

Original Research Article

Nurses' Perceptions of Caring for Elderly Patients at University Teaching Hospital's Adult Hospital and Levy Mwanawasa University Teaching Hospital: Implications for Training

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Abstract: Nurses are key health professionals involved in the frontline care of elderly patients. WHO predicted that the proportion of people aged over 60 years will increase from 11% to 22% between 2000 and 2050. Aligned with this increase in the ageing population is a greater demand for nursing care. Nurses' perceptions of caring for elderly is of global interest because of many reported negative perceptions and limited number of qualified nurses interested in the field of caring for elderly patients. This study aimed at exploring the nurses' perceptions of caring for elderly patients at University Teaching Hospital and Levy Mwanawasa University Teaching Hospital in Lusaka. The study used a mixed methods approach. Data were obtained from 148 randomly and 18 purposively sampled nursing staff. Binary Logistic Regression and content analysis of main themes were used to identify factors associated with perceptions of caring for elderly patients. Majority of the nurses (81%) had negative perceptions towards care of elderly patients. There was no statistical significance between social demographic data, knowledge of caring, availability of resources, staffing levels and management support and perceptions of caring for elderly patients. This could have been due to a small sample size which was used. The negative perceptions about caring for elderly patients in this study could be associated with the lack of knowledge specific on care of elderly patients, training units and geriatric specific guidelines for care of elderly patients. Therefore, the nursing curriculum content should be reviewed to include care of elderly patients, guidelines including hospital infrastructure, staffing and equipment friendly to care of elderly patients should be developed.

Keywords: Nurses, Perceptions, Caring, Elderly, Patients. Knowledge, Attitude.

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INTRODUCTION

The population of elderly people is increasing in all countries of the World (Horiuchi S and Robine J, 2005; UN, 2007; WHO, 2015) of which Zambia may not be an exceptional according to the Zambia demographic and health survey of 2013–14. Elderly population may be defined as those aged 60 years and over (WHO, 2006).

Elderly population increase may have an impact on health resources as people in this age group are perceived to require significantly more medical resources and quality nursing care by nurses (Hall M.J *et al.*, 2010). Elderly patients are currently perceived to have reduced reservoir of resilience and the ability to

rebound after an insult (O'Shea M. F, 2014). Their needs are complex and require knowledgeable and competent nurses to provide nursing care (Kim H *et al.*, 2010). If skilled nursing care is not provided, elderly patients are more likely to be discharged with increased health problems or with a greater likelihood of not returning to their own homes (AIHW, 2007). This entails that elderly patient care is a specialty area that needs to be addressed with much greater concern.

However, literature found overwhelming cases of negative perceptions and attitudes from the health personnel (McGarry J *et al.*, 2009). For example, elderly people are stereotyped as having poor health with diminishing mental ability, negative personality

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traits, unhappy, and lonely (Musaiger A.O and D'Souza R, 2009). However, it is felt that these views build attitudes in nurses. True as these may be elderly people are individuals and may not be the same or undergo problems in the similar manner or at the same time just like their younger counterparts. Ageism in health, among nurses in particular may occur because health problems in elderly people are believed to be 'normal aspects of ageing' (NCAOP, 2005b). Thus, it is deemed acceptable for elderly people to suffer from many illnesses without adequate care. Furthermore, society (of which nurses are part of) believes elderly people practice witchcraft hence there is no need for them to live (Chirwa M and Kalinda R, 2016). Young ones fear the elderly people because they believe red eyes and talking to themselves is a sign of witchcraft. It is happening in many African countries where witchcraft accusations may lead to death of elderly people especially women or they flee from their homes to seek refuge elsewhere (Chirwa M and Kalinda R, 2016). Society also neglects elderly people because they believe they are a financial burden (Mapoma C.C, 2013) and wishes death upon them to relieve themselves. In addition elderly patients' high dependency which results in performing care activities all the time makes nurses to view this area of care negatively. One would have expected this to have changed with the development of individual patient-centered care and public awareness of the aging process, but this is not the case (Liu Y *et al.*, 2013).

Oyetunde M. O *et al.*, 2013 asserted that nurses in Africa have negative perceptions of elderly patients which may be attributed to several factors which include lack of gerontological nursing training, lack of clinical placement, negative attitude, diminutive resources, and behavior of the elderly patients themselves. However due to previous small figures of elderly people living in Africa it seems gerontological nursing care has not really been considered (Oyetunde M. O *et al.*, 2013). This may be seen from scarcity of information about elderly patient care and perceptions from the African nurses' perspective.

In Zambia there are anecdotal reports that nurses in many care facilities have negative attitude towards care of patients in general. Observations also revealed neglect, poor quality care and attention given to achieve the desired needs of the elderly patients. The elderly patients are ignored may stay without receiving medication and severally nurses were head saying "it is normal to get sick because you are old, drugs will just finish you". Currently anecdotal observations show that there are no nurses trained in geriatric nursing.

Further, the nursing education curricular has very little information on geriatric nursing (General Nursing Council of Zambia, 2014) to prepare the nursing students who are future nurses to meet the challenges in the care of elderly patients. Yet again

anecdotal information from General Nursing Council, Levy Mwanawasa University Teaching Hospital and UTH-Adult Hospital shows that this area of care and nursing is not a specialty area as it is also indicated by lack of hospitals, clinics or wards for clinical placements of nurse students as well as being a working environment for qualified nurses where nurses can begin to develop specific perceptions of elderly patient care. However, this group of patients is seen and cared for in general wards for various medical and surgical problems.

However, recent developments have emphasized the need to focus attention on the way elderly people are perceived so that steps can be taken to reduce negative perceptions and the current mistreatment of elderly people (Oyetunde, M. O *et al.*, 2013; Liu, Y *et al.*, 2013). Therefore, there is need to come up with curricular for geriatric nursing so that nurses can be trained on management of elderly patients. This will allow nurses to be to make choices to work with elderly patients and clients even before they go for training. As illustrated by Roy's adaptation model which guides this study, the main task of the human system is to maintain integrity in the face of environmental stimuli and the goal of nursing is to foster successful adaptation. Adaptation level is therefore defined as a "changing point that represents the person's ability to respond positively in a situation" (Roy, C 2009).

