White Coats Meet Grey Power: Students and Seniors Respond to an "Intergenerational Gala"

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Research suggests that nonclinical interactions with older people may enhance medical students' traditionally poor attitudes toward this patient group. Although extensive literature has reported on student attitudes, seniors' perspectives of their relationships with younger healthcare professionals (HCPs) are generally unknown. This study explores students' and seniors' perceptions of aging and the influence of these perceptions on medical practice before and after a recreational, intergenerational event.

In March 2006, the Schulich Faculty of Medicine and Dentistry at the University of Western Ontario held its second annual "Intergenerational Gala." Approximately 150 seniors and students were invited to complete a brief pre- and postevent questionnaire exploring attitudes toward aging, care of older people, and HCP training.

After the event, approximately 60% of students did not feel that their curriculum contained adequate geriatrics content, and more than one-third of seniors did not feel that today's HCPs are adequately trained to address the healthcare needs of older people. Content analysis indicated strongly positive postevent perceptions of the gala but also considerable divergences between students' and seniors' responses to "To me, growing older means. . . . " Seniors also offered advice to young HCPs encouraging listening, patience, and not using "age" as a medical diagnosis.

The second Intergenerational Gala explored similarities and differences between how seniors and students view aging. Although significant changes in attitudes were not observed, qualitative responses from both groups suggest that similar events hold promise as part of a concerted curricular strategy to encourage and improve intergenerational relations in the context of medical practice. **J Am Geriatr Soc 55:948–954, 2007.**

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Recent literature suggests that students' traditionally poor attitudes toward older people[1] have hampered recruitment into geriatric medicine[2] and the assurance that future physicians will acquire adequate skills in elder care.[3] Several reasons have been suggested for students' poor attitudes toward older people, including ageism, minimal exposure to healthy older people during medical training, and the correlation between undergraduate medical training and increased "ethical erosion."[4]

In response, some medical schools have adapted unconventional methods of improving student attitudes toward older people. By integrating nonclinical interactions with seniors into undergraduate curriculum, students may be better acquainted with—and consequently predisposed to—this patient group. The success of several academic initiatives suggests that nonclinical interactions with older people may improve student attitudes.[5–8]

At the inaugural Intergenerational Gala in 2005, approximately 50 students from the Schulich Faculty of Medicine and Dentistry at the University of Western Ontario (UWO) and 50 seniors enjoyed a formal sit-down dinner at a local hotel followed by salsa and swing dance lessons, a photo session, and table games. At the end of the evening, student interest in pursuing geriatric medicine was significantly higher than before the event.[9] The second Intergenerational Gala, held in March 2006, involved 150 students and seniors (of whom a small number had attended the previous year). At this event, researchers were granted the opportunity to survey both groups. Before and after this 4-hour event, each cohort was evaluated regarding their attitudes toward aging, the care of older people, and healthcare professional (HCP) training.

Although medical literature has reported extensively on students' attitudes toward older people, little information has been collected on seniors' views of younger HCPs. This study explores students' and seniors' perceptions of aging and the implications of age on medical practice, before and after a recreational, intergenerational event.

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METHODS

UWO granted ethical approval. Participating retirement residences also granted institutional approval to conduct interviews at the residences. Participation was voluntary and anonymous.

The Event

Before the gala, 75 medical and dental students were paired with seniors from two local retirement residences. A small number of community-dwelling seniors (n = 3) were also invited to attend. On the evening of the event, seniors arrived by chartered bus limousine and were met by students in the hotel lobby. Students escorted their senior "date" to arranged table seating, where special care had been taken by event organizers to provide space that could accommodate gait aids. Sing-a-longs, table games, demonstrations by a local dance school, and a student-senior "couples" photo session followed dinner. After dinner, participants continued to interact, and many crowded the dance floor until the conclusion of the 4-hour event.

Instrument

Survey construct and researchers' previous experience with geriatrics education, interviewing techniques, and qualitative data analysis ensured face and content validity. The exploratory nature of this study tool did not warrant extensive validity and reliability testing. Using this design, sample sizes were felt to be sufficient to reflect preliminary thematic trends.

