics of older clients, led by "hard of hearing," may have had a strong influence on the service providers' choice of their specific older clients.

With respect to the valence of the characteristics for the clientele as a whole, a greater degree of positiveness appeared in

regard to those characteristics which had relatively more negative mean scores. That is, of the 11 items with average scores no greater than "slightly" positive for the clientele as a whole, all but one had significantly more positive scores for the chosen clients. And, of the 11 items with average scores no less than "somewhat" positive for the clientele as a whole, 5 had scores for the chosen client which did not differ significantly and 2 had scores which were even significantly less positive. Thus, the data suggest that the service providers chose their specific older clients more on the basis of selecting against characteristics which were at the most negative level rather than selecting with respect to all characteristics equally. That this finding is not simply a function of floor or ceiling effects is suggested by the range of item scores in Table XXXV: the scores do not reach or, for the most part, even approach either floor or ceiling. However, to what extent this finding is a function of regression toward the mean is unknown. To the extent that this finding is indeed substantive and not just a methodological artifact, those items which deviated from expectations may be of interest. They were: sense of humor, warm, refuse to help themselves, hostile, and fragile. The first four of these items increased significantly in positiveness for the chosen client even though they were already at a relatively positive level for the clientele as a whole. Although why this occurred is not known, one possible explanation is that these four characteristics of older clients are of special importance to service providers. By contrast, the last item of the five did not increase significantly in positiveness for the chosen clients even though it was at a relatively negative level for the

clientele as a whole. Some possible explanations for this finding are that older clients' fragility may be of relatively little concern to service providers or else it may be too ubiquitous to avoid.

Affect

The data on affect reported in Table XXXV do not support the expectation that service providers would select older clients whom they liked more. On the contrary, service providers reported significantly less positive affect toward their specific older clients than toward their older clients-in-general. This finding of less positive specific affect scores may suggest that cognitions are more important than affect in such a choice behavior. This would result in the selection of older clients who are easier to serve even though they may not be especially well liked. However, because this finding, which contradicts the expectation of positive affect, is based on responses to only one item, it must be viewed with considerable caution.

SUMMARY

The choice of older clients discussed here concerns a somewhat artificial situation, i.e., the service providers' selection of older clients with whom they agreed to be observed interacting in the presence of a researcher. However, such a choice may not be too different from a service providers' real-life choice of clients. To the extent that this artificial choice situation is a good approximation of a service providers' real-life choice situation, the study's findings can be generalized to real life.

Because of their speculative nature, the findings of this chapter

do not constitute an explanation of behavior. Rather, the findings propose a hypothesis to be tested by future research. Thus, the data suggest that, within the clientele group of older clients, service providers would tend to choose to provide services selectively to individuals toward whom they hold more positive cognitions. And, in these client-choice situations, the choice may be made more on the basis of avoiding negative client characteristics than on the basis of selecting for positive client characteristics. For example, hard of hearing is one characteristic of older clients which may be especially related to service providers' avoidance behavior. In addition, the choice may be made more on the basis of a selective focus on characteristics, both positive and negative, which are at a relatively negative level than on the basis of a general focus on all characteristics.

The data also suggest that affect toward clients may play a less significant role than cognition of clients in a service provider's client-choice behavior. That is, service providers choose clients more on the basis of cognitions than on the basis of affect, even to the extent of choosing less well-liked clients.

Perhaps then, instead of affect toward client, it is evaluation of and affect toward the service encounter interaction itself which is more critical to service providers' client-choice behavior. For example, although a service provider may be truly fond of a client who is hard of hearing, difficulty in interacting with the client created by the client's hearing deficiency may be so aversive to the service provider that the client is avoided or interacted with less than would otherwise

be the case.

It should be noted that the validity of these generalizations is dependent upon the correctness of a set of four assumptions. One, the service providers had a choice of older clients with whom to be observed. Two, the measures of general and specific attitudes are comparably accurate, with no differentially influencing subject response sets. Three, the contentment, discontent, and physically aging cognition scales have comparable content validity. And four, the artificial choice of older clients with whom to be observed is an adequate approximation of service providers' real-life choice of clients. It should also be noted that the generalizations concerning affect are based on responses to only one item. Thus, the above generalizations of findings are highly speculative in nature and should be utilized with appropriate caution.

HYPOTHESIS TESTING

Hypothesis 1

Although of a speculative nature, the findings of this chapter offer some evidence regarding Hypothesis 1—that the more positive a service provider's attitude is toward an older client(s), then the more likely the service provider is to approach rather than avoid the older client(s). The findings from this chapter's simulated choice of client support Hypothesis 1 with respect to cognitions and contradict Hypothesis 1 with respect to affect. Additional testing of Hypothesis 1 will occur in Chapter XII.

CHAPTER XII

RELATIONSHIP BETWEEN SERVICE PROVIDERS' ATTITUDES AND THE CHARACTERISTICS OF SERVICE PROVIDERS AND THEIR OLDER CLIENTS

RESEARCH QUESTION AND OVERVIEW OF FINDINGS

Research Question

An attitude's antecedents include: (a) the causes of the attitude (i.e., learning experiences), (b) correlates of the attitude, and (c) the stimulus which activates the attitude (recall Figure 1). In this study, attitudinal antecedents are investigated at the individual level only—the organizational level is not addressed here (see Wilkinson, 1979, for a discussion of some organizational level antecedents). These individual level causes, correlates, and stimuli are considered together in this chapter, as they are operationalized by certain characteristics of service providers and their older clients.

This chapter addresses Research Question 6: How are the antecedent characteristics of service providers and their older clients related to service providers' attitudes? In all, 20 characteristics of service providers and/or their older clients are included in this study as antecedent variables to be examined with respect to attitudes. These individual level antecedent variables are of three types: personal characteristics of service providers (e.g., age), job-related characteristics of service providers (e.g., number of hours worked per week), and characteristics of interactions with clients (e.g.,

percentage of service provider's work day spent with clients). To orient the reader to the study's antecedent variables, Table XXXVI presents the mean and standard deviation for each of these 20 variables for both the Survey Sample and the Encounter Sample, as well as the response or coding categories to which these statistics refer.

Overview of Findings

In overview, the study's findings regarding the antecedent characteristics of service providers and their older clients and regarding the relationships between these antecedent variables and service providers' attitude scores are three-fold.

1. The antecedent characteristics (e.g., sex and age) of the study's service providers and their older clients tended to be intercorrelated. That is, service providers and their older clients were found to be paired together in such a way as to create "clusters" or "complexes" of antecedent characteristics. For example, service providers who are older also tended to be volunteer (rather than paid) employees, work fewer hours per week, have a greater percentage of elderly clients in their clientele, have worked longer at the current agency, and have a lower educational level.

2. The study's service provider types tended to differ from each other with respect to the antecedent characteristics of the service providers and their older clients. Of 13 service provider types, those types exhibiting the most extreme characteristics on 13 antecedent variables are as follows. Mental health practitioners were the youngest and nutrition personnel were the oldest. Hospital RNs and aides, in-home nursing RNs and aides, nursing home RNs and aides, nutrition personnel,

TABLE XXXVI

INDIVIDUAL-LEVEL ANTECEDENT VARIABLES: CHARACTERISTICS
OF SERVICE PROVIDERS AND OLDER CLIENTS

Antecedent Variable	Response/Coding Category	Survey Sample (n=428)		Encounter Sample (n=51)	
		Mean	Standard Deviation	Mean	Standard Deviation
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS					
SP's age (W1)	age in years	43.63	15.94	38.94	14.59
SP's sex (W2)	1 = female; 2 = male	1.32	.47	1.14	.35
SP's educational level (W3)	1 = less than 8th grade	6.96	2.11	7.38	1.71
	2 = 8th grade graduate				
	3 = some high school				
	4 = high school graduate				
	5 = some vocational or technical school				
	6 = vocational or technical school graduate				
	7 = some college				
	8 = college graduate				
	9 = some graduate school				
	10 = graduate degree				
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS					
Number of hours worked by SP per week at this job (M)	number of hours	34.87	14.95	36.86	6.80
SP's work status (N)	1 = paid; 2 = volunteer	1.09	.29	1.00	0
Number of years SP has worked at agency (O)	number of years	4.33	4.50	3.37	4.21
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS					
Percent of SP's work day spent with clients (P)	1 = 0-20%	3.30	1.34	3.59	.83
	2 = 21-40%				
	3 = 41-60%				
	4 = 61-80%				
	5 = 81-100%				
Percent elderly in SP's clientele (Q)	same as P	3.54	1.50	4.47	.95
Number of OCs served by SP per day (R)	number of older clients	22.84	42.71	8.18	10.81
Percent males in SP's elderly clientele (S)	same as P	2.13	1.00	2.29	1.08
Frequency of SP's contact with same OC (T)	1 = one time only	5.55	1.73	5.69	.59
	2 = less than once a year				
	3 = yearly				
	4 = twice a year				
	5 = monthly				
	6 = weekly				
	7 = daily				

Continued

TABLE XXXVI

CONTINUED

Antecedent Variable	Response/Coding Category	Survey Sample (n=428)		Encounter Sample (n=51)	
		Mean	Standard Deviation	Mean	Standard Deviation
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS					
Physical capability of SP's OCs for self care (G3)	1 (low) to 7 (high)	3.90	1.73	3.71	1.49
Recognition of OC by SP (H10)	1 (low) to 7 (high)	5.46	1.65	6.58	.76
OC's age (OCAGE)	age in years	b	b	75.13	6.32
OC's sex (OCSEX)	0 = male; 1 = female	b	b	.63	.33
Age difference between SP and OC (AGEDFF)	number of years	b	b	36.16	13.94
Sex difference between female SP and her OC (FSXDFF)	0 = same sex; 1 = opposite sex	b	b	.33	.31
Length of time SP has worked with OC (TIME)	number of years	b	b	1.06	1.25
SP's service type (TYPE)	0 = in-home nursing; 1 = interaction	b	b	.37	.49
Professional level within in-home nursing personnel (PROF)	1 = aide; 2 = RN	b	b	1.50	.51

Note. "SP" refers to "service provider." "OC" refers to "older client." Presented within parentheses following the variable names are shortened designations for the variables. "W1" through "H10" refer to the variable's question number in the General OC Questionnaire. "OCAGE" through "PROF" are acronyms (data came from the Encounter instruments).

^aAdditional data on these antecedent variables are presented elsewhere in this report. Means and standard deviations for each service provider type are presented in this chapter in Tables 4.4 and 4.6. Frequency distributions of the first 13 variables are presented for the two sample in Tables 6.9 and 6.11 of the sampling chapter (Chapter 6). The remaining seven variables are discussed in the "Service Encounter Sample" section of Chapter 6. T-test comparison of means between the Encounter Sample and their counterparts in the Survey Sample are also reported in the "Service Encounter Sample" section of Chapter 6.

^bNo data are available.

and interaction personnel were the most likely to be female while hospital MDs and transportation personnel were the most likely to be male. Nursing home aides had the lowest educational level and hospital MDs had the highest. Nutrition personnel worked the fewest number of hours per week and hospital MDs worked the greatest. Only nutrition personnel and interaction personnel were likely to be volunteer (rather than paid) employees. Mental health practitioners and in-home nursing aides had worked the fewest number of years at the current agency and hospital MDs had worked the greatest. Nutrition personnel spent the smallest percentage of the work day with clients, while transportation personnel and nursing home aides spent the largest. Mental health practitioners had the smallest percentage of elderly clients in their clientele, while nutrition personnel had the largest. Mental health practitioners served the smallest number of older clients per day, while nutrition personnel served the largest number. Housing personnel and transportation personnel have the smallest percentage of males in their elderly clientele, while hospital aides have the largest percentage. Income personnel have the least frequent contact with the same older client, and nursing home RNs have the most frequent. Older clients' physical capability for self-care is least for nursing home aides and greatest for housing personnel. Hospital RNs and income personnel are least likely to recognize individual older clients, while nutrition personnel and interaction personnel are the most likely.

3. Antecedent characteristics of the study's service providers and their older clients were found to be correlated with service providers' attitude scores, although only in a weak and partial manner.

Inconsistency of correlation was found across service provider types and across attitude scales. The weak and partial associations are as follows.

One, more positive cognitions of older clients (primarily of their interpersonal qualities) were reported by service providers who: are older, have a higher percentage of elderly in their clientele, serve a smaller number of older clients per day, have a lower percentage of males in their elderly clientele, and/or are more likely to recognize the individual older client.

Two, no correlation was found between service providers' reported cognitions of older clients as physically aging and any of the examined antecedent characteristics of service providers and their older clients.

Three, more positive affect toward older clients was reported by service providers who: are older, have a higher percentage of elderly in their clientele, have more frequent contact with the same older client, and/or are more likely to recognize the individual older client.

Four, greater preferences to approach older clients were reported by service providers who: are older, are female, have a lower educational level, have a higher percentage of elderly in their clientele, have more frequent contact with the same older client, and/or are more likely to recognize the individual older client.

Five, more positive cognitions regarding the job situation were reported by service providers who: are older, have a lower educational level, are volunteer (in contrast to paid) employees, serve a smaller number of older clients per day, and/or have an elderly clientele less physically capable of self-care.

And, six, more positive affect toward the job in its entirety was reported by service providers who: are older, are volunteer (in contrast to paid) employees, and/or have more frequent contact with the same older client.

INTERCORRELATIONS OF CHARACTERISTICS

Knowledge regarding the interrelationships of the characteristics of service providers and their older clients is useful for two reasons: (a) to assist in the understanding of the underlying service provision context, and (b) to assist in the interpretation of associations between those characteristics and subsequent attitudes and/or behaviors. Specifically, to what extent do such antecedent variables vary independently of each other? When not independent, with what other individual level antecedent variables are they related and in what manner?

Table XXXVII presents the intercorrelation matrix of the Survey Sample's 13 antecedent variables. The intercorrelation matrix of the Encounter Sample's 17 antecedent variables is presented in Table XXXVIII. These matrices show the relationship between each antecedent variable and the remaining 12 or 16 variables in the matrix.

Survey Sample

As can be seen from Table XXXVII, 38 of the 78 pairings of the Survey Sample's antecedent variables (i.e., 49%) are significantly correlated. Indeed, for the Survey Sample, all 13 of the antecedent variables are intercorrelated with at least 25% of the other antecedent variables, and six are intercorrelated with at least 50% of the others.

TABLE XXXVII

INTERCORRELATION MATRIX OF INDIVIDUAL-LEVEL ANTECEDENT VARIABLES FOR SURVEY SAMPLE

	W1	W2	W3	M	N	O	P	Q	R	S	T	G3	H10
SP's age (W1)	1.00	-.01	-.22***	-.36***	.50***	.26***	-.04	.30***	.15**	-.17***	.10*	.01	.12*
SP's sex: 1=female, 2=male (W2)		1.00	.17***	.18***	-.02	.03	.05	-.28***	-.04	.03	-.01	.10*	.02
SP's educational level (W3)			1.00	.20***	-.13**	.00	-.01	-.35***	-.21***	.06	-.19***	.09	-.09
Number of hours worked by SP per week at this job (M)				1.00	-.55***	.16**	.07	-.28***	-.06	.15**	-.04	.04	-.13**
SP's work status: 1=paid, 2=volunteer (N)					1.00	-.06	-.05	.20***	-.01	-.09	.01	-.01	.09
Number of years SP has worked at agency (O)						1.00	.08	-.08	.03	.03	-.07	.03	-.20***
Percent of SP's work day spent with clients (P)							1.00	.11*	.01	.19***	.02	-.00	.10*
Percent elderly in SP's clientele (Q)								1.00	.27***	.07	.17***	-.15**	.17***
Number of OCs served by SP per day (R)									1.00	-.07	.20***	.14**	.10
Percent males in SP's elderly clientele (S)										1.00	-.20***	-.08	-.18***
Frequency of SP's contact with same OC (T)											1.00	-.12*	.31***
Physical capability of SP's OCs for self-care (G3)												1.00	-.02
Recognition of OC by SP (H10)													1.00

Note. Overall size of the Survey Sample is 428; due to missing data, sample sizes for the correlations range from 382 to 425. "SP" refers to "service provider." "OC" refers to "older client."

*p<.05 **p<.01 ***p<.001 two-tailed tests of statistical significance

TABLE XXXVIII

INTERCORRELATION MATRIX OF INDIVIDUAL-LEVEL ANTECEDENT VARIABLES FOR ENCOUNTER SAMPLE

	W1	W1	W	O	P	Q	R	S	T	H10	OCAGE	OCSEX	AGEDFF	FSKDFF	TIME	TYPE	PROP
SP's Age (W1)	1.00	-.12	-.52***	.45**	.01	-.17	.02	-.33*	-.20	-.15	.12*	.21	-.90***	-.16	.45**	.43**	.10
SP's educational level (W1)		1.00	.28*	.20	-.00	-.22	-.02	-.19	-.20	-.16	-.20	.04	.03	-.03	-.12	-.15	.55**
Number of hours worked by SP per week at this job (W)			1.00	.12	-.10	-.18	.05	.21	-.13	-.06	-.15	.03	.48***	-.07	-.22	-.29*	.10
Number of years SP has worked at agency (O)				1.00	.22	-.50***	-.11	-.05	-.33*	-.12	-.05	-.00	-.49***	.06	.33*	-.10	.41*
Percent of SP's work day spent with clients (P)					1.00	-.00	.10	-.11	.29*	.16**	a	a	a	a	a	-.11	-.33
Percent elderly in SP's clientele (Q)						1.00	.00	.08	.31*	.27	a	a	a	a	a	.31*	-.47**
Number of OCs served by SP per day (R)							1.00	-.03	.20	-.01	a	a	a	a	a	.25	-.23
Percent males in SP's elderly clientele (S)								1.00	.25	.11	a	a	a	a	a	-.36**	-.20
Frequency of SP's contact with same OC (T)									1.00	.56***	a	a	a	a	a	-.11	-.33*
Recognition of OC by SP (H10)										1.00	a	a	a	a	a	-.02	-.40*
OC's age (OCAGE)											1.00	.26	.13	-.21	-.01	.13	-.32
OC's sex: 0 = male; 1 = female (OCSEX)												1.00	-.10	b	.18	.23	.03
Age difference between SP and OC (AGEDFF)													1.00	.07	-.48***	-.39**	-.46**
Sex difference between female SP and her OC; 0 = same sex; 1 = opposite sex (FSKDFF)														1.00	-.14	-.17	.03
Length of time SP has worked with OC (TIME)															1.00	.47***	-.14
SP's service type: 0 = in-home nursing; 1 = interaction (TYPE)																1.00	c
Professional level within in-home nursing personnel: 1 = aide; 2 = RN (PROP)																	1.00

Note. Overall size of the Encounter Sample is 51; due to missing data, sample sizes for the correlations range from 48 to 51 for the 15 variables which pertain to all 51 subjects. For the other two variables--FSKDFF and PROP--the sizes, respectively, range from 43 to 44 and from 28 to 32. Three antecedent variables utilized for the Survey Sample were not utilized here for the Encounter Sample. These three are: (1) "SP's sex" because there are only seven males in the Encounter Sample, (2) "SP's work status" because there are no volunteers in the Encounter Sample, and (3) "Physical capability of SP's OCs for self-care" because that variable was judged to be irrelevant for the Encounter Sample analysis. "SP" refers to "service provider." "OC" refers to "older client."

^aCorrelation would not be logical to perform.

^bCorrelation would be between identical pieces of information.

^cCorrelation cannot be performed because both PROP values equal same TYPE value.

* $p < .05$ ** $p < .01$ *** $p < .001$ two-tailed tests of statistical significance.

Many of these correlations, however, even though statistically significant, are so small as to be of questionable importance. Thus, in this discussion, the focus is on only the 11 intercorrelations which equal or exceed .22. The antecedent variables most intercorrelated with other antecedent variables for the Survey Sample are service provider's age (W1) and percentage elderly in service provider's clientele (Q), each with five intercorrelations equaling or exceeding .22. The remaining characteristics are intercorrelated (with significant correlations that equal or exceed .22) thusly: one is intercorrelated with three others, two are each intercorrelated with two others, five are each intercorrelated with one other, and three are each intercorrelated with zero others.

Encounter Sample

For the Encounter Sample, 29 of the 104 pairings of the antecedent variables (or 28%) were found to be significantly correlated, as shown in Table XXXVIII. (All 29 of the significant correlations equal or exceed .22.) The most intercorrelated characteristics for the Encounter Sample is service provider's age (W1), with seven significant intercorrelations. Next come: number of years service provider has worked at agency (O), age difference between service provider and older client (AGEDFF), service provider's service type (TYPE), and the in-home nursing personnel's professional level (PROF), each with six significant intercorrelations. Of the 17 variables, 9 are intercorrelated with at least 4 (i.e., 25%) of the others, and only 2 are intercorrelated with 0 others.

Summary

In sum, the data suggest that, although some characteristics of service providers and their older clients may exist independently of each other in the world of service provision, many others exist jointly. To some extent, then, service providers and their older clients appear to be paired together in such a way as to create "clusters" or "complexes" of individual level antecedent variables. Thus, the data suggest that clusterings of antecedent variables constitute an integral part of the service provision context. These clusterings of characteristics are of interest in and of themselves for the picture they draw of the service delivery context within which service providers and older clients interact. Moreover, such clusterings are a factor not to be ignored in the interpretation of relationships between antecedents and attitudes or behaviors. That is, the relationship represented by a correlation with an antecedent variable may actually stem partially or wholly from another intercorrelated antecedent variable. To conclude this discussion, Figure 17 presents the study's clusterings of antecedent variables in a manner that is hopefully easier to contemplate and digest than the matrices in Tables XXXVII and XXXVIII.