MATERIAL AND METHODS

A mixed methods approach was used in this study. Thus quantitative and qualitative methods were undertaken concurrently, employing a convergent parallel design (Creswell, J. W. *et al.*, 2007) as shown below.

Data was concurrently collected for both methods in a period of two weeks.

Data Entry and Analysis

Quantitative data was analyzed using SPSS version 23 with the aid of the scientific calculator. Chi square and Binary Logistic Regression were used to assess the association and predict the relationships among variables. The confidence interval for the study was set at 95% and level of significance was achieved if p value was < 0. 05. The qualitative data was transcribed, coded and analyzed using thematic analysis.

Ethics Consideration

In order to commence with the study, the research was granted ethical approval by University of Zambia Biomedical Research Ethical Committee (UNZABREC) before any contact with the participants. A written permission was also obtained from University Teaching Hospital's Adult Hospital and Levy Mwanawasa University Teaching Hospital.

Furthermore, Permission was sort from all respondents in this study and consented to take part in the study.

RESULTS AND DISCUSSION

The study revealed the following findings;

Quantitative Results

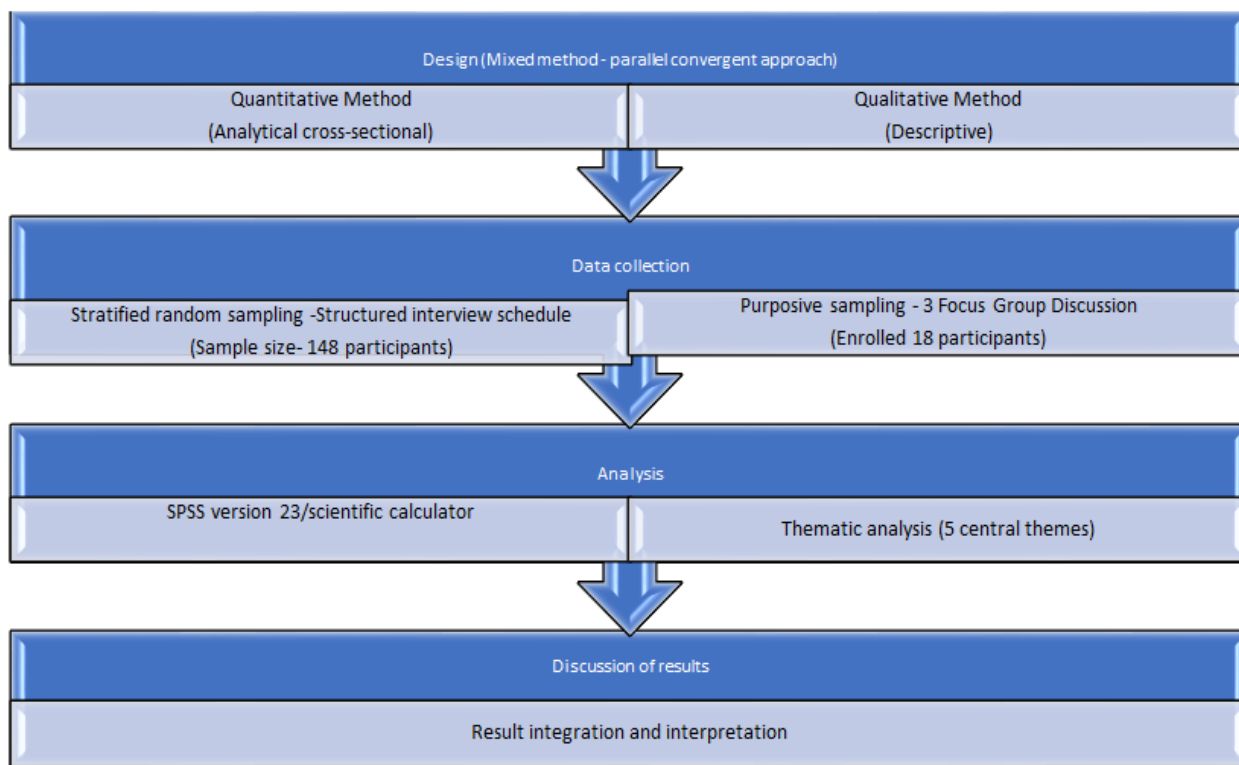


Figure 1: The approach flow chart

Table 1: Socio –Demographic Characteristics of Respondents in quantitative data

Socio-Demographic Characteristics	Frequency (n)	Percentage (%)	Total Participants (n)
Age (In years)			
24 or under	33	22.3	148
25-34	81	54.7	
35-44	34	23.0	
Level of Education (Nursing Qualification)			
Certificate	59	39.9	148
Diploma	83	56.1	
Bachelor’s Degree	6	4.0	
Gender			
Female	114	77.0	148
Male	34	23.0	
Number of Year(s) in Service			
under 1 year	62	41.9	148
1 to 5 years	53	35.8	
6 to 10years	18	12.2	
11 to 15 years	15	10.1	
Exposure to living with elderly person (s)			
Yes	123	83.1	148
No	25	16.9	

Majority (54.7%) of the respondents in Table 1 above were aged between 25 and 34 years. Respondents under 24 years of age were 33 (23.2%). On the other hand, majority of the respondents (56%) were diploma holders while only (4%) were Bachelor of Science in

nursing degree holders. Additionally, (40%) of the respondents had a certificate in nursing.

It also shows that the majority of the respondents that participated in the study were females

and accounted for 77 percent and only 34% were males, the majority (62%) of the respondents had less than a year of work experience in the nursing profession and very few had served for over six years. 83 percent of the respondents answered in affirmative to having had

experience of living with elderly relatives and only 17 percent answered otherwise.

