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## RESEARCH

# ATTITUDES OF SURGICAL NURSES TOWARDS THE ELDERLY

## ABSTRACT

**Introduction:** Ageism is an ideology and process that can evolve into a discrimination against the elderly because of their old age, similar to the prejudices and stereotypes inherent in racism and sexism. Ageism can be observed in health care and can affect the quality of care provided to the elderly. This descriptive study aimed to determine surgical nurses' attitudes towards the elderly.

**Materials and Method:** The study was conducted with 337 nurses who worked at surgery clinics in hospitals located in Trabzon, Turkey. The data were gathered using the Ageism Attitude Scale and a Personal Information Form.

**Results:** The mean Ageism Attitude Scale score and mean subscale scores of surgical nurses were high indicating that their attitudes towards aged were generally positive. Statistically significant differences were observed between mean total Ageism Attitude Scale scores in terms of surgical nurses' educational status and their choice to work with the elderly at the clinics. Nearly one-fourth of the nurses stated that they experienced communication problems when interacting with the elderly.

**Conclusion:** It is necessary to identify hindrances to effective communication and develop ways to improve communication skills. Furthermore, subjects related to ageing need to be incorporated into the current nursing education curriculum.

**Key Words:** Ageism; Aging; Attitude; Aged; Nurses.



## ARAŞTIRMA

# CERRAHİ HEMŞİRELERİNİN YAŞLILARA İLİŞKİN TUTUMLARI

## Öz

**Giriş:** Yaşlı ayrımcılığı yaşlılara yönelik bir ayrımcılık, ırk ayrımcılığı ve cinsiyet ayrımcılığı gibi eyleme dönüşebilen bir ideoloji türüdür. Yaşlı ayrımcılığı sağlık bakımında görülebilmekte ve yaşlıların bakım kalitesini etkileyebilmektedir. Bu tanımlayıcı tipteki çalışma cerrahi hemşirelerinin yaşlılara ilişkin tutumlarını belirlemek amacıyla yapıldı.

**Gereç ve Yöntem:** Çalışma Türkiye'nin Trabzon ilindeki hastanelerin cerrahi kliniklerinde çalışan 337 hemşire ile yapıldı. Veriler Yaşlı Ayrımcılığı Tutum Ölçeği ve Kişisel Bilgi Formu kullanılarak toplandı.

**Bulgular:** Cerrahi hemşirelerinin Yaşlı Ayrımcılığı Tutum Ölçeği toplam puan ve alt boyut puan ortalamaları, yaşlılara karşı tutumlarının genellikle olumlu olduğunu gösterecek şekilde yüksekti. Cerrahi hemşirelerinin eğitim durumları ve klinikte yaşlılarla çalışmayı isteme durumları yönünden Yaşlı Ayrımcılığı Tutum Ölçeği toplam puan ortalamaları arasında anlamlı fark vardı. Hemşirelerin yaklaşık dörtte biri yaşlılarla ilişkilerinde iletişim problemleri yaşadığını ifade etti.

**Sonuç:** Etkili iletişimi engelleyen durumlar belirlenmeli ve iletişim yeteneklerini geliştirici yöntemler geliştirilmelidir. Ayrıca, yaşlanmaya ilişkin konular mevcut hemşirelik eğitim müfredatına dahil edilmelidir.

**Anahtar Sözcükler:** Yaşlı Ayrımcılığı; Yaşlanma; Tutum; Yaşlı; Cerrahi Hemşiresi.

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## INTRODUCTION

With the advances in basic health services, the proportion of the elderly in the overall population has increased (1-3). Current predictions indicate that this population will increase from 12% in 2013 to 14% in 2025 throughout the world (4). A society is considered "old" if 7% or more of its population is aged 65 and above. Turkey passed that benchmark and currently has a population in which 8.2% are aged 65 and over with projections indicating that this percentage will increase to 10.2% by 2030 (5).

In the past decades, our societies have undergone many changes. These include shifts in attitude and behavior towards the elderly. Such changes have created many challenges that are eventually reflected in the services provided to the elderly population in a society. One of these challenges is the increase in ageism (1).