DIFFERENCES IN CHARACTERISTICS BY SERVICE PROVIDER TYPES

Up to now in this report, it has been taken as a hypothetical "given" that different types of service providers have different types of learning experiences that could serve as a basis for their attitudes toward older clients. Now, to the extent that the study's individual level antecedent variables represent indicators of learning experiences,

PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS

SP'S AGE (W1)

The older the service provider, then also:

for the Survey Sample,

1. the more likely the service provider is to be a volunteer rather than a paid employee ($r=.50$, $p<.001$, $n=409$),
2. the fewer the hours worked per week by the service provider ($r=-.36$, $p<.001$, $n=408$),
3. the greater the percent elderly in the service provider's clientele ($r=.30$, $p<.001$, $n=414$),
4. the longer the service provider has worked at the agency ($r=.26$, $p<.001$, $n=407$), and
5. the lower the service provider's educational level ($r=-.22$, $p<.001$, $n=410$);

for the Encounter Sample,

1. the smaller the age difference between service provider and older client ($r=-.90$, $p<.001$, $n=50$),
2. the fewer the hours worked per week by the service provider ($r=-.52$, $p<.001$, $n=50$),
3. the longer the service provider has worked at the agency ($r=.45$, $p<.01$, $n=50$),
4. the longer the service provider has worked with a particular older client ($r=.45$, $p<.01$, $n=49$),
5. the more likely the service provider's service type is to be interaction rather than in-home nursing ($r=.43$, $p<.01$, $n=50$),
6. the lower the percent of males in the service provider's elderly clientele ($r=-.33$, $p<.05$, $n=50$), and
7. the older the elderly clients ($r=.32$, $p<.05$, $n=50$).

SP'S SEX (W2)^a

If the service provider is a male, then also:

for the Survey Sample,

1. the lower the percent elderly in the service provider's clientele ($r=-.28$, $p<.001$, $n=425$).

SP'S EDUCATIONAL LEVEL (W3)

The greater the service provider's educational level, then also:

for the Survey Sample,

1. the lower the percent elderly in the service provider's clientele ($r=-.35$, $p<.001$, $n=417$), and
2. the younger the service provider ($r=-.22$, $p<.001$, $n=410$);

for the Encounter Sample,

1. the more likely the in-home nursing personnel is to be an RN instead of an aide ($r=.55$, $p<.01$, $n=31$), and
2. the greater the number of hours worked per week by the service provider ($r=.28$, $p<.05$, $n=50$).

JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS

NUMBER OF HOURS WORKED BY SP PER WEEK AT THIS JOB (W)

The greater the number of hours worked per week by the service provider, then also:

for the Survey Sample,

1. the less likely the service provider's work status is to be a volunteer rather than paid employee ($r=-.55$, $p<.001$, $n=415$),
2. the younger the service provider ($r=-.36$, $p<.001$, $n=408$), and
3. the lower the percent elderly in the service provider's clientele ($r=-.28$, $p<.001$, $n=418$);

for the Encounter Sample,

1. the younger the service provider ($r=-.52$, $p<.001$, $n=50$),
2. the greater the age difference between service provider and older client ($r=.48$, $p<.001$, $n=50$),
3. the less likely the service provider's service type is to be interaction rather than in-home nursing ($r=-.29$, $p<.05$, $n=51$), and
4. the greater the service provider's educational level ($r=.28$, $p<.05$, $n=50$).

SP'S WORK STATUS (W)^a

If the service provider is a volunteer rather than a paid employee, then it is also more likely that:

for the Survey Sample,

1. the service provider works fewer hours per week ($r=-.55$, $p<.001$, $n=415$), and
2. the service provider is older ($r=.50$, $p<.001$, $n=409$).

Figure 17. Clusterings of individual-level antecedent variables.

NUMBER OF YEARS SP HAS WORKED AT AGENCY (O)

The longer the service provider has worked at the agency, then also:

for the Survey Sample,

1. the older the service provider ($r=.26$, $p<.001$, $n=407$).

for the Encounter Sample,

1. the lower the percent elderly in the service provider's clientele ($r=-.50$, $p<.001$, $n=51$),
2. the smaller the age difference between service provider and older client ($r=-.49$, $p<.001$, $n=50$),
3. the older the service provider ($r=.45$, $p<.01$, $n=50$),
4. the more likely the in-home nursing personnel is to be an RN instead of an aide ($r=.41$, $p<.05$, $n=32$),
5. the longer the service provider has worked with a particular older client ($r=.33$, $p<.05$, $n=50$), and
6. the less frequent the service provider's contact with the same older client ($r=-.33$, $p<.05$, $n=49$).

CHARACTERISTICS OF INTERACTIONS WITH CLIENTS

PERCENT OF SP'S WORKDAY SPENT WITH CLIENTS (P)

The greater the percent of the workday that a service provider spends with clients, then also:

for the Survey Sample,

no significant correlations equal to or exceeding $r=.22$ were found;

for the Encounter Sample,

1. the more likely the service provider's recognition of older clients ($r=.36$, $p<.01$, $n=50$), and
2. the more frequent the service provider's contact with the same older client ($r=.29$, $p<.05$, $n=49$).

PERCENT ELDERLY IN SP'S CLIENTELE (Q)

The greater the percent elderly in the service provider's clientele, then also:

for the Survey Sample,

1. the lower the service provider's educational level ($r=-.35$, $p<.001$, $n=417$),
2. the older the service provider ($r=.30$, $p<.001$, $n=414$),
3. the less likely the service provider is to be male ($r=-.28$, $p<.001$, $n=425$),
4. the fewer the hours worked per week by the service provider ($r=-.28$, $p<.001$, $n=418$), and
5. the greater the number of older clients served per day by the service provider ($r=.27$, $p<.001$, $n=391$);

for the Encounter Sample,

1. the less long the service provider has worked at the agency ($r=-.50$, $p<.001$, $n=51$),
2. the less likely the in-home nursing personnel is to be an RN rather than an aide ($r=-.47$, $p<.01$, $n=32$),
3. the more likely the service provider's service type is to be interaction rather than in-home nursing ($r=.31$, $p<.05$, $n=51$), and
4. the more frequent the service provider's contact with the same older client ($r=.31$, $p<.05$, $n=49$).

NUMBER OF OCs SERVED BY SP PER DAY (R)

The greater the number of older clients served per day by the service provider, then also:

for the Survey Sample,

1. the greater the percent elderly in the service provider's clientele ($r=.27$, $p<.001$, $n=391$);

for the Encounter Sample,

no significant correlations were found.

PERCENT MALES IN SP'S ELDERLY CLIENTELE (S)

The greater the percent of males in the service provider's elderly clientele, then also:

for the Survey Sample,

no significant correlations equal to or exceeding $r=.22$ were found;

for the Encounter Sample,

1. the less likely the service provider's service type is to be interaction rather than in-home nursing ($r=-.36$, $p<.01$, $n=51$), and
2. the younger the service provider ($r=-.33$, $p<.05$, $n=50$).

Figure 17. Continued.

<p style="text-align: center;">FREQUENCY OF SP'S CONTACT WITH SAME OC (T)</p> <p>The more frequent the service provider's contact with the same older client, then also:</p> <p>for the Survey Sample,</p> <ol style="list-style-type: none"> 1. the more likely the service provider's recognition of older clients ($r=.31$, $p<.001$, $n=408$); <p>and, for the Encounter Sample,</p> <ol style="list-style-type: none"> 1. the more likely the service provider's recognition of older clients ($r=.56$, $p<.001$, $n=48$), 2. the less long the service provider has worked at the agency ($r=-.33$, $p<.05$, $n=49$), 3. the less likely the in-home nursing personnel is to be an RN rather than an aide ($r=-.33$, $p<.05$, $n=31$), 4. the greater the percent elderly in the service provider's clientele ($r=.31$, $p<.05$, $n=49$), and 5. the greater the percent of the service provider's work day that is spent with clients ($r=.29$, $p<.05$, $n=49$).
<p style="text-align: center;">PHYSICAL CAPABILITY OF SP'S OCs FOR SELF-CARE (G3)^a</p> <p>The greater the physical capability of the service provider's older clients to care for themselves, then also:</p> <p>for the Survey Sample,</p> <p>no significant correlations equal to or exceeding $r=.22$ were found.</p>
<p style="text-align: center;">SP'S RECOGNITION OF INDIVIDUAL OC (H10)</p> <p>The more likely the service provider's recognition of older clients, then also:</p> <p>for the Survey Sample,</p> <ol style="list-style-type: none"> 1. the more frequent the service provider's contact with the same older client ($r=.31$, $p<.001$, $n=408$); <p>for the Encounter Sample,</p> <ol style="list-style-type: none"> 1. the more frequent the service provider's contact with the same older client ($r=.56$, $p<.001$, $n=48$), 2. the less likely the in-home nursing personnel is to be an RN rather than an aide ($r=-.40$), $p<.05$, $n=32$), and 3. the greater the percent of the service provider's work day that is spent with clients ($r=.36$, $p<.01$, $n=50$).
<p style="text-align: center;">OC'S AGE (OCAGE)^b</p> <p>The older the older client, then also:</p> <p>for the Encounter Sample,</p> <ol style="list-style-type: none"> 1. the older the service provider ($r=.32$, $p<.05$, $n=50$).
<p style="text-align: center;">OC'S SEX (OCSEX)^b</p> <p>If the older client is a female, then also:</p> <p>for the Encounter Sample,</p> <p>no significant correlations were found.</p>
<p style="text-align: center;">AGE DIFFERENCE BETWEEN SP AND OC (AGEFFT)^{b,c}</p> <p>The greater the age difference between service provider and older client, then also:</p> <p>for the Encounter Sample,</p> <ol style="list-style-type: none"> 1. the younger the service provider ($r=-.90$, $p<.001$, $n=50$), 2. the less long the service provider has worked at the agency ($r=-.49$, $p<.001$, $n=50$), 3. the greater the number of hours worked per week by the service provider ($r=.48$, $p<.001$, $n=50$), 4. the less long the service provider has worked with a particular older client ($r=-.48$, $p<.001$, $n=49$), 5. the less likely the in-home nursing personnel is to be an RN rather than an aide ($r=-.46$, $p<.01$, $n=31$), and 6. the less likely the service provider's service type is to be interaction rather than in-home nursing ($r=-.39$, $p<.01$, $n=50$).

Figure 17. Continued.

SEX DIFFERENCE BETWEEN FEMALE SP AND HER OC (FSXDOFF)^b

If a female service provider has a male older client, then also:
for the Encounter Sample,
no significant correlations were found.

LENGTH OF TIME SP HAS WORKED WITH OC (TIME)^b

The longer the service provider has worked with a particular older client, then also:
for the Encounter Sample,

1. the less the age difference between service provider and older client ($r = -.48$, $p \leq .001$, $n = 49$),
2. the more likely the service provider's service type is interaction instead of in-home nursing ($r = .47$, $p \leq .001$, $n = 50$),
3. the older the service provider ($r = .45$, $p \leq .01$, $n = 49$), and
4. the longer the service provider has worked at the agency ($r = .33$, $p \leq .05$, $n = 50$).

SP'S SERVICE TYPE (TYPE)^b

If the service provider's service type is interaction rather than in-home nursing, then also:
for the Encounter Sample,

1. the longer the service provider has worked with a particular older client ($r = .47$, $p \leq .001$, $n = 50$),
2. the older the service provider ($r = .43$, $p \leq .01$, $n = 50$),
3. the less the age difference between service provider and older client ($r = -.39$, $p \leq .01$, $n = 50$),
4. the lower the percent of males in the service provider's elderly clientele ($r = -.36$, $p \leq .01$, $n = 51$),
5. the greater the percent elderly in the service provider's clientele ($r = .31$, $p \leq .05$, $n = 51$), and
6. the fewer the hours worked per week by the service provider ($r = -.29$, $p \leq .05$, $n = 51$).

PROFESSIONAL LEVEL WITHIN IN-HOME NURSING PERSONNEL (PROF)^b

If the in-home nursing personnel is an RN rather than an aide, then also:
for the Encounter Sample,

1. the greater the service provider's educational level ($r = .55$, $p \leq .01$, $n = 31$),
2. the lower the percent elderly in the service provider's clientele ($r = -.47$, $p \leq .01$, $n = 32$),
3. the less the age difference between service provider and older client ($r = -.46$, $p \leq .01$, $n = 31$),
4. the longer the service provider has worked at the agency ($r = .41$, $p \leq .05$, $n = 32$),
5. the more likely the service provider's recognition of older clients ($r = -.40$, $p \leq .05$, $n = 32$), and
6. the less frequent the service provider's contact with the same older client ($r = -.33$, $p \leq .05$, $n = 31$).

Note. Correlation coefficients come from tables 4.2 and 4.3. Only intercorrelations which are significant and which equal or exceed $r = .22$ are shown. "SP" refers to "service provider." "OC" refers to "older client."

^aCorrelations available for Survey Sample only.

^bCorrelations available for Encounter Sample only.

^cFor this sample, age difference is primarily a function of the service provider's age. Accordingly, five of the six significant intercorrelations overlap for the two antecedent variables.

Figure 17. Continued.

this assumption of differential learning experiences can be empirically investigated. Do service provider types differ in their characteristics? The basic data examined with respect to this question concerns the study's randomly sampled Survey Sample, supplemented by data regarding the non-randomly sampled Encounter Sample.

Survey Sample

With respect to the Survey Sample, the answer to the above question of whether service provider types differ in their characteristics appears to be: yes. The 13 service provider types were found to differ significantly from each other on all 13 characteristics examined. These data are presented in Tables XXXIX and XL. In Table XXXIX are listed the mean scores (and standard deviations) of the 13 characteristics for each of the 13 service provider types. Table XL indicates where significant differences occurred between the mean scores.

As can be seen from an inspection of Table XL, the 13 service provider types in the Survey Sample vary in numerous ways with respect to antecedent variables. Indeed, across service provider types, there appears to be a wide diversity in the characteristics of the service providers and their older clientele. For example, mental health practitioners reported themselves to be younger than income personnel, transportation personnel, hospital MDs, nursing home RNs, interaction personnel, and nutrition personnel. It is to differences such as shown in Table XL that we can look to seek some of the explanations for differences in attitudes and behaviors between service provider types and even for differences in older clients' evaluations of the types. It

TABLE XXXIX

MEAN INDIVIDUAL-LEVEL ANTECEDENT SCORES FOR 13 DIFFERENT SERVICE PROVIDER TYPES: SURVEY SAMPLE

Antecedent Variables	Means (and standard deviations) for each service provider type						
	1	2	3	4	5	6	7
	HOSPITAL MDs (n=19-26)	HOSPITAL RNs (n=40-43)	HOSPITAL AIDES (n=33-34)	IN-HOME NURSING RNs (n=15-18)	IN-HOME NURSING AIDES (n=11-18)	NURSING HOME RNs (n=18-19)	NURSING HOME AIDES (n=16-17)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS							
SP's age (W1)	46.62 (9.30)	37.47 (11.89)	35.15 (11.78)	36.67 (11.11)	39.22 (14.18)	48.16 (15.45)	34.35 (13.87)
SP's sex: 1 = female; 2 = male (W2)	1.96 (.20)	1.02 (.15)	1.21 (.41)	1.00 (0)	1.22 (.43)	1.11 (.32)	1.00 (0)
SP's educational level (W3)	10.00 (0)	7.19 (1.10)	6.06 (1.75)	8.17 (.51)	6.65 (1.62)	7.26 (1.15)	4.35 (1.62)
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS							
Number of hours worked by SP per week at this job (W)	54.28 (15.90)	37.81 (5.70)	34.79 (10.72)	35.00 (11.46)	36.67 (8.30)	32.83 (11.68)	40.88 (13.55)
SP's work status: 1 = paid; 2 = volunteer (N)	1.04 (.21)	0 volunteers	0 volunteers	0 volunteers	0 volunteers	0 volunteers	0 volunteers
Number of years SP has worked at agency (O)	10.63 (7.75)	6.48 (6.65)	4.50 (3.83)	4.18 (4.14)	2.49 (2.33)	3.73 (4.18)	2.83 (3.66)
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS							
Percent of SP's work day spent with clients (P)	3.73 (1.25)	2.86 (1.41)	3.44 (1.24)	3.11 (1.23)	3.94 (1.16)	2.89 (1.13)	4.24 (.90)
Percent elderly in SP's clientele (Q)	2.50 (.95)	3.14 (1.08)	3.68 (.94)	3.72 (1.36)	3.83 (1.50)	4.74 (.45)	4.82 (.39)
Number of OCs served by SP per day (R)	9.23 (4.28)	8.58 (7.83)	18.18 (27.17)	4.33 (1.80)	7.12 (5.49)	50.89 (30.69)	26.69 (20.93)
Percent males in SP's elderly clientele (S)	2.46 (.76)	2.52 (.77)	2.88 (.93)	2.44 (1.25)	2.56 (1.29)	1.67 (.77)	1.88 (1.17)
Frequency of SP's contact with same OC (T)	4.76 (1.39)	5.33 (2.39)	5.55 (2.27)	5.06 (1.71)	5.56 (1.58)	6.84 (.37)	6.53 (1.07)
Physical capability of SP's OCs for self-care (G3)	4.92 (1.26)	3.28 (1.26)	3.53 (1.66)	3.47 (1.46)	3.11 (1.97)	2.61 (1.20)	2.06 (1.25)
Recognition of OC by SP (H10)	4.65 (1.57)	3.98 (1.49)	4.64 (1.50)	5.94 (1.11)	6.33 (1.24)	5.95 (1.43)	6.29 (1.05)

Continued.

TABLE XXXIX

CONTINUED

Antecedent Variables	Means (and standard deviations) for each service provider type					
	8 MENTAL HEALTH PRACTI- TIONERS (n=43-47)	9 INCOME PERSONNEL (n=42-43)	10 NUTRITION PERSONNEL (n=35-42)	11 TRANSPOR- TATION PERSONNEL (n=29-31)	12 HOUSING PERSONNEL (n=38-44)	13 INTER- ACTION PERSONNEL (n=41-46)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS						
SP's age (M1)	33.94 (7.39)	43.19 (16.52)	64.05 (11.46)	46.59 (14.16)	42.62 (16.75)	51.93 (17.41)
SP's sex: 1 = female; 2 = male (M2)	1.55 (.50)	1.28 (.45)	1.21 (.42)	1.84 (.37)	1.25 (.44)	1.28 (.46)
SP's educational level (M3)	8.91 (1.35)	7.53 (1.45)	5.87 (2.22)	5.33 (1.99)	6.42 (1.84)	6.16 (2.17)
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS						
Number of hours worked by SP per week at this job (M)	36.67 (11.11)	37.72 (9.84)	15.98 (14.02)	36.77 (15.28)	36.86 (16.77)	28.70 (15.04)
SP's work status: 1 = paid; 2 = volunteer (N)	0 volunteers	1.12 (.32)	1.55 (.50)	0 volunteers	0 volunteers	1.23 (.42)
Number of years SP has worked at agency (O)	2.44 (2.16)	4.74 (4.45)	3.72 (1.75)	5.07 (5.86)	4.23 (2.79)	2.86 (2.16)
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS						
Percent of SP's work day spent with clients (P)	3.26 (1.24)	3.14 (1.37)	2.57 (1.46)	3.97 (1.43)	2.93 (1.32)	3.65 (1.10)
Percent elderly in SP's clientele (Q)	1.36 (.53)	3.47 (1.39)	4.88 (.64)	3.40 (1.52)	3.63 (1.65)	4.35 (1.23)
Number of OCs served by SP per day (R)	2.23 (4.77)	9.79 (9.42)	64.74 (72.21)	39.93 (72.91)	40.50 (63.08)	18.02 (30.22)
Percent males in SP's elderly clientele (S)	1.83 (.89)	2.63 (.82)	1.92 (1.01)	1.57 (.68)	1.51 (.67)	1.96 (1.00)
Frequency of SP's contact with same OC (T)	5.77 (1.89)	3.64 (2.08)	6.25 (.59)	6.17 (.59)	5.98 (.98)	5.62 (.65)
Physical capability of SP's OCs for self-care (G3)	4.00 (1.45)	4.40 (1.51)	4.03 (2.02)	4.48 (1.77)	5.00 (1.52)	3.73 (1.81)
Recognition of OC by SP (H10)	5.77 (1.34)	4.14 (1.93)	6.41 (.81)	5.32 (1.74)	6.20 (1.23)	6.41 (1.05)

Note. Standard deviations are presented in parentheses following each mean. Significance tests for differences between means are presented in Table XL. "SP" refers to "service provider." "OC" refers to "older client."