Perceptions about Elderly Patients

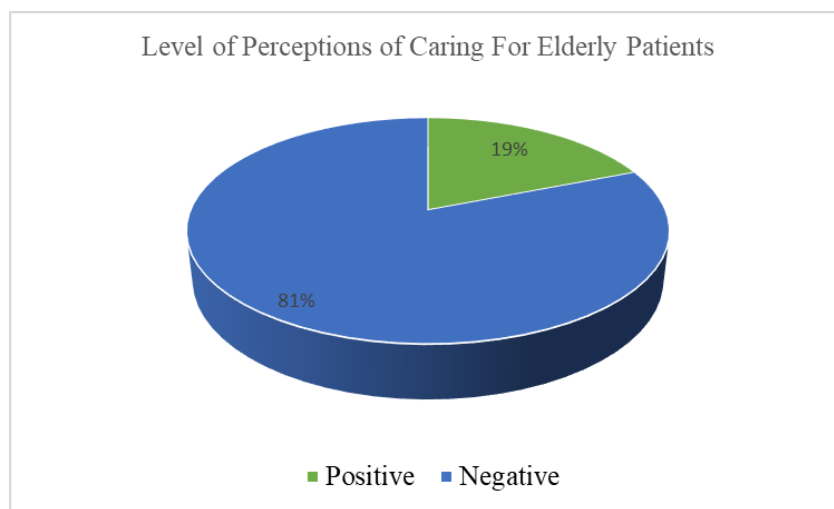


Figure 2: Level of perception (n: 148)

It is clearly shown in Figure 2 above that the majority (81%) of the respondents had negative

perceptions of caring for elderly patients and 19 percent of the respondents had positive perceptions.

Table 2: Socio-demographic Characteristics and Level of Perceptions (n: 148)

Socio-Demographic Characteristics		Perceptions of caring for the elderly		P value
		Positive [n (%)]	Negative [n (%)]	
Overall Perceptions		28 (18.9)	120 (81.1)	
Age (In years)	< 24	4(2.7)	29(19.6)	0.4954
	25-34	17(11.5)	64(43.2)	0.140
	34-44	7(4.7)	27(18.2)	
Level of Nursing Education	Certificate	11(7.4)	48(32.4)	0.251
	Diploma	13(8.8)	70(47.3)	
	Degree	4(2.7)	2(1.4)	
Gender	Female	21(14.2)	93(62.8)	0.90
	Male	7(4.7)	27(18.2)	
Number of Year(s) in Service	<1year	11(7.4)	51(34.5)	
	1-5yrs	8(5.4)	45(30.4)	0.159
	6-10yrs	4(2.7)	14(9.7)	0.624
	11-15yrs	5(3.4)	10(6.8)	
Lived with elderly person (s)	Yes	23(15.5)	100(67.6)	0.835
	No	5(4.0)	20(13.5)	

According Table 2 above, the overall level of negative perception was 81.1 percent with a high proportion of nurses who have never lived with elderly people (67.6 percent) having displayed more negative perceptions of caring for elderly patients compared to only 15.5 percent of nurses who have the experience of living with elderly people. In terms of age, negative perceptions were highest among nurses aged between 24 and 35 (43.2 percent). Negative perceptions were higher among those with diploma in nursing (47.3 percent) and females (62.8 percent) compared to their male counterparts (18.2 percent). It is interesting to note

that the percentage of nurses with negative perceptions of caring for elderly patients steadily reduced with increasing number of years in service, from 34.5 percent of nurses who had less than a year in the nursing service to 6.8 percent of nurses with more than 16 years in service.

Knowledge on Aging and care of elderly patients

Those who answered 60 percent or more of the questions correct were classified as having adequate knowledge while anything less was classified as having inadequate knowledge.

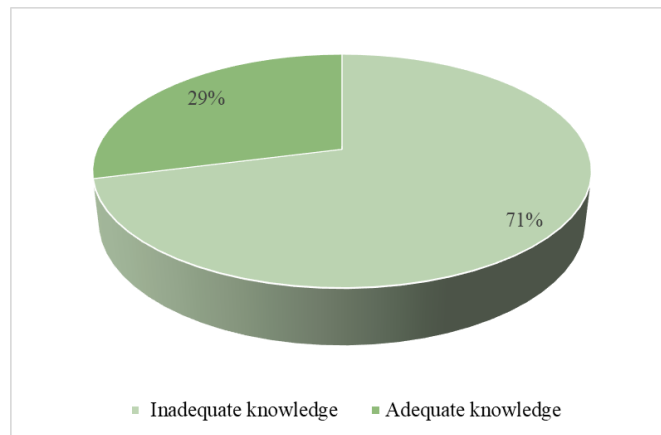


Figure 3: knowledge levels on care of elderly patients (n: 148)

Figure 3 above shows that more than half (71%) of the respondents had inadequate knowledge of caring for elderly patients and 29 percent of the

respondents had high knowledge of caring for elderly patients.

Table 3: Knowledge of caring for elderly patients and Level of Perceptions (n: 148)

Knowledge of caring	Perceptions of caring for the elderly		Total [n (%)]	Chi-square value	p-value	OR	CI 95%
	Positive [n (%)]	Negative [n (%)]					
Inadequate	16(10.8)	89(60.1)	105(71)	3.192	0.074	0.44	0.2,1
Adequate	12(8.1)	31(20.9)	43(29)				

The Table 3 above shows that majority of the respondents (60.1) who had negative perceptions had inadequate knowledge of caring for elderly patients while out of twenty-nine percent of the respondents

who had adequate knowledge the majority 20.9 percent had negative perceptions of caring for elderly patients.

Availability of Resources for Care of elderly patients

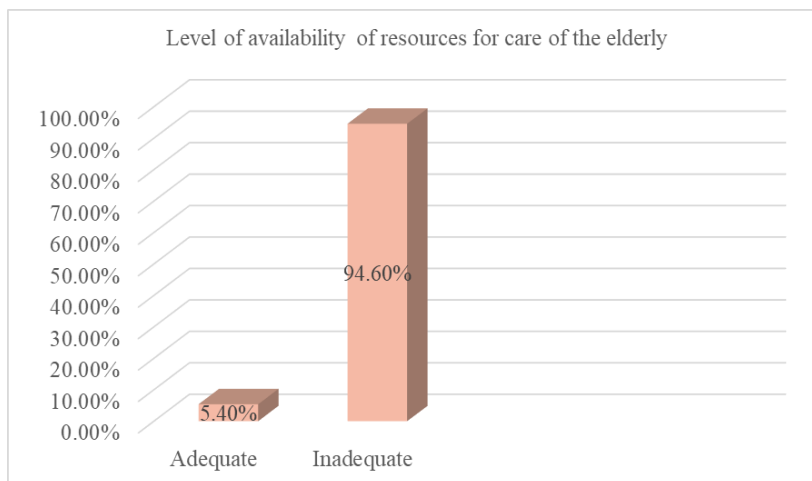


Figure 4: Level of availability of resources for care of elderly patients (n: 148)

It is clearly evident in figure 4 above that a magnitude (94.6%) of respondents confirmed that available resources to meet the demand of elderly

patient care are not adequate while only 5.4 percent said that available resources are adequate to meet the demand of elderly patient care.