The term "ageism" was first used in 1969 by gerontologist Robert Butler, the first director of the National Institute on Aging. He identified ageism as an ideology and process that could evolve into a discrimination against the elderly because of their old age, similar to the prejudices and stereotypes inherent in racism and sexism (6,7).

In recent years, discrimination against the elderly has become more prevalent at places where health care services are provided (2,6,8,9). While some studies show that nurses working with the elderly have positive attitudes towards them (10,11), a few studies also indicate that these nurses have negative attitudes towards them (12,13). Such negative attitudes unfortunately have an adverse effect on health care for the elderly.

The current literature reveals a limited number of studies on ageism in Turkey; most studies on the subject have focused on university students' attitudes towards the elderly. Moreover, ageism studies conducted with nurses are few, and no study has thus far included surgical nurses as participants. Based on this information, the current study was undertaken to determine surgical nurses' attitudes towards the elderly.

## MATERIALS AND METHOD

### Study Design

The study was undertaken to identify surgical nurses' attitudes towards the elderly.

### Sample and Setting

The study was conducted in April, 2015 at seven hospitals in Trabzon, Turkey: four public hospitals, two private hospitals

and one university hospital. These hospitals, located in the city centre, were chosen for the study because they serve at large proportion of the elderly in the area and have many nurses caring for them. As people age, they undergo some physiological changes and require others' help to perform their daily activities, thus creating a work load in health care. Moreover, patients' care needs increase when they undergo an operation, especially postoperatively. Therefore, nurses' work load also increases. Surgical nurses were thus included in the study. The study population comprised 420 surgical nurses working in operating rooms and surgery clinics. The pediatric surgery clinic was excluded from the study. All the nurses working at these clinics were included in the study. The study had no other limitation. 83 were excluded because they stated that they were very busy and chose not to participate, and the study was completed with 337 nurses. The participation rate was 80.2%.

### Ethical Considerations

The Institutional Review Board provided the permission to conduct the study and the hospitals provided official approvals. Furthermore, informed consent forms were obtained from each nurse. In addition, permission to use this scale was obtained from Vefikuluçay.

### Data Collection Method and Instruments

Data were gathered using the "Personal Information Form" designed by the researcher, which was in line with the literature, and the Ageism Attitude Scale (AAS).

### Personal Information Form

The Personal Information Form designed by the researcher and based on the relevant studies (2,14,15) had 23 questions divided into two parts. The first part (10 questions) addressed questions regarding age, gender and educational status while the second part (13 questions) asked about possible factors affecting attitudes towards the elderly.

### Ageism Attitude Scale (AAS)

The scale has 23 items and was developed by Vefikuluçay in 2008. Validity and reliability tests were performed using a Cronbach's Alfa Reliability Coefficient of 0.80 (1). The scale used the following items: "I strongly agree", "I agree", "I am uncertain", "I disagree" and "I strongly disagree". For positive scoring, the item scores were as follows: "I strongly agree" (5 points), "I agree" (4 points), "I am uncertain" (3 points), "I



disagree" (2 points) and "I strongly disagree" (1 point). For negative scoring, reverse scoring was used. The lowest score was 23 while the highest score was 115. The higher the score, the more positive was the attitudes towards the elderly. The AAS had three subscales: restricting the life of the elderly, positive ageism and negative ageism.

### Procedure

As several factors may affect surgical nurses' behaviour towards the elderly, they were informed that ageism was an important problem for the elderly, especially in health care, and that it was the focus of this study. As nurses' attitudes may affect the quality of health care, their participation in such a study is important to determine their attitudes towards the elderly. After the participants were provided detailed instructions regarding the aims and details of the study, they were given informed consent forms, followed by the Personal Information Form and the AAS. The researcher regularly visited their clinics to collect the completed forms and scales.

### Data Analysis

Collected data were processed using SPSS 18.0 (Statistical Package for the Social Sciences). For the statistical evaluation of the data, percentages, mean numbers, standard deviations, and minimum and maximum figures were used. Furthermore, the t test for independent groups, the Mann-Whitney U test, one-way ANOVA and the Kruskal-Wallis Variance Analyses were also employed.

### RESULTS

As shown in Table 1, of the surgical nurses included in the research, 64.7% were 18-35 years of age, 87.5% were female, 61.5% were married, 57.0% were undergraduate or graduate students, 90.2% were living in a nuclear family, 59.3% were working at affiliated hospitals of the Association of Public Hospitals, and 79.0% had worked from three months to 11 years.

