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Nurses' attitudes and knowledge of the geriatric age issue

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ABSTRACT

Aim: The research aim was to map attitudes and knowledge of nurses regarding the issue of geriatric age and to find the influence of selected determinants influencing nurses' knowledge.

Design: The work has a design of a cross-sectional quantitative study that is performed based on a questionnaire survey.

Methodology: The research group was formed of 100 nurses who were classified in the sample based on intentional selection. The quantitative research was performed with the help of two methodologies. The nurses' attitudes towards seniors were measured based on the Fraboni Scale of Ageism (FSA); we gathered information regarding the nurses' knowledge about the issue of geriatric age by the means of a questionnaire of our own structure. The influence of the selected determinants influencing the nurses' knowledge of the geriatric age issue was verified based on the statistical tests: the Kruskal-Wallis test and the Spearman correlation coefficient.

Results: With the help of the FSA questionnaire we found that 72% of the nurses have a slightly positive view of the elderly, i.e. almost no ageist attitudes. We found a medium level of ageist attitudes and thus slightly negative views of the elderly in 28% of the nurses. The knowledge level regarding the geriatric age issue in 14% of the nurses was excellent, in 36% of them it was very good, 29% had good knowledge, it was satisfactory in 12% and dissatisfactory in 9%. Based on the statistical tests, we found a correlation between the age ($p = 0.009$), length of professional practice ($p = 0.017$), and education ($p = 0.007$) of the nurses and their knowledge of the geriatric age issue.

Conclusion: The research results point to the need of comprehensive education for nurses in the area of geriatrics and gerontology with an emphasis on an individual approach and non-generalisation of individuals within the whole senior population.

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Introduction

Ageing is an important part of all human societies. It reflects not only biological changes, but also cultural and social conventions. The world population grows old quickly. According to the World Health Organisation (WHO) [1], in the whole world the amount of people over 60 will increase from 11% to 22% in the years 2000–2050. It is expected that the total number of persons at the age of 60 and over will grow from 605 million to 2 billion. Health care provision is more demanding in terms of profession, capacity and finances while the population grows old. The ever increasing proportion of older and elderly people in the population creates pressure on the health care system. In Slovakia, the proportion of people at the age of 65 or more will increase from the current 14% to more than 30% in the year 2060. A noticeable increase of the proportion is expected also in the oldest population, where demands on social services are intensified in addition to demands on health care. The proportion of the inhabitants at the age of 80 and over will rise by the year 2060 from 3% to 12% [2]. In terms of treatment professions it is important that a marked increment of elderly people at the age of 85 and over is taking place [3]. In nursing practice, nurses will more often meet seniors and thus specific requirements will be laid upon them, in particular related to the correct identification of the older patients' needs which may be changed by the impact of involution processes [4,5]. Nurses must be prepared to face challenges in the care of this quickly growing segment of the population and be aware of the characteristics of the individuals' ageing which will most likely dominate nursing practice in the 21st century [6]. Nurses' attitudes and knowledge of ageing and old age may have an influence on their expectations regarding their working life and the methods they use to take care of patients of higher age. Due to this reason, comprehensive education is necessary in the areas of gerontology and geriatric nursing [6]. Studies dealing with the attitudes of nursing students, nurses and other healthcare personnel towards the care of older patients find that many of them have a negative attitude towards the elderly [7,8]. Quality of nursing care depends on the positive attitudes of nurses towards patients, whereas negative ageist attitudes may markedly impact the care being provided to older people [9]. Therefore, it is necessary to develop positive attitudes in nurses as well as sufficient education and preparation in meeting the needs of an ageing population, and also approaches necessary for quality care provision [10]. Gaps in this knowledge may lead to misuse, a decrease in older people' quality of life and an increase of anxiety and tension in nurses [11].

Materials and methods

The research aim was to find nurses' attitudes and knowledge of the geriatric age issue and to determine the influence of the selected determinants influencing the nurses' knowledge.

For this research, the design of cross-sectional quantitative study has been selected and it was performed based on a questionnaire survey.

The selection of the respondents' group was intentional. The criterion for the respondent's inclusion into the research sample was having completed the education necessary for performance of the profession of a nurse (in accordance with the Regulation of the Government of the Slovak Republic no. 296/2010 [12]), on professional aptitude for the practice of medicine in the position of nurse and performance of nursing care for seniors. The overall group composed of 100 nurses working in clinic healthcare facilities in the Trnava and Bratislava regions. The selected group of nurses was a representative one because it reflected all the features of the basic group monitored by us. The age composition of the nurses was evenly represented, the highest number was in the age group from 41 to 50 and that was 25%, from 20 to 30 it was 24%, in the age group from 31 to 40 it was 23%, from 51 to 60 it was 22%, and from 60 and older it was 6%. In the research sample, there was prevailing number of nurses with a length of professional practice from 11 to 30 years and that was as much as 50%. In terms of education, 41% of the respondents had a higher professional education, 32% of the respondents had a university education of the 1st degree (BA), 15% had completed secondary vocational education and 12% of them had a university education of the 2nd degree (MA). The data collection took place from October 2015 to January 2016. Even though the group of respondents was not equally distributed, the individual groups were statistically comparable.

We performed the data collection with the help of two methodologies. The nurses' attitudes towards seniors were measured based on the Fraboni Scale of Ageism (FSA), we examined the nurses' knowledge on the issue of geriatric age using the questionnaire of own design. The Fraboni Scale of Ageism was developed by Fraboni et al. in the year 1990 and revised by Rubb et al. in the year 2005. The FSA is derived from Butler's definition of ageism and it is designed for measuring ageist (age-based discrimination) attitudes. It is a measure which tries to capture cognitive, affective and behavioural components of age discrimination. It contains 29 statements. In each of the statements, on the four-point Likert scale the respondent will state the measure of their approval or disapproval, i.e. they may gain from 29 to 116 points. The higher their score is the higher the ageist attitude they have. The FSA makes it possible to measure ageism as a multidimensional construct [13]. The scale went through a language validation in the year 2013, when its original English version was officially translated into the Slovak language by two independent certified translators and adapted to Slovak conditions [14]. In order to verify the nurses' knowledge on the issue of geriatric age, we used the questionnaire of our own design, which was formed by questions about ageing and about specific geriatric syndromes. In the individual questions, first of all we focused on the nurses' ability to define biological, social and psychic ageing, old age, knowledge in the area of changes of individual organ systems, and knowledge of causes regarding occurrence and manifestations of the selected geriatric syndromes: multi-morbidity, immobility, incontinency, dizziness, pain, sleep disorders and dysphagia. In forming the questionnaire we used accessible professional sources: Kalvach et al. [15], Hegyi and Krajčík [16], Holmerová et al. [17], Weber et al. [18]. The questionnaire had the form of a test, in which the nurses could gain a maximum of 20 points (100%),