Table 4: availability of resources for care and Level of Perceptions (n: 148)

Availability of resources for care	Perceptions of caring for the elderly		Total [n (%)]	Chi-square value	p-value	OR	CI 95%
	Positive [n (%)]	Negative [n (%)]					
Adequate	1(0.7)	7(4.7)	8(5.4)	0.227	0.634	0.42	0.05,3.72
Inadequate	27(18.2)	113(76.4)	140(94.6)				

The table 4 above shows that majority of the respondents 140(94.6%) who indicated inadequacy of resources for care of elderly patients, majority 113(76.4) had negative perceptions of caring for elderly patients while almost all 7(4.7) of the respondents who indicated adequacy of resources for care of elderly patients had negative perceptions. Chi-square 0.227 and a p value of 0.634.

Staffing and increased workload

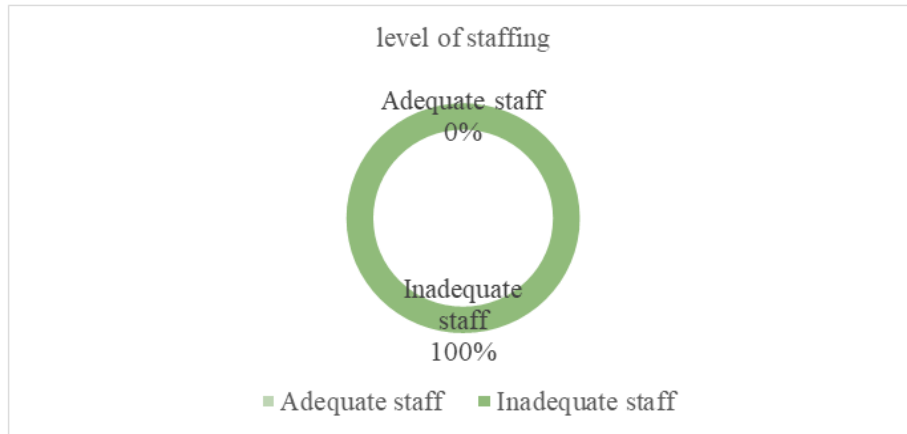


Figure 5: Staffing level (n: 148)

The staffing level in Figure 5 above shows clearly that all (100%) of the respondents indicated that

the staffing levels are not adequate to meet the demand of caring for elderly patients.

Management support

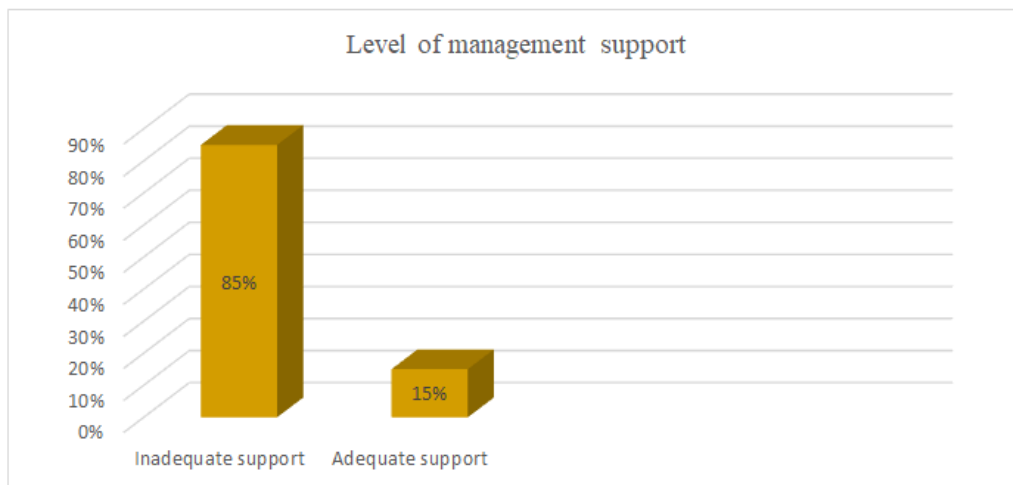


Figure 6

Figure 6 above evidently shows that majority 126(85%) of the respondents said that management support for care of elderly patients is not adequate and

only a few 22(15%) indicated that management support for care of elderly patients is adequate

Table 5: Management Support and Level of Perceptions (n: 148)

Management support	Perceptions of caring for the elderly		Chi-square	p-value	OR	CI-95%
	Positive [n (%)]	Negative [n (%)]				
Overall Management support	28 (18.9)	120 (81.1)				
Inadequate	22(14.9)	104(70.3)	1.176	0.278	0.51	0.2,1.5
Adequate	6(4.1)	16(10.8)				

The Table 5 above shows that majority of the respondents (70.3) who had negative perceptions of caring for elderly patients indicated that management support for care of elderly patients was not adequate, out of 14.9 percent of the respondents who indicated adequate management support 10.8 percent had negative perceptions of caring for elderly patients.

Qualitative Results

The results from the qualitative data are discussed in relation to thematic findings. Four central themes emerged that represent a lack of respect for elderly people, knowledge deficit, time and staff to do things right, a safe and enabling environment.

Theme one: Lack of respect for elderly people

The following statements confirmed those perceptions, “elderly are grumpy.” “There is always a mean one.” making reference to a neighbour.