The surgical nurses' mean scores were noted to increase with their educational level. In terms of the nurses' educational status, statistically significant differences were observed among the mean AAS total scores, and mean subscale scores of restricting the life of the elderly and negative ageism ( $p < 0.05$ ). Statistically significant differences were also observed in surgical nurses' mean subscale score of negative ageism in terms of family type ( $p < 0.05$ ); however, no statistically significant differences were found among the mean AAS total

score and mean subscale scores of positive ageism and restricting the life of the elderly ( $p > 0.05$ ). In this study, attitudes towards the elderly were found to be independent of surgical nurses' age, gender, marital status, hospitals and working duration (See Table 1).

The nurses' mean AAS total score was determined to be  $85.0 \pm 7.7$ . Furthermore, the surgical nurses' mean subscale scores were  $36.5 \pm 3.7$  for "restricting the life of the elderly",  $30.4 \pm 4.4$  for "positive ageism" and  $18.0 \pm 3.1$  for "negative ageism" (See Table 2).

Statistically significant differences among the mean AAS total scores and mean subscale scores of restricting the life of the elderly and positive ageism were identified ( $p < 0.05$ ), however, no statistically significant differences existed in the mean subscale scores of negative ageism ( $p > 0.05$ ) in terms of nurses' preference to work with the elderly at clinics (See Table 3).

Participants stated that their attitudes and behaviors towards the elderly were influenced by lack of personnel in the workplace (82.2%), job fatigue (77.2%), job stress (68.5%) and unsatisfactory working conditions (56.4%). Furthermore, nearly one-fourth of the surgical nurses reported that they experienced problems, especially related to communication, when professionally interacting with the elderly (See Table 4).

### DISCUSSION

This study revealed that the participating surgical nurses had developed positive attitudes towards the elderly. Similar to our study, studies by Gallagher et al. (10), Liu et al. (11) and Unalan et al. (16) conducted with nurses, showed positive participant attitudes towards the elderly. In contrast, Higgins et al. (12) reported that nurses preferred working with younger rather than older people. Nonetheless, our study and other Turkish studies show similar positive attitudes and regard for the elderly. These results are likely because of the traditional behaviour and cultural patterns of Turkish life which show great respect for the elderly and a desire to protect them.

Our study results also indicated that the participant nurses' educational status affected their attitudes towards the elderly. The mean AAS total scores and mean subscale scores of restricting the life of the elderly and negative ageism of surgical nurses with undergraduate and graduate educational levels were significantly higher than those of nurses with lower educational level. Our results were supported by studies by Soderhamn et al. (17) with both student and employed nur-



**Table 1—** Mean Total AAS Scores and Subscale Scores of Surgical Nurses According to Their Socio-demographic Characteristics (n=337).

