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# An exploration of the caring attributes and perceptions of work place change among gerontological nursing staff in England, Scotland and China (Hong Kong)

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**Abstract**

This study investigates caring attributes and perceptions of work place change among qualified and unqualified nursing staff working with older people in three countries. A Modified Caring Attributes Questionnaire and Perception of Workplace Change Schedule were administered to 737 staff. Caring attributes scores were highest for nurses working in long stay settings, and lowest in nurses aged 25–29 years. Nurses in Hong Kong appear better educated than UK counterparts. Staff development seemed more common in long stay settings. Results suggest workplace changes limiting care quality were more pronounced in Scotland. Reported job satisfaction and moral were lowest in the UK group.


*Keywords:* Care; Caring attributes; Gerontological nursing; Workplace change

## 1. Introduction

The global population is ageing and many governments have made the care of older people a policy priority (World Health Organisation, 1998). There is a pressing need therefore for nurses and carers to work in health services for older people (Stevens and Crouch, 1992). In the UK gerontological nursing is recognised as a professional priority and yet its realisation is undermined by a myth of the low status of caring attributes which are believed to be central to its practice (Stevens and Crouch, 1995). Within the spectrum of gerontological nursing itself, acute care settings appear to attract a more positive image than long-term care settings (Nolan and Tolson, 2000). The reasons for this are multifaceted. Contributing factors include a legacy of under-resourcing (Heath, 1999), the myth that the health technology common in acute care appeals to more able practitioners, and the negative stereotyping of professionals who work in areas dedicated to the care of older people.

The focus of this article is on nurses who work in institutional settings with older people. These are referred to as acute and continuing care health settings. In the UK acute hospital care for older people is provided in general medical, general surgical, clinical specialty wards, and in wards designated to the care of older people, usually on an age related basis, e.g. 75 years and above. These wards tend to be used for medical assessment and short-term rehabilitation. Over the past decade continuing care for older people, except for a select few with high dependency health needs, has been transferred from National Health Service (NHS) hospitals into the private care home sector. For England

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and Scotland acute care nurses taking part in this survey were from designated elderly medical wards, in Scotland continuing care nurses were working in long stay hospital wards and private sector care homes, whilst in England, all the sample of continuing care nurses was from care homes. In Hong Kong the public sector Hospital Authority provides hospital-based services for the majority of older people needing care. There are some sub-vented nursing homes and private care homes but these constitute a minority and were not included in this study. The nurses sampled worked mainly in designated acute, rehabilitation or continuing care wards of public hospitals. Comparable gerontological nursing contexts exist within the UK and Hong Kong but the staff mix and different culture and language offers the opportunity to explore how nurses care in different environments.

It is important to recognise the marked cultural differences in the support and care of older people between Hong Kong and the UK. For example in China, respect and care of older parents is based on the teachings of Confucious. Filial piety is valued (Pang et al., 2003) and there is a cultural norm of family as the primary source of care and support, although this is now beginning to change as a result of socio-economic factors (Lee, 1999). In contrast to the prized individualism within Western Society, there is a strong emphasis on collectivism (Chen, 2001). Older people in Hong Kong are less likely to express individual need, unless encouraged to do so. Restriction of personal choice and individual action is accepted for the good of the group. Discipline is highly regarded (Lee, 1999). Paternalistic care has been a feature of the Chinese health care system and patients characteristically adopt a passive role in adhering to the 'rules' set by professionals (Lui and MacKenzie, 1999). Change to partnership working however, is being encouraged (Hospital Authority, 1991) cited in Lui and MacKenzie (1999). This study aims to compare and contrast the caring attributes and perceptions of workplace change for the gerontological nursing team working in acute and long-term care settings in three countries, England, Scotland and China (Hong Kong). A caring attribute is a quality or characteristic assigned to a nurse or care assistant, which describes aspects of her/his work within a healthcare context. As will be explained later, this can be distinct from or aligned with personal qualities.

## 2. Background

### 2.1. Workforce issues, status and recruitment

Work with older people is often regarded as an unattractive employment option (Happell, 1999), and the dwindling workforce is set to exacerbate the current situation. In many westernised industrial societies there is a shortfall of qualified nurses, and unqualified staff form the bulk of the often transient workforce in health and social care services for older people (Stevens and Crouch, 1992; Burke and Sherman, 1993; Nazarko, 1995). During the next 5–10 years it is estimated that 25% of qualified, mainly female nurses will retire (Meadows, 2002), and although recruitment to nurse education has increased, it is of concern that significant numbers still do not qualify or take up a career in nursing (Buchan and Seccombe, 2002). Ageism in nursing and negative attitudes to older people are often identified as being at the root of the failure to recruit registered nurses into this specialty. Herdman (2002) argues however, that other powerful social processes are responsible. She cites the influences of popular TV programmes, how nurses make career choices and their interpretations of caring. There is also the risk that potential carers will be drawn to supermarket chains where they can earn higher wages.

Despite this rather gloomy scenario, qualified nurses and care assistants do choose a career in gerontological care, and there are many high calibre nurses who are committed to developing and enhancing practice. Nevertheless it is important to understand what draws nurses and care assistants into gerontological care, in order to meet future workforce needs. How do nurses and care assistants perceive the caring aspects of their role, and to what extent are these influenced by organisational factors within the workplace? Insights such as these would enable employers to plan for training and education and to provide a workplace that is attractive to potential recruits, and encourages them to stay in post. As the workforce skill-mix is biased towards care assistants, the study sample includes both qualified and unqualified staff, who are collectively referred to as the nursing team.

### 2.2. Caring

It is recognised globally that the theoretical foundations of nursing are based on an understanding of caring. Davies (1998, p. 126) defines caring as 'attending physically, mentally and emotionally to the needs of another and giving a commitment to the nurturance, growth and healing of that other'. Davies (1998) divides caring into three types: caregiving by family and friends; carework as performed by often untrained paid carers; and professional care based on a scientifically grounded and thorough training. The focus of this study is on the second two types of care. The concept of caring is integral to gerontological nursing, as its focus is often on hands-on personal care (Stevens and Crouch, 1995). Even so, reports published within the UK imply that staff can be perceived as uncaring (Health Advisory Service 2000, 1998; Age Concern, 1999).