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#### RESEARCH

## EFFECT OF PLANNED TRAINING PROVIDED TO CARE STAFF IN NURSING HOMES ON THEIR ATTITUDES TOWARD THE ELDERLY

### ABSTRACT

**Introduction:** The aim of this study was to determine the effect of planned training provided to care staff in nursing homes on their attitudes toward the elderly.

**Materials and Method:** The study was conducted between July and September 2018 using the one-group, pre-test–post-test trial model and quasi-experimental study design. The study population comprised 45 care staff members in only one nursing home, and the study sample comprised 38 care staff members. Data were collected through the Information Form, Attitude toward Old People Scale, and Ageism Attitude Scale. Necessary ethical approval and permissions for the study were obtained. Care staff members were provided planned training 3 days per week for a month, and the effectiveness of the training was evaluated pre- and post-test.

**Results:** There was a statistically significant difference between the pre- and post-test mean scores of the Attitude toward Old People Scale and Ageism Attitude Scale (Restricting Life of the Elderly, and Positive Ageism and Negative Ageism subscales) ( $p < 0.05$ ).

**Conclusion:** Planned training provided to care staff positively affected their attitudes toward the elderly and ageism. These results indicate that establishing a planned training program for care staff in a nursing home is important in terms of the quality of care they provide.

**Keywords:** Nursing home; Nursing staff; Education; Aged

#### ARAŞTIRMA

## HUZUREVİNDE ÇALIŞAN BAKIM PERSONELLERİNE VERİLEN PLANLI EĞİTİMİN YAŞLILARA KARŞI TUTUMLARINA ETKİSİ

### Öz

**Giriş:** Bu çalışma huzurevinde çalışan bakım personellerine verilen planlı eğitimin yaşlılara karşı tutumlarına etkisini belirlemek amacıyla yapılmıştır.

**Gereç ve Yöntem:** Araştırma tek grup ön test-son test deneme modeli ile yarı deneysel olarak sadece bir Huzurevi'nde çalışan bakım personelleri üzerinde, Temmuz-Eylül 2018 tarihleri arasında yürütülmüştür. Araştırmanın evrenini huzurevinde çalışan N=45 bakım personeli, örnekleme ise 38 bakım personeli oluşturmuştur. Araştırmanın verileri; Bilgi Formu, Yaşlılara Karşı Tutum Ölçeği ve Yaşlı Ayrımcılığı Tutum Ölçeği ile toplanmıştır. Araştırma için gerekli etik onay ve izinler alınmıştır. Bakım personellerine 1 ay boyunca haftada 3 gün planlı eğitim yapılmış ve eğitimin etkinliği ön test-son test ile belirlenmiştir.

**Bulgular:** Araştırmada bakım personellerinin Yaşlılara Karşı Tutum Ölçeği ve Yaşlı Ayrımcılığı Tutum Ölçeği ile Yaşlıların Yaşamını Sınırlama, Yaşlıya Yönelik Olumlu Ayrımcılık ve Yaşlıya Yönelik Olumsuz Ayrımcılık alt boyutlarının ön test son test puan ortalamaları arasında istatistiksel olarak anlamlı bir farklılık olduğu bulunmuştur ( $p < 0.05$ ).

**Sonuç:** Araştırmada bakım personellerine verilen planlı eğitimin, bakım personellerinin yaşlılara karşı tutumlarını ve yaşlı ayrımcılığı tutumlarını olumlu yönde etkilediği belirlenmiştir. Bu sonuçlar doğrultusunda; huzurevinde çalışan bakım personellerine planlı eğitimlerin yapılması verecekleri bakımın kalitesi açısından önemli olacaktır.

