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

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### 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.

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### 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

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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  $32.65 \pm 7.67$  years old and have worked  $10.4 \pm 8.2$  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  $144.96 \pm 51.75$  (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 $\pm$ SD	t	P
Gender	Male	109 (47.4)	152.30 $\pm$ 57.84	2.06	0.04
	Female	121 (52.6)	138.31 $\pm$ 44.78		
Marital Status	Single	81 (25.2)	127.12 $\pm$ 43.41	-3.97	<0.001
	Married	149 (64.8)	154.66 $\pm$ 53.56		
Race	Local	197 (85.7)	146.35 $\pm$ 52.24	1.26	0.23
	Non-local	33 (14.3)	135.03 $\pm$ 48.22		
Course on elderly	Yes	61 (26.5)	156.60 $\pm$ 56.12	1.94	0.04
	No	169 (73.5)	140.76 $\pm$ 49.58		
Caring for an elderly	Yes	93 (40.4)	146.2 $\pm$ 20.43	2.29	0.01
	No	137 (59.6)	144.12 $\pm$ 49.18		
Parents' age	>65 years	146 (63.5)	147.64 $\pm$ 53.66	1.03	0.02
	<65 years	84 (36.5)	140.30 $\pm$ 48.21		
Exposure to elderly patient	Yes	215 (93.5)	144.74 $\pm$ 52.03	-2.52	0.60
	No	15 (6.5)	148.06 $\pm$ 49.07		
Ward	Pediatric	18 (11.2)	118.22 $\pm$ 61.85	47.81	<0.001
	Internal	22 (18.8)	167.90 $\pm$ 47.32		
	Surgical	32 (20.0)	120.37 $\pm$ 41.16		
	Emergency	30 (13.8)	153.70 $\pm$ 56.47		
	Critical care	35 (28.2)	183.44 $\pm$ 34.99		
	Mental	9 (5.6)	16.66 $\pm$ 44.19		
	Special disease	15 (9.4)	201.86 $\pm$ 44.24		
House	Personal	190 (82.6)	145.38 $\pm$ 51.93	13.28	0.78
	Rental	40 (17.4)	142.95 $\pm$ 51.47		

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