TABLE XL

SIGNIFICANCE TESTS FOR DIFFERENCES BETWEEN MEAN INDIVIDUAL-LEVEL ANTECEDENT
SCORES OF 13 SERVICE PROVIDER TYPES: SURVEY SAMPLE

Antecedent Variables	Overall F from ANOVA df=12,178-415	Significant Pairwise Mean Differences ^a	Order of Means ^b
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS			
SP's age (W1)	14.43****	8<9,11,1,6,13,10 7,3,4,2,5,12,9<13,10 11,1,6,13<10 9,11,1,6>8 13>8,7,3,4,2,5,12,9 10>8,7,3,4,2,5,12,9,11,1,6,13	8,7,3,4,2,5,12,9,11,1,6,13,10
SP's sex: 1 = female; 2 = male (W2)	17.59****	4,7,2,6,3,10,5,12,9,13<8,11,1 8<11,1 8<4,7,2,6,3,10,5,12,9,13 11,1<4,7,2,6,3,10,5,12,9,13,8	4,7,2,6,3,10,5,13,9,13,8,11,1
SP's educational level (W3)	24.12****	7<10,3,13,12,5,2,6,9,4,8,1 11,10<2,6,9,4,8,1 3,13,12<9,4,8,1 5<4,8,1 5,6,9<8,1 4<1 10,3,13,12,5>7 2,6>7,11,10 9>7,11,10,3,13,12 4>7,11,10,3,13,12,5 8>7,11,10,3,13,12,5,2,6,9 1>7,11,10,3,13,12,5,2,6,9,4,8	7,11,10,3,13,12,5,2,6,9,4,8,1
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS			
Number of hours worked by SP per week at this job (M)	14.22****	10<13,6,3,4,5,8,11,12,9,2,7,1 13<9,2,7,1 6,3,4,5,8,11,12,9,2,7<1 13,6,3,4,5,8,11,12>10 9,2,7>10,13 1<10,13,6,3,4,5,8,11,12,9,2,7	10,13,6,3,4,5,8,11,12,9,2,7,1
SP's work status: 1 = paid; 2 = volunteer (N)	17.24****	2,3,4,5,6,7,8,11,12,1,9<13,10 13<10 13>2,3,4,5,6,7,8,11,12,1,9 10>2,3,4,5,6,7,8,11,12,1,9,13	2,3,4,5,6,7,8,11,12,1,9,13,10
Number of years SP has worked at agency (O)	6.54****	8,5<2,1 7,13,10,6,4,12,3,9,11,2<1 2>8,5 1>8,5,7,13,10,6,4,12,3,9,11,2	8,5,7,13,10,6,4,12,3,9,11,2,1
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS			
Percent of SP's work day spent with clients (P)	4.35****	10<13,1,5,11,7 2<11,7 13,1,5>10 11,7>10,2	10,2,6,12,4,9,8,3,13,1,5,11,7
Percent elderly in SP's clientele (Q)	26.89****	8<1,2,11,9,12,3,4,5,13,6,7,10 1<2,11,9,12,3,4,5,13,6,7,10 2,11,9,12,3<13,6,7,10 4<6,7,10 5<10 1>8 2,11,9,12,3,4,5>8,1 13>8,1,2,11,9,12,3 6,7>8,1,2,11,9,12,3,4 10>8,1,2,11,9,12,3,4,5	8,1,2,11,9,12,3,4,5,13,6,7,10
Number of OCs served by SP per day (R)	8.04****	8<11,12,6,10 4,5,2,1,9,13,3<6,10 7<10 11,12>8 6<8,4,5,2,1,9,13,3 10>8,4,5,2,1,9,13,3,7	8,4,5,2,1,9,13,3,7,11,12,6,10
Percent males in SP's elderly clientele (S)	8.31****	12,11<4,1,2,5,9,3 6,8<9,3 7,10,13<3 4,1,2,5<12,11 9>12,11,6,8 3>12,11,6,8,7,10,13	12,11,6,8,7,10,13,4,1,2,5,9,3
Frequency of SP's contact with same OC (T)	9.08****	9<1,4,2,3,5,13,8,12,11,10,7,6 1<12,11,10,7,6 4,2<6 1,4,2,3,5,13,8>9 12,11,10,7>9,1 6<9,1,4,2	9,1,4,2,3,5,13,8,12,11,10,7,6
Physical capability of SP's OCs for self-care (G3)	7.53****	7<3,13,8,10,9,11,1,12 6<8,10,9,11,1,12 5,2<1,12 4,3,13,8<12 3,13>7 8,10,9,11>7,6 1>7,6,5,2 12>7,6,5,2,4,3,13,8	7,6,5,2,4,3,13,8,10,9,11,1,12
Recognition of OC by SP (H10)	14.88****	2,9<11,8,4,6,12,7,5,10,13 3,1<8,4,6,12,7,5,10,13 11<10,13 11>2,9 8,4,6,12,7,5>2,9,3,1 10,13>2,9,3,1,11	2,9,3,1,11,8,4,6,12,7,5,10,13

Continued.

TABLE XL

CONTINUED

Note. Significance tests are between the mean scores reported in Table XXXIX. Service provider types are indicated by number as follows: (1) hospital MDs, (2) hospital RNs, (3) hospital aides, (4) in-home nursing RNs, (5) in-home nursing aides, (6) nursing home RNs, (7) nursing home aides, (8) mental health practitioners, (9) income personnel, (10) nutrition personnel, (11) transportation personnel, (12) housing personnel, and (13) interaction personnel. "SP" refers to "service provider." "OC" refers to "older client."

^aFollowing a significant overall F, significant pairwise mean differences were determined using the Student-Neuman-Keuls Procedure to examine differences between all possible pairs of means ($p < .05$).

^bThe means are ordered, left to right, from low to high.

**** $p < .0001$

is also to such differences, which can restrict the range of a characteristic differentially within types and can confound the influence of type and characteristic across types, that we can look for the source of some confusion in interpreting relationships between an individual level antecedent variable and subsequent service providers' attitudes and behaviors.

Encounter Sample

With respect to the Encounter Sample, service provider types were again found to differ significantly from each other in their antecedent variables—even though in this sample the number of service provider types has been reduced from 13 to 3, the number of service providers within each type is smaller, and the sampling of subjects was not random. As can be seen in Table XLI, 7 of 15 characteristics differed significantly by service provider type. These significant differences support the finding resulting from the Survey Sample that service provider types do not appear to be homogeneous in regard to the characteristics of service providers and their older clients.

RELATIONSHIP OF CHARACTERISTICS WITH ATTITUDES

Attitude scales utilized in this examination include, for both the Survey and Encounter Samples: (a) overall contentment cognitions regarding older clients' primarily interpersonal qualities (ATT1 and ATT1S), (b) cognitions of older clients as physically aging (ATT10 and ATT10S), and (c) affect toward older clients (ATT20 and ATT20S). A number of other attitude scales were also utilized for the Survey Sample, but were unavailable for the Encounter Sample. They are: (a)

TABLE XLI

MEAN INDIVIDUAL-LEVEL ANTECEDENT SCORES AND SIGNIFICANCE TESTS FOR THREE
DIFFERENT SERVICE PROVIDER TYPES: ENCOUNTER SAMPLE

Antecedent Variables	MEANS (AND STANDARD DEVIATIONS) FOR EACH SERVICE PROVIDER TYPE			Overall F from ANOVA df=2, 41-48	Significant Pairwise Mean Differences ^a	Order of Means ^b
	In-home Nursing		Interaction Personnel (n = 16-19) 13			
	RNs (n = 14-16) 4	Aides (n = 13-16) 5				
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS						
SP's age (W1)	37.25 (12.04)	30.67 (9.34)	46.89 (16.25)	6.56**	5,4<13	5,4,13
SP's sex (W2)	c	c	c	c	c	c
SP's educational level (W3)	8.31 (.60)	6.80 (1.61)	7.05 (2.12)	4.02*	5,13<4	5,13,4
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS						
Number of hours worked by SP per week at this job (H)	39.69 (4.47)	37.06 (4.01)	34.32 (9.20)	2.93		13,5,4
SP's work status: volunteer or paid (N)	d	d	d	d	d	d
Number of years SP has worked at agency (O)	5.73 (6.23)	1.64 (2.19)	2.83 (2.24)	4.60*	5,13<4	5,13,4
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS						
Percent of SP's work day spent with clients (P)	3.38 (.96)	3.94 (.68)	3.47 (.77)	2.24		4,13,5
Percent elderly in SP's clientele (Q)	3.75 (1.24)	4.75 (.58)	4.84 (.50)	8.99***	4<5,13	4,5,13
Number of OCs served by SP per day (R)	4.50 (1.95)	7.44 (8.78)	11.53 (14.90)	1.82		4,5,13
Percent males in SP's elderly clientele (S)	2.38 (.96)	2.81 (1.22)	1.79 (.86)	4.50*	13<5	13,4,5
Frequency of SP's contact with same OC (T)	5.53 (.64)	5.94 (.57)	5.61 (.50)	2.25		4,13,5
Physical capability of SP's OCs for self-care (G3)	e	e	e	e	e	e
Recognition of OC by SP (H10)	6.31 (.87)	6.88 (.34)	6.56 (.86)	2.34		4,13,5
OC's age (OCAGE)	72.58 (6.89)	76.46 (4.97)	76.15 (6.51)	1.97		4,13,5
OC's sex: 0 = Male; 1 = female (OCSEX)	.58 (.31)	.56 (.38)	.73 (.29)	1.36		5,4,13
Age difference between SP and OC (AGEDFF)	35.33 (11.65)	45.80 (9.14)	29.25 (14.92)	7.53**	13,4<5	13,4,5
Sex difference between female SP and her OC: 0 = same sex; 1 = opposite sex (PSXDFF)	.38 (.28)	.36 (.37)	.26 (.29)	.63		13,5,4
Length of time SP has worked with OC (TIME)	.52 (.53)	.72 (.95)	1.84 (1.57)	6.92**	4,5<13	4,5,13
SP's service type: 0 = in-home nursing; 1 = interaction (TYPE)	f	f	f	f	f	f
Professional level within in-home nursing personnel: 1 = aide; 2 = RN (PROF)	f	f	f	f	f	f

Continued

TABLE XLI

CONTINUED

Note. "SP" refers to "service provider." "OC" refers to "older client."

^aFollowing a significant overall F, significant pairwise mean differences were determined using the Student-Neuman-Keuls Procedure to examine differences between all possible pairs of means ($p \leq .05$).

^bThe means are ordered, left to right, from low to high.

^cThe number of male service providers in the Encounter Sample was too small to justify analysis.

^dThe Encounter Sample contained no volunteer employees.

^eThis variable was judged to be irrelevant for the Encounter Sample analysis.

^fThis analysis would be impossible because the three service provider types define the antecedent variable.

* $p < .05$ ** $p < .01$ *** $p < .001$

preferences to approach older clients (ATT24), (b) overall contentment cognitions regarding the job situation (ATT11), and (c) affect toward the job (ATT23). Correlations between the antecedent characteristics and attitude scores were calculated both for the samples as wholes and separately for each service provider type within a sample—i.e., "within-types correlations."

Survey Sample

Total Sample. First, in seeking meaningful associations between individual level antecedent variables and attitudes, the correlations between the antecedent variables and six key attitude scales were examined for the Survey Sample as a whole (see Table XLII). Of the Survey Sample's 13 antecedent variables, 6 are significantly correlated with at least one of the six attitude measures with correlation coefficients that equal or exceed $r = .22$. These six are: service provider's age, service provider's educational level, service provider's work status (i.e., volunteer or paid), percentage elderly in service provider's clientele, frequency of service provider's contact with same older client, and extent to which service provider recognizes individual older clients. Of the remaining seven antecedent variables, two did not correlate significantly with any of the six attitude measures, and five had significant correlations that failed to equal $r = .22$. In all, 16 of the 78 combinations of antecedent variables and attitude measures were found to be significantly and meaningfully correlated for the Survey Sample as a whole.

Service Provider Types. For confirmation and amplification of these findings, the within-types correlations between the 13 antecedent

TABLE XLII

WHOLE-SAMPLE CORRELATIONS BETWEEN INDIVIDUAL-LEVEL ANTECEDENT
VARIABLES AND ATTITUDE SCALES: SURVEY SAMPLE

Antecedent Variables	Attitude Scales					
	Overall Contentment Cognitions Re OCs (ATT1)	Cognitions Of OCs As Physically Aging (ATT10)	Affect Toward OCs (ATT20)	Preferences To Approach OCs (ATT24)	Overall Contentment Cognitions Re Job Situation (ATT11)	Affect Toward Job (ATT23)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS						
SP's age (W1)	.29*** (403)	-.04 (405)	.28*** (413)	.23*** (413)	.35*** (384)	.32*** (412)
SP's sex: 1 = female; 2 = male (W2)	.02 (414)	-.15** (417)	-.08 (425)	-.12* (425)	.11* (394)	-.02 (424)
SP's educational level (W3)	-.13** (405)	-.02 (407)	-.21*** (415)	-.24*** (415)	-.12* (387)	-.08 (414)
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS						
Number of hours worked by SP per week at this job (M)	-.17*** (408)	-.04 (411)	-.15** (418)	-.13** (418)	-.13* (388)	-.14** (417)
SP's work status: 1 = paid; 2 = volunteer (N)	.18*** (408)	-.04 (411)	.13** (419)	.07 (419)	.29*** (388)	.23*** (418)
Number of years SP has worked at agency (O)	.01 (404)	-.03 (406)	.05 (414)	.03 (414)	.01 (385)	.02 (413)
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS						
Percent of SP's work day spent with clients (P)	.01 (407)	.04 (410)	.05 (418)	.05 (419)	.06 (390)	.03 (417)
Percent elderly in SP's clientele (Q)	.22*** (411)	.11* (414)	.26*** (422)	.26*** (422)	.05 (391)	.06 (421)
Number of OCs served by SP per day (R)	.09 (378)	.04 (381)	.10* (388)	.11* (388)	-.02 (361)	.07 (387)
Percent males in SP's elderly clientele (S)	-.19*** (405)	.03 (408)	-.10* (416)	-.14** (416)	-.20*** (386)	-.13** (415)
Frequency of SP's contact with same OC (T)	.11* (402)	.12* (404)	.21*** (412)	.22*** (412)	.11* (382)	.22*** (411)
Physical capability of SP's OCs for self-care (G3)	.06 (404)	-.16** (406)	-.06 (414)	-.03 (413)	-.02 (387)	-.00 (412)
Recognition of OC by SP (H10)	.24*** (411)	.02 (413)	.26*** (419)	.27*** (420)	.18*** (389)	.17*** (418)

Note. For all attitude scales except ATT10, higher scores represented greater positiveness. For ATT10, higher scores represented greater negativeness. Sample sizes are shown within parentheses following the correlation coefficients. "SP" refers to "service provider." "OC" refers to "older client."

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$ two-tailed tests of statistical significance.

variables and the same six attitude measures were examined. To simplify communication of the findings, a single summary table (Table XLIII) is presented for the within-types correlations rather than the underlying 13 tables of correlation coefficients, each containing some 78 correlations. The decision rule I used here is that significant or near-significant correlations of a consistent direction must occur on at least 23% (i.e., usually 3) of the 13 service provider types per combination of antecedent variable and attitude scale in order for that association to be considered meaningful. And, additional significant correlations of an inconsistent direction may not exceed 25% of the total number of significant correlations for such a combination. These decision rules are modified in cases where, because the number of types is fewer, it is possible for a single correlation to exceed 23% of the total (e.g., where there are only three types). In such cases, at least two significant or near-significant correlations per combination are required in order to be considered meaningful.

Of the six characteristics found above to be correlated with attitude measures for the Survey Sample as a whole, only one (percentage elderly in service provider's clientele) fails to also be correlated in the within-types correlations. As will be remembered, for the Survey Sample as a whole, the greater the percentage elderly in the service provider's clientele, then also the more positively the service provider reported viewing older clients and the more he/she reported liking and preferring to approach older clients. That this relationship does not emerge in the within-types correlations may reflect the extent to which differences in percentage elderly in service provider's clientele are

TABLE XLIII

SUMMARY OF WITHIN-TYPES CORRELATIONS BETWEEN INDIVIDUAL-LEVEL
ANTECEDENT VARIABLES AND ATTITUDE SCALES: SURVEY SAMPLE

Antecedent Variables	Attitude Scales					
	Overall Contentment Cognitions Re OCS (ATT1)	Cognitions Of OCS As Physically Aging (ATT10)	Affect Toward OCS (ATT20)	Preferences To Approach OCS (ATT24)	Overall Contentment Cognitions Re Job Situation (ATT11)	Affect Toward Job (ATT23)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS						
SP's age (M1)	30.8NP, 7.7NP	15.4NP	38.5NP	7.7NP	38.5NP	53.8NP
SP's sex: 1 = female; 2 = male (M2) ^a	16.7NP	16.7NP	16.7NP, 16.7NP	33.3NP	16.7NP, 16.7NP	16.7NP
SP's educational level (M3) ^b	8.3NP	8.3NP, 8.3NP	c	c	25.0NP, 8.3NP	16.7NP
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS						
Number of hours worked by SP per week at this job (M)	c	c	c	c	30.8NP	c
SP's work status: 1 = paid; 2 = volunteer (M) ^d	c	c	33.3NP ^e	33.3NP ^e	100.0NP	66.7NP
Number of years SP has worked at agency (O)	15.4NP	c	15.4NP	7.7NP	c	15.4NP
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS						
Percent of SP's work day spent with clients (P)	7.7NP, 7.7NP	c	c	7.7NP	15.4NP	15.4NP
Percent elderly in SP's clientele (Q)	7.7NP	15.4NP	7.7NP	7.7NP	7.7NP, 7.7NP	7.7NP
Number of OCS served by SP per day (R)	23.1NP	7.7NP	7.7NP	7.7NP, 7.7NP	38.5NP	7.7NP
Percent males in SP's elderly clientele (S)	30.8NP, 7.7NP	7.7NP, 7.7NP	7.7NP	7.7NP	15.4NP	15.4NP
Frequency of SP's contact with same OC (T)	7.7NP	c	30.8NP	23.1NP	7.7NP	23.1NP, 7.7NP
Physical capability of SP's OCS for self- care (G)	15.4NP	15.4NP	7.7NP	7.7NP	23.1NP	7.7NP
Recognition of OC by SP (H10)	23.1NP	15.4NP, 7.7NP	23.1NP	38.5NP	15.4NP	7.7NP

^aNote. This table presents the percentage of correlations which are significant ($p < .05$) or near-significant ($p < .10$) in two-tailed tests of statistical significance for the 13 service provider types in the Survey Sample for the 13 x 6 combinations of antecedent variables and attitude scales. "P" refers to a positive relationship; "N" refers to a negative relationship. For all attitude scales except ATT10, higher scores represented greater positiveness. For ATT10, higher scores represented greater negativeness. Correlation sizes ranged from $r = .26$ to $r = .46$ for the near-significant correlations and from $r = .29$ to $r = .70$ for the significant correlations. "SP" refers to "service provider." "OC" refers to "older client."

^bOf the 13 service provider types, six had enough providers of both sexes to permit some analysis. These types are: Hospital aides (27 females, 7 males), mental health practitioners (21 females, 26 males), income personnel (31 females, 12 males), nutrition personnel (33 females, 9 males), housing personnel (33 females, 11 males), and interaction personnel (33 females, 13 males).

^cOne of the 13 service provider types, hospital MDs, is excluded from this analysis because all MDs have the same educational level score.

^dNone of the correlations were significant or near-significant.

^eOnly three of the 13 service provider types contain both paid and volunteer employees. They are: income personnel (5 volunteers, 38 paid), nutrition personnel (23 volunteers, 19 paid), and interaction personnel (10 volunteers, 34 paid, 2 "unknown").

^fThis correlation is only one out of three, and thus is not considered sufficient to indicate a meaningful association.

more a difference between, rather than within, service provider types. For example, service providers in nursing homes tend to have a uniformly high percentage elderly in their clientele, while mental health practitioners tend to have a uniformly low percentage.

Of the 16 combinations of antecedent variables and attitude measures found to be meaningfully correlated for the Survey Sample as a whole (excluding, however, the three combinations with percentage elderly), all but two were also found to be meaningfully correlated in the within-types correlations. As exceptions, service provider's age and educational level, which were found to be correlated with the scale measuring preferences to approach older clients for the Survey Sample as a whole, were not found to be correlated within types. These differing correlations perhaps also reflect differences between service provider types that are related to attitude scores.

In addition to generally supporting the findings of the correlations for the sample as a whole, the within-types correlations suggest that another five antecedent variables are also meaningfully associated with service providers' attitude scores. They are: service provider's sex, number of hours worked by service provider per week at this job, number of older clients served by service provider per day, percentage males in service provider's elderly clientele, and physical capability of service provider's older clients for self-care (as shown in Table XLIII).

Summary. The correlations of antecedent variables with attitude scales, as shown in Tables XLII and XLIII, were weak as well as inconsistent across service provider types and across attitude scales.

Out of 13 service provider types, the number of types for which an antecedent variable was correlated with an attitude scale never exceeded 7. Out of 13 antecedent variables, the number correlated with any one of the six attitude scales ranged from 0 (ATT10) to 5 (ATT14) for the total-sample correlations (with a mean of only 2.7) and from 0 (ATT10) to 6 (ATT11) for the within-types correlations (with an average of only 3.5). And, for the total sample, a correlation between antecedent variable and attitude scale never exceeded .35.