Presurvey

Students

The presurvey consisted of a one-page, self-administered survey designed for completion in approximately 3 minutes. To ease congestion at the event, event organizers invited study researchers to include the presurvey in a general information package provided to students 1 week before the event. Participants were asked to return the survey to researchers at the event. Surveys were also available at the study location.

In addition to basic demographic data, students were asked two open-ended questions: "What are your reasons for attending the 2006 Intergenerational Spring Gala?" "To me, growing older means. . . ." Five questions were asked using a 7-point Likert scale (1 = strongly disagree, 4 = neutral, 7 = strongly agree): "I look forward to having older patients in my practice," "I would consider a career in geriatric medicine/dentistry," "I look forward to growing older," "I think this evening will be more valuable for seniors than students," and "I feel there is an adequate amount of geriatric curriculum in my program."

Seniors

To avoid lowered response rates due to physical or sensory impairments, seniors' data were collected using a semistructured, standardized interview format[10] approximately 1 week before the event. Two authors (AD, MD) and a research assistant conducted interviews and manually recorded responses from participating seniors at their place of residence. Interviews took approximately 15 minutes. A small number of community-dwelling seniors (n = 3) completed a self-administered version of the presurvey at the event.

In addition to year of birth and the two open-ended questions asked of students, seniors were also asked "What personal characteristics do you think HCPs need to effectively care for older adults?" and "What advice would you give today's HCPs regarding the care of older adults?" Seniors were also asked a 7-point Likert scale question: "I think today's HCPs are adequately trained to deal with the health issues of my generation."

Postsurvey

Students

Students completed a self-administered survey immediately after the event at the research location. In addition to the quantitative questions asked in their presurvey, students were asked to record their agreement with eight additional Likert-scale questions regarding aging stereotypes, value of the evening, and overall satisfaction with the event. Students also answered in open-ended format what they enjoyed most about the evening and suggestions for improvement, in addition to "To me, growing older means. . . ." Postevent surveys were not matched to pre-event surveys.

Seniors

Seniors' data were collected within 3 days of the event, using a semistructured interview format identical to the pre-event method. A small number of community-dwelling seniors (n = 3) completed a self-administered version of the survey and returned it by mail.

In addition to the quantitative questions asked in their presurvey, seniors were asked to record their agreement with four additional questions regarding value of the evening and overall satisfaction with the event. Seniors also answered in open-ended format "Did your student 'date' possess the characteristics that you feel HCPs need when caring for older adults?" and "What advice would you give today's HCPs regarding the care of older adults?" Postevent surveys were not matched to pre-event surveys.

Data Analysis

Data were analyzed using SPSS 12.0 software for Windows (SPSS, Inc., Chicago, IL). Simple frequencies were calculated for quantitative questions and demographics. General trends toward agreement or disagreement with Likert-scale questions were determined by reporting the percentage sum of respondents indicating 1 to 3 (disagreement) on the Likert scale or 5 to 7 (agreement). To ensure robustness, parametric and nonparametric tests were used to test differences in participants' responses to Likert-scale questions.

Two authors (AD, MD) independently analyzed all open-ended responses using inductive analysis. Participants' responses were organized using recurring categorical themes identified without prior assumptions. All authors agreed on main response categories derived from the data, and differences were resolved according to consensus. When individual responses contained more than one category, the response was split and its phrases listed separately under the appropriate categorical headings. Responses determined to fit in more than one category

Table 1. Results from Students' and Seniors' Pre- and Post-Gala Survey (Likert Scale: 1 = Strongly Disagree, 4 = Neutral, 7 = Strongly Agree)

