

香川県立保健医療大学リポジトリ

老年看護学実習前後における 看護学生の高齢者イメージの変化と影響要因

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Changes in Nursing Students' Image of the Elderly after Gerontological Nursing Practice and the Factors Influencing these Changes

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Abstract

The objective of this study was to clarify changes in nursing students' image of the elderly after gerontological nursing practice and the factors influencing these changes. A questionnaire survey using the elderly image scale was carried out in 201 third-year nursing students at a nursing university before and after gerontological nursing practice in 2017-2019, and the responses were statistically analyzed. Eighty-eight students who responded before and after the practical training (valid response rate: 43.8%) were included in the analysis. The nursing students' image scores of the elderly showed changes after the practice except for cooperation. Furthermore, influencing factors on the image of the elderly included the practice facility with an impact on four factors: competence, activity/independence, well-being, and social extraversion, and the presence of aphasia or dysarthria affecting competence and activity/independence. It was revealed that students who practice in special nursing homes and those who care for the elderly with aphasia or dysarthria tend to have difficulty in positively changing their image of the elderly. To form a positive image of the elderly among students, the results highlight the importance of educational approaches for training instructors and faculty members to convey their own perceptions of the elderly to students, and to help students become able to focus on the elderly's strengths based on current conditions and life histories, in addition to consolidating and integrating gerontological nursing knowledge learned before the practice.

Key Words : *image of the elderly, nursing students, gerontological nursing practice, special nursing homes, rehabilitation hospitals*

Introduction

The global population aging rate (age 65 and above) was 9.3% in 2020 and is expected to reach 17.8% by 2060. Japan has the most aged population in the world, with an aging rate of 29.1% as of 2023¹⁾. In addition to the complexity of the physical condition of the elderly due to multiple diseases, each individual has different values, and deepening the understanding of the elderly is indispensable for providing high-quality gerontological nursing care.

A positive view of the elderly among professionals is

thought to enhance service quality, whereas a negative view may lead to declines in such a quality^{2, 3)}. Thus, views of the elderly influence service quality. In the era of a 100-year life, there is a growing expectation for nursing students to provide high-quality elderly nursing care, making it a critical challenge in basic nursing education to deepen nursing students' understanding of the elderly.

One study on perceptions of the elderly reported that nursing students' knowledge and image of the elderly changed positively after learning about gerontological nursing⁴⁾. Therefore, educational efforts

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to enhance the image of the elderly in basic nursing education are important. Among prior studies in the field of gerontological nursing education, there have been reports of simulation of being elderly to deepen understanding of the elderly⁵⁾, engagement in activities involving healthy elderly⁶⁾, education incorporating narratives of elderly's life experiences⁷⁾, and listening to talks by the elderly⁸⁾.

Furthermore, the relationship between the image of the elderly and on-the-job training experiences has also been evaluated. According to a previous study, 77.9% of the nursing students who had gerontological nursing practice in an elderly care facility showed a positive or negative change in their image of the elderly⁹⁾. Additionally, the image of the elderly held by nursing students before and after the practice in an elderly care facility was generally positive, particularly high in the categories of "warm" and "experienced," but some reports indicate negative changes in the 3 categories of "calm-intense," "realistic-imaginative," and "optimistic-pessimistic,"¹⁰⁾ showing that the image does not always change positively after the practice. It has also been reported that the image of the elderly of students who received practical training in facilities for demented or frail elderly was negative compared with that of students who had training with healthy elderly people¹¹⁾, suggesting that the students' image of the elderly is influenced by the health status of the elderly whom they have attended to. Thus, clinical practice can be considered a chance for students to have a dense interaction with the elderly and a valuable opportunity to change their images of the elderly¹²⁾. As factors influencing the image of the elderly, the experience of living with grandparents^{13, 14)}, frequency of conversations with grandparents^{13, 15)}, health status of grandparents living together¹⁶⁾, and direct interactions with the elderly¹⁷⁾ have been reported.

A review of previous studies shows that various factors related to changes in the image of the elderly have been examined, but no study analyzed the relationship with the physical conditions and cognitive functions of the elderly cared for by students during the practice. Furthermore, there was no literature examining changes in students' image of the elderly after the practice, with personal factors of nursing students, as well as the physical conditions and cognitive functions of the elderly cared for by them, taken into account, which indicates the necessity of further exploration of influencing factors.