In sum, the above analysis, which takes into consideration both the correlations for the Survey Sample as a whole and the within-types correlations, suggests that when an association between 13 individual level antecedent variables and six attitude measures occurs, the direction is as follows. One, older service providers tended to report: (a) more positive cognitions of older clients' primarily interpersonal qualities, (b) greater liking of older clients, (c) greater preferences to approach older clients, (d) more positive cognitions of the job situation, and (e) greater liking of the job. Two, male service providers tended to report lesser preferences to approach older clients. Three, more educated service providers tended to report: (a) lesser preferences to approach older clients, and (b) less positive cognitions of the job situation. Four, service providers who work greater numbers of hours per week at the surveyed job tended to report less positive cognitions of the job situation (but note, this finding disappears as a result of an examination of the effect of the presence of volunteer employees in the sample, discussed in the next paragraph). Five, volunteer (in contrast to paid) employees tended to report: (a) more

positive cognitions of the job situation, and (b) greater liking of the job. Six, the number of years a service provider has worked at an agency did not correlate significantly with any of six attitude measures. Seven, the percentage of a service provider's work day that is spent with clients did not correlate significantly with any of six attitude measures. Eight, service provider types which have a greater percentage elderly in their clientele tended to report: (a) more positive cognitions of older clients' interpersonal qualities, (b) greater liking of older clients, and (c) greater preferences to approach older clients. Nine, service providers who serve a greater number of older clients per day tended to report: (a) less positive cognitions of older clients' interpersonal qualities, and (b) less positive cognitions of the job situation. Ten, service providers who have a greater percentage of males in their elderly clientele tended to report less positive cognitions of older clients' primarily interpersonal qualities. Eleven, service providers who are in more frequent contact with the same older client tended to report: (a) greater liking of older clients, (b) greater preferences to approach older clients, and (c) greater liking of the job. Twelve, service providers who have an elderly clientele more physically capable of self-care tended to report less positive cognitions of the job situation. Thirteen, service providers who are more likely to recognize their individual older clients tended to report: (a) more positive cognitions of older clients' primarily interpersonal qualities, (b) greater liking of older clients, and (c) greater preferences to approach older clients. Of the six attitude measures, then, only one, cognitions of older clients as physically

aging (ATT10), failed to be associated with any of the 13 antecedent variables.

The presence of volunteer employees in the Survey Sample raises questions about two of the above associations of characteristics with cognitions of the job situation (ATT11). That is, it may be that the associations with service provider's age and number of hours worked by service provider per week are a function of volunteer status rather than of age or number of hours worked. These associations become questionable because of the intercorrelation of volunteer status with age (mean age was 68.9 for volunteers versus 43.6 for the total sample), and with number of hours worked per week (mean number of hours worked per week is 9.4 for volunteers versus 34.9 for the total sample), and because the volunteers tended to have more positive cognition scores regarding the job situation than did paid employees.

To investigate this problem of interpretation, age and number of hours worked were correlated with the cognitions of job situation scale, controlling for volunteer status. When the presence of volunteer employees in the Survey Sample is thus taken into consideration, the negative relationship between cognitions of job situation and number of hours worked by service provider per week is non-significant ($r [369] = .02$, $p = .33$), and therefore it was not included in the overview of findings for this chapter. However, the positive relationship between cognitions of job situation and service provider's age, although diminished from $r = .35$ (see Table XLII) to $r = .27$ ($n = 369$, $p < .001$), does not disappear when the presence of volunteers is examined (and therefore is included in the overview of findings).

Encounter Sample

Total Sample. For the Encounter Sample as a whole, only 1 out of the 33 correlations was found to be significant or near-significant (see Table XLIV). That significant correlation is between age of older client and the service provider's cognition score concerning the older client's physical aging characteristics. Such a relationship is, of course, to be expected. Thus, although useful for validating the cognition scale, the correlation conveys no substantively useful information.

Service Provider Types. Likewise, except for the "scale validating" correlation between client age and cognitions of older clients as physically aging, no meaningful associations between the antecedent variables and attitude measures were identified in the within-types correlations for the Encounter Sample (see summary in Table XLV).

Summary. In sum, a service provider's average attitude score toward three specific older clients was not found to be meaningfully correlated with any of 11 individual level antecedent variables from either the perspective of the total sample or the service provider types. These findings with respect to the Encounter Sample differ from the findings of the Survey Sample, where some evidence for meaningful associations between individual level antecedent variables and attitude measures was found. Why this is so is yet to be determined. However, it will be remembered that the Survey Sample, which is composed of 428 subjects who were randomly selected, was surveyed with respect to general attitudes toward older clients (i.e., with respect to older clients-in-general). By contrast, the Encounter Sample, which is

TABLE XLIV

WHOLE-SAMPLE CORRELATIONS BETWEEN INDIVIDUAL-LEVEL ANTECEDENT
VARIABLES AND ATTITUDE SCALES: ENCOUNTER SAMPLE

Antecedent Variables	Attitude Scales		
	Overall Contentment Cognitions Re OCs (ATT1S)	Cognitions Of OCs As Physically Aging (ATT1OS)	Affect Toward OCs (ATT2OS)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS			
SP's age (W1)	(49) .00	(50) .06	(50) .12
SP's sex (W2)	a (49)	a (50)	a (50)
SP's educational level (W3)	-.04	.04	-.14
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS			
Numbers of hours worked by SP per week at this job (M)	(50) -.02	(51) -.06	(51) -.10
SP's work status: volunteer or paid (N)	b (50)	b (51)	b (51)
Number of years SP has worked at agency (O)	-.06	-.07	.04
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS			
Percent of SP's work day spent with clients (P)	c	c	c
Percent elderly in SP's clientele (Q)	c	c	c
Number of OCs served by SP per day (R)	c	c	c
Percent males in SP's elderly clientele (S)	c	c	c
Frequency of SP's contact with same OC (T)	c	c	c
Physical capability of SP's OCs for self-care (G3)	c	c	c
Recognition of OC by SP (H10)	c (50)	c (51)	c (51)
OC's age (OCAGE)	-.16 (50)	.39** (51)	-.08 (51)
OC's sex: 0 = male; 1 = female (OCSEX)	-.19 (49)	-.09 (50)	-.21 (50)
Age difference between SP and OC (AGEDFF)	-.08	.12	-.17
Sex difference between female SP and her OC: 0 = same sex; 1 = opposite sex (FSXDFF)	(43) .11 (49)	(44) .20 (50)	(44) .22 (50)
Length of time SP has worked with OC (TIME)	-.02	.02	.21
SP's service type: 0 = in-home nursing; 1 = interaction (TYPE)	(50) .05	(51) -.03	(51) .18
Professional level within in-home nursing personnel: 1 = aide; 2 = RN (PROF)	(32) -.14	(32) -.22	(32) -.07

Note. For both ATT1S and ATT2OS, higher scores represented greater positiveness. For ATT1OS, higher scores represented greater negativeness. Sample sizes are shown within parentheses above the correlation coefficients. "SP" refers to "service provider." "OC" refers to "older client."

^aThe number of male service providers in the Encounter Sample was too small to justify analysis.

^bThe Encounter Sample contained no volunteer employees.

^cCorrelations would be between characteristics of interactions with clients in general and attitudes toward three specific older clients, and thus would tend to be uninterpretable.

**p < .01 two-tailed tests of statistical significance.

TABLE XLV

SUMMARY OF WITHIN-TYPES CORRELATIONS BETWEEN INDIVIDUAL-LEVEL
ANTECEDENT VARIABLES AND ATTITUDE SCALES: ENCOUNTER SAMPLE

Antecedent Variables	Attitude Scales		
	Overall Contentment Cognitions Re OCs (ATT1S)	Cognitions Of OCs As Physically Aging (ATT10S)	Affect Toward OCs (ATT20S)
PERSONAL CHARACTERISTICS OF SERVICE PROVIDERS			
SP's age (W1)	a	33.3% ^b	a
SP's sex (W2)	c	c	c
SP's educational level (W3)	33.3% ^b	a	a
JOB-RELATED CHARACTERISTICS OF SERVICE PROVIDERS			
Number of hours worked by SP per week at this job (M)	a	a	a
SP's work status: volunteer or paid (N)	d	d	d
Number of years SP has worked at agency (O)	a	a	a
CHARACTERISTICS OF INTERACTIONS WITH CLIENTS			
Percent of SP's work day spent with clients (P)	e	e	e
Percent elderly in SP's clientele (Q)	e	e	e
Number of OCs served by SP per day (R)	e	e	e
Percent males in SP's elderly clientele (S)	e	e	e
Frequency of SP's contact with same OC (T)	e	e	e
Physical capability of SP's OCs for self-care (G3)	e	e	e
Recognition of OC by SP (H10)	e	e	e
OC's age (OCAGE)	a	66.7% ^c	a
OC's sex: 0 = male; 1 = female (OCSEX)	33.3% ^b	a	33.3% ^b
Age difference between SP and OC (AGEDFF)	33.3% ^b	a	a
Sex difference between female SP and her OC: 0 = same sex; 1 = opposite sex (PSXDFP)	33.3% ^b	a	33.3% ^b
Length of time SP has worked with OC (TIME)	a	a	33.3% ^b
SP's service type: 0 = in-home nursing; 1 = interaction (TYPE) ⁹	g	g	g
Professional level within in-home nursing personnel: 1 = aide; 2 = RN (PROF)	g	g	g

Continued

TABLE XLV

CONTINUED

Note. This table presents the percentage of correlations which are significant ($p < .05$) or near-significant ($p < .10$) in two-tailed tests of statistical significance for the three service provider types in the Encounter Sample for the 11×3 combinations of antecedent variables and attitude scales. "P" refers to a positive relationship; "N" refers to a negative relationship. For ATT1S and ATT20S, higher scores represented greater positiveness. For ATT1S and ATT20S, higher scores represented greater positiveness. For ATT10S, higher scores represented greater negativeness. "SP" refers to "service provider." "OC" refers to "older client."

^aNone of the three correlations was significant or near significant.

^bThis correlation is only one out of three, and thus is not considered sufficient to indicate a meaningful association.

^cThe number of male service providers in the Encounter Sample was too small to justify analysis.

^dThe Encounter Sample contained no volunteer employees.

^eCorrelations would be between characteristics of interactions with clients in general and attitudes toward three specific older clients, and thus would tend to be uninterpretable.

^fThis correlation represents a validation of the ATT10S scale and not a meaningful association between antecedent variable and attitude.

^gThese correlations would be impossible because the three service provider types define the antecedent variable.

composed of 51 subjects who were not randomly selected, was examined with respect to specific attitudes toward older clients (i.e., with respect to three specific individual older clients whom the service providers had themselves selected to be observed with). These differences in sample size, sampling procedure, and level of attitude generality may underlie some differences between the two samples in the relationship between antecedent variables and reported attitudes. Also, for the most part, the antecedent variables being correlated with attitude measures differ for the Survey and Encounter samples. Overlap between the two samples occurs on only four of the antecedent variables (service provider's age, service provider's educational level, number of hours worked per week by service provider, and number of years service provider has worked at agency). In addition, there are only 3 service provider types in the Encounter Sample, while the Survey Sample contains 10 additional types. Indeed, if the Survey Sample were to be examined with respect to just the four overlapping antecedent variables and were to utilize just the three types which are also included in the Encounter Sample, the same absence of significant and near-significant correlations would be found that was found with the Encounter Sample. Thus, the patterns for the two samples are really not so dissimilar as they appear at first glance. Rather, the available evidence is dissimilar for the two samples.

HYPOTHESIS TESTING

Because of its larger size and random sampling procedures, the Survey Sample alone (and not the Encounter Sample) is utilized in this

chapter's testing of hypotheses.

Hypothesis 1

Hypothesis 1 predicted that the more positive a service provider's attitude is toward an older client(s), then the more likely the service provider is to approach rather than avoid the older client(s). This hypothesis can be partially tested by comparing service providers who choose to work with older clients with service providers who do not choose to work with older clients. In this testing, "choosing" or "not choosing" to work with older clients will be operationalized by percentage of elderly in clientele (Q). That is, service providers who reported having a high percentage of elderly in their clientele are viewed as having chosen to work with older clients, while service providers who reported having a low percentage of elderly in their clientele are viewed as having not chosen to work with older clients.

Of course, the percentage of elderly in a service provider's clientele involves many other factors besides choice of clientele (such as the frequency of older persons in the clientele population, and the extent of other employment options available to the service provider). In addition, the percentage of elderly in a service provider's clientele may itself have a causal influence on the valence of a service provider's attitudes, as will be discussed with respect to Hypothesis 3 regarding familiarity. Thus, it should be noted that these factors will be confounded with choice of clientele in this testing of Hypothesis 1.

On the basis of Hypothesis 1, it is predicted that service providers with more positive attitude scores regarding older clients will have a larger percentage of elderly in their clientele, while

service providers with more negative attitude scores will have a smaller percentage of elderly in their clientele. Thus, it is expected that the scales operationalizing cognitions of older clients' primarily interpersonal characteristics (ATT1), affect toward older clients globally (ATT20), and behavioral predispositions toward older clients (ATT24) will be positively correlated with percentage elderly in service provider's clientele (Q), while the scale operationalizing cognitions of older clients' physical characteristics (ATT10) will be negatively correlated with percentage elderly.

As was reported in Tables XLII and XLIII, significant correlations in the predicted direction occurred for three of the four scales for the sample as a whole (while none occurred within types). That is, service provider types which have a greater percentage of elderly in their clientele tended to report: more positive interpersonal cognitions of older clients, greater liking of older clients, and greater preferences to approach older clients. Thus, this chapter's testing of the data with respect to choice of clientele gives some further support to Hypothesis 1, complementing Chapter XI's support with respect to choice of individual clients.

Hypothesis 2

Hypothesis 2 predicted that different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients. Hypothesis 2 was tested with respect to types (e.g., mental health practitioners versus nutrition personnel) in Chapters VIII, IX, and X. This chapter's analysis of the "relationship of characteristics with attitudes" provided evidence with respect to

other sub-groupings of service providers. Included in that analysis were sub-groupings of service providers by three personal characteristics: age, sex, and educational level.

Because it was desired to examine the relationship of characteristics with attitudes not just for the sample as a whole but also for each service provider type separately, and because the sample sizes of the types tended to be small, the service providers were not actually further divided into sub-groups representing various levels of the characteristics but rather were examined by correlational analysis.

As reported above (see Tables XLII and XLIII), age, sex, and educational level of service providers were correlated significantly with the service providers' attitude scores. Although significant, the correlations tended to be somewhat weak and partial (i.e., with some but not all six attitude scales examined and for some but not all 13 types). These correlations are as follows.

Age. Younger and older service providers differed significantly on five of the six attitude scales. Older service providers tended to report: more positive cognitions of older clients' primarily interpersonal qualities, greater liking of older clients, greater preferences to approach older clients, more positive cognitions of the job situation, and greater liking of the job.

Sex. Female and male service providers differed significantly on one of the six attitude scales. Male service providers tended to report lesser preferences to approach older clients.

Educational Level. Less and more educated service providers differed significantly on two of the six attitude scales. More educated

service providers tended to report: lesser preferences to approach older clients, and less positive cognitions of the job situation.

Summary. That these correlations tend to appear not just for the sample as a whole but also within types suggests that the correlations are not just another manifestation of differences among types. Thus, the findings give some support to Hypothesis 2 with respect to sub-groups. In addition, that the correlations are not consistent across service provider types gives further support to Hypothesis 2 with respect to types.

Hypothesis 3

Hypothesis 3 predicted that the more familiar service providers are with older clients, then the more positive will be their attitudes toward older clients. Three different operationalizations of familiarity were included in this chapter's analysis of "relationship of characteristics with attitudes." They were: percentage elderly in service provider's clientele (Q), frequency of service provider's contact with same older client (T), and service provider's recognition of individual older clients (H10). The first operationalization pertains to familiarity with older clients as a class, while the latter two operationalizations focus on familiarity with older clients at the individual level.

As was reported in Tables XLII and XLIII, the three operationalizations of familiarity were significantly correlated in the predicted direction with service providers' attitude scores toward older clients. The findings regarding percentage elderly in clientele have already been described above in the discussion of Hypothesis 1. However,

that significant correlations occurred only for the total sample and not within types may suggest that the direction of causal influence is more from positiveness to familiarity (as in Hypothesis 1) than from familiarity to positiveness. With respect to frequency of contact with same older client, significant correlations with two of the four older client attitude scales occurred for both the sample as a whole and within types. Service providers who reported they are in more frequent contact with the same older client tended to also report: greater liking of older clients, and greater preferences to approach older clients. Across service provider types, however, these correlations were not uniformly significant: they were significant for no more than 4 and 3, respectively, of the 13 types. With respect to the service provider's recognition of individual older clients, significant correlations with three of the four older client attitude scales occurred both for the sample as a whole and within types. That is, service providers who reported they would know their elderly clients if they met them on the street tended to also report: more positive interpersonal cognitions of older clients, greater liking of older clients, and greater preferences to approach older clients. These correlations were also not uniformly significant across service provider types: they were significant for no more than 3, 3, and 5, respectively, of the 13 types. No significant negative correlations of a meaningful level occurred between the three operationalizations of familiarity and the attitude scales. Thus, the findings give partial support to Hypothesis 3 that more positive attitudes toward older clients will be held by service providers who are more familiar with older clients.

Hypothesis 4

Hypothesis 4 predicted that the more similar service providers are to their older clients, then the more positive will be their attitudes toward the older clients. Hypothesis 4 was examined with respect to similarity of attitudes and values in Chapter IX. In this chapter, two additional aspects of similarity are examined: age similarity and sex similarity.

As was already reported with respect to sub-groups of service providers in this chapter's discussion of Hypothesis 2, older service providers tended to express more positive attitudes toward older clients than did younger service providers. Specifically, older age was significantly correlated with more positive scores on three of the four older client attitude scales for the sample as a whole and for two of the four scales within types (although for no more than 5 of the 13 types per scale). However, in addition to considering age as a sub-grouping characteristic of service providers, age can also be seen as an aspect of similarity between service provider and older client. That is, older service providers are more similar in age with their older clients than are younger service providers. The correlation between greater age and more positive attitude scores toward older clients, then, may be a function of age similarity as well as of age level. Thus, although the extent to which age similarity is the determining factor is not examined here, the tentative findings with respect to age similarity give partial support to Hypothesis 4.

In order to examine the relationship between sex similarity and attitudes toward older clients, two sets of correlations were performed

that were not included in Tables XLII and XLIII. That is, rather than just correlating percentage males in service provider's elderly clientele (S) with attitude scores for both sexes of service providers together, as was done in Table XLII, the percentage males was also correlated with attitude scores for each sex separately. Because of a scarcity of males in the sample, these correlations were calculated only for the sample as a whole (and not also within types).

According to the similarity hypothesis, it is expected that a greater percentage of males in clientele would be negatively associated with attitudes toward older clients for female service providers and positively associated for male service providers. The results of the correlations are shown in Table XLVI. As can be seen, the results are not what was predicted. Although for female service providers, percentage males in clientele is significantly negatively correlated with two of the four attitude scales in the predicted direction, the correlations are so small as to be of questionable meaningfulness. For male service providers, percentage males in clientele is significantly correlated with one of the four attitude scales. This significant correlation is opposite the predicted direction. That is, male service providers who reported having a larger proportion of males in their older clientele tended to also report more negative cognitions of their older clients. Thus, the similarity hypothesis with respect to sex similarity between service provider and older client is not supported by these correlations.

TABLE XLVI

CORRELATIONS BETWEEN PERCENTAGE MALES IN ELDERLY CLIENTELE AND
ATTITUDE SCALES, FOR FEMALE AND MALE
SERVICE PROVIDERS SEPARATELY

Service Providers	Attitude Scores			
	Overall Contentment Cognitions re OCs (ATT1)	Cognitions of OCs as Physically Aging (ATT10)	Affect Toward OCs (ATT20)	Preferences to Approach OCs (ATT24)
	(271)	(274)	(281)	(282)
Female	-.16**	.04	-.09	-.13*
	(134)	(134)	(135)	(134)
Male	-.24**	.00	-.11	-.15

Note. For all attitude scales except ATT10, higher scores represented greater positiveness. For ATT10, higher scores represented greater negativeness. Sample sizes are shown within parentheses above the correlation coefficients. "SP" refers to "service providers." "OC" refers to "older clients." Data are from the Survey Sample (n=428).

*p<.05 **p<.01 ***p<.001 two-tailed tests of statistical significance.

CHAPTER XIII

SUMMARY OF RESULTS

The results of this research project address the project's three objectives. These three objectives are: (a) developing a basis for the assessment of service providers' attitudes toward working with older clients, (b) describing service providers' attitudes toward working with older clients, and (c) testing some hypotheses concerning service providers' attitudes toward working with older clients.

BASIS FOR ASSESSMENT

This first objective has both a conceptual and a methodological component. As will be seen, the two components are complementary and inextricably intertwined.

Conceptual Basis

Analytical Model. The conceptual aspect was initially addressed by the adoption of basic constructs from the attitudes research area of social psychology and the fine-tuning of those constructs to the study of service providers' attitudes toward working with older clients. The project's suggested conceptual framework was summarized diagrammatically in Figure 1. In this conceptualization, a service provider's attitude is viewed as an intervening variable between the stimulus of an older client encountered within a job context and the service provider's subsequent behavioral response to that older client in that job setting.