Another example of negative statement was, “elderly people are needy, confused, and wanting interaction”. Some nurses assumed that aged persons are witches. Like one respondent narrated, “...they are just a burden, and it's difficult to tell whether they are sick or it's just one of those things for old people It's hard to handle, a frail, passive patient and.... might even be a wizard, they need too much care! It's hard to manage, all the time demanding this and that!” All these were describing the personality of the elderly patient

However, a few respondents expressed positive perceptions of elderly people which reflected a valuing and respect for the elderly. These were those who indicated to have had some experience living with elderly relatives and described their relationship with elderly patients as similar to the relationship they shared with grandparents. “They become like your grandparents.” Nurses’ perceptions reflected a love for elderly people and an appreciation of who they were. Nurses perceived elderly people as persons who lived exemplary lives and were good role models. They were described as having admirable community, and family values. One nurse reported, “They agree to whatever care you want to offer them, so satisfying because you feel I have given care to a patient who really needs it.” Another nurse spoke fondly of her grandparents’ attitudes of thankfulness and of their openness in talking about good morals. Nurses expressed appreciation for their truthfulness. For example, “They don't pretend.....they appreciate your work from deep down their hearts.” Statements like, “You get attached and it's hard to say that I won't be there for them”. Confirmed the nurses’ feelings in table 4.12 below. Several other statements confirmed that nurses liked spending time with elderly people. For example, “I like elderly people... I think they are just like younger adults.” “I actually found out they have a sense of

humour.” Some nurses acknowledged that they enjoyed having social interactions with the aged. They identified deriving pleasure from spending time with elderly people. Statements such as “Well I became much more comfortable with them,” or I wanted to try to connect with them” say it all.

Theme two: knowledge deficit

Respondents realized that they don't have the capacity in terms of knowledge to take care of the elderly patients. Most of them said, ‘It is so difficult to nurse these patients because we don't have that education about their care, we use the general patient care knowledge which we learnt from schools... would be better if we had even a few specialized nurses like our friends in other countries’. Others said, “it is hell..., these people will choose to be mute whenever they feel like, that's why it's better to talk to their relatives who may also not be available. Sometimes it's so upsetting we yell at them”. Nurses think elderly just enjoy being in hospital and expect them to understand as was remarked by these sentiments, “They will come with one problem... another one starts, they feel good to be in hospital, old age does not require prolonged hospitalization because getting sick is part of old age what do you expect?

Theme Three: Time and staff to do things right

Most of the nurses in table 4.14 below indicated that with their overloads an addition of an aged person in a ward is asking too much from them. Some nurses said, “Elderly are very difficult, very demanding, not easy at all, you spend all your time caring. There is just a lot to do, everything you do for them... it is so tiresome, lots of wired things about them. So difficult to cope. You really need to be strong and patient. Imagine, alone the whole ward, this one and that one wants attention..... If only staffing levels can improve.” Others confirmed ignoring elderly patients in order to attend to serious cases. *If I have four or three elderly patients my day is good, it is just to give them their medicine and forget about them, I can't manage with emergencies on people who still have days to live.”*

Theme four: A safe and enabling environment

A safe and enabling environment demonstrates a salient awareness of the influence of the physical environment among nurses for adequate provision of required elderly care with easiness to care providers. The respondents felt that staffing levels, and other managerial issues surrounding care of elderly patients should be sorted out. For example, some respondents said, “management should improve staffing levels...., put up structures intended for care of the elderly for example handrails in bathrooms and toilets, non-slippery floors, provide adequate equipment and supplies such as low beds wheel chairs as well as organizing deliberate workshops on care of elderly patients” others said, “wards put up for the elderly

would make sense because it is not easy at all with them in the general wards”

This chapter has explained how data was prepared for analysis and processing that data from interview schedule was checked for completeness coded and analysed by SPSS and data from the focus group discussions was transcribed, coded into categories and meaning units such that themes that emerged were presented as the findings from the data.

The presentation was done systematically using various tables and figures to aid the leader into major study variables showing results and their significance in the study.

Therefore, the results of this study showed that the age of the respondents was mostly the younger age group dominated by females. Most of the respondents had no opportunity to live with an elderly person at one point in their lives. A higher percentage of respondents were females who had a diploma in their nursing education level. Generally, the results demonstrated negative perceptions of nurses towards the care of elderly patients although there was no statistical significance on the variables.

DISCUSSION

The study used 166 participants, 148 for the quantitative data and eighteen for the qualitative data. The findings are discussed in light of related literature following the order of the research variables.

Provision of quality health care to elderly patients requires nurses to have positive perceptions about their caring role. However, in this study it was revealed that nurses had both positive and negative perceptions about the elderly patients though negative perceptions were predominant. From both the interview schedule and three FGDs responses, it was very clear that majority of the respondents had negative perceptions of elderly patients. The overall negative perception level from interview schedule responses was 81% and 66.7% for FGDs.

This entails that quantitative findings akin those of qualitative findings. In this study, describing nurses' views surrounding elderly patient care, provides insight into the organization of the existing geriatric education and care system. Most of the contributions that were made underpinned the need for service delivery to develop an attitude of respect for the status. Respect for elderly patients and their relatives, describes the social climate in hospital, consistent with that defined by Parke B and Chappell N. L, (2010). Respect is apparent an observable communication between staff, elderly patients, and family members. The attitudes that staff display during their interaction with patients, such as promoting privacy and expressions of empathy, are important factors in

supporting a sense of well-being in elderly patients. However, nurses displayed negative views towards these patients which stemmed from the reality that the majority of elderly people live inactive and unproductive lives which renders them to be too much dependent on others. Also their personality left less to be admired by nurses.

In addition, elderly patients refuse nursing interventions, are believed to be witches and sometimes yelled at participants when they had been trying to provide care for them. There is poor communication and lack of compassion among nurses. *“We yell at them and think they are deaf”* One nurse described, *“I believe that many elderly patients are just ignored because they can't communicate or are confused.”* Nurses have a problem with receptive abilities. These findings are consistent with those of Slater L, (2008) who reported that in Western societies, negative perceptions regarding the elderly people have been at the heart of ageism, with elderly people portrayed as dull, intolerant or unproductive, while in reality elderly people are productive members of society. Decision making was described by a nurse as *“respect for participation by elderly patients in their care and their wishes about their treatment.”* Nurse 4 in group one reported, *“I find it comfortable to speak directly to the family about elderly patient's condition and not the elderly patient him/herself and I believe most of us including doctors do so.”* Another nurse, nurse 2 from the same group opined, *“.....yes.... these people can't reason anymore or express themselves...., better to engage a relative into a productive conversation about them. . .”*

Such perceptions and the attitudes have a direct negative effect on elderly patient care and outcome. The findings suggest lack of knowledge and understanding on issues surrounding the care of elderly patients among nurses, therefore, there is need for continued education through workshops to reorient the nurses to the best practice through evidence based care. The subtle and maybe unintentional stereotypical perceptions of nurses toward older adults that were revealed in this study were cause for concern. The description of elderly people as *“needy”, “Crubby”* mirrors the findings of previous research by Cuddy A. J *et al.*, (2005). In that study, older people were viewed as incompetent and needy and mean.

