

Views and attitudes of nursing students towards ageing and older patients

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KEY WORDS

Older patient, nursing student, ageing, attitudes

ABSTRACT

Objective

The objective of this study was to determine the views and attitudes of nursing students towards ageing and older patients.

Design

A qualitative approach with semi-structured interviews was used in this study.

Setting

Participants were selected from the students of a nursing school in Ankara, Turkey.

Subjects

Five focus group discussions were held with 42 students of a nursing school. The sample for this study was selected from second-year bachelour of science, nursing (BSN) students. All of the participants were female with a mean age of 21.09 ± 0.97 .

Results

According to the results of this study, 42.8% of the participants had cared for an average of 7.46 ± 4.57 older patients in hospital settings or homes for the aged. Results of this study showed more than half of the participants had negative views about ageing, but the majority of participants reported they behaved positively towards older patients and were sensitive whilst caring for them. Most of the participants indicated they had communication problems with their older patients.

Conclusions

This study demonstrates similarities with other international studies exploring nursing students' attitudes towards older people (Lambrinou et al 2009; Wang et al 2009; Burbank et al 2006; Hweidi and Al-Obeisat 2006; McKinlay and Cowan 2003). This study was the first reported research undertaken in Turkey, related to views and attitudes of nursing students about ageing. This study will offer an insight into new studies and educational programs about ageing.

INTRODUCTION

The percentage of the older population is gradually increasing in Turkey and throughout the world due to a number of important factors such as developments in science, technology and decreasing birth and mortality rates (Erdil et al 2006; Tuohy 2003). According to data from the United Nations Population Division (2008), the percentage of older people in the total population was 15.3 % in 2005 and by 2025 is estimated to represent 20.8% of the total population in developed countries. Whereas the percentage of people over the age of 65 in Turkey in 2007 was 6.8%, and by 2025 is estimated to represent 9.9% of the total population (TUIK 2009).

The decline in overall function of people worldwide as they age, may result in worsening chronic diseases, culminating in the loss of various life activities (Erdil et al 2006; Lovell 2006; Tuohy 2003; Happell 2002). It is clear the care of older people globally is an important issue, and the need for governments to adequately prepare nurses to care for the growing number of older adults is crucial (Aud et al 2006; Burbank et al 2006; Erdil et al 2006; Hancock et al 2006).

Nurses, as part of the interdisciplinary team, have a pivotal role as providers of care for older people and are in a unique position to influence the quality of care (Hweidi and Al-Obeisat 2006). The quality of care provided for older people is directly related to the attitudes of the nurses, physicians, medical and nursing students who care for them (Hweidi and Al-Obeisat 2006; Jacelon 2002). Because today's students are tomorrow's health care professionals, the development and cultivation of positive attitudes towards ageing and older people is crucial.

Studies investigating nursing students' attitudes towards older people have reported conflicting findings. Some studies have reported that nursing students have positive attitudes towards older patients (Lambrinou et al 2009; Wang et al 2009; Burbank et al 2006; Hweidi and Al-Obeisat 2006; McKinlay and Cowan 2003) however, other studies

(Aud et al 2006; Happell 2002; Söderhamn et al 2001) have shown that nursing students have negative attitudes towards older patients. In studies, negative attitudes of nursing students were shown to be based on myths and stereotypes about older people (passive, frustrating, boring, fragile, depressed, lonely and useless) (Aud et al 2006; Happell and Broker 2001). These negative attitudes can lead to ageism, a process of stereotyping and discriminating against older people (Kearney et al 2000). One result of such attitudes is that many nursing students do not choose to work with older adults following graduation (McLafferty and Morrison 2004). Positive clinical experiences with older adults and instructors with positive attitudes towards older adults strongly influence nursing students' attitudes and interests (Fitzpatrick et al 2004; Wells et al 2004; Fitzgerald et al 2003).