Survey Statements	Pre-Event	Post-Event
	Mean ± Standard Deviation, Median (Range)	
Students		
I look forward to having older patients in my practice.	5.1 ± 1.09, 5 (3–7)	4.9 ± 1.35, 5 (1–7)
I would consider a career in geriatric medicine/dentistry.	3.8 ± 1.57, 4 (1–7)	4.1 ± 1.53, 4 (1–7)
I have anxieties about growing older.	3.9 ± 1.41, 4 (2–7)	4.3 ± 1.54, 4 (1–7)
I feel there is an adequate amount of geriatric curriculum in my program.	3.4 ± 1.23, 3 (1–7)	3.3 ± 1.31, 3 (1–7)
I think this evening will be more valuable for seniors than students.	3.2 ± 1.34, 4 (1–6)	N/A
This evening has reinforced negative stereotypes about aging.	N/A	1.9 ± 1.12, 1 (1–5)
I feel this evening has been a valuable experience for the seniors.	N/A	6.3 ± 0.85, 7 (4–7)
I feel this evening has been a valuable experience for the students.	N/A	6.3 ± 0.90, 6 (3–7)
I would come to an event like this again.	N/A	6.4 ± 0.79, 7 (4–7)
Seniors		
I think healthcare professionals are adequately trained to deal with the health issues of my generation.	4.3 ± 1.68, 4 (1–7)	4.8 ± 1.84, 5 (1–7)
I think this evening will be more valuable for the students than the seniors.	5.0 ± 1.74, 5 (2–7)	N/A
I feel this evening has been a valuable experience for the students.	N/A	6.3 ± 1.22, 7 (1–7)
I feel this evening has been a valuable experience for the seniors.	N/A	6.3 ± 1.25, 7 (1–7)
I would come to an event like this again.	N/A	6.7 ± 0.62, 7 (4–7)

N/A = not applicable.

were simultaneously listed under appropriate categorical headings.

RESULTS

Overall student response rates were 69.3% (52/75) and 70.7% (53/75) for the pre- and postsurvey, respectively. Overall seniors' response rates were 62.2% (46/74) in each case.

Quantitative Analysis

Presurvey

Before the event, 59.6% of students disagreed with the statement "I feel there is an adequate amount of geriatrics-oriented undergraduate curriculum." Although seniors' responses were on average neutral, 34.1% did not agree that today's HCPs are "adequately trained to deal with the healthcare needs of older people" (Table 1).

Postsurvey

No significant changes were observed in students' pre- and postevent responses to quantitative questions. After the event, 89.1% of students felt strongly that the event had not reinforced negative stereotypes of aging.

After the event, seniors' responses trended toward improvement from pre-event levels when asked whether today's HCPs are adequately trained to deal with the healthcare needs of older people ($P = .10$).

Students and seniors reported high satisfaction with the event, and both groups strongly agreed that they would attend a similar event again (Table 1).

Qualitative Analysis

"What are your reasons for attending the 2006 Intergenerational Spring Gala?"

Before the event, when asked to identify their major reason for attending the 2006 Intergenerational Gala, students frequently suggested "entertainment value" (defined as an emphasis on the purely social aspects of a "fun" (evening out (music, meeting people, a break from routine)) (38.4% of 86 responses) ("I thought it would be fun"). Other themes included "community involvement" (23.3%), "interaction with older people" (17.4%), "past experience/influence of last year's event" (11.6%), and "do gooding" (defined as a unidirectional benefit from intergenerational contact (i.e., student to senior or senior to student), with no apparent acknowledgment of a reciprocal or mutual benefit (see[9,11])) (9.3%) ("To make an elderly person's day"; "to help older people enjoy themselves").

Seniors identified "past experience/influence of last year's event" as their primary reason for attending (24.1% of 58 responses). Other themes included "appreciative of recognition" (20.7%; "We appreciate being recognized as a little bit of Grey Power!"), "educational opportunity" (18.9%), "interaction with youth" (17.2%), "novel experience" (10.3%), and "entertainment value" (8.6%). "Do gooding" was also evident in seniors' responses but exclusively as a subtheme under "educational opportunity," constituting six of 11 entries in this category ("To help the students"; "I am interested in helping medical students (become) more effective in communicating with seniors").

"To me, growing older means . . ."

In addition to the major categories listed in Table 2, seniors' responses categorized by "incorporating changes" were

Table 2. Summarized Content Analysis of Seniors' and Students' Post-Event Responses to "To Me, Growing Older Means. . . ."