In as much as it might be a matter of truth that the elderly are frail, suffer mental deterioration among others, these may not always be true and same in all elderly patients to the extent of denying them the care that they deserve. These findings are consistent with the findings of Doherty M *et al.*, (2011) who asserted that nurses experienced the needs of elderly patients as being demanding even when they expressed an understanding that these could be age related. Age related illnesses coupled with the demanding nature of elderly patients increased the nurses' workload living

them exhausted such that they did not look forward to caring of elderly patient the following day.

It is therefore suggested that nurses should exercise a little patience and comply with the needs of these elderly people and provide individualised care. When all is done then the nurses have reached the adaptation level and elderly patient care outcomes are supposed to improve. It will also be interesting to find out from elderly patients the meaning of their illnesses and how they wish to be treated.

On the other hand, this study indicates that not all nurses have a negative attitude towards elderly patients. Religious and cultural systems, social structures and individual nurses' values were found to affect how elderly patients were valued or viewed in these hospitals. One nurse said "...at church, home and even way back in schools we were taught to respect elders....., they have done a lot for us and they deserve our attention, respect and care." These good perceptions displayed by respondents may be associated with the fact that the study setting is a similitude of true African society which holds the elderly in high esteem. Musaiger A. O and D'Souza R, (2009) believed that the elderly are repositories of experience, memories, authority, and wisdom. Therefore, they should be treasured and protected. These findings further support the reports of Ajala A. S, (2006) which revealed that Yorubas in Nigeria traditionally, are people who view elderly people as a source of wisdom and guidance based on their varied life experiences. The perceptions are however, contrasted by the work of (Celik S. S *et al.*, 2010) who observed a negative attitude towards geriatric nursing among nursing staff.

Exposure to elderly people within a nurse's personal life was also associated with assisting in creating positive perceptions among nurses. Hweidi IM and Al-Hassan M.A, (2006) reported that nurses who were living with an elderly relative had a more positive attitude towards their elderly patients than nurses who had little or no exposure to elderly relatives. This suggests a difference between stereotypically held views about elderly people and views and behaviors based on actual experiences with individual elderly people. Nurse 6 from group 2 said, "*They become like your grandparents, it's difficult tolike say... am not going to be there for you. You see, I see my own time coming*" Perceptions here reflected a love for elderly people and an appreciation of who they are. Nurses perceived elderly people as persons who lived exemplary lives and were good role models. A similar study performed by Rush K. L, (2017) reflected these findings that the nurses exhibited positive attitudes towards elderly people and in general valued them.

The respondents were aged between 22 and 44 which was relatively young sample. The results showed that there was no relationship between age and

perception of caring for elderly patients. However, despite lack of statistical significance, the results showed that those aged between 24 and 35 (43.2 percent) recorded higher negative perceptions than those with older age group. This entails that the younger the age the more negative perceptions they displayed towards the care of elderly patients. The results were similar to those of Cottle N. R and Glover R. J, (2007) which negatively correlated age to perception of caring for elderly patients. They found that the older age group had positive perceptions because these have started experiencing some physiological changes that make them understand what the elderly patients go through. This is coupled with the experience as they have taken responsibility of taking care of these elderly patients in their own homes and probably have more years of experience caring for elderly patients.

On the other hand, perceptions of caring for elderly patients were not statistically associated with gender even though females reported a higher (62.8 percent) percentage of negative perceptions compared to their male counterparts (18.2 percent). However, Kaur, S *et al.*, (2014) disputes these results adding that females have more positive perceptions of caring for elderly patients compared to their male counterparts. This is because culturally females spend their time caring and as such they gain more and more knowledge through experience. The differences between the current study and other studies were probably this study had a small sample of males (23%) with most (77%) of the participants being female. Therefore, there was no much variation from male responses on which conclusive inferences could be made, therefore there is need to have a gender sensitive sample.

Furthermore, it is interesting to note that the percentage of nurses with negative perceptions of caring for elderly patients steadily reduced with increasing number of years in service, from 34.5 percent of nurses who had less than a year in the nursing service to 6.8 percent of nurses with more than 16 years in service.

The results showed that there is no statistical significance between knowledge of caring for elderly patients and perception of caring for elderly patients. However, inadequate knowledge of caring for elderly patients was reflected in the data gathered from respondents. The most important factor identified as influencing elderly patient care is the nurse's level of knowledge of caring for elderly patients. The overall level of adequate knowledge of caring for elderly patients among nurses was at 29 percent. This is a source of concern especially that the study areas are Zambia's main referral hospitals. The implication is that elderly patients are not given the specialised care and attention they require. The lack of knowledge is due to the fact that the majority (95.3%) of the respondents did not receive lectures on care of the elderly patients

during their nursing training. All (100%) of respondents said that their nursing training was not adequate to enable them deal with elderly patients. Furthermore, in terms of continued professional development all (100%) said nothing was offered with regards to caring for the elderly patients.