This the first known study carried out in Turkey, regarding nursing students' views and attitudes of ageing and older patient care. Results of this study will be used by nurse instructors to plan and implement innovative and evidence-based learning experiences regarding the care of older patients in nursing schools and hospitals. The results hope to add valuable information concerning this important issue in a developing European-Asian country.

METHODS

A qualitative approach with semi-structured interviews was used in this study. Participants were selected from the students of a nursing school in Ankara, Turkey. The aim of this study was to determine the views and attitudes of the nursing students towards ageing and older patients. At the time this study was conducted, ninety-one BNS students in their second school year were asked to participate. The study's purpose was explained, and 42 (46.1%) nursing students voluntarily agreed to participate. Ageing and care of older patients are taught as subtopics of the medical-surgical courses. These courses are introduced to nursing students in the second year. The necessary written approval was

obtained from the administration department of the nursing school prior to this study. The researchers also obtained permission and informed consent from the participants. This was done according to the guidelines presented in the Declaration of Helsinki.

After reviewing the literature, a data collection tool was designed to use in five focus group discussions. Dates and times were arranged for interviews, and all focus group discussions were held in an appropriate room in a hospital. Before beginning the focus group discussions, participants gathered in a room and were placed around a table facing each other, and the aim of the study was explained to them. Participants were assigned a number to be used instead of names and all discussions were tape-recorded. Data was also gathered by the use of a questionnaire. The questions were tested for structure and clarity by the investigators in a pilot study with three informants. The results of the pilot study were not included in the results of this study.

Each group included 7-10 participants, and each group's interview lasted an average of 40 minutes. Discussions were open-ended and talk ranged widely over each topic. The researchers ensured that each question on the data collection schedule was adequately addressed. Transcribed data from the focus groups were validated through discussion between the focus group moderator and the investigator, who acted as recorder and also kept field notes. The tapes and notes were stored in a locked cupboard. The first and second authors of the study had the key and thus the only access to the tapes and the notes. All material associated with the study will be destroyed after five years when the data will be invalid.

Content analysis was used for the obtained data. The units of analysis for this study were words or concepts, themes, and numbers of subjects who described the same concept or themes. Transcribed data from the focus group discussions were grouped by themes and concepts, and then the statements of the participants were coded numerically according to these groups. The main purpose of grouping and coding was to ease data analysis. Obtained data were evaluated

by frequency and percentages using the Statistical Package for Social Sciences for Windows 11.

FINDINGS

In this study, all of the participants were female with a mean age of 21.09 ± 0.97 , and 42.8% of the participants had cared for an average of 7.46 ± 4.57 older patients in hospital settings or homes for the aged. Half of the participants were co-habiting with older adults. For example, some were living with their grandmothers (66.6%), grandparents and grandfathers (19.2% and 14.2%, respectively).

Six descriptive themes emerged from the data of this study: (1) the meaning of ageing, (2) views about ageing, (3) problems experienced, (4) attitudes of the nursing students, (5) knowledge and skills needed for care, and (6) work setting or area after graduation.

Theme one: the meaning of ageing

Half of the participants stated that ageing is a changing process from anabolism to catabolism, cellular ageing and dying (table 1).

Table 1: the meaning of ageing according to the nursing students (n:42)

Meaning of ageing	n*	%
Changing from anabolism to catabolism, cellular ageing, dying	21	50.0
Sickness	8	19.0
Increase in negative thoughts	7	16.6
Childlike behavior	6	14.3
Increase in care requirements	5	11.9
Loneliness	3	7.1
Cognitive decline/changes	2	4.8
Increase in knowledge	2	4.8
Process	2	4.8
Others**	3	7.1

* Participants gave more than one answer.

** Waiting for death, loss, and regret because of the past.

The following are examples of responses from participants about ageing: 'Ageing is to be the eldest person at home, to be an adviser', 'Ageing is a preparation period for death', 'Ageing is to feel regrets due to some mistakes done in the past and trying to make up for them'.

Theme two: views about ageing

Table 2 shows the views of the participants related to ageing and indicates that 23.8% of participants saw ageing as becoming dependent.