Our university provides education on gerontological nursing before the practice based on the findings of

previous studies, and selects elderly individuals who do not exhibit significant activity decline, such as being bedridden, and can engage in verbal or non-verbal communication for students to be in charge of during the practice. This study examined factors influencing changes in the image of the elderly among nursing students trained in such a practice environment.

We believe that this study provides suggestions concerning methods of basic nursing education on the formation of nursing students' images of the elderly.

Objective of this study

To clarify changes in nursing students' image of the elderly after gerontological nursing practice and the factors influencing these changes.

<Definition of Terms>

The image of the elderly was defined as the current impression and feeling of the subject about the elderly.

<Study framework>

This study's framework is based on the factors influencing the image of the elderly identified through a literature review (Figure 1).

Methods

Participants

The subjects of this study were 201 third-year students in the academic years 2017-2019 at a nursing university.

Overview of Gerontological Nursing Practice

Content of pre-practice education in gerontological nursing

Before gerontological nursing practice, students engaged in lectures and studies on the characteristics and understanding of the elderly, conducted life review interviews with healthy elderly individuals, participated in aging simulation sessions, and practiced interactions with simulated elderly patients with and without dementia.

Content of practice

The duration of the gerontological nursing practice was three weeks. At either a rehabilitation hospital or a special nursing home, one student was in charge of one elderly patient, and all students planned and practiced communication with the elderly and activities of daily living (ADL) assistance for them. They cared for elderly individuals who were selected for having no significant activity decline, such as being bedridden, and being able

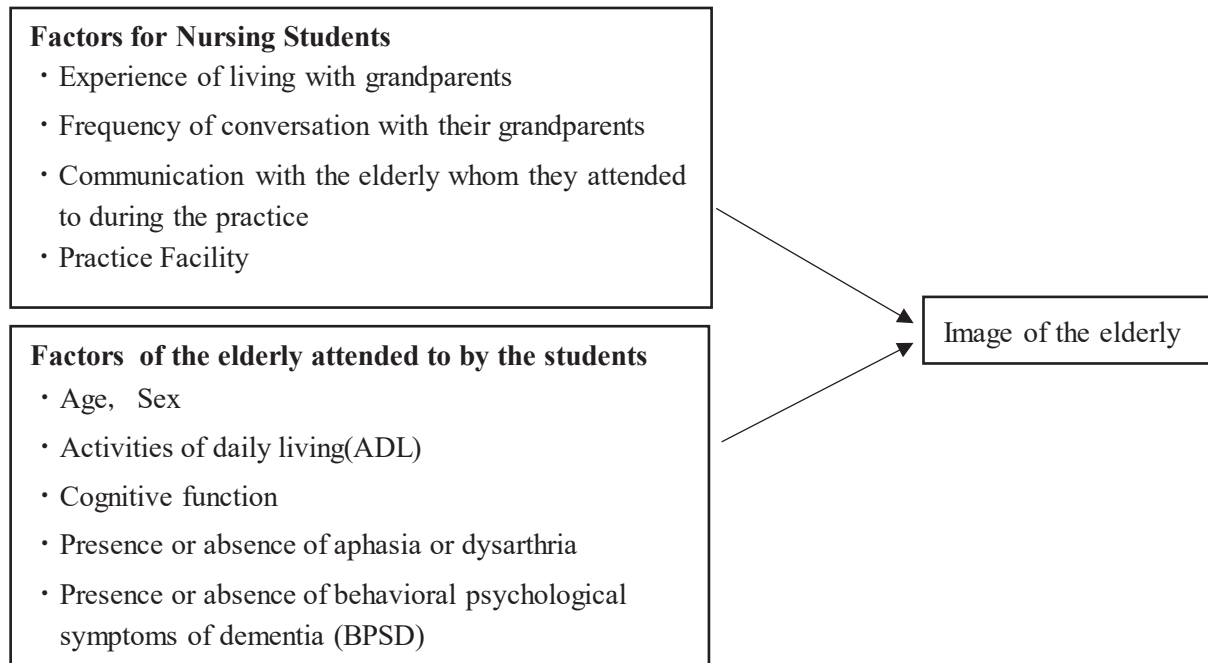


Figure 1 Study Framework

to engage in verbal or non-verbal communication.