Additionally, these results akin those from qualitative data where overall nurses expressed lack of knowledge about aging and general care of elderly patients. Nurses bemoaned lack of specialized knowledge about care of elderly patients which makes it so difficult for them to understand the patients as well as to institute the required care. This shows a direct link between knowledge and nurses perceptions from the nurses' sentiments. Nurse # 2 from group 2 said, *"It is so difficult to nurse these patients because we don't have that education about their care, we use the general patient care knowledge which we learnt from school. Would be better if we had even a few specialized nurses like our friends in other countries"*. This emerged from the findings that majority of the nurses who had knowledge deficit also had negative perceptions of elderly patients. As knowledge increases the attitude become more positive. As nurse #1 from group 3 recited *"...for example we yell at elderly patients thinking that they are deaf which is not good because this increases their confusion and fear... as such they become apprehensive and choose to be mute."* A nurse with such understanding of elderly people has more positive perceptions and her approach to the elderly patients will be different from one who has no such knowledge. These findings agree with findings of Eltantawy S. H. A, (2013), whose study demonstrated that nurses lack good knowledge of caring for elderly patients. However, these results contradict findings by Oyetunde M. O *et al.*, (2013) who affirmed that nurses have a negative attitude towards the care of the elderly even though they displayed a fairly good knowledge of geriatric care. Perceptions can influence an individual's behavior and that people with a positive attitude towards anyone will have more positive thoughts about them (Fishbein M and Ajzen I, 1975). Cultivation of positive perceptions towards elderly people and specialized knowledge about care of elderly patients are of utmost priority. Zwakhaleh S *et al.*, (2007) further asserted that important knowledge that is available may not reach the nurses in the field and their study, confirm the findings that the information is not sufficiently being disseminated to practicing staff.

Therefore, there is need for continuing education on quality care to improve nursing practice in the care of elderly patients. The knowledge deficit among nurses may contribute to elderly peoples' feelings of loss of independence and control and prolonged hospital stay and readmissions.

However, these findings are contrary to the findings of Faronbi J. O *et al.*, (2017) who found that

generally, nurses had good knowledge about care of elderly people. The respondents recognized causes and prevention of complications when providing care to the older adults. Deasey D *et al.*, (2014) in their study further stated that good knowledge about the care of the older adults was attributed to nurses' past experiences and education on care of elderly patients which if achieved would contribute to achieving desired cultural change in nurses' perception of caring for elderly patients. It is therefore important to evaluate and revise the contents of the courses to ensure that the knowledge and skills required to work with elderly people are accorded appropriate value and attention.

The study also shows that there was no statistical significance between availability of resources for care of elderly patients and perceptions of caring for elderly patients among nurses. Despite this, majority of the respondents 140(94.6%) who indicated inadequacy of resources for care of elderly patients majority 113(76.4%) had negative perceptions of caring for elderly patients while almost all 7(4.7) of the respondents who indicated adequacy of resources for care of elderly patients had negative perceptions. This entails that nurses generally have negative perceptions of caring for elderly patients. The difference might have arrived due to a small sample size (148). Therefore, there is need to use a larger sample size in future investigations. However, the qualitative data indicated that there is a relationship between perceptions of caring for elderly patients and availability of resources for caring of elderly patients. Like, *"management should improve staffing levels....., put up structures intended for care of the elderly for example handrails in bathrooms and toilets, non-slippery floors, provide adequate equipment and supplies such as low beds wheel chairs as well as organizing deliberate workshops on care of elderly patients"* others said, *"wards and units put up within hospital for the elderly would make sense because it is not easy at all with them in the general wards"*

It was seen that an environment that supports the plight of elderly people would help to change the way nurses perceive elderly patients thereby improving their illness outcomes. Similarly, Boltz M *et al.*, (2011)) asserted that it was possible to change the perceptions of nurses with provision of the enabling environment which is user friendly. However, Fakuda R *et al.*, (2015) in a study that was conducted in India, found that even there the hospitals have no separate units/wards for the older people. The elderly people are admitted and being provided care along with other adult patients in the wards but nurses demonstrated good level of knowledge and attitude towards care of elderly people.

These results mirrored the findings of Boltz M *et al.*, (2008) who showed that inadequate resources for elderly patient care gave a sense of burden to take care

of elderly patients to nurses thereby compromising the quality of care that they provide to this group of patients. The study by Smith C, (2006) also directly linked nurses' perceptions of caring for elderly patients to availability of resources for elderly care. Their study concluded similar concerns expressed by nurses in this study that there should be provision of elderly care resources for nurses to cope with the burden of caring as well as to aid in improving their perceptions.

These results agree with Oyetunde M.O, (2013) who revealed that these resources are scarce in low income settings though available in developed countries. Boltz M *et al.*, (2013) went further to categorically state the resources that they include appropriate staffing, availability of equipment and services specific to the needs of elderly patients and management support if needs of the elderly people are to be addressed. Also these findings concur with the report by Life through the Eyes of the Elderly in Zambia, (2003) that health facilities and medical personnel specifically for the aged and located within their premises are not available.

These findings suggest the need not only for institution initiative but also a national political will to allocate resources and construct elderly care specialised hospitals, clinics, and wards that will support the needs of elderly people as this will woo the interest of nurses to work with them. Desirable design features included access to toileting facilities, handrails throughout the unit, shock-absorbent flooring and adequate seating. Important equipment cited included pressure relieving mattresses and incontinence products to prevent skin breakdown, wider stretchers or access to beds to promote repositioning. The availability of hearing amplifiers were also described as practical supports and comfort aids (WHO, 2015) that will support development of positive perceptions of caring for elderly patients for health staff dealing with their care. However, there are no empirically tested standards for these units; their feasibility as well as clinical and cost-effectiveness is an important area for future investigation.

The biggest challenges were huge workload related to understaffing and lack of specialized staff and infrastructure for elderly patients. The theme, *time and staff to do things right*, suggests the need to consider not only just the number of staff but also the adequacy of preparation, role scope, and deployment of human resources as a critical component in care of elderly patients (Parke, B and Chappell N. L, 2010). Nurses showed negative perceptions toward care of elderly patients emanating from difficulties related to team work and overload associated with high degree of dependence of elderly patients. Most of the nurses were of the view that with their overloads an addition of the elderly person in a ward is asking too much from them. They felt that the burden of care could be lightened if

staffing levels, and other managerial issues surrounding care of these patients could be sorted out. However, the study shows that there was no statistical significance between staffing levels and perceptions of caring for elderly patients among nurses despite the majority 148(100%) of the respondents indicating that staffing levels were inadequate. The results are similar with those for qualitative where most of the nurses indicated that they are overwhelmed with workloads due to shortage of staff. Nurse #8 from group 2 recalled, *"Elderly are very difficult, very demanding, not easy at all, you spend all your time caring. There is just a lot to do, everything you do for them... it is so tiresome, lots of weird things about them. So difficult to cope. You really need to be strong and patient. Imagine, alone the whole ward, this one and that one want attention..... If only staffing levels can improve."* Others confirmed ignoring elderly patients in order to attend to what they termed serious cases and these are to do with the much younger age groups. *If i have four or three elderly patients my day is good, it is just to give them their medicine and forget about them, I can't manage with emergencies on people who still have days to live."* *"There is just a lot to do, everything you do for them... it is so tiresome, lots of wired things about them.... so difficult to cope.....I think it takes a strong and patient person to care for elderly patients"*.