Socio-demographic Characteristics	n (%)	Restricting the Life of The Elderly X ± Sd	Positive Ageism X ± Sd	Negative Ageism X ± Sd	Negative Ageism X ± Sd
<b>Age</b>					
18 - 35	218 (64.7)	36.6 ± 3.7	30.5 ± 4.5	17.9 ± 3.1	85.0 ± 7.6
36 - 52	119 (35.3)	36.4 ± 3.7	30.2 ± 4.2	18.1 ± 3.2	84.9 ± 8.1
		t = 0.382	Z = -1.228	Z = -0.844	t = 0.129
		p = 0.703	p = 0.220	p = 0.399	p = 0.898
<b>Gender</b>					
Female	295 (87.5)	36.4 ± 3.7	30.3 ± 4.5	18.1 ± 3.1	84.9 ± 7.7
Male	42 (12.5)	36.9 ± 4.2	31.0 ± 3.8	17.2 ± 3.3	85.3 ± 8.4
		t = 0.734	t = 0.962	t = 1.061	t = 0.253
		p = 0.463	p = 0.337	p = 0.110	p = 0.800
<b>Marital Status</b>					
Married	207 (61.5)	36.7 ± 3.8	30.7 ± 4.6	18.1 ± 3.0	85.5 ± 7.8
Single	130 (38.5)	36.3 ± 3.6	30.0 ± 4.0	17.8 ± 3.3	84.1 ± 7.6
		t = 0.941	Z = -1.830	t = 0.705	t = 1.699
		p = 0.348	p = 0.670	p = 0.482	p = 0.090
<b>Educational Level</b>					
High school	70 (20.8)	35.5 ± 4.1	30.4 ± 4.3	17.2 ± 3.3	83.2 ± 8.2
Associate degree	75 (22.2)	35.7 ± 3.6	29.8 ± 4.1	17.6 ± 3.2	83.2 ± 7.1
Undergraduate degree and post graduate degree	192 (57.0)	37.2 ± 3.5	30.7 ± 4.6	18.4 ± 2.9	86.3 ± 7.6
		F = 7.250	F = 1.117	F = 4.801	F = 6.992
		p = 0.001	p = 0.329	p = 0.009	p = 0.001
<b>Family Type</b>					
Nuclear	304 (90.2)	36.4 ± 3.7	30.4 ± 4.4	17.8 ± 3.0	84.7 ± 7.7
Extended	33 (9.8)	37.3 ± 3.7	30.4 ± 4.8	19.1 ± 3.5	87.0 ± 8.2
		t = -1.301	Z = -0.264	Z = -2.866	t = -1.607
		p = 0.194	p = 0.792	p = 0.004	p = 0.109
<b>Hospitals</b>					
Public Hospital Union hospitals	200 (59.3)	36.3 ± 3.9	30.1 ± 4.2	17.9 ± 3.0	84.5 ± 7.5
University hospital	100 (29.7)	37.0 ± 3.2	30.5 ± 4.9	18.0 ± 3.1	85.6 ± 7.7
Private hospital	37 (11.0)	36.0 ± 4.0	31.7 ± 4.3	18.0 ± 3.8	85.8 ± 9.1
		F = 1.585	KW = 4.750	F = 0.015	F = 0.895
		p = 0.206	p = 0.093	p = 0.985	p = 0.410
<b>Working duration (years)</b>					
3 months - 11 years	266 (79.0)	36.5 ± 3.7	30.3 ± 4.3	17.9 ± 3.1	84.8 ± 7.5
12 years and more	71 (21.0)	36.5 ± 4.0	30.7 ± 4.9	18.2 ± 3.1	85.5 ± 8.7
		t = 0.042	Z = -0.553	t = 0.842	t = -0.656
		p = 0.967	p = 0.580	p = 0.400	p = 0.512

ses, and Furlan et al. (14), and Coffey and Whitehead (15) with employed nurses. Moreover, studies by Karlin et al. (18) and Lambrinou et al. (19) with student nurses, determined that positive attitudes increased with educational levels. Surgical nurses with higher educational levels were believed to show more positive attitudes towards the elderly because they

had more knowledge and experience regarding elderly individuals' health and other issues.

Surgical nurses with extended families were revealed to have more positive attitudes towards the elderly. No statistically significant differences were observed between the groups in terms of mean AAS total scores and mean subscale scores of



**Table 2—** Mean Total AAS Scores and Subscale Scores of Surgical Nurses (n=337)

AAS* Subscales	n	X ± Sd	Min - Max
Restricting the life of the elderly	337	36.5 ± 3.7	25 - 45
Positive ageism	337	30.4 ± 4.4	10 - 40
Negative ageism	337	18.0 ± 3.1	7 - 26
AAS Total score	337	85.0 ± 7.7	62 - 108

restricting the life of the elderly and positive ageism. However, the mean subscale score of negative ageism of surgical nurses from extended families was significantly higher. Similar to our findings, Köse et al. (20) found that individuals from extended families showed more positive attitudes than those from nuclear families. In contrast, studies by Yılmaz and Ozkan (2) and Altay and Aydın (21) determined that individuals from nuclear families demonstrated more positive attitudes than those from extended families. Nevertheless, spending more time with the elderly and seeing their positive aspects may help in developing more positive attitudes towards the elderly.

The mean AAS total scores, and mean subscale scores of restricting the life of the elderly and positive ageism of the surgical nurses who wanted to work with the elderly were found to be considerably higher than those who did not want to work with this group. The relevant studies showed students wanting to work with the elderly after graduation showed more positive attitudes towards the elderly (21-23).