The characteristics of the practice facilities and the elderly whom students attended to during the practice were as follows: The elderly individuals cared for by students in rehabilitation hospitals were undergoing rehabilitation after suffering from femoral neck fractures, cerebrovascular diseases, or other conditions, and experienced a decline in ADL due to disabilities, higher brain function impairments, and/or symptoms of aphasia. They participated in 2-3 hours of rehabilitation per day and were typically discharged to home after 3-6 months. As for the practice guidance system, one nurse in charge supervised 2-3 nursing students.

On the other hand, all of the elderly whom students attended to in special nursing homes had multiple chronic illnesses in addition to dementia, with many experiencing a decline in ADL and communication disorders, and lived while receiving ADL assistance. As for the practice guidance system, one nurse, who was the practice instructor, supervised 7-8 nursing students. Considering that the elderly with dementia often have difficulty in speaking about past facts or their current thoughts/feelings, the practice instructors provided information not only about the elderly's conditions but also about their life histories and personal values. For the practice instructors holding two concurrent duties, nursing care for the elderly and administrative affairs, care workers provided students with guidance on assistance with ADL, such as eating, toileting, and

grooming/bathing.

The faculty guidance system involved a nursing teacher at each practice facility providing full-day supervision, advising students to increase the frequency of both direct and indirect interactions with the elderly and to formulate and implement highly individualized nursing plans. The nursing teachers also helped students integrate the gerontological nursing knowledge they had acquired prior to the practice with the current conditions and life histories of the elderly.

Data Collection

A self-administered, anonymous survey (placement method) was conducted before and after the gerontological nursing practice. The data collection period was from June 2017 to November 2019. "Before the practice" refers to immediately before the start of the gerontological nursing practice, and "after the practice" refers to immediately after its completion of the gerontological nursing practice.

Study items

Factors of Nursing Students

In addition to the factors related to nursing students selected based on the findings of previous studies, including the experience of living with grandparents¹³⁾, frequency of conversations with grandparents¹³⁾, and the practice facility (rehabilitation hospital/special nursing home)^{13, 17)}, communication with the elderly individuals

whom students attended to was independently assessed. The students responded to the survey by choosing their answers from “currently living with grandparents,” “lived with grandparents in the past,” and “never lived with grandparents,” concerning the experience of living with grandparents. They chose from “often,” “sometimes,” “not often,” and “never,” concerning the frequency of conversation with their grandparents,” and from “I was very confident in communicating,” “I was mostly confident,” “I was fairly confident,” and “I was a little confident,” concerning communication with the elderly whom they attended to during the practice.

Factors of the Elderly Attended to by the Students

As factors related to the elderly individuals whom students attended to, age, sex, ADL¹¹⁾ and cognitive functions¹⁸⁾ were used based on the findings of previous studies suggesting that the physical and mental states of the elderly may influence the formation of their images among students¹⁸⁾. Additionally, to understand the characteristics of the elderly individuals whom students attended to in the practice facilities, the presence of aphasia or dysarthria and the presence of behavioral and psychological symptoms of dementia (BPSD) were independently assessed. ADL was evaluated using the Nishimura’s Activity of Daily Living Scale (N-ADL)¹⁹⁾. This is an observational scale that rates “walking and sitting up,” “living area,” “dressing/undressing/bathing,” “eating,” and “toileting” of the elderly on a 7-point scale ranging from 10 for independence to 0 for total assistance. For cognitive function, we used a simple behavioral rating scale for the mental states of the elderly (NM Scale)¹⁹⁾. This is an observational scale that rates “housework/tidying,” “interest, motivation, and interaction,” “conversation,” “remembering names/memory,” and “orientation” of the elderly on a 7-point scale ranging from 10 (normal) to 0 (total absence of function). Both scales are commonly used in Japan and were chosen because they are comparable.

Image of the Elderly

The Elderly Image Questionnaire based on the SD method²⁰⁾ was used with the developer’s permission. This scale, the Elderly Image Scale, consists of six factors and 36 items, including “competence,” “activity/independence,” “well-being,” “cooperativeness,” “gentleness,” and “social extraversion.” It uses a 7-point Likert scale to ask about pairs of adjectives, such as “simple-complex,” “frail-robust,” and “inferior-superior.” A higher score indicates a more positive image.

