

HOSTED BY



Contents lists available at ScienceDirect

International Journal of Nursing Sciences

journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>

Original Article

Assessing attitudes toward elderly among nurses working in the city of Ilam

Mohamadreza Mansouri Arani ^a, Sanaz Aazami ^b, Milad Azami ^c, Milad Borji ^{b,*}^a Phd Candidate in Nursing Education, School of Nursing & Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran^b Department of Nursing, Faculty of Nursing and Midwifery, Ilam University of Medical Science, Ilam, Iran^c Student Research Committee, Ilam University of Medical Science, Ilam, Iran

ARTICLE INFO

Article history:

Received 21 April 2016

Received in revised form

7 May 2017

Accepted 23 June 2017

Available online 24 June 2017

Keywords:

Aged

Attitude of health personnel

Health knowledge

Nurses

ABSTRACT

Objective: Several factors affect the quality of care in the elderly, such as nurses' attitudes. This study aimed to assess nurses' attitude toward elderly in the city of Ilam.**Method:** This cross-sectional study was conducted among 230 nurses working at public hospitals in the city of Ilam. Participants were selected using simple random sampling from the list of staff. The Kogan's attitude questionnaire was used to measure nurses' attitudes toward the elderly.**Results:** The mean age of respondents in this study was 32.65 (SD = 7.67), and the score of attitudes toward the elderly was 144.96 (SD = 51.75) in average. More than half (54.3%) of the nurses had negative attitudes toward the elderly. The results of ANOVA analysis showed significant differences ($P < 0.05$) were observed in the attitudes toward the elderly among the nurses as their ages, marital status, work experiences, and ward types differed.**Conclusion:** In conclusion, nurses in this study have marginally negative attitudes toward the elderly. Therefore, promoting nurses' attitudes toward the elderly is important to provide high-quality care.© 2017 Chinese Nursing Association. Production and hosting by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

In the early 20th century, the population pyramid of many countries was triangular. However, it shifted to a constrictive shape due to the decline in fertility, as well as mortality rate and development of science and technology. These changes indicated ageing of the population [1]. Ageing refers to the decline in the number of children and young increase in the number of population more than 65 years old.

Ageing is a biological process that is experienced by all organisms, including human beings. Advancing age is not a disease but is a natural phenomenon that everyone goes through. Ageing is a natural process in which physiological and psychological changes happen in the body [2]. The phenomenon of population ageing accounts as one of the big economic, social, and health challenges in the 21st century [3]. Elderly population growth rate is higher in developing countries than in developed countries. Currently, more

than half of the world's elderly population live in developing countries [4].

According to Iran's demographic statistics, the elderly comprised 6.25% of the total population in 1956 and reached 7.2% in 2006. In addition, the elderly population is projected to reach 25,912,000 (24.62%) in 2050 [5,6]. Therefore, population ageing in the current century is progressing to a public health issue. Prolonging human life is not the only focus of science but also enhancing the quality of health [7]. Ageing is accompanied with several changes in shape and function of internal and external organs, which may lead to impaired adaptation to environments in the elderly. Therefore, considering the needs and problems of the elderly is an important social issue [8,9]. The importance of quality of life in the elderly is highlighted because everyone has the right to experience healthy ageing [10].

One of the barriers in providing quality services to the elderly is negative attitudes and stereotyping, which in turn adversely affect healthcare outcomes and decrease efficiency of the services [11]. Negative attitudes toward the elderly is not only limited to the public; healthcare providers are vulnerable to developing such attitudes as well. Healthcare providers are in frequent contact with the elderly and their problems [12]. Previous studies have shown

* Corresponding author. Department of Nursing, Faculty of Nursing and Midwifery, Ilam University of Medical science, Banganjab, Ilam, Iran.

E-mail address: borji_milad@yahoo.com (M. Borji).

Peer review under responsibility of Chinese Nursing Association.

that awareness and effort to change negative attitudes, beliefs, and stereotypes toward the elderly have significantly improved the quality of elderly care [13–15]. The ageing population and importance of nurses' attitudes toward the elderly led us to conduct this study. Our aim was to assess attitudes toward the elderly among nurses working in the city of Ilam.