In its behavioral expression, such an attitude is seen to have consequences of a potentially positive or negative nature for the older client. However, a behavioral response toward working with older clients is not viewed as being solely determined by attitudes but rather as being a function of both attitudes and a variety of other influences (known as "other" variables). Rules and regulations which prescribe how a service provider is to serve an older client would be an example of these "other" variables.

Prior learning experiences, with their associated patterns of reinforcements, are seen in this conceptualization to be the cause of attitudes. Thus, differences in attitudes are hypothesized to be the result of different learning experiences. Certain characteristics of service providers—for example, sex or age cohort—which are implicated in the service providers' experiential learning histories are included in this conceptualization as "correlates" of attitudes. Such characteristics, although not themselves considered to be the causes of attitudes, are correlated with the causes (i.e., with the learning experiences) and thus, to some extent, represent those causes.

In this conceptualization, attitudes are viewed as having three components: cognition (e.g., beliefs, knowledge, or stereotypes), affect (i.e., feeling), and behavioral predispositions. These three attitudinal components exist along valence continua ranging from negative through neutral to positive. Each component is conceptualized as being potentially free to vary in valence independently of the other two components.

The attitudinal target of interest to this project is the

phenomenon of working with older clients. For analytical purposes, this target has been sub-divided into three parts: the older client(s), the surrounding job situation, and all other relevant referents. Each of these three is conceptualized as potentially being the focus of all three attitudinal components. And, each of these three targets is conceptualized as having the potential to influence a service provider's behavioral response toward working with older clients.

Dimensions Suggested by Data. The project's analytical model serves as a skeleton onto which specific dimensions may be added through research. Some specific dimensions of cognition to add to this skeleton are suggested by the project's activities in developing questionnaires and constructing scales (described below). These dimensions of cognition concern two targets: older clients and the job situation. Suggested as relevant to service providers' cognitions of their older clients is the extent to which the older clients are: appreciative, pleasant, socially contributing, hostile, rejecting, in adversary relations, and physically aging. Suggested as relevant to service providers' cognitions of their job situations is the extent to which the job is characterized by: agency quality, pay adequacy, participation opportunities, disagreements, staff as obstacles, and rules as obstacles. These dimensions of cognition represent an initial operationalization of the analytical distinction between positive and negative aspects of evaluation of working with older clients.

Methodological Basis

With respect to the methodological component of the project's first objective, two questionnaires have been devised and implemented,

and a number of scales have been constructed from the questionnaires' items.

Initially, guided by the project's analytical model, an open-ended interview schedule was developed for the purpose of identifying the dimensions of service providers' attitudes and behaviors toward working with older clients. The interview schedule was then administered to a small sample of service providers ($n = 22$). Next, the dimensions identified by these interviews were utilized to build a closed-ended survey questionnaire, called the "Attitudes Toward Older Clients-in-General Questionnaire" (or, "General OC Questionnaire," for short). A second questionnaire, called the "Attitudes Toward Specific Older Clients Questionnaire" (or, "Specific OC Questionnaire"), was later developed as a modification of the General OC Questionnaire. The project's two questionnaires differ in their level of specificity: the General OC Questionnaire is designed to measure attitudes toward older clients-in-general (i.e., on the average or as a class); the Specific OC Questionnaire is designed to measure attitudes toward a specific older client.

General OC Questionnaire. The General OC Questionnaire contains 125 attitude items. Of the 125 items, 99 (or nearly 80%) were a direct result of the interviews. That is, these 99 items were empirically generated as relevant to the assessment of service providers' attitudes toward working with older clients.

After a field pretest ($n = 89$), the General OC Questionnaire was subjected to large-sample field administration ($n = 428$). Utilizing these data, scale construction activities, again guided by the

analytical model, were initiated with respect to 98 of the 125 attitude items. Twenty-four scales have been constructed from these 98 items (of which all but 16 of the items were empirically generated).

Two different attitudinal targets are focused on by the scales. One set of 14 scales pertains to older clients. Of these 14 scales, 10 operationalize cognition, 3 operationalize affect, and 1 operationalizes behavioral predispositions. The seven dimensions of cognitions concerning older clients mentioned earlier in this chapter as "dimensions suggested by data", i.e., "appreciative" to "physically aging," represent 7 of the 10 cognition scales (the remaining 3 are composite scales formed by these 7). Of the 34 items composing these seven cognition scales, all but 4 were empirically generated.

The second set of nine scales pertains to the job situation. All nine of these job situation scales operationalize cognition. Six of these nine scales represent the dimensions of cognition concerning job situation mentioned earlier as "dimensions suggested by data": "agency quality" to "rules as obstacles" (the remaining three are composite scales formed by these six). Of the 30 items composing these six scales, all but 8 were empirically generated. The project's cognition scales attempt to operationalize differential positive and negative aspects of evaluation, with respect to both older clients and the job situation. The project's contentment cognition scales and their component items were designed to refer to job aspects which, on a job evaluation continuum, are more likely to range from neutral to positive than from negative to neutral. The discontent cognition and the physically aging cognition scales and their component items were designed to refer to job

aspects which are more likely to range from negative to neutral than from neutral to positive.

The last of the project's 24 scales pertains to the job as a whole (that is, to the combined older-client and job-situation aspects of the job). This final scale operationalizes affect.

Reliability of the scales is estimated to range from .50 to .89. For all but ATT14, the scales' reliability estimates consist of internal consistency coefficients (Cronbach's alpha). The reliability of ATT14, which contains only two items, was estimated by the Spearman-Brown prophecy formula.

Content validity of the project's scales is a function of the component items' primarily empirical generation process and of the analytical model which underlies the assignment of items to scales. Both of these factors have already been described in this chapter. The construct validity of the scales, as estimated by the consistency of empirical findings with seven predictions made on the basis of the construct of attitude, has been supported.

Specific OC Questionnaire. The Specific OC Questionnaire contains a subset of 23 attitude items from the General OC Questionnaire plus one additional attitude item, for a total of 24 attitude items. The additional item was included as a check on the service provider's perception of the older client's age. For use in the Specific OC Questionnaire, the 23 items from the General OC Questionnaire were modified to refer to a specific older client rather than to older clients-in-general. Of these 23 items, 22 operationalize cognitions and one operationalizes affect. The attitude target of all 24 items is the

older client.

The Specific OC Questionnaire was subjected to implementation in the field by administering it to service providers ($n = 51$) immediately following each provider's service encounter with an older client (2 to 3 clients per provider for a total of 147). Utilizing these data, four scales were constructed from the 22 modified cognition items. These four scales were constructed to parallel scales from the General OC Questionnaire. The single affect item also parallels an affect scale from the General OC Questionnaire.

Scale reliability, as estimated by Cronbach's alpha, ranges from .55 to .87. Validity documentation for these scales is not currently available.

Comparability of General and Specific Measures. With respect to their overlapping 23 items, the General and Specific OC Questionnaires were found to be somewhat correlated (using data from the above sample of 51 service providers). The pattern of correlation, however, was weak in magnitude and inconsistent across items, suggesting that the two questionnaires may be measuring somewhat independent phenomena.

DESCRIPTION

The above analytical model and measurement scales served as the basis for this project's description of the self-reported attitudes of a sample of urban service providers to the elderly. This description is organized by a framework composed of six research questions, each of which was the focus of a separate results chapter. The findings concerning these research questions, originally presented in an

"Overview of Findings" section at the beginning of each of the six results chapters, are gathered together below. These findings, and their underlying data, comprise the project's description of service providers' attitudes toward working with older clients.

Research Question 1

Research Question 1 asks: How positive are service providers' attitudes toward working with older clients? The project's findings are three-fold.

Finding 1. On the average, the study's service providers reported holding positive attitudes toward older clients and toward their job situations. For 27 of the study's 29 attitude scales, the service providers' scores, on the average, were "slightly" or "somewhat" positive, although never "very" positive. The two exceptions to this finding of positive valence were concerned with the physical aging characteristics of older clients. That is, the study's service providers, on the average, reported their older clients to possess physical aging (i.e., negative) characteristics to a slight extent and then expressed a slight dislike of those characteristics.

Finding 2. On the average, the study's service providers reported different attributes of older clients and of the job situation to possess different degrees of positiveness. Of six interpersonal attributes of older clients, "appreciative" received the most positive mean score and "pleasant" received the least positive mean score. Receiving a more negative mean score than any of the interpersonal attributes was the physical status of older clients. "Agency quality" in providing services to older clients received the most positive mean

score of six attributes of the job situation, while "pay adequacy" received the least positive mean score.

Finding 3. As individuals, the study's service providers reported holding attitudes toward older clients and toward their job situations that ranged in valence from very negative to very positive.

Research Question 2

Research Question 2 asks: Do attitudes toward working with older clients differ by service provider type? Four findings address this question.

Finding 1. Attitude scores concerning working with older clients were found to be similar but not totally uniform across service provider types. Of 13 service provider types, the most positive and most negative scorers on seven key attitude measures are as follows. One, mental health practitioners reported the most negative cognitions, and nutrition personnel reported the most positive cognitions, regarding older clients' primarily interpersonal qualities. Two, nursing home RNs reported the most negative cognitions, and transportation personnel reported the most positive cognitions, of their job situations. Three, hospital aides reported older clients as being the most, and income personnel reported older clients as being the least, physically aged. Four, mental health practitioners reported the least liking, and nursing home aides reported the most liking, of older clients. Five, hospital MDs reported the least liking, and nutrition personnel reported the most liking, of the physical aging characteristics of older clients. Six, mental health practitioners reported the least preferences, and nutrition personnel reported the greatest preferences, to approach older

clients. And seven, income personnel reported the least liking, and nutrition personnel reported the greatest liking, of their jobs.

Finding 2. A comparison of attitude scores across three different service provider types in the same service setting and across the same service provider type in three different service settings found considerable similarity and some variability. The comparisons were made across: (a) the different service provider types of MDs, RNs, and aides within the same service setting, and (b) RNs as compared with other RNs, and aides as compared with other aides, across the three service settings of hospital, in-home nursing agency, and nursing home. Across these comparisons, scores were found to be: (a) similar in affect and behavioral predisposition, and nearly similar in cognitions, regarding older clients; (b) somewhat variable in cognitions of the job situation; and (c) similar in affect toward the job as a whole.

Finding 3. With respect to absolute scores, service provider types varied in the number of attributes of older clients and of the job situation which they reported to be at "least" and "most" positive levels. Accordingly, attributes of older clients and the job situation also varied in the number of service provider types reporting them to be at least and most positive levels. On a 1 to 7 range (very negative, somewhat negative, slightly negative, neutral, slightly positive, somewhat positive, and very positive), those types and attributes which most and least often scored at a least positive level (i.e., "slightly" positive or less) or at a most positive level (i.e., "very" positive) are as follows.

Of the study's 13 service provider types, those types which most

often reported attributes of older clients to be at a least positive level were mental health practitioners, hospital RNs, and nursing home RNs (seven, six, and six, respectively, of seven attributes). The type reporting the fewest attributes of older clients to be at a least positive level was nutrition personnel (one of seven attributes). Those types which most often reported attributes of the job situation to be at a least positive level were hospital RNs and nursing home RNs (five of six attributes). Least often reporting the attributes of the job situation to be at a least positive level were hospital MDs, in-home nursing aides, nutrition personnel, and interaction personnel (one of six attributes). Only four types of service providers reported any of the attributes of either older clients or the job situation to be at a most positive level (and then only for 2 of the 13 attributes); these types were in-home nursing aides, nutrition personnel, transportation personnel, and interaction personnel.

Of seven attributes of older clients, the characteristics of physical aging and pleasantness were most often reported to be at a least positive level (13 and 12, respectively, of the 13 types), while the characteristics of appreciativeness and being in adversary relations were the least often reported to be at a least positive level (two and three types, respectively). Of six attributes of the job situation, the characteristic of pay adequacy was most often reported to be at a least positive level (12 types), while the characteristic of agency quality in serving older clients was the least often reported to be at a least positive level (two types). The only attributes of either older clients or the job situation which the service provider types reported to be at

a most positive level were the job situation characteristics of agency quality in serving older clients and rules as obstacles (reported to be at a most positive level by 4 and 1 of the 13 types, respectively).

Finding 4. Within service provider types, non-uniformity in the variability of scores was found to exist with respect to some aspects of service providers' attitudes toward working with older clients (e.g., cognitions regarding the job situation and global affect toward the job) although not with respect to others (e.g., cognitions regarding older clients and global affect toward older clients). Of 13 service provider types, those types found to have the most and least variability in scores, respectively, were: (a) nursing home RNs and in-home nursing RNs, on cognitions regarding the job situation; (b) income personnel and in-home nursing RNs, on global affect toward the job; (c) transportation personnel and in-home nursing RNs, on affect toward older clients' interpersonal characteristics; and (d) hospital aides and mental health practitioners, on affect toward older clients' physical aging characteristics.

Research Question 3

Research Question 3 asks: How are the attitudinal components of cognition, affect, and behavioral predispositions interrelated? The project resulted in five findings regarding this question with respect to service providers' attitudes toward working with older clients.

Finding 1. Service providers' affect scores toward older clients were found to be correlated with their behavioral predisposition scores toward older clients. For example, service providers who reported more liking of older clients tended to also report greater preferences to

approach older clients.

Finding 2. Service providers' cognition scores regarding older clients were found to be correlated with their affect and behavioral predisposition scores toward older clients. For example, service providers who reported holding more positive cognitions toward older clients tended also to report greater liking of, and preferences to be with, older clients. Specifically, the study's service providers tended to report: (a) more liking of and preferring to be with older clients whom they viewed as appreciative, pleasant, and socially contributing; and (b) less liking of and preferring to be with older clients whom they viewed as hostile, rejecting, in adversary relations, and physically aging. Reported cognitions of older clients as appreciative were found to be especially strongly and consistently correlated with service providers' expressions of liking of, and preferring to be with, older clients.

Finding 3. Service providers' cognition scores regarding the job situation were found to be correlated with their affect scores regarding the job as a whole. For example, service providers who reported holding more positive cognitions toward the job situation tended to also report greater liking of the job as a whole. Specifically, the study's service providers tended to report: (a) more liking of their jobs when there were increased cognitions of agency quality, pay adequacy, and participation opportunities; and (b) less liking of their jobs when there were increased cognitions of disagreements, staff as obstacles, and rules as obstacles.

Finding 4. Across service provider types, the correlation between

affect scores and behavioral predisposition scores was found to be consistently significant and consistent in direction. However, the correlation between cognition scores and affect scores, regarding both older clients and the job situation, was found to vary in magnitude (and sometimes even in direction) by service provider type.

Finding 5. Of 13 service provider types, those types showing the greatest inconsistency of scores across the attitudinal components of cognition, affect, and behavioral predisposition are as follows. In-home nursing aides and nutrition personnel averaged higher, and hospital MDs and in-home nursing RNs averaged lower, scores regarding preferences to approach older clients than would have been expected on the basis of their average scores regarding liking of older clients. Nursing home RNs and aides averaged higher, and income personnel averaged lower, scores regarding liking of older clients than would have been expected on the basis of their average cognition scores regarding older clients. Nutrition personnel averaged higher, and income personnel averaged lower, scores regarding liking of their jobs than would have been expected on the basis of their average cognition scores regarding their job situation.

Research Question 4

Research Question 4 asks: How are service providers' attitudes regarding older clients related to their attitudes regarding the job situation? The project's findings are three-fold.

Finding 1. Service providers' cognition scores regarding their older clients were found to be slightly correlated with their cognition scores regarding their job situation. That is, to a small extent,

service providers who reported holding more positive cognitions toward older clients tended also to report more positive cognitions regarding the job situation (and vice versa).

With respect to absolute scores, approximately 60% of the study's service providers were consistent in valence across cognitions of job situation and older clients (with 32% positive toward both and 27% negative toward both). The remaining 40% were positive toward one attitude target and negative toward the other (with 17% favoring older clients and 23% favoring the job situation).

Finding 2. However, the correlation between cognition scores regarding older clients and cognition scores regarding the job situation was found to differ by service provider type, with some types reporting greater congruency and others reporting less congruency. Of 13 service provider types, hospital RNs exhibited the least, and in-home nursing RNs and aides exhibited the greatest, correlation between the two types of cognition scores.

With respect to absolute scores, more positive cognitions of the overall job (i.e., of both client and non-client aspects) were reported by nutrition personnel, in-home nursing aides, interaction personnel, transportation personnel, and hospital MDs. More negative cognitions of the overall job were reported by nursing home RNs, hospital aides, nursing home aides, and mental health practitioners. Of the study's 13 service provider types, in-home nursing RNs and income personnel reported cognitions that were the most polarized between being congruently negative or congruently positive. And, the least consensus in the valence of cognitions regarding the overall job was reported by

the mental health practitioners, housing personnel, and hospital RNs.

Finding 3. The study's service providers reported a level of liking of older clients which was more strongly correlated with cognition scores regarding older clients than with cognition scores regarding the job situation. By contrast, the study's service providers reported a level of liking of the job as a whole which correlated equally strongly with cognition scores regarding older clients and cognition scores regarding the job situation.

With respect to absolute scores, service providers who reported positive cognitions of both the older client and non-client aspects of their jobs reported significantly greater liking of their jobs than did service providers who reported positive cognitions regarding only one of the aspects. Service providers who reported negative cognitions of both aspects reported significantly less liking of their jobs than all other service providers.

Research Question 5

Research Question 5 asks: What relationship do service providers' attitudes bear to their choice of clients? Four findings address this question.

Finding 1. In a simulated choice of clients, the study's service providers tended to choose those older clients toward whom they reported holding relatively more positive cognitions although relatively less positive affect.

Finding 2. Service providers' simulated choices of older clients were found to be characterized more by avoidance of older clients' negative characteristics than by selection for positive characteristics.

Finding 3. Service providers' simulated choices of older clients were found to be characterized more by a selective focus on those characteristics (both negative and positive) of older clients which were reported to be at the most negative level rather than by a general focus on all characteristics.

Finding 4. Of 22 characteristics of older clients, hard of hearing was found to be the characteristic which most strongly distinguished avoided from chosen clients in a simulated choice of clients. Other strongly avoided characteristics were: angry, overly demanding, given up on life, slow, little sense of humor, not at peace with themselves, refuse to help themselves, serious emotional problems, chronic complainers, negative outlook on life, cold, and hostile.

Research Question 6

Research Question 6 asks: How are the antecedent characteristics of service providers and their older clients related to service providers' attitudes? The project resulted in the following findings regarding this question.

Finding 1. The antecedent characteristics (e.g., sex and age) of the study's service providers and their older clients tended to be intercorrelated. That is, service providers and their older clients were found to be paired together in such a way as to create "clusters" or "complexes" of antecedent characteristics. For example, service providers who are older also tended to be volunteer (rather than paid) employees, work fewer hours per week, have a greater percentage of elderly clients in their clientele, have worked longer at the current agency, and have a lower educational level.

Finding 2. The study's service provider types tended to differ from each other with respect to the antecedent characteristics of the service providers and their older clients. Of 13 service provider types, those types exhibiting the most extreme characteristics on 13 antecedent variables are as follows. Mental health practitioners were the youngest and nutrition personnel were the oldest. Hospital RNs and aides, in-home nursing RNs and aides, nursing home RNs and aides, nutrition personnel, and interaction personnel were the most likely to be female while hospital MDs and transportation personnel were the most likely to be male. Nursing home aides had the lowest educational level and hospital MDs had the highest. Nutrition personnel worked the fewest number of hours per week and hospital MDs worked the greatest. Only nutrition personnel and interaction personnel were likely to be volunteer (rather than paid) employees. Mental health practitioners and in-home nursing aides had worked the fewest number of years at the current agency and hospital MDs had worked the greatest. Nutrition personnel spent the smallest percentage of the work day with clients, while transportation personnel and nursing home aides spent the largest. Mental health practitioners had the smallest percentage of elderly clients in their clientele, while nutrition personnel had the largest. Mental health practitioners served the smallest number of older clients per day, while nutrition personnel served the largest number. Housing personnel and transportation personnel have the smallest percentage of males in their elderly clientele, while hospital aides have the largest percentage. Income personnel have the least frequent contact with the same older client, and nursing home RNs have the most frequent. Older clients'

physical capability for self-care is least for nursing home aides and greatest for housing personnel. Hospital RNs and income personnel are least likely to recognize individual older clients, while nutrition personnel and interaction personnel are the most likely.

Finding 3. Antecedent characteristics of the study's service providers and their older clients were found to be correlated with service providers' attitude scores, although only in a weak and partial manner. Inconsistency of correlation was found across service provider types and across attitude scales. The weak and partial associations are as follows.

One, more positive cognitions of older clients (primarily of their interpersonal qualities) were reported by service providers who: are older, have a higher percentage of elderly in their clientele, serve a smaller number of older clients per day, have a lower percentage of males in their elderly clientele, and/or are more likely to recognize the individual older client.

Two, no correlation was found between service providers' reported cognitions of older clients as physically aging and any of the examined antecedent characteristics of service providers and their older clients.

Three, more positive affect toward older clients was reported by service providers who: are older, have a higher percentage of elderly in their clientele, have more frequent contact with the same older client, and/or are more likely to recognize the individual older client.

Four, greater preferences to approach older clients were reported by service providers who: are older, are female, have a lower educational level, have a higher percentage of elderly in their

clientele, have more frequent contact with the same older client, and/or are more likely to recognize the individual older client.