**Anahtar sözcükler:** Huzurevi; Bakım personeli; Eğitim; Yaşlı



## INTRODUCTION

The elderly population has been increasing in the world as well as in Turkey (1). According to the Turkish Statistical Institute data, the elderly population in Turkey has increased by 17% in the last five years from 5.891.694 in 2013 to 6.895.385 in 2017 (2). These data indicate that elderly health and healthcare services for the elderly are an important issue in Turkey (1,3). As the number of elderly people and diseases specific to old age increase, it is becoming increasingly difficult for family members to provide care for the elderly due to changes in social structure in recent years (4,5). Therefore, care institutions are increasingly relied upon under present-day circumstances to meet the needs of elderly people with various health problems and those who require care (4). Elderly people living in nursing homes are cared for by the care staff members who assume many responsibilities while caring for the elderly (6). Typically, care staff members around the world undergo basic training in health, home management, human relations, and social services and receive in-service training and undergo supervision regularly. Since this is a newly developing field in Turkey, the training and background of the care staff are not at the desired levels (3,7). Therefore, the approach of care staff toward the elderly may be variable. Attitudes of care staff toward the elderly are very important for the effectiveness of care they provide (8). Studies have shown that the attitudes of care staff toward the elderly also affect their care behaviors (9,10). Therefore, drawing attention to the issue of aging among those providing care to the elderly and raising their awareness on this issue are important in terms of developing their positive attitude toward the elderly (11,12). To this end, it is important to increase the awareness and capacity of care staff by providing planned training (13,14). Indeed, the lack of information among care staff affects their attitudes toward the elderly (15). Therefore, the present study was conducted to determine the effect of planned training provided

to care staff on their attitudes toward the elderly.

### Study Hypothesis

**H0:** Planned training provided to care staff in a nursing home does not affect their attitudes toward the elderly.

**H1:** Planned training provided to care staff in a nursing home positively affects their attitudes toward the elderly and ageism.

## MATERIALS AND METHODS

The study was conducted between July and September 2018 using the one-group, pre-test-post-test trial model and quasi-experimental study design. Care staff are the people who support elderly care in nursing homes but they are not health care professionals; they are trained about elderly care by Public Education Centers for 560 hours. The study population comprised 45 care staff members in only one nursing home, and the study sample comprised 38 care staff members who were actively working during the study period, who consented to communication and collaboration, who volunteered to participate in the study, and who regularly attended the training activities. Prior to the study, written permission, ethics approval, and written and verbal consents were obtained from the care staff.

### Data Collection Tools

Data were collected using the Information Form, Attitude Toward Old People Scale, and Ageism Attitude Scale.

**Information Form:** This form was prepared by the researchers according to the literature and included nine questions regarding sociodemographic characteristics of the care staff (4,10,16).

**Attitude toward Old People Scale:** The scale was developed by Nathan Kogan to measure attitudes of individuals toward the elderly. The scale comprises 34 items, with 17 of them being negatively worded and 17 being positively worded.

Questions with an odd number are negatively worded, while questions with an even number are positively worded. All points are summed up to determine the total score (17). The version of the scale used in this study was a 26-item form adapted to the Turkish society. For items from 1 to 26, the total score that can be obtained on the scale is a minimum of 26 and a maximum of 156. A higher total score indicates a positive attitude toward the elderly (18).

**Ageism Attitude Scale:** The scale developed by Vefikuluçay and Terzioğlu comprises and 23 items across 3 subscales, including the Restricting Life of the Elderly, Positive Ageism, and Negative Ageism subscales. It is a 5-point Likert scale, with the multiple choices including "Strongly disagree," "Disagree," "Neither agree nor disagree," "Agree," and "Strongly agree" for each item pertaining to the elderly. The highest attainable score is "115," while the lowest possible score is "23" (19).

#### **Data Collection**

Data were collected through face-to-face interviews conducted by the researchers. Pre- and post-test data collection forms were administered to the care staff in the conference room of the nursing home for approximately 15–20 minutes.

#### **Training Program**

Training activities for the care staff were conducted 3 days per week (Monday, Wednesday, and Friday) for a month (20,21). The topics of the training were planned according to the literature and were grouped under 10 headings (13,22). The training activities were conducted in a multipurpose hall in the nursing home for a total of 12 hours (1 hour per day; 3:00–4:00 PM). The training activities were implemented using power point presentations and interactive training methods.