Data Analysis Methods

Descriptive statistics of the nursing students’ factors, factors of the elderly, and elderly image scores were obtained. Cronbach’s alpha coefficients were calculated for the six factors of image scores of the elderly to confirm their reliability. A t-test was conducted to examine differences in the mean scores representing students’ image of the elderly before and after the practice. In addition, multiple regression analysis was performed, with the dependent variable being the difference between the pre- and post-training elderly image scores, and the 10 factors related to the students and of the elderly as the independent variables. Variables for multiple regression analysis were selected using the stepwise method (backward method), taking into account multicollinearity and confounding factors. Statistical analyses were performed using the statistical software JMP at the 5% level of significance.

Ethical Considerations

This study was conducted with prior approval from the ethics committee of the Kagawa Prefectural University of Health Sciences (No. 226). Matters including the objective, methods, and significance of the study, participation or refusal by the subjects’ free will, protection of their privacy, no disadvantages due to their consent or refusal to participate in the study, data management and disposal methods, and publication of the study results were explained to the subjects in writing and orally. The subjects were judged to have consented by their putting the questionnaires into the collection box.

Results

Of the 201 subjects, 88 who responded both before and after the gerontological nursing practice (valid response rate: 43.8%) were included in the analysis.

Background of the Subjects and Elderly Attended to by the Students

The subjects were 20-21 years old. Twelve respondents (13.6%) lived with their grandparents, 21 (23.9%) had lived with their grandparents in the past, 53 (60.2%) had never lived with their grandparents, and 2 (2.3%) did not respond. The frequency of conversation with grandparents was often in 22 (25.0%), sometimes in 43 (48.9%), not often in 20 (22.7%), never in 1 (1.1%), and no response in 2 (2.3%). Ten (11.4%) were very confident, 39 (44.3%) were mostly confident, 22 (25.0%) were fairly confident, and 14 (15.9%) were a little

Table 1 Background of Participants

Characteristics		n	%
Experience of living with grandparents	Currently living with grandparents	12	13.6
	Lived with grandparents in the past	21	23.9
	Never lived with grandparents	53	60.2
	No response	2	2.3
Frequency of conversation with their grandparents	Often	22	25.0
	Sometimes	43	48.9
	Not often	20	22.7
	Never	1	1.1
	No response	2	2.3
Communication with the elderly whom they attended to during the practice	I was very confident in communicating	10	11.4
	I was mostly confident	39	44.3
	I was fairly confident	22	25.0
	I was a little confident	14	15.9
	No response	3	3.4

Note.N=88.

confident in communicating with the elderly, with 3 (3.4%) showing no response. The number of the elderly individuals whom students attended to was 40 (45.5%) in rehabilitation hospitals and 48 (54.5%) in special nursing homes (Table 1).

The characteristics of the elderly were as follows. Seven (8.0%) were under 65 years of age, 7 (8.0%) were aged 65-74 years, 53 (60.2%) were aged 75-84 years, and 21 (23.9%) were aged 85 years or older. Concerning the sex, 24 (27.3%) were males, 58 (65.9%) were females, and 6 (6.8%) did not respond. Aphasia or dysarthria was present in 20 (22.7%), absent in 62 (70.5%), and 6 (6.8%) did not respond. Forty (45.5%) had BPSD, 43 (48.9%) did not, and 5 (5.7%) did not respond. The mean N-ADL score was 19.1 (SD=9.92), and the mean NM score was 23.2 (SD=11.81) (Table 2).

Changes in the image of the elderly after practical training

Table 3 shows the scores representing students' image of the elderly before and after the practice. There were significant increases in competence, activity/independence, well-being, and kindness at less than 1% level, and in social extraversion at less than 5% level (Table 3). The Cronbach's alpha coefficients of the elderly image scores were .896 for competence, .887 for activity/independence, .879 for well-being, .671 for cooperativeness, .684 for kindness, and .812 for social extraversion.

Table 2 Characteristics of the elderly attended to by the students

Characteristics		n	%
Age	Under 65 years	7	8.0
	65-74 years	7	8.0
	75-84 years	53	60.2
	85 years or older	21	23.9
	No response	0	0.0
Sex	Male	24	27.3
	Female	58	65.9
	No response	6	6.8
Aphasia or dysarthria	Present	20	22.7
	Absent	62	70.5
	No response	6	6.8
BPSD	Present	40	45.5
	Absent	43	48.9
	No response	5	5.7
N-ADL	Mean ± SD	19.1 ±	9.92
NM score	Mean ± SD	23.2 ±	11.81

Note.N=88.