Five, more positive cognitions regarding the job situation were reported by service providers who: are older, have a lower educational level, are volunteer (in contrast to paid) employees, serve a smaller number of older clients per day, and/or have an elderly clientele less physically capable of self-care.

And, six, more positive affect toward the job in its entirety was reported by service providers who: are older, are volunteer (in contrast to paid) employees, and/or have more frequent contact with the same older client.

HYPOTHESIS TESTING

Although this project is not primarily an hypothesis-testing study, it is an objective of this project to bring five hypotheses to test to the extent possible with the given data. The testing of these hypotheses occurs within the framework established by the six research questions discussed above. Thus, the hypothesis-testing findings were originally presented in bits and pieces by the six results chapters. These findings are gathered together below (with references to their source chapter).

Hypothesis 1

Hypothesis 1 predicted that the more positive a service provider's attitude is toward an older client(s), then the more likely the service provider is to approach rather than avoid the older client(s).

Hypothesis 1 was tested with respect to self-reported approach

preferences (in Chapter IX) and with respect to choice of clients (in Chapters XI and XII). For the most part, Hypothesis 1 was found to be supported with respect to self-reported approach preferences. With respect to choice of clients, Hypothesis 1 received support regarding cognitions (but not affect) in a simulated choice of client (Chapter XI) and support regarding cognitions, affect, and behavioral predispositions in a comparison of service providers with high and low percentages of older persons in their clientele (Chapter XII).

Hypothesis 2

Hypothesis 2 predicted that different types and sub-groups of service providers will not be uniform in the attitudes they hold toward working with older clients. This hypothesis is non-directional in nature. It is based on the conceptualization that attitudes are a function of learning experiences, and that different learning experiences lead to different attitudes. The study's different types (e.g., nutrition personnel and mental health practitioners) and sub-groups (e.g., age) of service providers are assumed to operationalize a set of some as yet undefined different learning experiences.

Hypothesis 2 was examined with respect to differences between the study's 13 different service provider types in Chapters VIII, IX, X, and XII. Although considerable similarity was found across types in the valence of their reported attitudes toward working with older clients, significant differences were also found to exist (Chapter VIII). These differences occurred with respect to both of the study's attitude targets (the older clients and the job situation) and to all three

attitude components of cognition, affect, and behavioral predispositions. Inconsistency across service provider types was also found in scores reflecting relationships of variables. These relationships were: (a) the relationship of the attitudinal components of cognition and affect (although not of affect and behavioral predispositions; Chapter IX); (b) the relationship between the extent to which service providers view their older clients to be similar to themselves in attitudes and values and their attitudes toward those older clients (Chapter IX); (c) the relationship between the extent to which service providers view their older clients as responsible for their own problems and the positiveness of the service providers' attitudes regarding those older clients (Chapter IX); (d) the extent of congruency of valence between service providers' cognitions of older clients and cognitions of their job situation (Chapter X); (e) the relationship between service provider's familiarity with, and attitudes toward, older clients (Chapter XII); and (f) the relationship between attitudes and antecedent variables (in addition to familiarity) pertaining to service providers' personal characteristics, job-related characteristics, and characteristics of interactions with clients (Chapter XII).

Hypothesis 2 was also examined with respect to sub-groupings of service providers other than service provider type (Chapter XII). These sub-groupings were of age, sex, and educational level. Significant although somewhat weak and inconsistent correlations were found between the service providers' personal characteristics of age, sex, and educational level and their reported attitudes toward working with older

clients. These associations were for more positive attitude scores to be associated with older age, female sex, and lower educational levels.

Hypothesis 3

Hypothesis 3 predicted that the more familiar service providers are with older clients, then the more positive will be their attitudes toward older clients. Hypothesis 3 was examined (in Chapter XII) with respect to familiarity with older clients: (a) as a class (i.e., percentage elderly in service provider's clientele), and (b) as individuals (i.e., frequency of service provider's contact with same older client, and extent to which service provider would recognize older client out of context). In general, the findings supported Hypothesis 3: more positive attitudes toward older clients were reported by service providers who also reported greater familiarity with older clients. This support, however, was of a partial nature across types of service providers. In addition, the finding that significant correlations between percentage elderly in clientele and service providers' attitude scores occurred only for the total sample (and not within types) perhaps suggests that the direction of causal influence is more from positiveness to familiarity, as in Hypothesis 1, than from familiarity to positiveness.

Hypothesis 4

Hypothesis 4 predicted that the more similar service providers are to their older clients, then the more positive will be their attitudes toward the older clients. Hypothesis 4 was examined with respect to similarity of attitudes or values in Chapter IX and with respect to

similarity of age and sex in Chapter XII. Hypothesis 4 received support with respect to similarity of attitudes and values. That support was, however, of a modest nature in that it was: (a) of a somewhat weak magnitude, and (b) inconsistent in its existence across the study's 13 service provider types. The support was consistent, however, in that no significant associations and only one near-significant association opposite the predicted direction were found.

Hypothesis 4 also received support with respect to similarity of age, but not with respect to similarity of sex. Indeed, no meaningful evidence of same-sex positiveness of attitudes was found for female service providers, while some slight evidence of the opposite nature was found for male service providers.

Hypothesis 5

Hypothesis 5 predicted that the more service providers attribute the cause of their older clients' problems to forces beyond the clients' control, then the more positive will be their attitudes toward the older clients. Only very weak and somewhat inconsistent support for Hypothesis 5 was found (Chapter IX). The support was inconsistent both in that its existence varied across the study's 13 types of service providers and in that an association opposite the predicted direction was found.

Some Concluding Considerations

As was pointed out in Chapter IV, sometimes the same data are used to test more than one hypothesis. For example, data in Chapter IX used to examine the interrelationships of the attitudinal components (for

Hypotheses 1, 4, and 5) are also used to examine the non-uniformity of those relationships across service provider types (for Hypothesis 2). Such multiple usage of the data appears to reflect the complex nature of the underlying reality: relationships are found to exist, but not for all types of service providers.

And, not only are the same data used to test multiple hypotheses, but sometimes those data are used bi-directionally. That is, for Hypothesis 1, attitude valence was the independent variable and percent elderly in service provider's clientele was the dependent variable. However, for Hypothesis 3, percent elderly in service provider's clientele was an independent variable and attitude valence was the dependent variable. This bi-directional usage of data is intended to reflect the possibility that causal influences in reality may be bi-directional. That is, positiveness of attitude toward older clients may lead to choosing to work with an older clientele, while working with an older clientele may also increase the positiveness of attitude toward older clients. In addition, such bi-directionality of causal influences, although not explicitly an issue with the study's other three hypotheses, may also be involved in their underlying reality.

SUMMARY

In sum, this project has produced two types of results concerning service providers' attitudes toward working with older clients. One, the project's focus on the conceptual and methodological bases for assessment resulted in the development of assessment tools consisting of an analytical model and a set of measurement scales. And two, the

project's focus on description and the testing of hypotheses resulted in a set of research findings on service providers' attitudes toward working with older clients.

CHAPTER XIV

IMPLICATIONS OF RESULTS

The focus of this final chapter is on the several research and applied implications of the results of this project. From the perspective of research, the implications of interest are those for the gradual, accumulative process of the scientific discovery of knowledge concerning the role of service providers' attitudes in the provision of human services to older clients. To this process are dedicated the project's efforts to contribute both substantive suggestions and methodological tools.

From the applied perspective, the implications of interest are those for the betterment of the provision of human services to the elderly members of this society. However, for this project to actually contribute rather than detract from the realization of that goal, caution must be exercised so that the project's results do not come prematurely to applied utilization. Thus, this chapter will make explicit not just the recommended but also some non-recommended uses of the project's results for applied settings. Such applied uses pertain to structural features of human service agencies (i.e., the organizational procedures by which the agencies produce services) as well as to personnel matters (such as hiring and firing, job assignment or placement, and training programs).

As summarized in the previous chapter, the results of this project

consist of assessment tools (i.e., an analytical model and a set of measurement scales) and research findings. This chapter will consider the implications of these results, looking first at the project's assessment tools and then at the project's research findings which resulted from the field application of the assessment tools.

ASSESSMENT TOOLS

Research Implications

Analytical Model. For purposes of analysis, the project's model suggests a means for separating the phenomenon of service providers' attitudes toward working with older clients into a set of interrelated constituent parts. The long-term research goal toward which the project's model is offered is to find out, at increasingly finer and finer levels of analytical distinction, the nature and relationships of such constituent parts.

As an analytical framework, the project's model may prove useful both in the conceptualizing of new research efforts and in the synthesizing of past research findings from the existing literature. For such purposes, the model offers a medium for making comparable the concepts and terminology used, or at least for making non-comparability explicit. It also offers a medium for achieving comprehensiveness of scope in research, and for the conscious and explicit delimitation of that scope.

Two aspects of the model deserve greater elaboration. One, the model has been developed in a causal format. It seeks to identify process and the variables involved in that process. Thus, it seeks

explanation, not just description. Two, the model is suggestive of research questions. It offers a skeleton for researchers to flesh out through the identification both of dimensions within the model's cells and of the interrelationships of these units.

In sum, the project's analytical model offers researchers a framework for investigating service providers' attitudes toward working with older clients with respect to the attitudes' formation, their content, and their consequences.

Measurement Scales. Although many of the project's 28 attitude scales do not yet exhibit a level of reliability that might be judged absolutely optimal for research purposes, for the most part the project's attitude scales do exhibit a level of reliability which is at least sufficient for such purposes. Thus, these scales can be considered for use by researchers interested in univariate descriptive activities, or in bi- or multi-variate investigations of relationships between variables, concerning the elements of the attitudinal construct which the scales operationalize. These elements are: (a) the attitude targets of older clients and of the job situation; and (b) the attitude components of cognition, affect, and behavioral predispositions. The cognition element is further subdivided into positive and negative aspects of evaluation. The attitude target of older clients is subdivided into older clients-in-general and specific older clients.

To facilitate the reader's consideration of the project's attitude scales, the scales are listed in Table XLVII, along with the reliability coefficients they exhibited in this study. The reliability coefficients are grouped in Table XLVII into five levels: below .70, .70 to .80, .81

TABLE XLVII

RECOMMENDABLE USES OF PROJECT'S ATTITUDE SCALES
ACCORDING TO THEIR RELIABILITY COEFFICIENTS

Attitude Scales	Recommendable Uses				
	Research			Applied	
	Inadequate ($rr < .70$)	Sufficient to Adequate ($rr = .70 - .80$)	Adequate ($rr = .81 - .89$)	Minimum Tolerable ($rr = .90 - .94$)	Desirable Standard ($rr \geq .95$)
General OC Questionnaire					
Cognition					
Older Clients					
ATT1: Overall Contentment Cognitions re Older Clients			.88		
ATT2: Contentment Cognitions re Older Clients			.81		
ATT3: Appreciative	.60				
ATT4: Pleasant		.74			
ATT5: Socially Contributing	.67				
(ATT2R: Reduced Version of ATT2)				(.82)	
ATT6: Discontent Cognitions re Older Clients			.83		
ATT7: Hostile		.80			
ATT8: Rejecting	.69				
ATT9: Adversary Relations	.50				
(ATT6R: Reduced Version of ATT6)				(.85)	
ATT10: Cognitions of Older Clients as Physically Aging	.65				
Job Situation					
ATT11: Overall Contentment Cognitions re Job Situation			.89		
ATT12: Contentment Cognitions re Job Situation			.81		
ATT13: Agency Quality		.78			
ATT14: Pay Adequacy		.77			
ATT15: Participation Opportunities			.81		
ATT16: Discontent Cognitions re Job Situation			.89		
ATT17: Disagreements			.87		
ATT18: Staff as Obstacles		.70			
ATT19: Rules as Obstacles		.79			
Affect and Behavioral Predispositions					
Older Clients					
ATT20: Global Affect Toward Older Clients		.79			
ATT21: Affect Toward Older Clients' Interpersonal Characteristics			.86		
Att22: Affect Toward Older Clients' Physically Aging Characteristics		.73			
ATT24: Behavioral Predispositions to Approach Older Clients		.78			
Job (Older Clients and Job Situation)					
ATT23: Global Affect Toward Job		.71			

Continued

TABLE XLVII

CONTINUED

	Recommendable Uses				
	Research			Applied	
	Inadequate (rr<.70)	Sufficient to Adequate (rr=.70-.80)	Adequate (rr=.81-.89)	Minimum Tolerable (rr=.90-.94)	Desirable Standard (rr≥.95)
Attitude Scales					
Specific OC Questionnaire					
Cognition					
Older Clients					
ATT1S: Overall Contentment Cognitions re Older Clients			.89		
ATT2S: Contentment Cognitions re Older Clients			.87		
ATT6S: Discontent Cognitions re Older Clients		.79			
ATT10S: Cognitions of Older Clients as Physically Aging	.55				

Note. Except for ATT14, the reliability coefficients ("rr") shown here are internal consistency coefficients (for details see Chapter VI).

to .89, .90 to .94, and .95 and above. These five groupings correspond to levels of recommendation for use as, respectively: (a) inadequate, (b) sufficient to adequate for research uses, (c) adequate for research uses but less than adequate for making applied decisions about individuals, (d) the minimum tolerable for making applied decisions about individuals, and (e) the desirable standard for making applied decisions about individuals. These groupings and associated recommendations are Nunnally's (1978) discussion of satisfactory levels of reliability. According to Nunnally (1978, pp. 245-246):

What a satisfactory level of reliability is depends on how a measure is being used. In the early stages of research on predictor tests or hypothesized measures of a construct, one saves time and energy by working with instruments that have only modest reliability, for which purpose reliabilities of .70 or higher will suffice....

For basic research, it can be argued that increasing reliabilities much beyond .80 is often wasteful of time and funds. At that level correlations are attenuated very little by measurement error....

In contrast to the standards in basic research, in many applied settings a reliability of .80 is not nearly high enough. In basic research, the concern is with the size of correlations and with the differences in means for different experimental treatments, for which purposes a reliability of .80 for the different measures involved is adequate. In many applied problems, a great deal hinges on the exact score made by a person on a test....If a college is able to admit only one-third of the students who apply, whether a student is in the upper third may depend on only a few score points on an aptitude test. In such instances it is frightening to think that any measurement error is permitted....In those applied settings where important decisions are made with respect to specific test scores, a reliability of .90 is the minimum that should be tolerated, and a reliability of .95 should be considered the desirable standard.

As can be seen in Table XLVII, the highest reliability level achieved by any of the project's scales is the middle level: "adequate for research uses but less than adequate for making applied decisions

about individuals." Eleven scales appear in this grouping. With respect to the reliability data of this project, then, these 11 scales appear to be the most recommendable of the project's scales for research use.

Eleven more of the project's attitude scales appear in the next lower reliability level of Table XLVII: "sufficient to adequate for research uses." These 11 scales are also recommendable for research use.

Six of the project's attitude scales appear in the lowest level of Table XLVII. These six scales exhibited a level of reliability in this study that suggests they are currently inadequate for use in research. That is, because of their low reliability, the scales' correlations with other measures would be attenuated, thus hindering the identification of relationships between the scales and the other measures with which they were correlated. Thus, although half of these six scales (i.e., ATT8, ATT5, and ATT10) failed to reach the cut-off level by only a small amount, the utilization of any of these scales in research should be undertaken only if there is no other more appropriate option (and then only with adequate warning to readers).

It is disappointing, with respect to being able to utilize the project's attitude scales for the purpose of investigating whether positive and negative aspects of evaluation have differential consequences, that four of the six scales which operationalize dimensions of contentment and discontent cognition regarding older clients, as well as the two physically aging cognition scales, appear in the inadequate grouping. However, although lacking analytical precision, investigations of differential consequences could still be carried out with respect to older clients using just the supra-scales

operationalizing contentment cognitions (ATT2 and ATT2S) and discontent cognitions (ATT6 and ATT6S). For investigations of the differential consequences of contentment and discontent cognitions with respect to the job situation, not only the supra-scales (ATT12 and ATT16) but also the two sets of scales operationalizing analytical dimensions (ATT13-ATT15 and ATT17-ATT19) are recommendable for use.

So far, this discussion has focused on the recommendability of the project's attitude scales with respect to their level of reliability. Another concern for the recommendability of the scales is the extent to which they are affected by response sets. That is, the utility of these scales in the conducting of research on service providers' attitudes toward working with older clients will be diminished by vulnerability on the part of the scales to the acceptance (or non-acceptance), agreement (or disagreement), extremity (or mid-range), and social desirability (or social undesirability) response sets. Such response sets contribute to the reliable variance of scores. Although invalid, this reliable variance becomes confounded with the true variance, thereby making the interpretation of scores problematic. For example, investigations with these scales of the differential consequences of positive and negative aspects of evaluation would be made more difficult if the scales are prone to response sets and if that vulnerability is different for scales operationalizing the different types of cognitions. However, because information is not yet available on the extent to which the project's attitude scales are vulnerable to response sets, no statement of recommendability with respect to response set can be made in this report.

A final consideration of the recommendability of the project's attitude scales is their validity apart from the response set problem. No statement of recommendability with respect to criterion-related validity can be made in this report, since no criterion tests were made in this study. With respect to content and construct validity, the scales appear to be at a recommendable level (see documentation of validity in Chapter VI), although no claims are made for perfection or even near-perfection. As of yet, this recommendability is limited to urban areas.

In the last analysis, however, the validity of scales such as these is a function of the uses to which they are put. The project's attitude scales were developed for use in research on urban service providers' attitudes toward working with older clients. That is the only research area for which their use is currently recommendable. In addition, because the evidence offered by this project suggests that the General and Specific OC Questionnaires may measure somewhat different phenomena, it is recommended that care be taken by potential users of the project's attitude scales to select the level of specificity that best represents the construct of interest.

Applied Implications

Although the primary uses of the project's analytical model and measurement scales are for research purposes, there could also be some legitimate applied uses of these results. These uses would be as part of a learning or understanding process for individuals.

For example, the model and scales, separately or together, could be used in a training session focused on attitudes toward older clients.

Such a training session could be aimed at the front-line employees or administrators of human service agencies which serve older persons.

For the front-line employees, one approach to this use might be to develop a workshop session for the group discussion of: the content of their attitudes toward older clients; the causes of their attitudes; and the consequences of their attitudes for older clients. The model and/or scales could provide a basis for such a group discussion.

In workshops where the model alone was to be utilized, it could serve as the topic of the introductory presentation to the session. Thus, it would provide a framework for the session's group discussion. In workshops where the model was to be utilized in conjunction with the scales, the presentation of the model should perhaps come later in the session so as to not bias the service providers' responses to the scales.

When the scales are utilized in a training session, however, care should be taken to maintain the anonymity of the service providers' scores in order that the scores will never have a bearing on any personnel decision concerning an individual service provider. For example, the scales could be self-administered and self-scored by the participating service providers. The reactions of the service providers to the scales' component items could then serve directly as the basis for the group discussion, or the individual service providers' scores could be compared with other scores (e.g., with the mean, median, and mode from the group itself, or with scores from other sources of normative data).

The above example dealt with direct service providers (that is,

with those individuals who personally deliver a human service agency's services to its clientele). A second example of applied use of the project's model would be to develop a workshop session to offer the model as a tool to administrators of human service agencies. The model could be used by the administrators within their own agencies to organize their observations and thinking concerning the role that attitudes, their own as well as those of their service personnel, play in their agencies' provision of services to older clients.

In addition, an agency's administrators may find useful the ideas generated by the type of group discussion among the agency's direct service providers which was described in the first example. These ideas could perhaps provide the administrators with information on structural features of their agency which produce feelings of stress among the providers. Such information may then enable the administrators to take effective ameliorative action.

These examples of the applied implications of the project's analytical model and measurement scales have been offered only as illustrations. They are not meant to be prescriptions. Persons interested in utilizing the model and scales as part of a learning or understanding process for individuals in an applied setting should tailor that use to fit their needs.

Before ending this discussion, it should be emphasized that the use of the current measurement scales by human service agencies to make personnel decisions concerning individual service providers is not recommended. As shown in Table XLVII, the scales are not yet sufficiently reliable to be used at the extremely high level of accuracy

needed to make decisions concerning individuals (such as hiring, job assignment, or firing). Moreover, no criterion outcomes have yet been established for the scales. Thus, for personnel decisions, use of the project's attitude scales is inappropriate with respect both to productivity requirements of the agency and to ethical obligations to the individual employee.

Suggestions for Future Research Activities

The next step in developing a basis for the assessment of service providers' attitudes toward working with older clients will be to go beyond what this project has achieved in building an analytical model and measurement scales. As was true in their initial development, the further development of the project's analytical model and measurement scales will be linked. Developmentally, the model grows in analytical refinement as a result of findings from measurement instruments, while the measurement scales benefit in terms of both validity and scope from refinement of the analytical model. Thus, although the following suggestions for future research activities focus primarily on methodological improvements of the measurement scales, they will have consequences for the analytical model as well.

Normative Data. The project's normative data (e.g., means and standard deviations) on the items and scales could be supplemented by norms developed on a broader geographical basis. Norms could also be developed separately for service providers of different types (e.g., MDs versus income personnel), and different personal characteristics (such as age and sex).

Additional Scales and Different Methods. Additional scale

construction activities could be undertaken with respect to the 27 General OC Questionnaire items not yet included in scales. These 27 items could be utilized to bolster existing scales or to construct new scales. For both general and specific attitudes, the construction of new scales by different combinations of the items already in scales could also be investigated.