#### **Data Analysis**

Data were analyzed using SPSS 20.0 package

software. Descriptive statistics, independent samples t-test, variance analysis, correlation test, and paired t-test were used to analyze data. The level of statistical significance was set at  $p = 0.05$ .

## **RESULTS**

In this section the results of the present study conducted to determine the effect of planned training provided to care staff in only one nursing home on their attitudes toward the elderly. Mean age of the care staff was  $41.00 \pm 7.89$  years, and mean work experience were  $8.26 \pm 5.58$ . Overall, 71.1% of the care staff members were female, 86.8% were married, 50% were high school graduates, 57.9% had lived the longest in cities, 65.8% had a middle income, 65.8% lived in a nuclear family, and 76.3% lived with the elderly (Table 1).

Age of the care staff was significantly correlated to the scores of the Positive Ageism and Negative Ageism subscales of the Ageism Attitude Scale ( $r = -0.398$ ;  $p < 0.05$ ) (Table 2). Moreover, sex of the care staff was significantly correlated to the score of the Restricting Life of the Elderly subscale of the Ageism Attitude Scale ( $t = 2.491$ ;  $p < 0.05$ ) (Table 2).

Moreover, the pre- and post-test scores of the Attitudes Toward Old People Scale and the Restricting Life of the Elderly, Positive Ageism, and Negative Ageism subscales of the Ageism Attitude Scale were significantly different ( $p < 0.05$ ) (Table 3).

## **DISCUSSION**

The attitudes of care staff members—who are important in today's society—toward the elderly are important for the quality of care they provide (9). The findings of this study indicated that the age of the care staff affected their attitude toward ageism. As the age of the care staff increases, their positive attitudes toward ageism decrease. In addition, sex of the care staff affected their attitudes, as determined by the Restricting Life



**Table 1.** Sociodemographic characteristics of the care staff participating in the training.

Characteristics		Mean ± SD (Range)	
Age (years)		41.00 ± 7.89 (23–56)	
Work experience		8.26 ± 5.58 (2–21)	
		N	%
Sex	Female	27	71.1
	Male	11	28.9
Marital status	Married	33	86.8
	Single	5	13.2
Educational background	Primary school	4	10.5
	Secondary school	10	26.3
	High school	19	50.0
	Undergraduate	2	5.3
	Graduate	3	7.9
Longest residence	Village	12	31.6
	District	4	10.5
	City	22	57.9
Income level	Low	2	5.3
	Middle	25	65.8
	High	11	28.9
Family type	Nuclear	25	65.8
	Extended	13	34.2
Living with the elderly	Yes	29	76.3
	No	9	23.7
<b>Total</b>		<b>38</b>	<b>100.0</b>

B, Regression coefficient; SE, Standard error; β, Beta value; CI, Confidence interval; AChE, Acetylcholinesterase; 25(OH)D, 25-hydroxyvitamin D  
 \* P value < 0.05, \*\* P value < 0.01

of the Elderly subscale of the Ageism Attitude Scale; female members of the care staff exhibited a more positive attitude. In addition, marital status, educational background, the place of the longest residence, income level, type of family, work experience, and age of the care staff did not affect their ageism attitude. Pekçetin has found that sociodemographic characteristics of the care staff do not affect their attitudes toward aging (16). Meanwhile, Bulut and Çilingir have described that educational background of surgical nurses affects their attitude toward aging (10). In our study, the association of age and sex of the care staff with their attitudes toward ageism was attributed to the facts that as the age of the care staff increases, their ability to cope with the elderly decreases and that care is considered a duty of women in our social structure. In a systematic review, Neville and Dickie have reported that the attitude toward the elderly is affected by age, sex, education, culture, institutional characteristics, and personality of the employee (9). In contrast, Ayaz Alkaya et al. (11) have stated that living at home with elderly people and providing care to elderly family members affect the attitudes toward the elderly. In addition, Uzun et al. (23) have stated that sociodemographic characteristics of young people do not affect their attitudes toward older individuals. Our findings indicate that the attitudes of the care staff towards the elderly was affected according to their socio-demographic variables - specifically age and sex.

