ATTITUDE OF NURSES TOWARDS CARE OF ELDERLY PEOPLE IN TEACHING HOSPITALS OF KATHMANDU VALLEY.

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ABSTRACT

Introduction

Globally, the numbers of elderly population are increasing which is one of the challenges for nurses in health care setting. Nurses' attitude towards elderly people is associated to quality of care they provide.

Objective

To identify attitude of nurses towards care of elderly people in teaching hospitals of Kathmandu valley.

Methodology

A cross sectional research design was used to identify attitude of nurses towards care of elderly people. Proportionate stratified random sampling technique was used to select 450 nurses. Ethical approval was taken from Institutional Review Board of Nepal Health Research Council. Data collection was done from 17th April 2017 to 16th April 2018 by using self-administrative questionnaire on socio-demographic characteristics and Multi-factorial Attitude Questionnaires (MAQ) to measure attitude. Data analysis was done using descriptive and inferential statistics.

Results

The study revealed that 55.3% of respondents had negative attitude and 44.7% had positive attitude towards care of elderly people. There was significant association between age, marital status, studied geriatric nursing and work experiences in nursing with attitudes of nurses. However, there is no association found of ethnicity, religion, type of family, living with elderly, education and currently working with elderly with attitudes of nurses.

Conclusion

From these findings, it is concluded that more than half of the nurses had negative attitude towards care of elderly. Gerontological nursing course plays significant role in the attitude of nurses. Therefore, it should be given continuity in all level of nursing education for providing quality care of elderly people.

KEYWORDS

Attitude, elderly, nurses, care, teaching hospital

INTRODUCTION

Old age is a natural aspect of life, a process that begins from the time of birth. As the age advances, there is decline in physical function of the elderly which leads to loss of independency and increase susceptibility to health problem.[1] The number of people in the world aged 60 and above is expected to grow by 56 percent, from 901 million to 1.4 billion between 2015 and 2030, and by 2050 the global figure of older people is projected to be more than double in its size in 2015; reaching nearly 2.1 billion and 80% of them will be residing in developing countries where the ageing population is growing faster than in the developed regions.[2] In Nepal, the elderly population accounts for about 8.1 percent of the total population.[3] The elderly population aged 60 and above, has increased at an annual growth rate of 3.39% while the general population has increased at an annual growth rate of 1.35% in the period between 1981 and 2011.[4] Due to this growing population of elderly, there will be a greater demand for nursing care because elder people have more hospitalization days and use the largest portion of health services.[5]

Attitude is the expression of one's beliefs, feelings, and experiences about an object or concept, and they are reflected through cognition and affection and influence one's behavior. It is a disposition to respond favorably or unfavorably to an object, person, or event.[6] A negative attitude towards ageing is associated to low quality of care thereby affecting quality of life of elderly people.[7] Thus, understanding nurses' attitudes towards elderly people and attitude towards working with elderly patients are becoming important.[8]

Furthermore, it is found that the quality of care is influenced by the attitudes of health care workers towards elderly people.[9] This attitude may be affected by personal experiences with elderly people or either the role of education can have a positive or negative influence on nurses' attitudes.[10] A study conducted in Nigeria showed that nurses had good knowledge on geriatric care though they had negative attitude towards the care of the elderly. The study also identified some of the causes of the poor attitude, and these included poor staffing, difficulty in caring for the elderly and behavioral changes in the elderly.[11]

The quality of care provided for older people was related to attitudes of health care professionals. Negative attitudes towards older people can adversely affect the quality of care provided. Thus, it is important that health personnel need to approach the care of older people with a positive attitude.[12] If nurses have a poor attitude toward older adults, this can adversely affect the care provided and the ability to staff an aged care workforce. Such concerns will arise in many folds in the coming decades given the current rate of ageing population growth.[5] Therefore, evaluating nurses' attitude towards aging is essential to increase the number of nurses who desire to work with elderly population. Hence, there is an urgent need to identify the status and factors of attitude of Nepalese nurses towards the care of elderly people. This research proposes to measure the attitude of nurses in providing care to elderly people and its associating factors.

METHODOLOGY

A cross-sectional research design was used to identify the attitude of nurses towards care of elderly people in teaching hospitals of Kathmandu valley. The study population consisted of 450 nurses who had completed at least six months of work experience and was conducted in eight teaching hospitals (Tribhuvan University Teaching hospital (TUTH), Manmohan Cardio Thoracic Vascular and Transplantation Centre (MCTVT), Kist Medical College and Hospital (KIST), Shree Birendra Hospital (SBH), Nepal Medical College (NMC), Kathmandu Medical College (KMC), National Academy of Medical Science (NAMS), and Patan Academy of Health Sciences (PAHS) of Kathmandu valley which was selected as purposively.