In addition, different methods of constructing scales could be examined to see if they improve the scales' utility. For example, the project's scales are currently developed utilizing raw scores. Alternatively, the scales could be developed utilizing standard scores. And, currently, the project's scales are developed on the basis of the attitudinal construct. Alternatively, scales could be developed based on factor analysis, external criteria, etc.

Reliability. Future efforts are needed to increase the level of the current scales' internal consistency reliability coefficients. For research purposes, scales with coefficients in the "inadequate" range (i.e., less than .70) should be improved to the "sufficient to adequate" range (i.e., .70 to .80). If not too expensive of time and money, it would be helpful also to further improve all of the scales' reliability to the "adequate" range (i.e., .81 to .89). Improving the scales' reliability can be undertaken by increasing the internal consistency of the items in a scale and/or by increasing the number of items in that scale. For the time being, it would probably be wasteful to spend additional effort in increasing the scales' reliability beyond the level needed for research purposes to the level needed for applied uses. That is because, before the scales would be ready for any such applied uses,

additional basic research on criterion outcomes would need to be undertaken in order to understand the scales' implications for service provision to the elderly.

In addition to increasing the level of the scales' internal consistency coefficients, future efforts might also be directed at documenting and improving other aspects of reliability. For example, reliability documentation could be developed, and maximized, separately for the different types of service providers (e.g., MDs versus income personnel) and for other sub-samplings (such as age and sex sub-samples). Also useful might be efforts to document and maximize reliability by approaches other than internal consistency, such as test-retest or equivalent forms.

Response Sets. Response sets such as acquiescence, extremity, and social desirability pose a danger to the validity of the project's scales. Research could be undertaken to determine to what degree the scales are vulnerable to what kind of response set and for what kind of respondent. If the scales are found to be seriously vulnerable to response sets, the problem could be addressed by modification of the scales and/or instructions or by adjustment of scores to control for the response sets. The techniques for implementing these recommendations to modify or adjust are themselves a matter to be developed through future research.

Validity. In addition to response sets, other aspects of the scales' validity could benefit from future research activities. One aspect is criterion-related validity. In order to understand the scales' implications for service provision to the elderly, criterion tests

(i.e., tests of the scales with behavioral outcomes, such as behavior in serving older clients) need to be made. And, in order to make such tests, reliable and valid criterion measures need to be developed. In so doing, it will be necessary to weigh the feasibility of developing criterion measures which are general across such diverse service provider types as mental health practitioners and nutrition personnel versus those measures which are specific to one service provider type. Such criterion measures may need also to be sensitive to the level of generality of the attitude target. That is, different criterion measures may be needed for attitudes regarding older clients-in-general than regarding specific older clients.

Another aspect is content validity. A first consideration would be to test the content validity of the current scales. For example, the scales' content validity could be tested through replication of the process for generating the scales' component items, or through expert judges' ratings of the items' validity.

Another consideration would be to expand the scope of the scales' content validity. For example, future activities could be undertaken to expand the scope of content: (a) to include clients of all ages instead of just older clients; (b) to include rural as well as urban service providers; (c) to include the client's perspective as well as that of the service provider; (d) to determine the content's universalness across respondents of different personal characteristics (such as sex, age, or educational level); (e) to operationalize affect and behavioral predispositions more independently of each other; (f) to operationalize more completely the various dimensions which exist within each of the

three components of cognition, affect, and behavioral predispositions; (g) within cognitions, to operationalize more completely the positive aspects differentially from the negative aspects (with respect to both older clients and the job situation); and (h) to do all of the above with one focus on content which is common across service providers of various types and a second focus on content which is specific to a single service provider type.

The final aspect is construct validity. The project's scales could also be further tested for construct validity, such as: by different tests, on a broader geographic basis, separately for service providers of different types (e.g., mental health practitioners versus nutrition personnel), and separately for service providers with different personal characteristics such as sex or age. In addition, the meaning of the project's scales could be further explicated by investigating the comparability of these scales with other attitude measures regarding the same or similar attitude targets.

Future research efforts might also attempt to add analytical refinement within the construct. For example, research could be undertaken to determine the relationship between attitudes at different levels of generality: how are attitudes toward older clients-in-general similar or different from attitudes toward specific older clients (with respect to the attitudes' causes, content, and consequences)? Other research could be undertaken to identify any differential behavioral consequences of positive as compared with negative aspects of evaluation.

In addition, the scope of the construct could be expanded. For

example, other sorts of dyadic interaction than that of service provider and client could be included in the construct. Then, the similarities and differences between the attitudinal dimensions relevant to service dyads and those relevant to other sorts of dyads could be investigated. investigated.

Summary

The project has undertaken development of some bases for the assessment of service providers' attitudes toward working with older clients. These assessment tools consist of an analytical model and measurement scales. The project's model separates the analytical whole of service providers' attitudes toward working with older clients into a set of constituent parts for the purpose of understanding the constituent parts' content and interrelationships, and thereby, of understanding the whole. The instrument development was undertaken with respect to two questionnaires: one, the General OC Questionnaire, measuring attitudes toward working with older clients-in-general, and the other, the Specific OC Questionnaire, measuring attitudes toward specific older clients. For each questionnaire, scale construction has been undertaken, resulting in 24 general attitude and four specific attitude scales.

The implications of the project's assessment tools are primarily for research rather than applied use. The implications for research of the project's model consist of providing an analytical framework for the conceptualization of research to be undertaken and for the synthesis of existing research findings from the literature. The project's measurement scales provide researchers with a means for operationalizing

various aspects of the attitudinal construct. For the time being, the implications for applied use of the project's assessment tools consist of providing the involved individuals with an aid for understanding the role attitudes play in the provision of services to older clients. Until further development occurs, the scales are not recommended for the applied use of making decisions concerning individual service providers.

The project's efforts at developing a basis for the assessment of service providers' attitudes toward working with older clients are just a beginning. Much work remains to be done by future research activities.

RESEARCH FINDINGS

Relationship to Previous Findings

This study was built directly upon the findings of previous research regarding attitudes toward older people and older clients. Nonetheless, the study's research findings are difficult to relate to the previous literature. One obstacle to relating the findings is this study's development and use of new measurement scales; thus, there are no replicate data sets for comparison. A second, and more profound, obstacle is that this study's scales operationalize attitudes regarding older clients, whereas the scales which were used in the earlier studies, for the most part, operationalize attitudes regarding older persons. Thus, there is little basis for comparison between research findings of this and earlier studies because different attitude targets were investigated.

At a very general level, however, this study can be compared with the earlier studies. As will be remembered from Chapter II, a great deal

of inconsistency exists across the findings of different studies regarding the content and/or valence of attitudes and regarding the attitudes' relationships with antecedent variables. This study makes the same finding across its sub-samples of different service provider types. Thus, it may be that the inconsistent findings appearing in the literature are not just a problem of operationalization or measurement to deplore, but rather that they accurately reflect a complex reality. This suggests that a worthwhile next step would be to analyze the inconsistency found in the previous literature in order to identify the sources of that inconsistency, for example, with respect to characteristics of the attitude holder, the attitude target, and the relationship between the two.

Limitations on Implications

The study's research findings are limited with respect to deriving implications for applied use. First, these findings are the product of a single unreplicated study. Even, more critically, they are the product of assessment tools which are themselves limited in scope and accuracy. Indeed, all of the recommendations for future research activities regarding the assessment tools which were listed earlier specify limitations on the generalizability of the study's research findings. Thus, the implications for applied use which stem from these research findings are recommendations for further research and not recommendations for immediate implementation.

Some General Implications

The study's research findings suggest implications for human

service agencies regarding both personnel decisions and intervention programs. By the term "personnel decisions" is meant decisions regarding the hiring and job assignment of service providers to work with older clients. By the term "intervention programs" is meant programs designed to improve the provision of services to older clients by changing service providers' attitudes either directly or through changing the underlying reality toward which the attitudes are directed.

The study's finding that service providers' attitude scores toward working with older clients are generally positive may, optimistically, imply that attitudes do not pose a problem to the delivery of human services to older people. Even if not that optimistic, this finding at least gives encouragement that the situation is not so dire as might be imagined. Thus, it appears that the current techniques for making personnel decisions are probably not doing too bad of a job. And, it also appears that embarking hastily upon some new massive program of intervention would probably be a waste of resources. Instead, the situation appears to be sufficiently under control to allow for adequate time to undertake the research necessary to develop maximally effective techniques for making personnel decisions and maximally effective intervention programs.

That such efforts to maximize the positiveness of service providers' attitudes may be needed is suggested by the combination of two of the findings. The first of these findings is that, although generally positive, average scores for the sample as a whole never attain the "very" positive level for any of the study's attitude scales. Indeed, attitude scores were not always so positive. Not all individual

service providers nor all types of service providers had positive scores; and not all aspects of working with older clients received positive scores.

The other finding pertains to the relationship between attitudes and behavior. If, regardless of their valence, the attitudes of service providers had no detrimental impact on the provision of human services to older persons, then there would be no need, with respect to attitudes, to develop techniques for making personnel decisions or to develop intervention programs. One area in which such a detrimental impact might occur is the area of availability of service (i.e., whether or not service providers choose to work with an old-aged clientele, and, even if they do, whether or not they choose to work with particular clients within that clientele). Three sets of data analyses undertaken by this study pertain to the subject of availability of service. These data analyses were of: (a) service providers' self-reported behavioral predispositions regarding working with an older clientele, (b) an indirect operationalization of service providers' choices of clienteles, and (c) a simulation of service providers' choices of individual older clients. The study's findings regarding these three data analyses suggested that attitudes do play a role in determining which clientele group and what client a service provider chooses to serve: positive attitudes appear to lead to selection, while negative attitudes appear to lead to avoidance.

Suggestions for Future Research Activities

A first consideration for research would be to empirically test the project's suggestion that research needs to be undertaken to improve

the positiveness of service providers' attitudes. That is, what level of positiveness of attitude is satisfactory with respect to subsequent behaviors? Some other topic areas for future research activities suggested by the study's findings are described below. However, care needs to be taken in interpreting the finding of non-uniform attitudes across service provider types. Do nutrition personnel, for example, have a "good" attitude toward older clients, and mental health practitioners have a "bad" attitude? Such a diagnosis would probably be overly simplistic in that it only focuses on the positiveness of the attitudes while ignoring differences in the attitudes' antecedents. For example, it may be that the older clients whom mental health practitioners encounter are markedly different than those encountered by nutrition personnel. Similarly, differences between service providers in their attitudes toward the job situation may reflect differences in their experiencing of the job context. Thus, attitudinal differences among service provider types may be an especially informative source of clues to the special kinds of problems and/or benefits of working with older persons experienced by different types of service providers. For that reason, differences in attitudes between service provider types, which one might be tempted to reduce to the "good" attitude/"bad" attitude positivity diagnosis, are probably more usefully diagnosed as reflecting differences in antecedent conditions.

Personnel Decisions. The study's findings suggest there may be certain characteristics associated with the hiring or assigning of service providers which are related to more positive affect and behavioral predispositions toward older clients. One such set of

characteristics has to do with similarity between the provider and client. The study's findings with respect to similarity suggest there may be some advantage in pairing service providers with older clients with whom they are similar: (a) in attitudes and values, and (b) in age. However, the study's finding that the perceived similarity in attitudes or values of service provider with older client is more often positively related to attitude scores for some service provider types than for others suggests that pairing with respect to such similarity may be more important for some types than for others. Similarly, the study's findings suggest that pairing service provider with older client so as to maximize similarity of age may also be differentially important across types of service providers. The findings do not support pairing to maximize sameness of sex.

A second set of characteristics has to do with the service providers' personal characteristics. With respect to personal characteristics, the study's findings suggest that, when selecting personnel to serve older clients, there may be some advantage in choosing: (a) females, (b) older persons, and (c) persons with lower educational levels (or at least not to regulate them out of jobs which they are capable of performing). In addition, the study's findings regarding affect toward the job in its entirety suggest there may be some advantage to utilizing volunteer rather than paid employees. However, with respect to findings regarding antecedent variables (such as sex, age, educational level, and work status), the study's finding that antecedent variables tend to themselves be intercorrelated suggests that, in the developing of techniques for making personnel decisions,

care should be taken to determine whether an antecedent variable is really causal or just correlated. For example, is it really age of service provider that leads to positiveness of attitudes toward older clients, or is it some other correlated variable, such as having a higher percentage of elderly in the clientele or having a lower educational level? And again, the study's findings suggest that such characteristics may be more related to positiveness of attitudes for some service provider types than for others.

In sum, the characteristics specified above may prove useful in the focusing of future research efforts at developing techniques for hiring and assigning service providers with respect to the positiveness of their attitudes toward working with older clients. In such efforts, the causal influence of the suggested characteristics needs to be validated by rigorous testing with respect to both attitudes and subsequent behavior. In addition, the study's findings need to be expanded to include additional possibly influential characteristics, such as other dimensions of similarity (e.g., race, ethnicity, regional background, and urban or rural background), other aspects of personal characteristics, and other types of characteristics besides similarity and personal characteristics, such as complementarity (e.g., perhaps a service provider with a need to nurture would complement an older client with a need to be nurtured so that the danger of overservicing on the part of the service provider would be minimized).

Intervention Programs. Efforts at improving the positiveness of service providers' attitudes toward working with older clients could be directed at changing the attitudes and/or at changing the reality which

underlies the attitudes. The choice would depend on why the attitudes were not positive. For example, sometimes attitudes may not be positive because of inaccurate cognitions. In such cases, positiveness could perhaps be increased by increasing the accuracy of cognitions. Other attitudes may not be positive because the reality underlying the attitudes is itself not positive. In that case, positiveness could perhaps be increased by increasing the understanding and acceptance of the negative reality and/or by making the reality less negative.

Some possible strategies for intervention programs regarding characteristics of older clients are: (a) structuring service providers' encounters with older clients so as to elicit positive characteristics of the clients; (b) training service providers to elicit positive characteristics of older clients; (c) training service providers to be understanding of why older clients may exhibit negative characteristics; (d) training service providers to internalize a professional ethic, or sense of pride in their competency, to handle older clients' negative characteristics; and (e) training older clients to be more attractive to service providers. And, regarding characteristics of the job situation, possible strategies for intervention programs include: (a) improving the characteristics themselves; (b) training service providers not to be inaccurately negative of the characteristics (e.g., to understand the reasons for the rules they must heed in providing services); (c) training service providers to accurately recognize positive characteristics; and (d) giving encouragement and moral support to service providers who have to cope with negative characteristics (e.g., with other staff members who make a service provider's work harder

because of their incompetence, absenteeism, or job turnover).

The study's findings suggest some general considerations for future research efforts aimed at developing intervention programs for improving the positiveness of service providers' attitudes toward working with older clients. One consideration is that the substantive focus of an intervention program might differ depending on whether the basis used for focusing is the level of negativity of cognitions or the association of cognitions with affect and behavior. For example, although agency quality in serving older clients is a characteristic that the study's findings suggest would be a least likely focus for an intervention program with respect to the negativity of cognitions, it would be a most likely focus with respect to the correlation of cognition with affect. Whichever basis is used, a second consideration regarding the choice of a substantive focus for intervention programs is whether to emphasize scope of relevance across service provider types or intensity of relevance regardless of scope. Some other considerations for the substantive focusing of intervention programs suggested by the study's findings are that: it may be necessary, because of inconsistency of valence across attitudinal components, to prioritize the components in terms of desired concentration of efforts; and it may be useful, because of the intercorrelation of attitudinal antecedents, to think of antecedent variables in clusters instead of independently. The study's findings of non-uniformity (concerning both attitudes and antecedent variables) across service provider types suggest that attention may be usefully directed at developing procedures for the more effective targeting of types for intervention programs. These procedures would

concern: (a) grouping types with similar attitudes into a single target; and (b) selectively targeting types where the need for intervention is the greatest. In addition, the study's findings of some non-uniformity of attitudes within types of service providers suggest that extra attention may be useful in designing intervention programs for service provider types which exhibit such diversity. Specific examples for both the substantive focusing and the targeting of types for intervention programs are presented in this report's findings chapters.

Summary

In sum, the study's research findings build upon and expand the scope of findings from earlier studies. Implications deriving from these findings are for recommendations for further research.

SUMMARY

This study makes available to researchers in the field of service providers' attitudes toward working with older clients three research products. The first product is an analytical model—to aid in conceptualizing future research. The second product is a set of measurement scales—to aid in operationalizing future research. And, the third product is a set of research findings—to offer a beginning toward understanding the special topic of service providers' attitudes toward working with older clients.

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APPENDIX A

QUESTIONNAIRES

Institute on Aging
 Portland State University
 P. O. Box 751
 Portland, Oregon 97207
 503/229-3952

Service Provider Questionnaire

[General OC Questionnaire]

CLIENT RELATIONS RESEARCH PROJECT

This questionnaire is designed for you to describe your experiences and feelings concerning providing services to elderly persons.

It is important that you answer each question as thoughtfully and frankly as possible if this questionnaire is to be helpful and accurate in describing the service-providing situation.

Since the questionnaire is still in the process of being refined, we would appreciate your including any additional information or comments you wish to make in the page margins.

If you have any questions, please call Marilyn Petersen, Project Director, at 229-3952.

INSTRUCTIONS FOR QUESTIONS A THROUGH J

FOR EACH NUMBERED QUESTION, PLEASE ANSWER BY CHECKING ☒ ONE OF THE 7 ANSWER CHOICES. THE 7 ANSWER CHOICES RANGE FROM OPPOSITE TO OPPOSITE. IN THE EXAMPLE BELOW, THE 7 ANSWER CHOICES RANGE FROM NOT AT ALL TO VERY.

EXAMPLE OF HOW TO FILL OUT THE QUESTIONNAIRE

PHYSICAL SURROUNDINGS

A. MY PLACE OF WORK IS:

1. cheerful.....
2. modern.....
3. safe from crime.....
4. convenient to get to.....
5. in a nice neighborhood.....
6. well lighted.....
7. quiet.....

NOT AT ALL ← → VERY						
1	2	3	4	5	6	7
				✓		
		✓				
			✓			
						✓
			✓			
✓						

[illegible]

CONFIDENTIAL - 3

DIRECTIONS: FOR EACH NUMBERED QUESTION, PLEASE ANSWER BY CHECKING ☒ ONE OF THE 7 ANSWER CHOICES.

B (Continued). ON MY JOB:

	NEVER ← → ALWAYS							DOESN'T APPLY
	1	2	3	4	5	6	7	0
16. enough training is available to me.....								
17. I am paid as much as I am worth.....								
18. I make the decisions about how I serve my elderly clients.....								
19. I dislike thinking about myself getting older.....								
20. the public looks down on people who do the work I do.....								
21. my elderly clients' physical conditions limit what I can do for them.....								
22. my suggestions are put into practice by my agency.....								
23. I have to deal with a lot of red tape in providing services to my elderly clients....								
24. the requirements of governmental regulatory agencies interfere with my providing services to elderly clients.....								
25. my work is an expression of my beliefs.....								
26. my elderly clients refuse to follow my advice								
27. I get blamed when things don't go right.....								
28. my supervisor trusts me to work independently.....								

C. I DISAGREE WITH THE FOLLOWING PEOPLE ON HOW I
SHOULD PROVIDE SERVICES TO MY ELDERLY CLIENTS:

	NOT AT ALL ← → VERY STRONGLY							DOESN'T APPLY
	1	2	3	4	5	6	7	0
1. the public.....								
2. my coworkers.....								
3. my agency's parent organization.....								
4. the administrators of my agency.....								
5. my supervisors.....								
6. my elderly clients.....								
7. governmental regulatory agencies.....								
8. funding sources.....								

CONFIDENTIAL - 5

DIRECTIONS: FOR EACH NUMBERED QUESTION, PLEASE ANSWER BY CHECKING ☒ ONE OF THE 7 ANSWER CHOICES.

F. HOW PLEASANT OR UNPLEASANT DO YOU FIND THE FOLLOWING CLIENT CHARACTERISTICS:

	VERY UNPLEASANT ←				→ VERY PLEASANT		
	1	2	3	4	5	6	7
1. having a positive outlook on life.....							
2. being fragile.....							
3. being hard of hearing.....							
4. being uncooperative.....							
5. having a wealth of experience.....							
6. refusing to help themselves.....							
7. being ungrateful.....							
8. being slow.....							
9. being considerate.....							
10. being hostile.....							
11. having given up on life.....							
12. being at peace with themselves.....							
13. being angry.....							
14. having poor eyesight.....							
15. being appreciative of your services.....							
16. being overly demanding.....							
17. having interesting stories to tell.....							
18. having serious emotional problems.....							
19. being dependable.....							
20. having a sense of humor.....							
21. being chronic complainers.....							
22. being warm.....							

G. IN GENERAL:

	DISAGREE ←				→ AGREE		
	1	2	3	4	5	6	7
1. I prefer a job where I work with elderly clients...							
2. I do not want to be like most of my elderly clients when I am that age.....							
3. my elderly clients are physically capable of taking care of themselves.....							

