

DOCUMENT RESUME

ED 251 718

CE 040 409

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TITLE Personal Characteristics and Factors Motivating Older Adult Participation in Hospital-Sponsored Educational Offerings.
PUB DATE Nov 84
NOTE 15p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society of America (37th, San Antonio, TX, November 1984).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Education; *Adult Programs; *Adult Students; Educational Needs; Females; *Hospitals; *Older Adults; *Participant Characteristics; Postsecondary Education; *Student Educational Objectives; *Student Recruitment; Womens Education

ABSTRACT

Hospitals venturing into educational programming for older adults may do so with some trepidation, since older adults have a documentable poor record of participation. Therefore, this study examined the relative importance of previously identified motivational factors when an institution has no proven record in gerontological programming. Fifty-two participants attending a conference for older adults completed a questionnaire addressing participant and comparative characteristics, as well as reasons and comparative reasons for attendance. A Likert scale ranging from "very important" (1.0) to "very unimportant" (4.0) was used for each question. Participants were primarily well educated, financially comfortable women who were actively pursuing cultural and social activities. They ranked content need or interest (1.7) as the primary motivating factor, followed by institutional sponsorship (2.4), social interaction (2.7), and close association with the hospital (3.3). Institutions new to gerontological programming are well advised to develop programs that address the needs and interests of their target audience. Using personal characteristics of participants described in this study, those likely to attend can be identified and strenuously recruited. (Author/KC)

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ED251718

PERSONAL CHARACTERISTICS AND FACTORS MOTIVATING OLDER ADULT
PARTICIPATION IN HOSPITAL-SPONSORED EDUCATIONAL OFFERINGS

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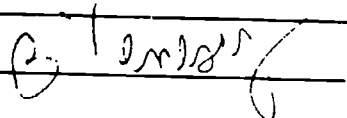
Presented in poster session at the 37th Annual Scientific Meeting of the
Gerontological Society of America in San Antonio, Texas, November, 1984

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Abstract

Hospitals venturing into educational programming for older adults may do so with some trepidation. Older adults have a documentable poor educational participation record. Therefore, this study examined the relative importance of previously identified motivated factors when an institution has no proven record in gerontological programming. Fifty-two participants attending a conference for older adults completed a questionnaire addressing participant and comparative characteristics, as well as reasons and comparative reasons for attendance. A Likert Scale ranging from very important (1.0) to very unimportant (4.0) was used for each question.

Participants were primarily well educated, financially comfortable women who were actively pursuing cultural and social activities. They ranked content need or interest (1.7) as the primary motivating factor, followed by institutional sponsorship (2.4), social interaction (2.7), and close association with the hospital (3.3). Institutions new to gerontological programming are well advised to develop programs that address the needs and interests of their target audience. Utilizing personal characteristics of participants described in this study, those likely to attend can be identified and strenuously recruited.

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PERSONAL CHARACTERISTICS AND FACTORS MOTIVATING OLDER ADULT
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Hospitals are being challenged to assume leadership in promoting health education at a time when education for adults is more crucial than at any other period in history. Today's accelerated pace of social and technological change requires life-long learning for adults so they can participate actively in a constantly changing society.

For the elderly, education is also imperative. Education can impart basic skills to the one-fifth of all people over 65 who are functional illiterates, and therefore unable to function effectively in our highly verbal society (Drotter, 1981). Education also can enrich the lives of older adults and can prevent some potential difficulties and decline (Peterson, J.A., 1976; Trent & Trent, 1977). Finally, education can assist older adults facing their developmental challenges. As more and more persons live to advanced years, their unique needs for understanding and adapting to normal physical and social changes must be addressed (Trent & Trent, 1977; West & Ernst, 1981).

Although education for the elderly is imperative, participation is minimal. An average of only 2% of the adults 65 years of age and older are enrolled in education programs (Fishtein & Feier, 1982). Understanding the reasons underlying participation and non-participation becomes crucial for education and service providers working to maximize participation now and in the future.

The level of formal education is generally accepted as the most important predictor of participation. The more years spent in school, the more likely a person is to participate in educational offerings. This factor remains constant at every age, income, and occupational level (Bolton, 1978; Heisel, 1980; Peterson, D.A., 1981; Price & Lyon, 1982).

Another universally accepted facilitator appears to be community-based sites, such as senior centers, local church halls, public schools, town halls, nutrition

sites, senior residences, and nursing homes (Apt & Heimstra, 1980; Drotter, 1981; Fishtein & Feier, 1982; Heisel, 1980; Heisel et al., 1981; John, 1981; Pattison, 1973; Peterson, D.A., 1981; Pickard & Collins, 1982; Price & Lyon, 1982). Older adults' proximity and familiarity with the location are most often mentioned by authors as reasons for moving university sponsored educational programs away from the formal campus.