Factors influencing the changes in the image of the elderly after practical training

Table 4 shows the results of the multiple regression analysis using 10 factors related to nursing students and the elderly individuals whom they attended to as independent variables. The table includes only the items necessary for the model. Competence was significantly influenced by the practice facility ($\beta = -.170$, $p = .021$) and

Table 3 Image score of the elderly before and after the gerontological practice

Image score	Before the practice	After the practice	Pvalue
	Mean±SD	Mean±SD	
Competence	4.5 ± 0.67	4.8 ± 0.84	<0.001
Activity/independence	3.3 ± 0.63	3.5 ± 0.85	<0.001
Well-being	4.1 ± 0.64	4.3 ± 0.91	<0.001
Cooperativeness	3.8 ± 0.74	4.0 ± 0.85	0.116
Kindliness	4.5 ± 0.79	4.9 ± 0.85	<0.001
Social extraversion	3.6 ± 0.84	3.9 ± 1.10	0.041

Note.N=88. t-test, SD =standard deviation

Table 4 Factors related to changes in elderly image scores

Variable	Competence		Activity /independence		Well-being		Social extraversion	
	β	Pvalue	β	Pvalue	β	Pvalue	β	Pvalue
Practice facility ^a	-.170	.021	-.414	.001	-.318	.000	-.494	.000
Sex of the elderly ^b					-.152	.109		
Presence or absence of aphasia/dysarthria ^c	-.185	.031	-.210	.050	-.193	.051		
Presence or absence of BPSD ^d			.190	.092			.192	.139
R ²	.068		.121		.124		.146	

Note.N=88. Multiple regression analysis: stepwise method; β = standardized coefficient, R² =

adjusted coefficient of determination; ^a coding: rehabilitation hospital=1, special nursing home =2;

^b coding: male =1, female =2; ^c coding: presence =1, absence =2; ^d coding: presence =1, absence =2.

the presence of aphasia or dysarthria ($\beta = -.185$, $p = .031$). Activity/independence were significantly influenced by the practice facility ($\beta = -.414$, $p = .000$) and the presence of aphasia or dysarthria ($\beta = -.210$, $p = .005$). Well-being was significantly influenced by the practice facility ($\beta = -.318$, $p = .000$), and social extraversion by the practice facility ($\beta = -.494$, $p = .000$). However, there were no factors influencing cooperativeness or gentleness. The frequency of conversations with grandparents was analyzed, with the answer “never” incorporated into “not often” (Table 4).

Discussion

Characteristics of Subjects

Although approximately 60% of nursing students had no experience living with their grandparents, those answering “often” or “sometimes” for the frequency of conversations with grandparents accounted for 73.9%, suggesting that they maintained some level of interaction with their grandparents as elderly individuals despite the prevalence of nuclear families. For communication with the elderly whom they attended to during the practice, 55.7% answered

“I was very confident in communicating” or “I was mostly confident,” indicating that more than half of the students felt confident in their communication. Although there are no comparative studies for N-ADL, the presence of aphasia or dysarthria, BPSD, or the NM scale, the characteristics of the elderly reflective of the nature of rehabilitation hospitals and special nursing homes as practice facilities were identified.

Changes in the image of the elderly after practical training

The nursing students' image of the elderly showed positive changes after gerontological nursing practice, as the image scores of the elderly increased after practice except for cooperation. The reasons for the positive change in nursing students' images of the elderly after training are related to their learning of gerontological nursing before training, direct contact with the elderly during training, and guidance system by faculty members. At the nursing university, students learn about gerontological nursing before nursing practice, and each student attends to an elderly person during the three-week training period and plans and implements communication with the elderly person and assistance in their daily living. The faculty members guide the students, aiming to have them understand the elderly from various perspectives based on their life histories as well as physical and mental changes due to aging and draw out the abilities they can retain. Positive changes in familiarity and humanity towards the elderly through practice have also been reported in previous studies²¹⁾. This practice allows nursing students to have direct contact with the elderly⁹⁾, to become aware of the multifaceted nature and diversity of the elderly, and to deepen their understanding of the elderly. In addition, during the training, the students receive advice from faculty members that enables them to integrate the knowledge of gerontological nursing that they have learned prior to the training with the present conditions of the elderly, thereby becoming aware of new aspects of the elderly. Based on these experiences, we believe that nursing students transition their image of the elderly from frail people with declining physical functions due to aging to people with mental and social strengths based on their wealth of life experience and knowledge.