2. Methods

This cross-sectional study was conducted among 230 nurses working in public hospitals in Ilam. The ethics committee of Ilam University of Medical Science approved this study. Respondents were recruited using simple random sampling from a list of staff and signed the written consent form prior to filling up anonymous questionnaires. They were informed about the aim, benefits, and potential risk factors of the study and about their right to withdraw at any stage without serious consequences. Data collection was conducted using a two-part questionnaire. The first part contained 11 items about socio-demographic characteristics, passing an educational course on the elderly, living arrangement, parents' age, and existence of elderly in their home. The second part measured nurses' knowledge, attitudes, and experience in elderly care using the Iranian version of Kogan's [16] attitude questionnaire. This questionnaire is composed of 34 items with a six-point scale, ranging from 1 = strongly disagree to 6 = strongly agree. Seventeen items were positive and the remainder was negative. The negative items were reverse scored, and then the total score was calculated by summing up all of the responses. The total score ranged between 34 and 204; a high score meant highly positive attitudes toward the elderly [17]. The score of attitudes toward the elderly was dichotomized using the mean score as the cutoff point. That is to say, nurses who scored below the mean score were coded as 1 = negative attitude, and those who scored above it were coded as 0 = positive attitude. Rejeh et al. [18] translated Kogan's questionnaire to Persian and confirmed the validity and internal consistency of the scale. Cronbach's Alpha was reported at 0.86 and 0.83 for the positive and negative items, respectively. Data analysis was conducted using SPSS version 21. Data were analyzed using descriptive statistics, independent sample *t*-test, paired sample *t*-test, and ANOVA.

3. Results

Respondents in this study were aged 32.65 ± 7.67 years old and have worked 10.4 ± 8.2 years in average. More than half (52.6%) of them were female and 64.8% were married. Moreover, majority (85.7%) of the respondents were local nurses (Table 1). Significant difference was observed between attitudes toward the elderly and age ($t = 11.72$, $r = 0.22$, $P < 0.001$), as well as work experience ($t = 11.72$, $r = 0.28$, $P < 0.001$).

The mean score of attitudes toward the elderly was 144.96 ± 51.75 (possible range of 104–204). Our results showed that 54.3% of nurses had negative attitudes toward the elderly, whereas 45.7% had positive attitudes (Table 1). The results of ANOVA showed significant difference ($P < 0.05$) between attitudes toward the elderly and age, marital status, work experiences, and ward type.

4. Discussion

This study aimed at assessing nurses' attitudes toward the elderly and its related factors. Our results revealed that 45.7% of nurses had positive attitudes and 54.3% had negative attitudes toward the elderly. However, previous study of Iranian nurses revealed that a majority had positive attitudes toward the elderly [19]. Hweidi et al. [20] assessed Jordanian nursing students' attitudes toward the elderly and found marginally positive attitudes. By contrast, Asayesh et al. [21] reported negative attitudes toward the elderly among physicians in Iranian public hospitals. A previous study compared attitudes toward the elderly among Chinese and American populations and found similarly low levels of positive attitudes among both samples [22]. This study indicated that married nurses had higher positive attitudes toward the elderly than those who were single. The possible explanation for this may be the high level of commitment and life experience toward the elderly parents and parents-in-law. Interestingly, nurses who took courses on elderly care had more positive attitudes toward the elderly, thereby confirming the essential role of education in promoting nurses' opinion toward seniors. Traditional medicine is a fast growing field in the medicine that is in favor of several patients' outcome [23,24]. Integrating such an issue in the educational

Table 1
Mean score of attitudes toward the elderly with regard to socio-demographic characteristics.

Variables	Categories	n (%)	M±SD	t	P
Gender	Male	109 (47.4)	152.30 ± 57.84	2.06	0.04
	Female	121 (52.6)	138.31 ± 44.78		
Marital Status	Single	81 (25.2)	127.12 ± 43.41	-3.97	<0.001
	Married	149 (64.8)	154.66 ± 53.56		
Race	Local	197 (85.7)	146.35 ± 52.24	1.26	0.23
	Non-local	33 (14.3)	135.03 ± 48.22		
Course on elderly	Yes	61 (26.5)	156.60 ± 56.12	1.94	0.04
	No	169 (73.5)	140.76 ± 49.58		
Caring for an elderly	Yes	93 (40.4)	146.2 ± 20.43	2.29	0.01
	No	137 (59.6)	144.12 ± 49.18		
Parents' age	>65 years	146 (63.5)	147.64 ± 53.66	1.03	0.02
	<65 years	84 (36.5)	140.30 ± 48.21		
Exposure to elderly patient	Yes	215 (93.5)	144.74 ± 52.03	-2.52	0.60
	No	15 (6.5)	148.06 ± 49.07		
Ward	Pediatric	18 (11.2)	118.22 ± 61.85	47.81	<0.001
	Internal	22 (18.8)	167.90 ± 47.32		
	Surgical	32 (20.0)	120.37 ± 41.16		
	Emergency	30 (13.8)	153.70 ± 56.47		
	Critical care	35 (28.2)	183.44 ± 34.99		
	Mental	9 (5.6)	16.66 ± 44.19		
	Special disease	15 (9.4)	201.86 ± 44.24		
House	Personal	190 (82.6)	145.38 ± 51.93	13.28	0.78
	Rental	40 (17.4)	142.95 ± 51.47		

program may help nurses to meet elderly's needs.