CONFIDENTIAL - 6

DIRECTIONS: FOR EACH NUMBERED QUESTION, PLEASE ANSWER BY CHECKING ☒ ONE OF THE 7 ANSWER CHOICES.**RELATIONSHIPS WITH CLIENTS****H. ON MY JOB:**

	NEVER ALWAYS						
	1	2	3	4	5	6	7
1. my elderly clients appreciate the little things I do for them.....							
2. my elderly clients and I laugh together.....							
3. I find elderly clients have trouble understanding explanations of things.....							
4. I can cause my elderly clients to do things for themselves.....							
5. I have to be especially careful about what I say to my elderly clients.....							
6. my elderly clients can make me upset.....							
7. the things I do can influence an elderly client's will to live.....							
8. I can just be myself with my elderly clients.....							
9. I repeat myself often when talking to my elderly clients.....							
10. I would know my elderly clients if I met them on the street.....							
11. I can determine whether or not an elderly client receives the service I provide.....							
12. I try not to get personally involved with my elderly clients.....							
13. I have to rush when I am with elderly clients.....							
14. my elderly clients can influence how my supervisors feel about me.....							
15. my elderly clients want a more personal relationship with me than I want with them.....							
16. I have control over how much of my time an elderly client gets.....							
17. I am very warm toward elderly clients.....							
18. my elderly clients can influence how my coworkers feel about me.....							
19. I can control how often an elderly client gets my service.....							
20. I prefer to act in a businesslike way with my elderly clients.....							
21. I am able to help elderly clients who have no one else.....							

CONFIDENTIAL - 8

AGENCY AFFILIATION

K. WHAT IS THE NAME:

1. of the organization or agency where you work? _____

2. of your unit within that agency? _____

L. WHAT IS YOUR POSITION (YOUR JOB TITLE)? _____

M. ON THE AVERAGE, HOW MANY HOURS A WEEK DO YOU WORK AT THIS JOB? _____

N. ARE YOU PAID _____ OR VOLUNTEER _____?

O. HOW LONG HAVE YOU WORKED FOR THIS AGENCY? _____

DETAILS OF PROVIDING SERVICES

P. WHAT PERCENT OF YOUR WORK DAY DO YOU SPEND BEING WITH OR TALKING TO CLIENTS? PLEASE CHECK THE ONE ANSWER WHICH COMES CLOSEST:

_____ 0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100%

Q. WHAT PERCENT OF YOUR CLIENTS ARE ELDERLY? PLEASE CHECK THE ONE ANSWER WHICH COMES CLOSEST:

_____ 0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100%

R. ON THE AVERAGE, HOW MANY ELDERLY CLIENTS DO YOU SERVE PER DAY? PLEASE ESTIMATE: _____

S. WHAT PERCENT OF YOUR ELDERLY CLIENTS ARE MALE? PLEASE CHECK THE ONE ANSWER WHICH COMES CLOSEST:

_____ 0-20% _____ 21-40% _____ 41-60% _____ 61-80% _____ 81-100%

T. ON THE AVERAGE, HOW OFTEN ARE YOU IN CONTACT WITH THE SAME ELDERLY CLIENT? PLEASE CHECK THE ONE ANSWER WHICH COMES CLOSEST:

_____ daily _____ weekly _____ monthly _____ twice a year _____ yearly
_____ less than once a year _____ one time only**WORK PREFERENCES**

U. OF OLDER-AGED CLIENTS, WHICH DO YOU PERSONALLY PREFER TO WORK WITH? PLEASE CHOOSE ONE:

_____ 60-69 year olds _____ 70-79 year olds _____ 80+ year olds

V. OF ELDERLY CLIENTS, WHICH DO YOU PERSONALLY PREFER TO WORK WITH? PLEASE CHOOSE ONE:

_____ elderly females _____ elderly males

BACKGROUND INFORMATION

W. IN ORDER TO BETTER UNDERSTAND THE FINDINGS OF THIS RESEARCH STUDY, WE NEED TO KNOW A FEW ITEMS OF INFORMATION ABOUT YOU:

1. your birthdate: _____

2. your sex: _____ female _____ male

3. your highest grade of education: _____

4. any training about aging and old age you have received: _____

SERVICE PROVIDER QUESTIONNAIRE

[Specific OC Questionnaire]

	STRONGLY DISAGREE ←				→ STRONGLY AGREE		
	1	2	3	4	5	6	7
1. THE CLIENT YOU JUST SPOKE WITH:							
a. has a positive outlook on life.....							
b. is fragile.....							
c. is hard of hearing.....							
d. is uncooperative.....							
e. has a wealth of experience.....							
f. refuses to help herself/himself.....							
g. is ungrateful.....							
h. is slow.....							
i. is considerate.....							
j. is hostile.....							
k. has given up on life.....							
l. is at peace with herself or himself...							
m. is angry.....							
n. has poor eyesight.....							
o. is appreciative of your services.....							
p. is overly demanding.....							
q. has interesting stories to tell.....							
r. has serious emotional problems.....							
s. is dependable.....							
t. has a sense of humor.....							
u. is a chronic complainer.....							
v. is warm.....							

	ACTED IN A MORE NEGATIVE WAY THAN USUAL			CLIENT ACTED AS USUALLY DOES		ACTED IN A MORE POSITIVE WAY THAN USUAL	
	1	2	3	4	5	6	7
2. HOW MUCH DO YOU THINK YOUR CLIENT ACTED DIFFERENTLY TODAY THAN HE/SHE USUALLY DOES							

How did he/she act differently than usual? _____

3. DID ANYTHING ATYPICAL TAKE PLACE DURING TODAY'S SESSION? ____ YES ____ NO.

If yes, what? _____

	NEVER ←————→ ALWAYS						
	1	2	3	4	5	6	7
4. I ESPECIALLY ENJOY WORKING WITH CLIENTS LIKE THIS PERSON.....							

5. IS THERE ANYTHING IN PARTICULAR ABOUT WORKING WITH THIS CLIENT WHICH MIGHT SERVE AS A USEFUL ILLUSTRATION IN TRAINING OTHER SERVICE PROVIDERS WORKING WITH OLD PEOPLE?

6. HOW LONG HAVE YOU WORKED WITH THIS CLIENT? _____

APPENDIX B

NORMATIVE DATA ON QUESTIONNAIRE ITEMS

TABLE XLVIII

MEAN SCORES AND STANDARD DEVIATIONS OF ATTITUDE ITEMS:
GENERAL OC QUESTIONNAIRE

Item #	Mean	Standard Deviation	N	Item #	Mean	Standard Deviation	N	Item #	Mean	Standard Deviation	N
A1	5.97	1.15	417	B24	3.36	1.90	339	E10	2.68	1.27	414
A2	5.51	1.16	413	B25	5.72	1.46	384	E11	3.09	1.42	411
A3	5.57	1.59	401	B26	3.00	1.29	356	E12	4.17	1.35	408
B1	5.98	1.27	408	B27	2.70	1.72	386	E13	3.06	1.39	411
B2	2.28	1.59	381	B28	6.25	1.18	393	E14	4.51	1.22	415
B3	2.48	1.78	396	C1	3.03	1.66	330	E15	5.58	1.16	417
B4	5.03	1.74	383	C2	2.20	1.41	380	E16	3.12	1.39	415
B5	3.03	1.65	384	C3	2.56	1.68	283	E17	5.20	1.34	413
B6	4.41	1.92	361	C4	2.50	1.66	357	E18	3.46	1.41	410
B7	5.94	1.10	421	C5	2.15	1.43	369	E19	4.58	1.29	410
B8	3.26	1.53	414	C6	2.33	1.32	377	E20	4.85	1.11	417
B9	4.96	1.86	388	C7	3.59	1.94	321	E21	3.23	1.34	415
B10	3.45	1.98	367	C8	3.72	2.03	307	E22	5.03	1.17	410
B11	4.95	1.86	385	D1	3.08	1.21	403	F1	5.89	1.40	420
B12	3.38	2.06	384	D2	4.64	1.35	406	F2	3.86	1.45	408
B13	3.78	2.09	382	D3	3.92	1.32	399	F3	3.77	1.16	412
B14	1.96	1.34	398	E1	4.27	1.35	416	F4	2.91	1.51	409
B15	3.10	2.07	397	E2	4.31	1.28	414	F5	5.76	1.40	412
B16	5.14	1.68	397	E3	4.24	1.22	418	F6	2.73	1.48	409
B17	3.80	1.94	367	E4	2.85	1.25	415	F7	3.10	1.54	413
B18	4.77	1.79	401	E5	5.22	1.48	411	F8	4.05	.98	411
B19	3.32	1.86	412	E6	3.03	1.28	411	F9	6.03	1.45	416
B20	2.53	1.64	413	E7	2.56	1.39	414	F10	2.57	1.49	410
B21	3.79	1.72	394	E8	4.34	1.42	416	F11	2.71	1.49	405
B22	4.14	1.61	385	E9	5.17	1.19	416	F12	5.97	1.32	411
B23	3.38	1.91	381								

Continued

TABLE XLVIII

CONTINUED

Item #	Mean	Standard Deviation	N	Item #	Mean	Standard Deviation	N
F13	3.00	1.41	411	H15	2.97	1.55	409
F14	3.94	1.16	408	H16	4.64	1.86	416
F15	6.01	1.19	414	H17	5.84	1.13	417
F16	2.94	1.43	408	H18	3.31	1.80	398
F17	5.82	1.24	415	H19	4.03	2.04	410
F18	3.33	1.31	405	H20	3.50	1.70	412
F19	5.67	1.31	410	H21	4.81	1.64	412
F20	6.22	1.04	413	H22	2.67	1.26	417
F21	2.71	1.43	410	H23	5.79	1.11	418
F22	6.10	1.18	404	H24	2.18	1.45	395
G1	4.72	1.77	417	H25	5.60	1.33	422
G2	4.48	1.92	415	H26	5.27	1.23	419
H1	5.73	1.12	424	H27	2.70	1.50	420
H2	5.46	1.15	423	H28	4.67	1.40	419
H3	4.01	1.37	420	H29	5.27	1.43	420
H4	4.73	1.18	409	H30	5.37	1.30	420
H5	3.89	1.65	417	I1	6.04	1.06	420
H6	2.90	1.35	416	I2	3.30	1.64	372
H7	4.72	1.56	406	I3	4.24	1.62	368
H8	5.78	1.22	423	I4	5.40	1.26	364
H9	4.14	1.57	417	I5	5.70	1.22	367
H11	5.31	1.70	399	I6	5.30	1.23	387
H12	4.09	1.80	418	J1	5.95	1.08	426
H13	3.04	1.63	415	J2	5.71	1.29	424
H14	3.38	1.84	389	U	1.73	.70	357
				V	1.45	.50	348

Note. Items A1-J2 are scored as pre-coded in questionnaire from left to right, 1 to 7. U and V are scored left to right, 1 to 3 and 1 to 2, respectively. Data are from the Survey Sample. Two respondents who have subsequently been deleted from the sample are included in the sample in this table, making the sample size equal 430.

TABLE XLIX

MEAN SCORES AND STANDARD DEVIATIONS OF ATTITUDE
ITEMS: SPECIFIC OC QUESTIONNAIRE

Item #	Mean	Standard Deviation	N	Item #	Mean	Standard Deviation	N
1aS	4.88	1.00	51	1mS	2.47	.92	51
1bS	3.83	1.15	51	1nS	4.24	1.45	51
1cS	3.26	1.32	51	1oS	5.90	1.01	51
1dS	2.26	.91	50	1pS	2.19	.97	51
1eS	5.37	1.21	51	1qS	5.15	1.08	51
1fS	2.31	.91	50	1rS	2.90	1.28	51
1gS	1.67	.96	51	1sS	5.29	1.26	51
1hS	3.46	1.24	51	1tS	5.65	.98	51
1iS	5.58	1.21	51	1uS	2.49	1.19	51
1jS	1.90	.94	50	1vS	5.81	1.00	51
1kS	2.50	1.10	50	4S	5.79	.84	51
1lS	4.70	1.16	51	7S	5.43	.76	47

Note. Items 1aS-7S are scored as pre-coded in the questionnaire from left to right, 1 to 7. Data are from the Encounter Sample (n=51).

APPENDIX C

NORMATIVE DATA ON SCALES

TABLE I
MEAN SCORES, STANDARD DEVIATIONS, AND RELATIVE FREQUENCY
DISTRIBUTIONS OF GENERAL ATTITUDE SCALES

Attitude Scales	Mean	Standard Deviation	N ^a	% with Scores ^b Between:						
				1.0-1.5	1.6-2.5	2.6-3.5	3.6-4.5	4.6-5.5	5.6-6.5	6.6-7.0
ATT1: Overall Contentment Cognitions re Older Clients	4.96	.63	414	0	0	1	25	54	20	0
ATT2: Contentment Cognitions re Older Clients	4.88	.72	417	0	0	3	32	47	17	1
ATT3: Appreciative	5.38	.98	422	0	0	4	15	34	33	14
ATT4: Pleasant	4.56	.81	413	0	1	7	42	37	12	1
ATT5: Socially Contributing	5.10	1.01	415	0	0	7	22	33	30	8
ATT2R: Reduced version of ATT2	4.91	.80	415	0	0	4	27	33	24	2
ATT6: Discontent Cognitions re Older Clients	2.94	.75	415	2	33	43	20	2	0	0
ATT7: Hostile	3.09	.97	414	4	30	37	21	7	1	0
ATT8: Rejecting	2.92	.92	420	5	34	35	23	3	0	0
ATT9: Adversary Relations	2.76	.82	417	6	33	43	16	2	0	0
ATT6R: Reduced version of ATT6	2.99	.90	414	3	31	38	22	6	0	0
ATT10: Cognitions of Older Clients as Physically Aging	4.37	.91	417	0	4	16	41	30	8	1
ATT11: Overall Contentment Cognitions re Job Situation	5.09	.80	394	0	0	4	18	47	27	4
ATT12: Contentment Cognitions re Job Situation	5.08	.92	412	0	0	6	20	41	29	4
ATT13: Agency Quality	5.68	1.12	409	0	1	4	8	22	41	24
ATT14: Pay Adequacy	4.14	1.77	382	12	11	17	18	20	13	8
ATT15: Participation Opportunities	5.03	1.05	403	0	1	10	19	34	31	5
ATT16: Discontent Cognitions re Job Situation	2.87	1.02	399	12	26	36	21	4	1	0
ATT17: Disagreements	2.75	1.18	382	17	29	30	16	6	1	1
ATT18: Staff as Obstacles	2.99	1.54	393	20	14	23	16	10	4	3
ATT19: Rules as Obstacles	3.02	1.33	388	15	24	24	23	10	4	0
ATT20: Global Affect Toward Older Clients	5.69	1.04	425	0	0	3	11	27	31	28
ATT21: Affect Toward Older Clients' Interpersonal Characteristics	4.42	.64	410	0	0	5	61	29	4	1
ATT22: Affect Toward Older Clients' Physical Aging Characteristics	3.92	.83	412	0	6	27	54	9	4	0
ATT23: Global Affect Toward Job	5.88	.96	424	0	0	2	8	18	43	29
ATT24: Behavioral Predispositions to Approach Older Clients	5.35	.89	425	0	0	3	15	41	33	8

Continued

TABLE L

CONTINUED

Note. Data are from the Survey Sample (n = 428).

^a"N" represents the number of respondents per scale who answered a sufficient number of items to receive a score (explained in the text in the discussion of "scale construction").

^bIn order to maintain the questionnaire's seven-step response option range while at the same time keeping the middle interval centered on "neutrality," interval sizes for the first and last intervals were set at .5 that of the other five intervals.

TABLE LI

CORRECTED ITEM-TOTAL CORRELATIONS FOR GENERAL ATTITUDE SCALES

Items	Scales (n=364)				
	ATT2	ATT3	ATT4	ATT5	ATT2R
H1	.50	.53			
E15	.53	.43			.46
H21	.24	.34			
E12	.50		.56		.52
E22	.63		.55		.64
E19	.51		.51		.52
E1	.47		.50		.52
E9	.52		.45		.53
D3	.44		.44		
D2	.22		.20		
E17	.45			.56	.45
E5	.44			.47	.44
E20	.57			.45	.61

Items	Scales (n=407)	
	ATT10	
E3	.51	
F14	.41	
E2	.41	
E8	.40	

Items	Scales (n=258)			
	ATT12	ATT13	ATT14	ATT15
A1	.38	.71		
A3	.41	.62		
A2	.38	.61		
B6	.29		a	
B17	.32		a	
B4	.63			.68
B9	.62			.67
B11	.64			.66
B22	.60			.64
B13	.56			.57
B16	.38			.38
B18	.36			.36
B28	.27			.27
B1	.31			.26

Items	Scales (n=215)	
	ATT20	
H29	.72	
J2	.69	
I1	.52	

Items	Scales (n=215)	
	ATT22	
F3	.59	
F8	.50	
F14	.49	
F2	.49	

Items	Scales (n=272)				
	ATT6	ATT7	ATT8	ATT9	ATT6P
E10	.58	.61			.65
E13	.50	.61			.60
E16	.55	.53			.58
E21	.58	.53			.57
E18	.45	.52			.52
E11	.45	.51			.54
B8	.45		.48		
E4	.56		.48		.58
B6	.60		.47		.62
E7	.43		.47		.44
B26	.42		.39		
B5	.26		.29		
C6	.41			.41	
B14	.36			.29	
H22	.35			.25	
B21	.20			.22	
D1	.23			.20	

Items	Scales (n=158)			
	ATT16	ATT17	ATT18	ATT19
C4	.70	.79		
C3	.66	.76		
C5	.65	.73		
C7	.69	.70		
C8	.60	.66		
C2	.56	.64		
C1	.50	.52		
B20	.30	.31		
B15	.56		.61	
B12	.53		.50	
B3	.44		.44	
B23	.57			.76
B24	.55			.68
B10	.47			.66
B2	.51			.39
B27	.38			.37

Items	Scales (n=215)	
	ATT23	
B7	.63	
J1	.58	
B25	.41	

Items	Scales (n=215)	
	ATT24	
H25	.66	
H17	.63	
H2	.54	
G1	.51	
H8	.47	
H28	.45	

Continued

TABLE LI

CONTINUED

Note. "Corrected item-total correlations" are correlations between an item and a scale, with that item deleted from the scale. These correlations were calculated as part of the SPSS Reliability subprogram (Specht & Hohlen, 1976). Missing data are deleted in a listwise manner, thus deleting respondents with any missing data within a list of items.

ATT1, ATT11, and ATT21 are not included in this table because they are formed of two scales each, not of a list of items. The intercorrelations between the two component scales are: for ATT1, $r(414) = .49$, $p < .001$; for ATT11, $r(394) = .38$, $p < .001$; and for ATT21, $r(410) = .16$, $p < .001$. Data are from the Survey Sample ($n = 428$).

^aBecause there are only two items in ATT14, the corrected item-total correlations for the two items with the scale equals the intercorrelation between the two items: $r(342) = .64$, $p < .001$.

TABLE LII
MEAN SCORES, STANDARD DEVIATIONS, AND RELATIVE FREQUENCY
DISTRIBUTIONS OF SPECIFIC ATTITUDE SCALES

Attitude Scales	Mean	Standard Deviation	N ^a	% with Scores ^b Between:						
				1.0-1.5	1.6-2.5	2.6-3.5	3.6-4.5	4.6-5.5	5.6-6.5	6.6-7.0
ATT1S: Overall Contentment Cognitions re Older Clients	5.54	.60	50	0	0	0	2	48	44	6
ATT2S: Contentment Cognitions re Older Clients	5.40	.78	51	0	0	2	8	51	29	10
ATT6S: Discontent Cognitions re Older Clients	2.29	.62	50	10	54	34	2	0	0	0
ATT10S: Cognitions of Older Clients as Physically Aging	3.71	.85	51	0	10	33	39	18	0	0
ATT20S: Global Affect Toward Older Clients ^c	5.79	.84	51	0	0	0	8	39	29	24

Note. Data are from the Encounter Sample (n=51).

^aN represents the number of respondents per scale who answered a sufficient number of items to receive a score (explained in the text in the discussion of "scale construction").

^bIn order to maintain the questionnaire's seven-step response option range while at the same time keeping the middle interval centered on "neutrality," interval sizes for the first and last intervals were set at .5 that of the other five intervals.

^cBecause the item 4S is utilized as the specific attitude equivalent of the general attitude scale ATT20, it is included in this table as a scale, ATT20S.

TABLE LIII

CORRECTED ITEM-TOTAL CORRELATIONS FOR SPECIFIC ATTITUDE SCALES

Items	Scales		
	ATT2S (n=51)	ATT6S (n=50)	ATT10S (n=51)
lvS	.72		
liS	.68		
ltS	.68		
lsS	.66		
loS	.64		
llS	.57		
leS	.52		
lqS	.51		
laS	.46		
luS		.70	
lKS		.57	
ljS		.56	
lmS		.53	
lfS		.53	
ldS		.50	
lpS		.36	
lrS		.33	
lgS		.30	
lcS			.52
lhS			.32
lbS			.27
lnS			.26

Note. "Corrected item-total correlations" are correlations between an item and a scale, with that item deleted from the scale. These correlations were calculated as part of the SPSS Reliability subprogram (Specht & Hohlen, 1976). Missing data are deleted in a listwise manner, thus deleting respondents with any missing data within a list of items.

Not included in this table are ATT1S and ATT20S. ATT1S is not included because it is formed of two scales, not of a list of items. The intercorrelation between the two component scales is $r(50) = .54$, $p < .001$. ATT20S is not included because it is a single item.

Data are from the Encounter Sample (n = 51).