Response Categories (Total)	Subcategories and Selected Comments
Student (N = 70 responses)	
Personal growth (n = 23)	Wisdom
	"Growing in wisdom and understanding"; "getting wiser"
	Learning about self
	"Getting more comfortable with one's self"; "growing as a person"
	Perspective
	"Gaining insight"
Personal experience (n = 15)	"Gaining experience"
	"Having a family"
Incorporating changes (n = 10)	"Keeping my activities and work going"
	"Changing priorities"
	"Aging gracefully"
Anxiety (n = 9)	"Bad"
	"Few options (unfortunately)"
	"Growing lonelier"
Taking time to enjoy recreation (n = 8)	"Opportunities to explore noncareer options"
	"Having fun"
	"Enjoying the moments"
Developing social networks (n = 5)	"Different social groups"
	"Growing older together"
Seniors (N = 71 responses)	
Anxiety (n = 25)	"What a question! My body, not my head (yet) is breaking down. . . . That's the worst of it."
	"I can't do enough as quickly as I used to."
	"Needing company. . . . I don't like being alone."
	"Giving up things you always done (looking after your affairs, banking)."
Incorporating changes (n = 23)	A change in life's pace (speeding up/slowing down).
	"To get busy and do all the things I have left to do!" "When I chose to take early retirement few years before my normal date, it meant having more time for research and writing."
	Taking time to enjoy recreation.
	"Enjoying our senior years as much as possible"; "enjoying life as best as I can."
	Adaptation
	"Coping with change"; "going into a different stage of life with different things happening."
Neutral acceptance of aging (n = 11)	"We're all growing older! I don't really care."
	"Having to make the best of it. There are ups and downs to everything."
	"To be as old as you feel, and that is not something that I think about."
Personal growth (n = 10)	Wisdom
	"Greater wisdom"*
	Learning about self
	"I'm still alive! Five years ago, a doctor told me I had three years to go. I did not accept that. If you have something worth living for, dying just isn't an option. I like the idea of staying alive better." "My mind, heart and enthusiasm for and curiosity about life are all vibrant as ever."
	Perspective
	"Some things I was more intolerant of when younger, I can now be less upset about"; "you appreciate every day and you try to remember all the good things in your life you have had."
Personal experience (n = 2)	Memories
	"Sad, happy, everything"; "becoming more knowledgeable."*

* The comments indicated are the sole constituents of this category.

organized using an additional subcategory, "a change in life's pace" (11 responses). Seven responses mentioned "slowing down" ("I can't do enough as quickly as I used to"), whereas the remaining four mentioned "speeding up" ("to get busy and do all the things I have left to do!"). Similar responses emerged in students' presurvey (2 responses) but referred only to "slowing down" ("a slower, relaxed pace"; "having time to reflect upon the past").

After the event, student responses to "To me, growing older means . . ." included a new category, "Taking time for recreation," which associated growing older with exploring noncareer-related options (11.3% of 71 responses).

"What personal characteristics do you think healthcare professionals need to effectively care for older adults?"

Before the event, seniors' responses fell into four major themes: (1) "actively demonstrates character/personal characteristics ("loving, caring"; "nice, personable"; "sees the humorous side of life"); (2) "understands specialized needs of older people" (defined as demonstrating an understanding of older patients' medical needs) ("Students need to understand that (seniors) have a limited future but need explanations for our medicines"; "Don't be too quick. Older people take a little more time to absorb"); (3) "possesses superior listening skills" ("Number one is to listen"; "listen to what you would like to know"); and (4) "exhibits action-specific awareness of care of elderly" ("If an old person knows they are being cared for, it's the little things that mean the most. . . . Put yourself out a bit"; "(demonstrate tolerance and acceptance; do not be dismissive. You'll be here one day . . . if you're lucky!").

After the event, when seniors were asked, "Did your student 'date' possess the characteristics that you feel healthcare professionals need when caring for older adults?" 88.6% agreed, and 11.4% responded "don't know." When seniors were asked to reiterate ideal HCP characteristics, the four major themes identified in the pre-survey persisted.

"What advice would you give today's healthcare professionals regarding the care of older adults?"

Seniors' responses to this question comprised six major themes that did not change considerably from pre- to post-event surveying (Table 3).

Table 3. Summarized Content Analysis of Seniors' Post-Event Responses to "What Advice Would You Give to Young Healthcare Professionals (HCPs) Regarding the Care of Older Adults?"