Another finding from this study was a significant and direct association between attitudes toward the elderly and age as well as work experiences, which are consistent with the findings of Hamedanizadeh [25] and Koushali [26]. However, Asayesh et al. [21] and Lui and Wong [27] studies on general physicians revealed no significant difference between work experiences and attitudes toward the elderly. A possible explanation for the different attitudes between nurses and physicians could be the frequent contact of nurses with their patients, which in turn enhances their attitudes. Practical involvement with patients creates a positive attitude among nurses. Additionally, increasing work experiences promote positive attitudes toward the elderly among nurses [28]. As shown by McKinlay and Cowan [29], an experienced nurse has a positive attitude toward caring for an elderly patient.

This study revealed a significant association between gender and attitudes toward the elderly. We found higher positive attitudes in males rather than in females toward caring for elderly patients. Moreover, we found no difference between the level of education and attitudes toward the elderly, which is consistent with Hamedanizadeh's [25] study. Inversely, Sanagoo et al. [30] showed a significant difference between the level of education and attitudes toward the elderly. A possible explanation for this difference could be the homogeneity of our sample, wherein the majority of nurses participated in this study had bachelor's degrees.

Findings from the current study showed a significant difference in nurses' attitudes toward the elderly between those who work in medical and surgical wards. Our findings showed that nurses working in medical wards had higher attitude scores than those working in surgical wards. Lui and Wong [27] reported that doctors with previous exposure to geriatric medicine residency had enhanced knowledge, attitudes, and experience in elderly care. Furthermore, nurses working in mental wards had higher attitude scores toward elderly patients compared with those working in pediatric and surgical wards. A possible explanation for these findings would be the higher number of elderly patients in medical wards than in surgical wards. Frequent exposure to geriatric and internal medicine wards may positively influence nurses' attitudes toward the elderly. Another finding from this study was the significant difference in attitude scores between nurses with an elderly member in their home and those who do not.

5. Conclusion

We found that nurses in this study have marginally negative attitudes toward the elderly. Therefore, promoting nurses' attitudes toward the elderly is important to provide high-quality care.

Authors' contribution

Mohamadreza Mansouri Arani designed the study, obtained financial support for the study, helped in data analysis and drafting the manuscript. Sanaz Aazami helped in data analysis, drafted the manuscript and support the critical revision of the final version of manuscript. Milad Borji designed the study, obtained financial support for the study, helped in data collection and data analysis and drafting the manuscript.

Acknowledgment

We would like to thank Ilam University of Medical Science for supporting this study [grant number 908961].