Table 2: the views of the nursing students about ageing (n:42)

Views	n*	%
To be dependent upon someone	10	23.8
To have more experiences	8	19.0
To be in a miserable state	5	11.9
To be finished with all things (marriage, birth, duties)	4	9.5
To be lonely	4	9.5
To be a humorous, funny person	4	9.5
To be childlike	3	7.1
To have chronic disease/diseases	3	7.1
To be losing hope	3	7.1
To be in a productive period (cognitive)	2	4.8

* Participants gave more than one answer.

Some examples of responses from participants' on their views about ageing: 'Older people cut themselves off from the world and worldly things', 'My children will look after me as I looked after my parents', 'Ageing is regression to infancy, but they are not lovely babies'.

Theme three: problems experienced

A majority of the participants (n=35; 83.3 %) stated they had problems with their older patients. Communication problems due to mental, visual and hearing impairments and chronic diseases of the older patients were experienced by 38 % (n:16) of the participants. Furthermore, 42.8 % (n:18) of the participants had problems while giving instructions to their older patients. The participants had to repeat instructions mostly because of patients' forgetfulness. The following are examples of participants' responses about their experienced problems in caring for older patients: 'There was a patient, and she did not permit me to care for her, and she yelled at me', 'Older patients have communication problems, so we can not obtain the right data about them'.

Theme four: attitudes of the nursing students

A majority of participants (66.6%) stated they were patient, cheerful and sensitive whilst caring for older patients (table 3).

Table 3: the attitudes of the nursing students towards older patients (n:42)

Attitudes	n*	%
To be patient, cheerful and sensitive	28	66.6
To empathise	11	26.2
To spend more time with them	6	14.3
To be sorry for them	5	11.9
To not discriminate	2	4.8

* Participants gave more than one answer.

The following are examples of participants' attitudes while they were caring for the older patients: 'I am careful while caring for them because they are fragile psychologically and physically', 'I always do everything for them when they are unable to do it'.

Theme five: knowledge and skills needed for care

In table 4, participants agreed they needed to be knowledgeable about the physical and psychological changes of ageing, chronic diseases, and communication techniques.

Table 4: the views of the nursing students about the knowledge and skills needed to care for older patients (n: 42)

Views	n*	%
Knowledge		
Physical changes in elderly	14	33.3
Psychological changes in elderly	8	19.0
Communication techniques	7	16.6
Chronic diseases	4	9.5
Skills		
To empathise	7	16.6
To educate	4	9.5
To assess	4	9.5

* Participants gave more than one answer.

The following are participant responses regarding their views about the knowledge and skills needed in the care of older patients: 'We must use body language carefully so we will not be misunderstood

by our older patients'. Another participant stated: 'Older adults can be invited to the class to share their experiences. If it is not possible, you can show videos about older adults'.

Theme six: work setting or area after graduation

A majority of the participants (n=26; 61.9%) stated they would like to work in geriatric settings after their graduation. They specifically stated they wanted to specialise in geriatrics and gerontology. The following is a participant's response regarding their view about the type of patient categories they would like to care for after graduation: 'I prefer to work with older patients, because they need more care'.

The findings from this study have some limitations. It was conducted in only one school in Turkey with a small sampling of second year nursing students. The results of this study cannot be generalised to all nursing students.

DISCUSSION

A majority of nursing students participating in this study reported positive attitudes; this reflects Turkish society's as having a more positive view of older adults. This is supported by other studies from eastern cultures (Wang et al 2009; Hweidi and Al-Obeisat 2006). Traditionally, Turkish people view older adults as a source of wisdom and guidance based on their varied life experiences. Religious and cultural norms and traditions also encourage and support the contributions made to society by older people. Furthermore, older people usually remain with their children and other family members until death with care usually being given by the family no matter how seriously ill or disabled their aged relative may be. Feelings of guilt prevent most people from moving their aged parents to a nursing home or other such aged care facility, even though they believe that their parents may be given better care there (Bilir 2006; Cankurtaran et al 2006; Celik and Celik 2002). Nevertheless, Turkish society has undergone many social changes in recent years. Many more women are now working outside the home and the development of the nuclear family has impacted people's attitudes toward older people. In addition,

factors such as religion, cultural norms, traditions and social changes can also affect students' thoughts, feelings and attitudes about ageing (Hweidi and Al-Obeisat 2006; McLafferty 2005; McKinlay and Cowan 2003).