Response Categories (Total)	Subcategories and Selected Comments
Treat older patients with dignity (n = 19)	Demonstrate interest in the older patient. "Get across to your patient that you're interested in them, not the golf range. I am not a number, I'm ME. . . . I want attention!" I'm just an ordinary person. "Don't look down on [seniors] or make them feel inferior or anything. They aren't any different, really." I have a place in society. "Some [HCPs] tend to ignore older people, but a lot of old people still have a lot going for them. We all loved last night." "Age" is not a diagnosis. "Don't tell older adults that they are 'old and what do you expect?'"; "Don't assume that it is natural for them to be in pain or not feeling well and that you can't do anything to help them."
Be aware of the importance of personal/professional behaviors (n = 15)	Your first impression is important. "I'm a graduate nurse. Things were so different then. Now [students] go around in jeans. . . . They don't look professional." Display your personal attributes. "I still think personality comes into it. It means so much; it shows caring." Take time for yourself. "Be sure you have and maintain good physical and mental health."
Develop time awareness (n = 7)	"[Seniors] are slow moving around–give them time!"; "Older adults are slower, so students need to be patient." "I am concerned that it takes too long to get an appointment to see a doctor. Older adults don't have that much time to wait, and in the meantime they suffer with whatever illness they have."
Improve your communication skills (n = 6)	No medical jargon. "The only advice I can think of is, don't fall into the habit of using medical terms. Just use plain words so we can understand." Provide clear explanations. "Explain the treatment or examination." Avoid patronizing language. "Don't make [seniors] feel like they don't know anything about medicine. . . . "We are both going into new phases of life"; "communicate clearly but not patronizingly"
Get exposure to the elderly (n = 6)	"[Students] have to forget their youth and immerse themselves in older age. I did this myself. . . . If you don't do that, you won't be able to help." "Treat us like your own grandparents."
Listen to the elderly patient (n = 5)	"I think listening to [seniors] is important. As we get older, we have more complaints, but often there is something behind it." "Listen to the older adults. Just listen to us."

"What was the most enjoyable aspect of the evening? What would you change?"

After the event, students commonly indicated "entertainment value" as the most enjoyable aspect of the evening (39.1% of 64 comments), whereas seniors indicated "opportunity for social interaction/communication" (38.2% of 67 comments). Students also highlighted "interaction with older people" (29.7%) and "nonclinical setting." Only two student comments indicated "do gooding" as the most enjoyable aspect of the evening, and similar comments were not observed in seniors' postevent responses. Seniors (22.4%) and students (21.8%) also noted a new category, "fellowship between the generations," as an enjoyable aspect of the evening. ("As a resident of a seniors" retirement residence, it was enjoyable to sit in concentrated discussion with young persons—yes, we could do this with grandchildren, but so many of them are spread out over the world and their visits are hard"; "I've never talked with a senior who was so happy about how their life has been. Her positive attitude was inspiring.")

When asked what they would change about the evening, approximately half of both groups' comments indicated "nothing/very little," although some seniors suggested decreasing the noise level ("There are so many of us with reduced hearing abilities it would help if the noise level . . . could have been somehow dampened") and increasing the opportunity for social interaction with students ("Maybe allowing the seniors more access to people other than their partner"; "Repeat (the event) more frequently during the year") as areas for improvement.

DISCUSSION

The second Intergenerational Gala provided an opportunity to explore how seniors and students view aging, and what personal characteristics seniors feel are important for physicians caring for older persons. No statistically significant changes were noted in students' or seniors' pre- and postevent responses to quantitative measures of attitudes toward aging, the care of older people, and HCP training. Qualitative analysis indicated strongly positive perceptions of the gala but also considerable divergences between student and senior cohorts, although after the gala, both students and seniors highlighted "fellowship between the generations" as a new categorical theme. Seniors' advice to HCPs remained consistent before and after the event.

