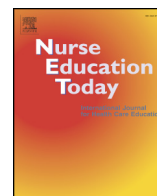




Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Attitudes of students of health sciences towards the older persons

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ARTICLE INFO

Article history:

Accepted 17 July 2015

Available online xxx

Keywords:

Older Person

Care

Attitude

Students

Kogan's

SUMMARY

Objectives: The purpose of this study was to evaluate and compare attitudes towards the elderly of Turkish students of various disciplines in health sciences at the level of associate and bachelor degree.

Methods: 685 students participated in this descriptive study. Data were collected with a questionnaire administered to the students and the Turkish version of Kogan's Attitudes Towards Old People Scale (KAOP). Statistical evaluation of the data was included in percentage, mean, median, t-test, and one-way variance analysis.

Results: The average age of the students was 20.91 ± 2.25 years, and mean and median scores of KAOP for these students were 131.21 ± 14.403 and 130, respectively. The attitudes of physiotherapy students towards older people were better than students in other health disciplines ($p < 0.05$), and there were no differences in the attitudes of health science students towards the older persons in eastern and western cities of Turkey ($p < 0.05$).

Discussion: The attitudes of the health science professionals of tomorrow towards older people should be evaluated currently to be able to improve the provision of health care standards and to prevent possible negative beliefs and opinions in the future.

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Introduction

The population of a country with 8% to 10% of older people is defined as “old”, and a ratio over 10% is defined as “very old” (Gavrilov and Heuveline, 2003). Population projections reflect that the proportion of the older people in Turkey will reach 10.2% in 2023 and 20.8% in 2050, and thus Turkey will be categorized as a country with a “very old” population (Turkish Statistical Institute, 2014). According to the Turkish Statistical Institute, life expectancy in Turkey is currently 74.8 years for males and 79.3 for females (2014) and these are projected to be 75.8 years for males and 80.2 years for females in 2023 (Turkish Statistical Institute, 2014). According to the World Health Organization (WHO) Report, this global aging has a main influence on disability trends and there is more risk of disability at older ages. The growing percentage of older persons reflects gathering of health risk across a lifespan disease, injury, and chronic illness (WHO, 2011). Therefore, older population will require greater healthcare, medical and social services in the future (Bonder and Bello-Haas, 2009). However, older persons may have met some difficulties in terms of the attitudinal, physical, system level barriers when they face in accessing health care as stated by World Health Survey (WHO, 2011). Many studies in literature have evaluated older healthcare conditions and the effects on the

body systems rather than on attitudes towards older people (Usta et al., 2012).

Attitudes towards the older persons could affect services that are given to this people and change the value of care, which is delivered by healthcare specialists, and quality of life for the older persons (Akdemir et al., 2007). Attitude is defined as a person's belief, feelings, and experiences in regard to a human, an object or a condition, which is constituted by the person's background and it influences the person's behavior or reactions (Mario et al., 2004). Many factors of care of the older persons are related to attitudes towards an older population, such as inadequate physical conditions and technical equipment in hospital, care centers or nursing homes, management problems, lack of communication with care team professionals, inadequate knowledge and skills for older person care (Adibelli and Kilic, 2012; Jacelon, 2002; Lovell, 2006). In addition to these factors, culture, age, gender, education level, experience and previous relationships with older people could be influential factors on the healthcare provider's attitudes towards the population (Hweidi and Al-Hassan, 2005; Hweidi and Al-Obeisat, 2006; Lambrinou et al., 2009; Usta et al., 2012). Some studies have shown that students of health sciences such as nursing, physiotherapy and dentistry, have more negative attitudes towards older people and this can influence their future career choices with a lower preference to work in this sector (Brown et al., 1992; DeKeyser and Kahana, 2006; Lee, 2009). In order to prevent the effects of these factors, which cause negative attitudes to develop towards the older people, on health care professionals, some precautionary measures should be implemented into the older people care system at degree or college

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level (Burbank et al., 2006). As the students of today are the healthcare professionals of tomorrow, the development and cultivation of positive attitudes towards persons older than 60 and older people could be made with very little effort while they attend university education, through the implementation of special programs, additions to the curriculum, and more practice sessions within geriatric services or nursing homes (Fabiano et al., 2005; Kaf et al., 2011).

Recent transformations in society and increasing urban life have led to a decrease in extended family living and an increase in the number of nuclear families in Turkey. Therefore, the current younger generation has less contact with the older persons in general (Imamoglu and Imamoglu, 1992). Although traditionally Turkish people are thought to be compassionate and respectful to older persons, especially in the eastern part of the country, the attitude of young adults attending health science faculties and healthcare education colleges in both the west and the east of Turkey has not been explored. Health science educators should be conscious of changing demographics and aim to educate and prepare their students to be able to provide for the needs of the persons older than 60. Therefore, the purpose of this study was to determine the attitudes towards older persons of health sciences students in both the east and west of Turkey and to assess the perceptions of these students about extended family living conditions in their own future life.