Factors influencing the changes in the image of the elderly after practical training

Multiple regression analysis was performed to examine the factors related to the image of the

elderly. The results showed that the facility affected the pre- and post-training differences in the scores of four factors: competence, activity/independence, well-being, and social extraversion, indicating that students who undergo training at a special nursing home are less likely to positively change their image of the elderly. Considering the effects of confounding factors, such as N-ADL and the NM scale representing the characteristics of the elderly whom students attended to, the influence of practice facilities on elderly image scores may be related to the practice guidance system in special nursing homes, as well as students' perceptions of interaction with the elderly and their conditions. Regarding the guidance system at the special nursing home, the training instructor was a nurse who was both involved in the care of the elderly as an active nurse and in managerial duties. Special nursing homes are regarded as a place where the elderly requiring nursing care live until the end of their lives, and while the percentage of residents requiring intensive nursing care and medical treatment is rising, only three nurses are assigned to this type of facility. Sakai²²⁾ reported that nursing managers in Japanese elderly care facilities are assigned to multiple roles such as medical management, quality of care management, and business management. In the special nursing home where this study was conducted, in addition to safety and infection control for residents, the nurse who was the practice instructor was also responsible for coordinating medical care and nursing care and educating nursing care workers, and was unable to focus solely on patient care as a nurse. Under these circumstances, nursing students often received guidance on care from caregivers, and other staff members, because nurses at special nursing homes do not have time for daily tasks and leave physical care related to the daily lives of the elderly to the care staff. For this reason, we speculate that, compared to hospital practice, nursing students had less opportunity to receive timely guidance from nurses on the behaviors and actions of the elderly in the special nursing home, which made it difficult for them to have creative awareness that would lead to changes in their image of the elderly, resulting in less positive change in their image of the elderly. Regarding the students' perceptions of how they interacted with the elderly or their condition, the residents of special nursing homes have few opportunities to engage in activities aimed at improving physical activity and spend time sleeping or sitting quietly except for meals and recreation. This is considered to have made it difficult for nursing students to positively change their image concerning activity/

independence. Experiencing “enjoyable activity” with the elderly is a factor related to the image of the elderly²³⁾, and the experience of engaging in activities with the elderly was suggested to lead to the formation of a positive image of the elderly in nursing students. Also, we speculate that, seeing special nursing home residents having lost their independence and spending time alone and expressionless, the nursing students had the impression that the elderly were not treated with respect and had difficulty in positively changing their image concerning well-being. We also speculate that it was not easy for the students to positively change their image concerning social extroversion of the elderly as they perceived from how the elderly appeared that they had a low ability to work on others. In addition, the students observed many situations in which the elderly received assistance in daily living and had few opportunities to witness the hidden abilities of the elderly, so their image concerning the competence of the elderly was probably not likely to change positively. On the other hand, the nursing students who underwent training at the rehabilitation hospital were at the site where the elderly whom they attended to were actively engaged in rehabilitation to achieve the life at home that they desired, so the students were more likely to realize the strengths and remaining capabilities of the elderly patients. This suggests the importance of nursing students having opportunities to witness and assist the elderly in exercising their strengths and remaining functions.

On the other hand, the presence of aphasia or dysarthria influenced the differences in elderly image scores for competence and activity/independence before and after the practice, revealing that it was more difficult for nursing students who cared for elderly individuals with aphasia or dysarthria to positively change their image of the elderly. It is likely that this difficulty arises from the challenges nursing students face in understanding the desires and thoughts/feelings of the elderly due to these communication disorders. Communication is crucial for students to perceive the competence of the elderly, and the difficulty of experiencing moments that demonstrate the elderly’s strengths and intellect may have contributed to the challenge in positively changing their perceptions of competence. Additionally, students may have found it difficult to interact with the elderly under challenging conversational circumstances, leading to less frequent interactions, hesitation to actively engage in ADL assistance or recreational activities for the elderly, and difficulty in recognizing the potential activities

that the elderly are capable of or could engage in with encouragement, which explains the absence of positive changes in activity/independence.