Although there were no measurable changes in pre- and post-event responses, quantitative and qualitative assessments indicating that the event did not reinforce negative stereotypes or anxiety concerning aging hold promise for enhancing student attitudes. Although the event actively acknowledged disability and frailty (e.g., before the event students, were briefed on interacting with cognitively impaired individuals[4] (readers are invited to contact the authors regarding details of those topics discussed at this briefing), and event activities were planned to accommodate gait aids and other disabilities), this nonclinical encounter also demonstrated how functional compromise may be practically managed to assure older people a reasonable quality of life. Practical adaptations of disability are uncommon in the clinical context or "hospital culture,"[12] where patient passivity or dependency may be encouraged to minimize time-intensive activities such as dressing or transferring.[13] Such positive exposure to the practical management of chronic disease may encourage medical students to develop more optimistic attitudes toward patients living with disability. Furthermore, by identifying seniors' expectations of HCP training with regard to their treatment, direct advice to young HCPs may be a first step in encouraging students' and medical educators' awareness of how elder care could be improved in the context of medical practice.

Notable divergences were also observed in students' and seniors' responses to "To me, growing older means. . . ." Students primarily associated "personal growth" and "experience" as major themes of aging; seniors emphasized "anxiety" and "incorporating changes," whereas "personal growth" and "experience" were the least-populated categories. This divergence suggests a tendency among students toward common stereotypes of aging;[14] although enhanced wisdom and experience are positive stereotypes, such simplifications may indicate a failure to recognize the heterogeneity of the elderly population. Identifying what distinguishes students' perceptions of aging from patients' experiences may, through education and clinical practice, help sensitize future physicians to the specialized needs and expectations of elderly patients.

Some unexpected results were encountered. Before the event, several seniors suggested their primary reason for attending the Intergenerational Gala was to provide education with regard to issues of aging. This inclination could indicate an expanded role for the community in undergraduate medical education in encouraging patients as active teachers[15,16] and increasing opportunities for direct communication of patient healthcare needs to trainees. By taking advantage of students' and seniors' inclinations toward community or educational "do gooding," similar events could assist in familiarizing future HCPs with older people, especially as part of a larger curricular strategy involving intergenerational initiatives (e.g., senior mentorship, reflective journaling).[6,7,14,17]

Furthermore, seniors' perceptions of desirable characteristics and advice for young HCPs consistently referred to qualities such as ability to listen, patience, and not using "age" as a blanket medical diagnosis to the near exclusion of traits like intelligence and medical knowledge. An a priori assumption of such qualities in young HCPs may explain this, but seniors' insistence on qualities comprising the Royal College of Physicians and Surgeons Canada's CanMEDS Physician Roles, such as Communicator, Health Advocate, and Professional,[18] possibly implies an elevated importance of these qualities in providing optimal elder care. Although some literature exists regarding seniors' perceptions of medical care,[19–22] future research could further investigate the possible differences between patients' and HCPs' perceptions of important physician characteristics, to better coordinate patient-centered estimations of optimal health care for older people.

There are several limitations to this study. Nonsignificant quantitative results could be attributed to several factors, including the short duration of the event or insufficient tool sensitivity. The prevalence of neutral responses may reflect a central tendency bias exacerbated by a Hawthorne effect, particularly in the case of senior participants who, in

addition to belonging to a cohort traditionally disinclined to criticize the medical profession,[23] were also interviewed by young research assistants, which may have discouraged critical assessments of young HCPs. Although response rates were adequate for exploratory purposes, other factors affected the collection of survey data, particularly from seniors; research assistants were unable to administer surveys to those with particularly specialized needs, in addition to encountering general problems of cognition, frailty, and sensory impairment. Administering post-event surveys to students directly after the event may have precluded the opportunity for self-reflection, although it was decided that attempting to collect surveys some time after the event would considerably decrease response rates. More-extensive follow-up is required to assess longer-term effects on participants' perceptions of aging and HCP training after a recreational, intergenerational event.

CONCLUSION

The second Intergenerational Gala constituted a nonclinical approach to introducing future HCPs and older people to one another. Although no significant quantitative changes were noted in students' or seniors' responses to quantitative questions before and after the event, seniors provided valuable advice regarding optimal healthcare provision for older people, and both groups indicated strongly that the Intergenerational Gala was an enjoyable and valuable experience. By facilitating nonclinical interactions as part of a concerted curricular strategy, undergraduate medical education initiatives could capitalize on seniors' "grey power" and students' inclination to participate in intergenerational events to improve attitudes and skills required to care for older patients in medical practice.

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