



Difficulties experienced by nurses in older patient care and their attitudes toward the older patients[☆]

Derya Adibelli^{*}, Dilek Kılıç¹

Atatürk University, Faculty of Health Sciences, Department of Public Health Nursing, Erzurum 25240, Turkey

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SUMMARY

Background: There is little known about nurses' attitudes toward older people in Turkish society, particularly within centers providing care to older patients.

Objective: This research was conducted to determine nurses' attitudes toward older patient care and the difficulties they experience.

Design: A descriptive research design was used.

Settings: The research population comprised 282 nurses working in the clinics of public hospitals in central Erzurum that mostly accommodate older patients.

Methods: Participants completed questionnaires regarding descriptive characteristics, the type of difficulties they experienced in older patient care, and the Turkish version of Kogan's Attitudes Toward Old People Scale. Data were evaluated by using percentage, Kruskal–Wallis variance analysis, *t* test and Mann–Whitney *U* test. **Results:** The study revealed that nurses experienced difficulties due to the inadequacy of physical conditions and technical equipment in hospitals; administrative problems; communication problems; and insufficient knowledge, skills and experience in older patient care. The nurses' overall attitude toward the older people was found to be positive (98.83 ± 11.19).

Conclusions: The difficulties experienced by nurses in this sample resulted from the lack of technically equipped hospitals or clinics for older patients and the inadequacy of nurses' gerontology education. Despite these factors, the nurses' attitude toward older people was positive.

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Introduction

With the increase in average lifespan following improved levels of welfare there has been an associated rise in the proportion of older people in the general population. In recent years there has been a decrease in the population growth rate in younger age groups in Turkey. In contrast, there are now approximately 5 million people who are aged 65 years old and older as the older age groups population growth rate has increased above the average rate to reach 7% of the total population (Turkish Population and Health Research, 2008). In Turkey, life expectancy at birth is 74 years for women and 69 years for men, and 72 years on the average (Population Reference Bureau, 2010).

As a result of these demographic changes and the increase in the average lifespan individuals may encounter restrictions in their daily care activities as older people require more social, economic and health protection, as well as better nursing care on various levels

(Büyükoçkun, 1998). In older patient care, as in all age groups, nurses obtain the patient's health history, determine his/her needs, develop a comprehensive care plan, provide treatment and care and evaluate the results (Çalışkan, 2001; Akdemir and Birol, 2003). While implementing these tasks and fulfilling their responsibilities, nurses experience several problems and difficulties in patient care in their work environment (Alçelik et al., 2005; Chang et al., 2006; Kılıç et al., 2007). In a study conducted to assess the difficulties experienced by nurses, it was determined that nurses experience administrative, care-treatment, communication and emotional problems and use problem-focused coping, self-control, seeking emotional support, and positive approach methods to resolve these difficulties (Buzlu and Onan, 2005). It was also reported that these problems and difficulties experienced by nurses led to an increase in workforce loss, care moves and job suspension; as well as in early retirement rates among nurses, a decrease in work efficiency, delays in returns to work, and an increase in medical treatment costs (Çalışkan, 2001). Recognizing and solving these difficulties will enable nurses to be more satisfied with their job and thus enable them to provide patients with more satisfactory care (Dede and Çınar, 2008; Tan and Cürçani, 2009).

The quality of care given to elderly individuals is also affected by the occupational knowledge, skills and experience of caregivers; the environment in which patient care is given; patient characteristics;

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^{*} Corresponding author. Tel.: +90 442 231 2362; fax: +90 442 236 0984.

E-mail addresses: aricanderya@gmail.com (D. Adibelli), dilekk@atauni.edu.tr, dilekk@yahoo.com (D. Kılıç).

¹ Tel.: +90 442 231 2362; fax: +90 442 236 0984.

as well as the attitudes of caregivers toward older people. Receptive, supportive and positive attitudes help patients feel comfortable, integrate with society and comply with treatment; whereas negative attitudes cause them social alienation and have adverse effects on patients' treatment and care (Akdemir et al., 2007). In a study by Lookinland et al. (2002), American and African nurses were observed to have positive attitudes toward older people. Gallagher et al. (2006), evaluated the attitudes of assisting staff and janitors were observed to exhibit more negative behaviors toward older patients compared to nurses. Mellor et al. (2007), reported that the attitudes of clinic nurses were more positive than the attitudes of nurses giving polyclinic service and that the nurses in both groups lacked sufficient knowledge, skills and experience in gerontologic nursing. In the other studies, were found that the attitudes of nurses generally were positive (Kang et al., 2011; Christensson et al., 2010; Lu, 2010; Matsui and Braun, 2010).