References

- [1] United Nation. In: Affairs DoEaS, editor. World population ageing: 1950–2050; 2001.
- [2] Alipour F, Sajadi H, Forouzan A, Biglarian A. The role of social support in elderly quality of life. *PLoS One* 2009;10(6):e0127849.
- [3] Habibi A, Nikpour S, Seiedoshohadaei M, Haghani H. Quality of life and status of physical functioning among elderly people in west region of Tehran: a cross-sectional survey. *Iran J Nurs* 2008;21(53):29–39.
- [4] Alavian S. Guideline for elderly integrated-care. Special application instructions for non-physician [In Persian]. Tehran Ministry of health and medical education publication; 2006.
- [5] Statistical Center of Iran. Population and housing census. 2006. Available from: <http://www.sci.org>.
- [6] Hatami H, Razavi S, Eftekhari Ardebil H, Majlesi F, Sayed Nozadi M, Parizadeh S. Persian textbook of public health. Arjmand Tehran. 2008.
- [7] Haveman-Nies A, De Groot LC, Van Staveren WA. Relation of dietary quality, physical activity, and smoking habits to 10-year changes in health status in older Europeans in the SENECA study. *Am J Public Health* 2003;93(2):318–23.
- [8] Brayne C, Johnson T, Bond J. Profile of disability in elderly people: estimates from a longitudinal population study. *BMJ* 1999;318:1108–11.
- [9] Hodkinson E, McCafferty F, Scott J, Stout R. Disability and dependency in elderly people in residential and hospital care. *Age Ageing* 1988;17(3):147–54.
- [10] Centennial statistics of Iran. Iran statistical calendar. Tehran. 2007.
- [11] Mellor P, Greenhill J, Chew D. Nurses' attitudes toward elderly people and knowledge of geriatric care in a multipurpose health service (MPHS). *Aust J Adv Nurs* 2007;24(4):37–41.
- [12] Dadkhah A. Review of aged rendered services in USA and Japan and Guidelines for Iran aging strategic plan. *Salmamand* 2007;2(3):166–76.
- [13] Karlin NJ, Emick J, Mehls EE, Murry FR. Comparison of efficacy and age discrimination between psychology and nursing students. *Gerontol Geriatr Educ* 2006;26(2):81–96.
- [14] Stevens-Roseman ES, Leung P. Enhancing attitudes, knowledge, and skills of paraprofessional service providers in elder care settings. *Gerontol Geriatr Educ* 2004;25(1):73–88.
- [15] Lookinland S, Anson K. Perpetuation of ageist attitudes among present and future health care personnel: implications for elder care. *J Adv Nurs* 1995;21(1):47–56.
- [16] Kogan N. Attitudes toward old people: the development of a scale and an examination of correlates. *J Abnorm Soc Psych* 1961;62(1):44.
- [17] Ogiwara S, Inoue K, Koshimizu S. Reliability and validity of a Japanese version of Attitudes towards the elderly's scale. *J Phys Ther Sci* 2007;19(1):27–32.
- [18] Rejeh N, Heravi-Karimooi M, Montazeri A, Foroughan M, Vaismoradi M. Psychometric properties of the Iranian version of the Kogan's attitudes toward older people scale. *Jpn J Nurs Sci* 2012;9(2):216–22.
- [19] Artishehdar A, Gasemi M, Agajanjamaat M, Ghahremani Z. Attitudes toward elderly among nurses working in medical-surgical wards in zanjan hospitals. *Prev Care Nurs Midwif J* 2012;4(2):81–90.
- [20] Hweidi IM, Al-Obeisat SM. Jordanian nursing students' attitudes toward the elderly. *Nurse Educ Today* 2006;26(1):23–30.
- [21] Asayesh H, Qorbani M, Parvareh Masoud M, Rahmani Anarki H, Ansari H, Mansourian M, et al. General practitioner attitude toward elders: using Kogan's attitudes questionnaire. *Iran J Diabet Metab* 2014;13(6):479–86.
- [22] Jacobson TA. Overcoming 'ageism' bias in the treatment of hypercholesterolaemia. *Drug Saf* 2006;29(5):421–48.
- [23] Direkvand-Moghadam A, Khosravi A. Effect of acupuncture on post-operative nausea and vomiting in cesarean section: a randomized controlled trial. *J Clin Diagnostic Res JCDR* 2013 Oct;7(10):2247–9.
- [24] Seki T, Takayama S, Watanabe M, Tsuruoka N, Matsunaga T, Haga Y, et al. Application of traditional medical ideas to geriatric syndrome. *Adv Geriatrics* 2014;2014.
- [25] Hamedanizadeh F, Motahedian TA, Sarhangi F, Zigheymat F. A study of attitude among nurses to nursing care of old patients [In Persian]. *Kowsar Med J* 2008;13(3):253–8.
- [26] Koushali AN, Hajiamini Z, Ebadi A. Comparison of nursing students' and clinical nurses' attitude toward the nursing profession. *Iran J Nurs Midwifery Res* 2012;17(5):375.
- [27] Lui NL, Wong CH. Junior doctors' attitudes towards older adults and its correlates in a tertiary-care public hospital. *Ann Acad Med Singap* 2009;38(2):125.
- [28] Courts NF, Barba BE, Tesh A. Family caregivers' attitudes toward aging, caregiving, and nursing home placement. *J Gerontol Nurs* 2001;27(8):44–52.
- [29] McKinlay A, Cowan S. Student nurses' attitudes towards working with older patients. *J Adv Nurs* 2003;43(3):298–309.
- [30] Sanagoo A, Bazyar A, Chehrehgosha M, Gharanjic S, Noroozi M, Pakravan Far S, Asayesh H, et al. People attitude toward elderly in golestan province. *J Gorgan Bouyeh Fac Nurs Midwifery* 2009;8(2):24–9.