More than half the participants in this study had negative views about ageing and almost half of them defined ageing as a negative process (table 1, table 2). The majority stated that they behaved positively towards older patients (table 3). The participants' negative views about ageing may have stemmed from the reality that the majority of older Turkish persons' lived inactive and unproductive lives after their retirement. In addition, the participants' negative views may have arisen because some of their older patients had refused nursing interventions offered by the study participants and had sometimes yelled at participants when they had been trying to provide care for them. More than half of the participants have lived or are presently living with older relatives. This fact may have also influenced their personal experiences about older patients and the formation of negative attitudes. A similar study performed by Tuohy (2003) found that overall the students exhibited positive attitudes towards older people and in general valued them. In the same study, one student stated "Touch can be good... just let them know you're there and supportive of their problems" (Tuohy 2003 p22). Hweidi and Al-Obeisat (2006) indicated nursing students displayed marginally positive attitudes towards older people. The findings of these two studies (Hweidi and Al-Obeisat 2006; Tuohy 2003) were similar to those in the study.

The findings from this study, shows that most of the participants may have had problems while caring for older patients because the older patients had refused nursing interventions such as the measurement of arterial blood pressure, the administration of injections, or aspects related to personal hygiene. The main reason why the older patients refused the care of the participants is the fear the participants might make a mistake in providing the care needed. In a study by Happell (2002), nursing students stated "working with older people was boring, frustrating,

and depressing” (Happell 2002 p532). Several students in another study by McLafferty and Morrison (2004) reported that elder care did not seem to be more than basic nursing care and described the work as “really dull and full of commodes” (McLafferty and Morrison 2004 p450) These two studies’ findings were similar to those in this study.

In this study, more than half of the participants who care for older patients stated they could work in geriatric settings after their graduation. Conversely, Hweidi and Al-Obeisat’s (2006) study found a majority of the participants (62.2%) preferred not to work with older people after graduation.

Most of the participants in this study agreed nurses caring for older patients need to be knowledgeable about the physical and psychological changes of ageing (table 4). The type and amount of geriatric and gerontological content in nursing curricula in Turkey is inadequate (Akin et al 2001). Generally, gerontology content is taught as a subtopic of other courses (medical, surgical, community health), and nursing students obtain clinical experiences about older patients care through hospital rotations and in aged care homes and primary health care facilities (Akin et al 2001). Lack of leadership and role modelling, together with under-resourced physical environments and inadequate education were significant barriers to integrating gerontological content into baccalaureate nursing curriculum (McLafferty 2005; McKinlay and Cowan 2003; Akin et al 2001). The unfortunate result of inadequate gerontological content in nursing curriculum, lack of leadership and role modeling and under-resourced physical environments is that after graduation, nursing students can be inexperienced and uninformed about geriatrics and gerontology.

CONCLUSION

This study was the first reported study in Turkey related to views and attitudes of nursing students about ageing. This study will offer an insight into new studies and educational programs about ageing. Further research is needed to more clearly identify Turkish nursing students’ attitudes by replicating this study, using a random and larger sample size to

improve the external validity of the findings. It is also recommended that it may be useful to study nursing faculty members’ attitudes towards older patients since their attitudes have been found in studies to affect their students’ attitudes (McLafferty 2005; Akin et al 2001). More emphasis on gerontological curricula and training in BSN programs are strongly needed. Nurse educators should consider restructuring nursing curricula in Turkey so that integration of aspects related to nursing older people takes place early in the BSN program.

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