Although the status and respectability of older people in society have changed today in Turkish culture, having respect for and looking after older people are traditional and established expectations. Protection of older people has always been considered important in Turkish culture throughout history, rooted in the cultural heritage that values love and compassion for the old. However, the attitudes of health personnel toward older people in Turkish society remain unknown.

Aim

In the region where our study was conducted, older patients are treated in the same environment with adult patients, and there are no available studies on the attitudes of nurses toward older patients and the difficulties experienced by the nurses who provide care for this group of patients. Thus, this study was conducted to determine nurses' attitudes toward older patient care and the difficulties they experience.

Method

Study Design

This research was planned as a descriptive study to examine the difficulties experienced by nurses in the older patient care and their attitudes toward the older patients.

Population and Sample

The study was conducted between November 2009 and June 2010 and involved the nurses working at the clinics of public hospitals in the city center of Erzurum, which mostly accommodated elderly patients. The research population comprised 700 nurses in total who worked in the clinics accommodating mainly elderly patients. Pediatric and psychiatry clinics were excluded from the study, since these clinics did not give primary care to elderly patients. In addition, only public hospitals were included in the study, as attitudes towards patients may be biased in profit-oriented private hospitals and thus the attitudes of nurses could not be measured objectively. The study sample group consisted of 282 nurses, with the minimum number of nurses to be included in the study sample group determined as 270 using calculations made according to the sample size formula.

Data Collection

Nurses work in these clinics across three shifts. Data were collected using questionnaires to nurses in the clinic environment during and after work hours. Data were collected by using a form for determining the nurses' descriptive characteristics and a form for determining the difficulties experienced by nurses in older patient care

that were designed by the research team, and the Turkish version of Kogan's Attitudes Toward Old People Scale.

The Turkish Version of Kogan's Attitude Toward Older People Scale

Kogan's Attitudes Toward Old People Scale (KOPS) was developed by Kogan to measure individuals' attitudes toward older people. This scale is applied not only to health personnel but also to individuals in a given society to determine their attitudes toward older people. It is a 6-point Likert-type scale with a social content that excludes any medical terms. The scale consists of a total of 34 items with 17 positive and 17 negative statements. Odd-numbered items are scored for negative statements and even-numbered items are scored for positive statements. Based on the structure of the scale, negative statements are scored on a scale of 6–1 from right to left, and positive statements are scored as 1–6 from left to right. The total score is calculated by adding the scores obtained from all items. The scale's score interval is 34–204, with higher scores indicating positive attitude and lower scores indicating negative attitudes (Kogan, 1961). In the correlation assessment made after the application of the scale to the Turkish society, items 7, 8, 13, 14, 19, 20, 21, and 22 were omitted from the scale due to their low correlation values, and the scale was reduced to 26 items in total with 13 positive and 13 negative statements (Kılıç and Adibelli, 2011). The lowest and highest total scores for items from 1 to 26 are 26 and 156, respectively. Higher scores indicate positive attitudes toward old people (Hilt, 1999).

Ethical Consideration

Upon the written submission of the objective and scope of the study to be conducted, written permission was received from Nathan Kogan who developed the scale, as well as from five public hospitals where the study would be conducted and from the ethics committee. Nurses to be included in the study were verbally informed that they were free to accept or reject participation in the study, they could discontinue the study at any time, and they had the right to refuse to provide information and to request further information.

Statistical Analysis

Data were analyzed using SPSS (Statistical Package for Social Science) 14.0 program. Percentage, Kruskal–Wallis variance analysis, *t* test, and Mann–Whitney *U* test were used in the evaluation of data.

Results

When the descriptive characteristics of the nurses were examined, it was found that they were aged 20–29 years (49.5%), had an associate degree (34%), were married (70.9%), lived in a nuclear family (86.5%) and had lived in the city center (83.7%). In addition, the duration of employment as a nurse was 1–9 years (61.3%) and worked in shifts (50.7%) (Table 1).

The difficulties experienced by nurses in the older patient care included the inadequacy of physical conditions and technical equipment in hospitals (55.6%); care problems experienced due to patients' physical restrictions (50%); administrative difficulties (47.2%); communication problems experienced with the patient or family caregiver (41.8%); difficulties arising from the reluctance of family caregivers in providing the patient with care (34.4%); difficulties arising from insufficient knowledge (35.5%), skills and experience in the older patient care (26.2%); prejudice of older patients and family caregivers toward the hospital environment and health personnel (19.1%); difficulties in communicating with the staff in the health team (17%); and not being appreciated for the care given to patients (9.9%) (Table 2).

The study results revealed that 19.2% of nurses experienced physical problems (low back pain, leg pain, neck pain, muscle pain, varicosis)

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