In a recent article, "Participation in Education by Older People," David A. Peterson (1981) reviewed the literature and summarized the characteristics of older adults who participated in organized learning activities: a higher educational level than the median, especially some college experience; greater activity in community organizations and agencies; a greater amount of time spent reading; gregariousness; ownership of a home, higher income; being married; better perceived health; and early retirement. Peterson reported that in his study the need for, or interest in, the content of the lecture series was stated by respondents as the most important reason for participation. However, of nearly equal importance, was the reputation and perceived accessibility of the sponsoring organization.

Given the reported importance of a sponsoring organization's reputation, how do hospitals with no record of performance in educational programming for older adults break through the oft-cited barriers and encourage participation by a group with a documented poor participation record? Like other institutions, Akron General Medical Center, a 500 bed community hospital, has developed an education series, Better Living Through Learning, that offers programs for persons with chronic conditions such as arthritis, diabetes, and heart disease. However, the hospital has never offered a program specifically designed for the older adult. Wanting to promote health education for the elderly, the geriatric department of the hospital planned a conference around the theme "Successful Aging: Positive Measures for Maintaining Physical and Mental Health in the Later Years."

As a site with a long history of service to the community, the hospital location was perceived as beneficial. But, would anyone attend? What factors would account for their attending? Were the factors identified by Peterson's study the motivating factors for persons willing to attend a maiden offering? Did the demographics of those attending an initial effort by a community hospital located in a relatively small midwestern city resemble in any fashion those attending an educational series offered by a prestigious, well established gerontological center in a large California metropolis? A study replicating Peterson's was undertaken in order to examine the relative importance of his identified motivating factors in educational participation when institutional sponsorship and geographic location are different.

METHOD

Subjects

In April, 1983 Akron General Medical Center held a conference designed for older adults. Those attending were invited to participate in the aforementioned replication of Peterson's study by completing a questionnaire. Fifty-two participants completed the questionnaire. An additional 24 persons failed to complete the questionnaire sufficiently for inclusion in the study.

Materials

The survey questionnaire used in this study was obtained from D.A. Peterson. It was modified slightly for use in this study. The obvious references to year and location, Los Angeles and University of Southern California, were changed to reflect current time and location. Also, Peterson's references to the Andrus Volunteers, a group of 100 retired persons involved in planning their lecture series, were modified since Akron General Medical Center has no volunteer group composed solely of older adults. However, the hospital does have a volunteer group with many older adult participants. For some questions in the questionnaire, a simple name change sufficed. However, in the section listing reasons for attendance, four

questions were deleted because they focused specifically on the Andrus Gerontology Center and the activity of the Andrus Volunteers in planning the program. The volunteer department at this hospital was not involved directly in planning this event.

The questionnaire itself was composed of four sections. The first, participant characteristics, addressed demographic variables. The second, comparative characteristics, required participants to compare themselves to other persons their age with regard to social and cultural activities, reading, television viewing, organization affiliation, attendance at educational programs, and physical health. The third section dealt with sixteen possible reasons for attending the program. A Likert Scale ranging from very important (1.0) to very unimportant (4.0) was used for each question. In the last section, participants were asked to rank order the extent to which their participation in the conference was motivated by (1) a desire for social interaction, (2) a need or interest that could be met by the content, (3) institutional sponsorship and perceived quality of the program, (4) close association with Akron General Medical Center or membership in its volunteer department.

RESULTS

Participants in this study resoundingly ranked content need or interest as the primary motivating factor causing them to attend the Successful Aging Conference. Despite lacking a proven record in gerontological programming, Akron General Medical Center's sponsorship and the perceived quality of the program ranked as the second most important factor. Social interaction was a close but third ranked consideration. Finally, although Akron General Medical Center's sponsorship was valued, the participants perceived no close personal association with the hospital or its volunteer department. Additionally, the personal and comparative characteristics of this sample mirrored those identified by Peterson, including several that were unexpected based on other surveys.

Results for Section One

Personal characteristics consistently used in the literature to describe the typical older participant in educational programs described the participants in this study. Of the 52 persons responding, 42 were female, 45 were white, 17 were employed on a part-time basis and 26 were retired. In terms of marital status, 28 were married, 10 widowed, 9 single and 5 divorced or separated. The mean level of formal education for all respondents was 15 years. Forty-three of the 52 participants attended college, with 27 persons having completed a baccalaureate degree and 9 having taken additional graduate work. Thus college graduates accounted for 52% of the population. This is higher than the 39% reported in Peterson's study. The median annual income of the participants was "\$15,000 or more", with a range from "under \$5,000" to "\$15,000 or more." Eighty-five percent had lived in the Akron area for more than 10 years.