In this study, there was statistically significant difference between pre- and post-test mean scores of the Attitudes toward Old People Scale and Ageism Attitude Scale. Moreover, the attitudes of the care staff toward the elderly and ageism, which were moderate pre-test, positively changed with the planned training. Similarly, Lee et al. (24) have stated that attitudes toward the elderly can positively change with education. In a single-group, pre-test-post-test study conducted by

Baumbusch et al. (21) a 4-week training program for nursing students positively affected their knowledge of and attitudes toward the elderly. Rodgers and Gilmour have reported that the training provided to nursing students regarding the elderly showed a positive effect on their attitudes toward older people (25). In addition, in a study of care staff in nursing homes, Board et al. (20) have stated that the training program on dementia positively affected knowledge and attitudes of the participants. The present study showed the attitudes and knowledge of included care staff changed positively, which is consistent with the literature.

Nonetheless, this study has two major limitations. First, the results can only be generalized to this particular group since the research was conducted including care staff in a single nursing home. Second, since there was only one nursing home in the province where the study was conducted and the number of employees was low, the single-group, pre-test-post-test trial model was used, and no control group was included.

## CONCLUSION AND RECOMMENDATIONS

In this study, planned training provided to care staff in a nursing home positively affected their attitudes toward the elderly and ageism. Our results indicate that supporting the care staff members who are becoming increasingly important as they provide care to the growing population of the elderly by establishing training programs on different aspects at regular intervals is imperative in terms of the quality of care they provide. Nonetheless, similar studies should be conducted including large cohorts of care staff members working in different nursing homes and institutions as well as a control groups using post-test follow-up models to monitor changes in attitudes.