Method

This study was designed as a cross-sectional survey. It was conducted in the faculties of health sciences and the school of healthcare services. The study participants included students in the departments of physiotherapy and nursing in faculties of health sciences, on a four-year program and students in schools of healthcare services on a two-year program. Older care program and nursing assistant program were included in the two-year program. Students of these two years programs had received several courses such as basic anatomy, physiology, psychology, principles and practices in older people care, professional terminology, fundamentals of gerontology, pharmacology, infection diseases, first aid, health sociology, principles of nutrition, gerontology social services, knowledge of diseases, geropsychiatry, public health, aged care services at home, social rehabilitation, and physical rehabilitation. While there are many universities in the cities of western Turkey, there are fewer in the cities of the east. Thus, two cities (Eskişehir and Ankara, Ankara is the capital of the Turkey, Eskişehir is west side of the Ankara) from the west and one city (Şanlıurfa, it is east part of the country) from the east were included in the study. A total of 685 students participated in the study, 549 from the two western universities and 136 from a university of the city in the east. Institutional permission was obtained from the administrators of these universities, and written informed consent was obtained from each participant in compliance with the Declaration of Helsinki.

Measures

Attitude Towards Older People

All participants anonymously completed a form giving socio-demographic information, and the Turkish version of Kogan's Attitudes Towards Old People Scale (KAOP). KAOP was developed by Kogan to measure an individual's attitudes towards older people (Kogan, 1961). The KAOP includes 34 items related to attitudes towards older people, comprising two sets, one set of 17 items expressing positive statements (KAOP⁺) and a second set of 17 items expressing negative statements (KAOP⁻) about older people. Responses are given on a 6-point Likert-type scale ranging from 1 (strong disagree) to 6 (strongly agree). The total score from all items may range from 34 to 204 with a higher total score indicating a positive attitude and a lower total score indicating a negative attitude. A score of 102 is considered a neutral attitude towards the older people (Kogan, 1961). The KAOP has been translated

into Turkish and has been determined to have adequate reliability ($\alpha = 0.84$, $r = 0.73$) and validity (CVI = 0.94, CV = > 0.30) for assessing attitudes towards older people (Erdemir et al., 2011).

Statistical Analysis

All statistical analyses were performed using the Statistical Package for the Social Sciences for Windows, version 15.0 (SPSS Inc., Chicago, IL, USA). Kolmogorov Smirnov one-side test and normality graphics were made to test the distribution of the data. According to the test results, data showed that it was normally distributed ($p < 0.05$). T-test and one-way variance analysis, least square test were used. A value of $p < 0.05$ was considered statistically significant.

Results

The study comprised a total of 685 students who attended a faculty of health sciences or school of healthcare services in a university in one of 2 cities in the west and 1 in the east of Turkey. The students were 61.9% females and 38.1% males with a mean age of 20.91 ± 2.25 years. The mean total KAOP score of all the students was 131.21 ± 14.403 (range, 82–171). The mean score of the Kogan positive subscale (KAOP⁺) was 70.41 ± 10.81 (median 70.00). The mean score of the Kogan negative subscale (KAOP⁻) was 62.28 ± 10.08 (median 62.00).

Participants with 4 or 5 family members at home had high total KAOP scores at a statistically significant level ($p < 0.05$). In addition, participants with no older person relatives at home also had significantly high total KAOP scores. There was no statistically significant difference in respect of other socio-demographic characteristics of the participants and KAOP mean scores (Table 1).

When the participants' attitudes towards the older persons were analyzed according to university locations, departments and class years, there were some differences among the variables. The students in 4-year programs of, nursing and physiotherapy had a significantly higher total KAOP score than those in a 2-year program ($p < 0.05$). Students of physiotherapy were determined to have a significantly higher total KAOP score than students of other disciplines ($p < 0.05$). Significant differences were also determined between the schools of healthcare services in the eastern and western cities. In addition, it was found that students in upper classes had significantly more positive

Table 1
Social-demographic characteristics and KAOP mean scores of the participants.

Demographic characteristics	n/%	KAOP (X \pm SD)	p ^a
Age (20.91 \pm 2.25 years)	685/100	131.21 \pm 14.403	
18–20 years	363/53.0	131.01 \pm 14.70	0.928
21–25 years	297/43.4	131.45 \pm 14.16	
26–36 years	25/3.6	131.08 \pm 13.51	
Sex			
Male	261/38.1	130.74 \pm 14.03	0.509
Female	424/61.9	131.50 \pm 14.64	
Family kind			
Nucleus	561/81.9	131.61 \pm 14.41	0.269
Extended	110/16.1	129.12 \pm 14.66	
Divorced	14/2.0	131.08 \pm 11.24	
Number of family member			
1–3	253/36.9	129.95 \pm 14.10	0.037
4–5	286/41.8	132.89 \pm 14.61	
6 and +	139/20.3	130.02 \pm 14.32	
Number of older person in home			
0	566/82.6	131.82 \pm 14.39	0.036
1	84/12.3	127.48 \pm 14.80	
2	35/5.1	130.12 \pm 12.44	
Income level of family			
200–700 ^a	123/21.2	129.44 \pm 14.11	0.111
700–999 ^a	87/15.0	129.31 \pm 14.48	
1.000–9.000 ^a	371/63.9	132.02 \pm 14.35	

^a ($p < 0.05$).

^a Turkish Lira.

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