The sample size was calculated by using the formula: $n_o = [(z^2pq) + ME^2]/ [ME^2 + z^2pq/N]$, where, Z = 1.96 for 95% confidence level, p = 50% from conventional method, q=1-p, ME (Margin of error) = 5%, n_o= Sample Size and N= Population Size (2136 nurses). The required sample size was 326 nurses for 95% confidence level. Allowing non-response error, the following formula was used: $n' = n_o + 10\%$ of n_o. Therefore, the sample was 359 nurses. Thereafter, the precise sample was calculated for maintaining the power of test by using this formula: $N_o = n'/0.8$. Finally, the sample size was 449 nurses. The proportionate stratified random sampling technique was used to divide the population into eight strata of teaching hospital. Further calculated sample from strata was selected by using convenience sampling technique. The strata sample size was determined by using following equation[13] $n_h = n/N$, where n_h: Sample size for stratum h, N: total population size and n: Sample Size. Here, sampling fraction is 0.21. Therefore, the sample size of each was: All the teaching hospital of Kathmandu valley.

The instruments used in this study were composed of two parts. Part I was related to structured questionnaire on socio-demographic and other variables of nurses. Part II consisted of attitude related questionnaires which was adopted standard tool namely, "Multi-factorial Attitudes Questionnaires (MAQ)". The tool was developed by Dr. Angela Kydd (1999) to identify the attitude of nurses towards the care of elderly people. The MAQ included 20 statements. For each statement, participant was required to respond on a five-point Likert scale: 1= strongly agree; 2= agree, 3= unsure; 4 = disagree; 5 = strongly disagree. Seven of the 20 statements were positive and remaining 13 were negative statements. The negative score was reversed, so that higher score for each statement indicates positive attitude versus a lower score indicates negative attitude. A total MAQ score ranging from 20 to 100 was obtained by adding all the scores from the 20 statements. After completing the Likert scale questionnaire, all the responses were further divided into two categories negative and positive for its analysis purpose. Agree and strongly agree responses were categorized as positive attitude and scored 1 and strongly disagree, disagree and unsure were categorized as negative attitude and scored zero.

The validity of the instrument was established by reviewing the related literatures and consulting with subject experts. The MAQ was translated into Nepali language following the procedure by Panthee et al.[14] First, the questionnaire was translated from English into Nepalese by two independent translators and the back-translated by the translators who were unaware of the original items of MAQ. The back-translated questionnaire was compared to the original English version by the authors. In the evaluation of those two versions, it was found the similar meaning with the original one. Thus, final Nepali version was established and pretested with 10 % of the total sample in similar population before finalizing the instrument. Cronbach's alpha was tested for ensuring internal consistency and 0.70 was acceptable. In this present study the Cronbach alpha was 0.72.

Written permission was taken from the author for using MAQ. Ethical clearance was taken from Nepal Health Research Council (NHRC), National Academy of Health Sciences (NAMS) and Patan Academy of Health Sciences (PAHS). Data was collected using self–administrative questionnaire in Nepali version from 17th April 2017 to 16th April 2018. The researcher introduced herself and explained the purpose, significance of the study and provided clear instructions about answering the questions to the participants (nurses). Informed written consent was taken from each participant prior to the distribution of questionnaires. The questionnaires were distributed to 450 nurses and filled questionnaire was collected by researcher herself after one week of distribution. The data was checked by the researcher to ensure that the questionnaire was properly done. Anonymity of the respondents was maintained by using code number and not revealing the individual identity in the report findings.

Data cleaning and analysis was done by using Statistical Package of Social Science (SPSS) software version 16. Descriptive statistical methods such as frequency, percentage, mean, and standard deviation was used to assess socio-demographic variables and attitude towards care of older people among nurses of teaching hospitals. Inferential Statistics method such as chi-square test was used at 5% level of significance to analyze the association between socio-demographic characteristics and attitude of nurses towards care of elderly people in teaching hospitals.