These findings are in agreement with Bolz M *et al.*, (2013) whose findings stated that the elderly, in most cases, are dependent on nurses to attain activities of daily living including self-care, thus requiring greater availability of nursing staff. Nurses felt pressure because of a lack of time and an inability to respect the patients' wishes, as also reported in previous studies (Jakobsen R and Sorlie V, 2010; Yamamoto K *et al.*, 2010). It is such short comings that amount to negative perceptions among nurses in care of elderly patients. It is therefore necessary that adequate staff are placed in care units as this may improve the nurses' perceptions as well as their attitude towards elderly patients.

Nurses also mentioned the importance of a family members accompanying the elderly patient during their stay in hospital to relieve their burden of caring. However, nurses bemoaned the attitude of elderly patients' relatives that they are not cooperative. *"They just come to dump them may be to relieve themselves of this burden as well. Those who are luck relatives will once in a while come to check on them but with little understanding of the workload and shortage of staff which makes them shout at us because they want their patient to receive all the attention from the nurse and yet the nurse has all these other patients on the ward who may need emergency care.....it's tough"*. These finding agree with those of Fakuda R *et al.*, (2015) who alleged that nurses need assistance from families but such assistance is distant or is impossible to obtain and leaves nurses frustrated. Borbasi S *et al.*, (2006) also recognized that the family is important in

the acute care settings, they are beneficial assets to patients and staff. In contrast the Ministry of Health, Labour and Welfare, (2010) in Japan said care facilities aim to relieve family carers of physical and mental load. Therefore, nurses should understand that they cannot gain assistance from families. Nurses need to believe that by caring for some of the elderly patients especially those with dementia they are also caring for the patients' families. This is suggesting even a more workload to nurses which increases the level of negative perceptions.

Additionally, there are no deliberate institutional or government policies for management of elderly patients. Majority of the respondents (70.3) who had negative perceptions of caring for elderly patients indicated that management support for care of elderly patients was not adequate, out of 14.9 percent of the respondents who indicated adequate management support 10.8 percent had negative perceptions of caring for elderly patients. This did not give the statistical significance between the two variables as the Chi-square was 1.176 and a p value of 0.278. These results support those of Dahlke S & Phinney A, (2008) who found that overall, nurses believed they were in a care context that did not acknowledge or adequately support the unique health care needs of older adults with lack of geriatric specific and sensitive guidelines.

Nurses said, *"let them improve staffing levels.... put and monitor geriatric specific and sensitive guidelines, put up structures intended for the elderly, provide, adequate equipment and supplies as well as organizing deliberate workshops on care of elderly patients"*.

Limitations and strengths of the study

The study was conducted in government hospitals only due to limited resources which might not have given an adequate representation of how nurses perceive caring for elderly patients in private hospitals. Furthermore, the interviews were conducted in the nurses' work places which (though in privacy) are thought that nurses might have censored their responses. Nevertheless, a conducive environment was created by creating good rapport and assuring them of confidentiality. Also the inconsistencies in wording and definitions of elderly made it difficult to come up with data that represented the meaning of the study topic, however, only the articles that defined the elderly according to their chronological age as those aged between 60 and above regardless of differences in wording for example older adults, geriatrics, elders among others were included in the study.

Three focus groups were conducted due to limited number of nurses with BSc in nursing, one each with diploma nurses, certificate holders and BSc holders. Although we gained a broader insight into the perspectives of nurses, every sector has its specific

dynamics and context. Therefore, one focus group per sector might have been insufficient. However, we reached data saturation as new information did not appear and similar themes emerged within the focus groups.

Finally, this study was limited to nurses, but to fully understand the nuances of this relation, it might have been interesting to analyse patients' views.

However, the strength of this study lies in the extensive search of literature. The inclusion of papers utilizing different methodological approaches, including mixed-methods papers provided in-depth insight into factors that influence nurses' perceptions and knowledge of caring for elderly patients despite lacking multiplicity of similar studies carried out in Africa and Zambia for comparison and discussion.

CONCLUSION

This study explored the nurses' perceptions and knowledge of caring for elderly patients. The nurses' descriptions of the pressing issues surrounding care of elderly patients provide useful information for quality improvement activity including organizational initiatives aimed at creating an enabling environment for both users.

A low awareness of ageing and ageing process was reflected in the data gathered from respondents. Educational attainment, exposure to living with aged people and working experiences helped nurses recognize the relationships between aging, common illnesses, and the required care. Results showed that more than half of the nurses (81%) had negative perceptions of caring for elderly. This means they could not offer good health care to the aged.

The study revealed that there was no statistical significance between nurses' level of education, exposure to elderly persons, experience and the age to perceptions of caring for elderly patients. Therefore, the more a nurse is qualified, exposed, experienced and aged, the more likely he/she understood health care need for the aged and the better their perceptions about them. In terms of availability of resources for care of elderly patients most of the patients who indicated the inadequacy of resources had negative perceptions towards the care of elderly patients. The biggest challenges were increased workload related to understaffing and lack of specialized staff and infrastructure designed for the elderly people. These findings are consistent with other studies.

The elderly population in Zambia is growing. A major goal of nursing education should be to impact nurses' understanding and attitudes toward care of the older adult patients, as well as to influence their career choices toward meeting the health care needs of this growing ageing population. An educational intervention

consisting of a robust gerontological nursing content, intentional interaction with the elderly and on-going discussions and reflections of these activities can impact perceptions toward elderly patients in a more positive direction. Also positive feedback from management acknowledging nurses' self-education and reflections about their practice could also contribute to a positive experience for older people.

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