From the above, it became clear that students who practice in special nursing homes or who care for elderly individuals with aphasia or dysarthria are less likely to experience a positive change in their image of the elderly, yielding the following implication towards forming a positive image of the elderly.

It is important for training instructors and faculty to support nursing students by verbalizing their own perceptions of the events that students encounter in clinical practice settings and communicating these perceptions to them. Nursing students’ perceptions of the same events often differ from those of the training instructors and faculty. Because nursing students who have little experience in caring for the elderly and experienced nurses differently perceive the expressions and behaviors of the elderly, it is necessary to provide support such as sufficient explanations to make their perceptions consistent. This will help nursing students to understand the differences between their own perceptions and those of their instructors and faculty. Furthermore, by communicating not only interpretation of the ongoing events but also the life history of the elderly as perceived by the training instructors and faculty and the values cultivated through the history, the nursing students will be able to shift their attention from the frail parts of the elderly to their strengths and remaining abilities, which is expected to lead to positive changes in their image of the elderly.

In addition, in order to promote understanding of the elderly among nursing students, it is important to assist them in consolidating their knowledge of the characteristics of the elderly and nursing as a foundation prior to practical training. We believe that faculty members can deepen the students’ understanding of the elderly not only by verbalizing and communicating the events in front of them but also by eliciting the knowledge that students possess. Therefore, it is important for faculty members to take an educational approach to help nursing students consolidate and integrate their knowledge of gerontological nursing prior to practical training.

Limits to the Research and Future Topics of Discussion

Limitations of this study are that it is a survey of nursing students at a single university and that it does not examine the nursing systems and care provided at the practice facilities. For the future, we will collaborate

with other universities to examine the changes in the image of the elderly and related factors.

Conclusions

The purpose of this study was to clarify changes in nursing students' image of the elderly before and after gerontological nursing practice and the factors influencing these changes. A questionnaire survey using the image of the elderly scale was administered in 201 third-year students of a nursing university in 2017-2019 before and after gerontological practical training, and the responses were statistically analyzed. Analysis of the responses from 88 students (43.8% valid response rate) who responded before and after the practical training showed that the image scores of the elderly became positive except for cooperation. Additionally, as factors influencing the image of the elderly, the practice facility affected the four factors of competence, activity/independence, well-being, and social extraversion, while the presence of aphasia or dysarthria impacted competence and activity/independence. It has been revealed that students who practice in special nursing homes, as well as those who care for elderly individuals with aphasia or dysarthria, tend to have difficulty in positively changing their image of the elderly. To form a positive image of the elderly among students, the results highlight the importance of educational approaches for training instructors and faculty members to convey their own perceptions of the elderly to students, and to help students become able to focus on the elderly's strengths based on current conditions and life histories, in addition to consolidating and integrating gerontological nursing knowledge learned before the practice.

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老年看護学実習前後における 看護学生の高齢者イメージの変化と影響要因

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要旨

本研究の目的は、老年看護学実習前後の看護学生の高齢者イメージの変化および影響要因を明らかにすることである。A 看護系大学 2017～2019 年度の3年次の看護学生 201 名を対象に、老年看護学実習前後に高齢者イメージ尺度を用いた質問紙調査を行い、統計的分析を行った。実習前後に回答があった 88 名（有効回答率 43.8%）を分析対象とした。看護学生の高齢者イメージ得点は、協調性を除き実習後の高齢者イメージが肯定的に変化していた。また、高齢者イメージへの影響要因として実習施設が有能性、自立・活動性、幸福性、社会的外向性の4因子に影響し、失語症および構音障害の有無が有能性、自立・活動性に影響していた。特別養護老人ホームで実習した学生、失語症および構音障害のある高齢者を受け持った学生は高齢者イメージを肯定的に変化させることが明らかとなった。本研究により、学生の肯定的な高齢者イメージの形成に向けて、実習指導者や教員は、自らの高齢者の捉えを伝える支援、高齢者の状態や生活史を踏まえた強みなどに着目できるための支援、加えて実習前に学んだ老年看護学の知識の定着と実践での統合ができるように支援するという教育的アプローチの重要性が示唆された。

Key Words： 高齢者イメージ, 看護学生, 老年看護学実習, 特別養護老人ホーム,
リハビリテーション病院

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