Surgical nurses who wanted to work with the elderly greatly empathised with them and felt more valued and useful while working with them, while those who did not want to do so attributed their unwillingness to communication problems, as well as burnout and mental and physical exhaustion. Similar to Ozdemir and Bilgili (22), 66.3% of the student nurses stated that they wanted to work with the elderly, whi-

**Table 4—** Factors that Affected Behaviours Towards the Elderly According to the Surgical Nurses (n=337).

Factors that Affected Behaviours Towards the Elderly*	n	%
Lack of personnel	277	82.2
Job fatigue	260	77.2
Job stress	231	68.5
Unsuitable working conditions	190	56.4
Lack of knowledge	71	21.1
Cultural factors	63	18.7
Prejudices	57	16.9
Age of nurses	50	14.8
Religious factors	29	8.6

\*Participants were instructed to mark all that apply.

le 41.8% of them expressed the desire to work with this population because they needed more care. In contrast, 42.0% and 27.0% of the nurses did not want to work with the elderly because they found it too difficult, and because their care needs were excessive, respectively (22). Since the elderly require more care than other patients, surgical nurses may feel more valued and motivated to serve the elderly. Nonetheless, communication hindrances between surgical nurses and the elderly, with fatigue and burnout, may negatively affect surgical nurses' views and they may thus choose not to work with these patients.

Surgical nurses working at clinics may encounter various difficulties when interacting with the elderly, including patient aggressiveness and dissatisfaction as well as mental problems and communication issues (24). In fact, we identified that one-fourth of the participants had work-related problems when interacting with the elderly, and all of these were due to communication difficulties.

Factors affecting surgical nurses' behaviors towards the elderly may include the cultural structure, working conditions,

**Table 3—** Mean Total AAS Scores and Subscale Scores of Surgical Nurses in Terms of Wishing to Work with the Elderly at Clinics (n=337).

Wish to Work With the Elderly at Clinics	n (%)	Restricting the Life of The Elderly	Positive Ageism	Negative Ageism	Negative Ageism
		X ± Sd	X ± Sd	X ± Sd	X ± Sd
Yes	160 (47.5)	37.1 ± 3.4	31.4 ± 4.3	18.3 ± 3.1	86.9 ± 7.2
No	177 (52.5)	35.9 ± 3.9	29.5 ± 4.3	17.7 ± 3.1	83.2 ± 7.8
		t = 2.942	Z = -4.110	Z = -1.331	t = 4.536
		p = 0.003	p = 0.000	p = 0.183	p = 0.000



lack of personnel, lack of knowledge regarding ageing, job fatigue and job stress (25). Participants stated that several factors affect their attitudes towards the elderly; four-fifths of them cited a shortage of personnel, three-fourths named job stress, and more than half noted unsatisfactory working conditions as significant factors affecting their attitudes towards the elderly.

According to the literature, improving the working conditions of nurses working with the elderly rather than focusing on their behaviors might be more effective in changing their attitudes towards working with this population. As mentioned earlier, inadequate staffing and the elderly's need for more care increase surgical nurses' work load substantially and also contribute to nurses' fatigue, exhaustion, stress, lack of patience, tolerance and compassion towards their elderly patients. More nurses are required to eliminate negative factors such as job fatigue and stress. To achieve these goals, the number of patients per nurse needs to be reduced. Nurses providing care to fewer patients will experience less job fatigue and stress, thus benefitting both nurses and patients. Promoting positive changes in surgical nurses' attitudes towards their patients and providing optimal health care services to the elderly are most important.

In conclusion the current study identified that surgical nurses' attitudes towards the elderly were generally positive. Nevertheless, nearly one-fourth of them experienced problems, especially communication problems, when professionally interacting with the elderly. These study results indicate that the nursing education curriculum needs to be significantly revised. For example, course contents should focus on developing an awareness of ageism in society and within the medical community and determine factors impairing communication with the elderly. In conclusion, nursing curriculums should integrate expanded on-the-job training pertaining to elderly care.

### Limitations of the Study

As the study was conducted with nurses who agreed to participate and who worked at surgery clinics of hospitals located only in Trabzon Province's city center, the results cannot be generalised for all nurses.

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