RESULTS

In this study, the sample consisted of 450 nurses with aged range of 20-59 years. The majority (62.9%) of the respondents were between ages of 20-29 years. The mean age of the respondents was 30.04 years with standard deviation of 8.39. Regarding ethnicity, one third (33.1%) of the respondents was Newar. Likewise, most (90.4%) of the respondents were believed in Hindu religion. Regarding marital status, more than half (58.4%) of the respondents were married and nearly half (49.6%) of the respondents were lived in joint family. Similarly, more than half (58.9%) of the respondents had an elderly person living with them. Regarding education, majority (44.2%) of the respondents had persuaded

bachelors' level and nearly two thirds 62.2% (n=280) had studied geriatrics nursing in different level of their education. Among 280 respondents, 69.3% (n=194) had studied geriatric nursing in their bachelor's degree. Among 450 respondents, half (50%) of the respondents were currently working with elderly people at their workplace. Likewise, more than half (52%) of the respondents had more than 5 years of working experience.

Nurses' attitude towards care of elderly people was measured by Multi factorial Attitude Questionnaires (MAQ). The present study showed that more than half (55.3%) of the respondents (nurses) demonstrated negative attitude towards care of elderly people, whereas less than half (44.7%) of the respondents had positive attitude.

Regarding association between socio-demographic characteristics and attitude of nurses towards elderly care, there was significant association between age, marital status, studied geriatric nursing and work experiences in nursing with attitudes of nurses. However, there was no significant association found of ethnicity, religion, type of family, living with elderly people and currently working with elderly with attitudes of nurses.

Table 1: Respondents' Socio-demographic Characteristics: Age, Ethnicity, Religion, Marital Status, Types of family & Elderly People in Home   N=450

Characteristics	Frequency	Percent
Age in years		
20 – 29	283	62.9
30 – 39	106	23.6
40 - 49	32	7.1
50 -59	29	6.4
Mean ± SD	30.04 ± 8.396	
Ethnicity		
Newar	149	33.1
Brahmin	142	31.6
Chhetri	112	24.9
Others[a]	47	10.4
Religion		
Hindu	407	90.4
Buddhist	33	7.4
Others[b]	10	2.2
Marital status		
Married	263	58.4
Unmarried	187	41.6
Type of Family		
Joint family	223	49.6
Nuclear family	219	48.7
Extended family	8	1.7
Elderly people in home		
Yes	265	58.9
No	185	41.1

Note: [a]Gurung, Rai, Sherpa, Giri and Madhesi; [b] Christian, Muslim,

Table 2: Respondents' Level of Educational, Studied Geriatrics Nursing, Work Experience and Currently Working with Elderly   N=450

Characteristics	Frequency	Percent
Level of Education		
PCL Nursing	161	35.8
BN/BNS	199	44.2
B.Sc. Nursing	69	15.3
Master's in nursing	21	4.7
Studied geriatrics nursing		
Yes	280	62.2
No	170	37.8
If yes, in which level (n=280)		
Certificate	39	13.9
Bachelors	194	69.3
Masters	47	16.8
Working experience in nursing		
Up to 5 years	216	48.0
More than 5 years	234	52.0
Currently working with elderly		
Yes	225	50.0
No	225	50.0

Table 3: Attitude among the Respondents   N=450

Attitude	Number	Percent
Positive	201	44.7
Negative	249	55.3

Table 3 reveals that among the 450 nurses, the respondents 201 (44.7%) had positive attitude and the number of respondents 249 (55.3%) had negative attitude towards elderly care.

Table 4: Association between Socio-demographic Characteristics and Attitude of Nurses N =450

Socio-demographic Variables	Negative n	Negative %	Positive n	Positive %	Chi-square value	p value
Age						
Young adulthood	181	46.5	208	53.5	4.029	**0.045***
Middle adulthood	20	32.8	41	67.2		
Ethnicity						
Brahmin/Chhetri	110	43.3	144	56.7	0.436	0.509
Janajati and Others	91	46.4	105	53.6		
Religion						
Hindu	186	45.7	221	54.3	1.841	0.175
Buddhist and others	15	34.9	28	65.1		
Marital Status						
Married	105	39.9	158	60.1	5.76	**0.016***
Unmarried	96	51.3	91	48.7		
Type of Family						
Nuclear family	101	46.1	118	53.9	0.364	0.546
Joint and extended family	100	43.3	131	56.7		
Living with elderly people						
Yes	109	41.1	156	58.9	3.258	0.071
No	92	49.7	93	50.3		
Education						
PCL nursing	78	48.4	83	51.6	1.45	0.229
Bachelors and others	123	42.6	166	57.4		
Studied geriatrics nursing						
Yes	112	40.0	168	60.0	6.531	**0.011***
No	89	52.4	81	47.6		
Work experiences in nursing						
0-5 years	110	50.7	107	49.3	6.155	**0.013***
above 5 years	91	39.1	142	60.9		
Currently working with elderly						
Yes	103	45.8	122	54.2	0.225	0.635
No	96	43.6	127	56.4		