**Table 2.** Mean Attitudes toward Old People and Ageism Scale Scores by Participant Sociodemographic Characteristics

Characteristics		Attitude Toward Old People Scale	Ageism Attitude Scale	Ageism Attitude Subscales		
				Restricting Life of the Elderly	Positive Ageism	Negative Ageism
Age (years)		41.00 ± 7.89	41.00 ± 7.89	41.00 ± 7.89	41.00 ± 7.89	41.00 ± 7.89
Test/P		r = 0.108/p = 0.517	r = -0.398*/p = 0.013	r = -0.134/p = 0.421	r = -0.393*/p = 0.015	r = -0.323*/p = 0.048
Work experience		8.26 ± 5.58	8.26 ± 5.58	8.26 ± 5.58	8.26 ± 5.58	8.26 ± 5.58
Test/P		r = -0.056/p = 0.739	r = -0.195/p = 0.240	r = -0.158/p = 0.343	r = -0.153/p = 0.358	r = -0.240/p = 0.147
Sex	Female	78.48 ± 10.23	17.56 ± 3.34	26.85 ± 4.84	11.56 ± 1.89	57.41 ± 7.75
	Male	77.00 ± 9.24	15.45 ± 1.81	28.00 ± 5.37	10.36 ± 1.96	56.27 ± 7.82
Test/P		t = 0.416/p = 0.680	t = .408/p = 0.685	t = 2.491/p = 0.018	t = -0.643/p = 0.524	t = 1.745/p = 0.089
Marital status	Married	77.73 ± 10.38	16.67 ± 3.06	26.76 ± 5.03	11.12 ± 2.09	56.36 ± 7.92
	Single	80.20 ± 5.36	18.80 ± 3.11	30.00 ± 3.67	11.80 ± 0.45	61.80 ± 3.42
Test/P		t = -0.518/p = 0.608	t = -1.500/p = 0.142	t = -1.450/p = 0.156	t = -1.381/p = 0.176	t = -0.716/p = 0.478
Educational background	Primary school	85.75 ± 7.27	16.75 ± 1.89	25.00 ± 3.56	10.25 ± 0.96	53.00 ± 2.94
	Secondary school	78.40 ± 9.90	16.90 ± 4.36	27.20 ± 5.09	11.20 ± 2.25	56.40 ± 8.67
	High school	74.63 ± 10.19	17.11 ± 2.96	26.84 ± 5.35	11.42 ± 2.14	57.47 ± 8.37
	Undergraduate	86.00 ± 1.41	18.50 ± 2.12	31.50 ± 0.71	11.50 ± 0.71	63.50 ± 2.12
	Graduate	83.00 ± 3.00	15.33 ± 0.58	29.33 ± 4.93	11.00 ± 1.73	58.00 ± 5.29
Test/P		F = 1.858/p = 0.141	F = 0.649/p = 0.632	F = 0.318/p = 0.864	F = 0.715/p = 0.588	F = 0.290/p = 0.882
The longest residential place	Village	78.75 ± 10.92	16.58 ± 3.26	27.67 ± 5.60	11.50 ± 2.11	57.75 ± 8.62
	District	73.50 ± 10.54	17.25 ± 4.79	26.25 ± 2.36	11.25 ± 2.50	56.50 ± 6.95
	City	78.50 ± 9.39	17.09 ± 2.84	27.09 ± 5.07	11.05 ± 1.86	56.82 ± 7.59
Test/P		F = 0.466/p = 0.631	F = 0.066/p = 0.936	F = 0.119/p = 0.888	F = 0.126/p = 0.882	F = 0.200/p = 0.819
Income level	Low	77.00 ± 14.14	17.50 ± 3.54	22.50 ± 12.02	10.50 ± 0.71	50.50 ± 16.26
	Middle	76.72 ± 10.99	16.56 ± 3.29	26.68 ± 4.94	11.16 ± 2.15	56.48 ± 8.02
	High	81.27 ± 5.76	17.73 ± 2.72	29.18 ± 2.89	11.45 ± 1.69	59.64 ± 4.54
Test/P		F = 0.819/p = 0.499	F = 1.454/p = 0.247	F = 0.558/p = 0.578	F = 2.025/p = 0.147	F = 0.215/p = 0.807
Family type	Nuclear	77.40 ± 10.30	17.36 ± 3.00	26.24 ± 4.88	11.28 ± 2.03	56.56 ± 7.64
	Extended	79.31 ± 9.19	16.15 ± 3.29	29.00 ± 4.74	11.08 ± 1.89	58.08 ± 7.96
Test/P		t = -0.561/p = 0.578	t = 0.572/p = 0.571	t = 1.139/p = 0.262	t = -1.668/p = 0.104	t = 0.299/p = 0.767
Living with the elderly	Yes	78.10 ± 8.93	16.62 ± 2.81	27.55 ± 4.72	11.03 ± 1.82	56.97 ± 7.32
	No	77.89 ± 13.04	18.00 ± 3.94	26.00 ± 5.79	11.78 ± 2.39	57.44 ± 9.22
Test/P		t = 0.056/p = 0.955	t = 0.161/p = 0.873	t = -1.168/p = 0.250	t = 0.817/p = 0.419	t = 0.993/p = 0.327

t = Independent samples t-test, F = Variance analysis, r = \*. Correlation is significant at the 0.05 level\* P value < 0.05, \*\* P value < 0.01

**Table 3.** Regression coefficients of multiple linear regression in the second step.

	Pre-test	Post-test	Test	P value
	Mean ± SD	Mean ± SD		
Attitudes Toward Old People Scale	78.05 ± 9.85	81.58 ± 9.34	t= -3.682	0.001
Restricting Life of the Elderly	16.95 ± 3.11	19.71 ± 2.79	t= -5.563	0.000
Positive Ageism	27.18 ± 4.95	30.92 ± 6.04	t= -6.859	0.000
Negative Ageism	11.21 ± 1.96	12.45 ± 2.02	t= -3.751	0.001
Ageism Attitude Scale	57.08 ± 7.68	61.34 ± 6.72	t= -6.179	0.000

t = paired t-test

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