Results for Section Two

The second set of questions asked the subjects to compare themselves to other persons their age. As with Peterson's sample, these participants perceived their physical health to be better than average and they believed they spent more time reading, attended more social and cultural activities, and participated in more educational programs than the average older adult. Also consistent with Peterson's findings, but contrary to expectations determined by other surveys, these subjects believed they belonged to fewer groups and organizations, and viewed fewer television news programs, documentaries, and cultural events than other persons their age.

Results for Section Three

Responses to the items in section three revealed the respondent's most important and least important reasons for attending the program. The results are summarized in tables 1 and 2.

Insert Table 1 and Table 2

The reasons for attending the program were then grouped into four scales. Ranking the reasons for attendance by scale, respondents stated that the need for, or interest in, the content of the conference was the most important reason for participation. The scales and the motivating reasons that comprise them are summarized in table 3.

Insert Table 3

Results for Section Four

Subjects were asked to rank order the four categories of motivation. The ranking obtained by this method was identical to that obtained by the scales.

Table 1

Most Important Reasons for Attending Program

This Study	Peterson's Study
I wanted to know more about aging (1.1)	I wanted to know more about aging (1.2)
The knowledge may help me to help other people (1.3)	The knowledge may help me understand myself (1.4)
The knowledge may help me understand myself (1.4)	I feel part of the Andrus Gerontology Center (1.4)
The speakers were well known and respected (1.9)	The knowledge may help me to help other people (1.5)
The information will help me get ahead (2.0)	It was sponsored by the Andrus Gerontology Center (1.5)
I had heard that the programs were good (2.2)	I had heard that the programs were good (1.8)

Note. The numbers in parentheses indicate the score on the Likert Scale.

Table 2

Least Important Reasons for Attending Program

<u>This Study</u>	<u>Peterson's Study</u>
I know many people who attend the <u>Better Living</u> series (3.3)	I am facing a parti- cular problem I need help with (3.0)
I have come to many programs offered by the Medical Center (3.4)	I helped plan the lecture series so I wanted to attend (3.0)
I am an Akron General Medical Center volunteer and attend many of our programs (3.6)	I know someone who helped plan the series (3.5)

Note. The numbers in parentheses indicate the score on the Likert scale.

Table 3

Motivating Factors Categorized into Scales

Rank	Scale	Motivating Factors
1	Content need or interest (1.7)	<p>I wanted to know more about aging (1.1)</p> <p>The knowledge may help me to help other people (1.3)</p> <p>The knowledge may help me understand myself (1.4)</p> <p>The information will help me get ahead (2.0)</p> <p>I am facing a particular problem I need help with (2.9)</p>
2	Institutional sponsorship (2.4)	<p>The speakers were well known and respected (1.9)</p> <p>I had heard that the programs were good (2.2)</p> <p>It was sponsored by Akron General Medical Center (2.3)</p> <p>I have come to many programs offered by the Medical Center (3.4)</p>
3	Social interaction (2.7)	<p>It is possible to meet interesting people here (2.3)</p> <p>It is a friendly group (2.6)</p> <p>My questions and comments are well accepted (2.6)</p> <p>A friend brought me (2.9)</p> <p>I know many people who attend this series (3.3)</p>
4	Close association with Akron General (3.3)	<p>I feel a part of Akron General (2.9)</p> <p>I am an Akron General volunteer and come to many of our programs (3.6)</p>

Note. The numbers in parentheses indicate the score on the Likert scale.

DISCUSSION

The results of this study not only corroborate the motivating factors influencing participation identified by Peterson, but also the characteristics of people likely to participate in an educational offering. Personal characteristics and reasons for attending educational programs identified in the literature appear to remain constant despite institutional sponsorship, region of the country, or size of the city.

Content need or interest unequivocally ranks as the primary factor motivating attendance at an educational activity. All institutions must develop programs that address the needs and interests of their target audience. Although having a well established, prestigious reputation with older adults is certainly an asset, an institution's reputation will not singularly compensate for weak content.

Because no educational offering can appeal to every older adult, the institution must define the target audience, identify its needs, and then aggressively market the program. If the target audience is well educated, financially comfortable women who traditionally attend educational programs, promotional materials must be directed to groups in which they are likely to be involved. Most likely organizations appear to be branches of the American Association of University Women, American Association of Retired Persons, retired teachers' organizations, women's boards of cultural and philanthropic organizations in the community, and agencies employing older adults. The novice provider may have to promote an event more strenuously than an experienced provider, following up mailings with more mailings and telephone calls.

Finally, hospitals new to educational programming for older adults should not underestimate the value of their overall reputation in their communities. In general, it appears that if people associate an institution with quality, they are willing to assume quality in a new venture, at least until proven otherwise.

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