Note: *Significant at 5% level of significance*

DISCUSSION

This study aimed to identify the attitude of nurses towards care of elderly people in Teaching hospital of Kathmandu valley. Nurses' attitude towards care of elderly people was measured by Multi factorial Attitude Questionnaires (MAQ). The present study revealed that among 450 nurses more than half (55.3%) of the respondents had negative attitude towards care of elderly people. This study finding is slightly higher compared with study done in Chitwan Medical College (CMC), Nepal[15] that revealed nearly half (49.7%) of the nurses had positive attitudes, by using Kogan's tool to measure attitude towards elderly.

Although the eastern society has the tradition of caring their dependent elderly family members, which is being handed over the generations, there is huge respect in caring the elderly people. However, as the society is being more westernized day by day younger generations are being busier in their lives; lacking the concern for their elderly which affected their attitude towards the elderly people. Another supportive finding was obtained in a study done in Iran[16] which revealed more than half (54.3%) nurses had negative attitude towards elderly. The contrast finding was suggested by the study done in Saudi Arabia[17] among 300 nurses, which revealed that only 5% of nurses had negative attitude whereas rest had neutral (30%) and positive attitude (65%). The study rationalises the finding as a cause that majority of nurses were female who are culturally pivotal in taking care of every member of family including elderly in Arabian countries. This result might be due to the marital status of the respondents as more than half of them were married. They had to take their professional as well as personal life together which might had created such attitude towards the elderly, as they are hard to look after and need more patience. High level of commitment must be required for caring the elderly with positive attitude.

This study showed that there was significant association between age, marital status, studied geriatric nursing and work experiences in nursing with attitudes of nurses towards care of elderly. Previous literature stated nursing curriculum has an important role in either cultivating or changing to positive toward elderly people and affecting their work choice.[17] This study also revealed that the nurses who studied geriatric nursing in their curriculum had significant positive attitude (χ^2= 6.531, p = 0.011) than the nurses who did not study geriatric nursing course in their curriculum. Similar findings were revealed by the study done in Saudi Arabia[17] which shows that there was positive relationship between studied geriatric course and attitude of nurses (r=.137, p=.017)and no association was noted with other variables. This study finding shows similar result with a study conducted among 230 nurses of public hospital of Iran[16] displayed significant mean difference (t=1.94, p value <0.04) between age, marital status, work experience and ward type and attitude towards elderly. However, in a study conducted in Chitwan Medical College (CMC), Nepal[15] has shown no association between any socio-demographic variables and attitude. Likewise, a study regarding perception knowledge and attitude of nursing students of Nigeria[19] has revealed no statistically significant association with attitude towards care of elderly. The present study also revealed that the nurses who had studied geriatric nursing course in their curriculum had positive attitude towards elderly people.

It has been recommended that quality care of the elderly needs some special geriatric nursing course-based training, adequate staffing with some work experience to reduce stress and improve quality of care. There is need for conducting education on geriatric nursing to quality nursing practice in the care of elderly. If nurses are provided with the related education, they can deliver quality of care and develop positive attitudes in caring for elderly people in their professional practice.[20] Thus, positive attitude is important to provide quality care to the elderly and for it the education plays an important role.

CONCLUSION

Based on the findings of the study, it is concluded that more than half of the respondents had negative attitude towards the care of elderly people. Gerontological nursing plays important role in early formation of attitude towards care of elderly. Similarly, the registered nurses also act as the clinical role models for the student nurses whose attitude towards elderly care must also be given priority as they could also shape the attitude of the next generation of nurses.

RECOMMENDATIONS

Based on the findings of the study, following recommendations are made: The study should be replicated to larger sample and in different setting to generalize the findings. And there is a need to conduct a comparative study between the nurses who had studied geriatric nursing in their curriculum and who did not have studied geriatric nursing in their curriculum. Refreshing course/Training/workshops should be conducted periodically for nurses to increase awareness in importance of nurses' role in providing quality care to the elderly. Further qualitative study can be done to explore the factors affecting the attitudes of the nurses in elderly care.

LIMITATION OF THE STUDY

The study used convenience sampling technique so sample bias may occur. Similarly, the study was conducted by using self-administered questionnaire and respondents had one week to respond the questionnaire thus the study may have chance to communicate with each other to respond the questionnaires there might be response bias.

ACKNOWLEDGEMENT

FINANCIAL DISCLOSURE

CONFLICT OF INTEREST

There was no any conflict of interest to declare.

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