

The Status of Geriatric In-Hospital Nursing Care from the Perspective of Nurses Working in the Emergency Department of Hospitals in the Northwest of Iran in 2020

Abstract

Background: The evaluation of geriatric care in the emergency departments is necessary to improve the quality of care. This study aimed to determine the status of geriatric nursing care from the perspective of nurses working in the emergency department of hospitals. **Materials and Methods:** This study was a cross-sectional research study. Through census sampling, 252 nurses working in the emergency departments of hospitals of Ardabil Province were selected. The status of elderly care was assessed using the Geriatric In-Hospital Nursing Care Questionnaire. Data were analyzed using independent and one-sample t-tests and analysis of variance. **Results:** The mean (GerINCQ) score of the participants [mean (SD): 237.30 (75.30)] was significantly higher than the criterion score (201) ($p = 0.001$). The scores of the sub-scales of perception of elderly care [mean (SD): 45.42 (7.53)], aging-sensitive care delivery [mean (SD): 41.55 (10.25)], professional responsibility [mean (SD): 39.62 (9.86)], and attitude toward caring for elderly [mean (SD): 56.14 (12.53)] were significantly higher than the standard score ($p = 0.001$). However, the score of performed intervention [mean (SD): 38.36 (8.42)] was significantly ($p = 0.02$) lower than the criterion score (39). The score of professional responsibility and attitude toward elderly care was higher in women than men, and this difference was statistically significant ($p < 0.05$). **Conclusions:** The results showed that aging-coordinated care delivery, professional responsibility, and attitudes and perceptions of nurses toward elderly care were satisfactory, but performed intervention was unfavorable. According to the results of this study, nursing service managers can improve the quality of elderly nursing care through appropriate policies, fixing the workforce shortage, and closely monitoring elderly care in the emergency departments.

Keywords: Emergency Service, hospital, geriatric nursing, nurses

Introduction

Today, population aging challenges almost all countries around the world and has imposed a huge economic burden upon the health care and welfare systems.^[1] Old age is regarded as a critical period of human life.^[2] The increase in the number of elderly people in Iran has become a major challenge.^[3] It is estimated that in 2055, almost 30% of the population of Iran will be over 60 years of age.^[4]

Because of population aging, the number of elderly individuals suffering from different and complex health problems is increasing.^[5] A previous study showed that 23% of patients in the emergency department of hospitals are elderly.^[6] The elderly visit the emergency department

more than young individuals and need to stay in hospitals for a longer period because of the complexity of their problems.^[3] Emergency ward nurses are responsible for the care of the elderly and influence the quality of care.^[7] This growth in the elderly population has consequences and aftermaths for health planners and managers.^[8] Awareness of the aging process may not affect the attitude toward the elderly, but the lack of knowledge and bias toward the elderly can have a negative effect on the care of the elderly.^[9] Therefore, it can be considered that nurses' attitudes and perceptions are effective on the quality of care of the elderly because of the major role of nurses in care.^[10] In the study by Ogunlade *et al.*,^[11] 67% of elderly patients reported poor nursing care

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quality. High-quality care is the right of all patients and the responsibility of all nurses.^[12] Providing high-quality care prevents the onset of aging syndromes such as falling, sleep disorder, pressure ulcer, urinary incontinence, and multi-drug use.^[6]

However, caring for the elderly in the emergency room and nursing homes is challenging because of conditions such as the increasing number of clients and the lack of suitable environments and experienced and trained people; thus, it is necessary to conduct studies to evaluate geriatric in-hospital nursing care from the perspective of the elderly and nurses.^[13] Because of the increase in the number of elderly patients in the country, their mortality rate is higher than that of other age groups, and because of their physiological, mental, and social changes, the appropriate care they require is different from that of other groups.^[14] Therefore, correctly identifying the needs of the elderly and age-related disorders can lead to appropriate care.

Thus, it is necessary to study the knowledge, attitude, and performance of emergency department nurses regarding geriatric care because the results of such studies can be helpful for nurses to be ready for caring of the elderly in the future.^[10] Health care providers have different attitudes and beliefs toward the elderly. Undoubtedly, negative thoughts and opinions in this regard will affect the quality of care and the provision of effective services.^[15] Creating hospital environments that support the care of the elderly is a national priority. The results of a study show that although nurses had positive attitude toward caring for the elderly, they lacked the necessary knowledge and awareness in this regard.^[16] In Iran, Ghorbani *et al.*^[17] showed that nurses had a positive attitude toward elderly care. Nevertheless, Attafiah and Fatehi *et al.* have, respectively, reported the status of elderly nursing care as moderate and favorable.^[18,19]

The literature review showed that most of the studies on knowledge, attitude, and practice regarding geriatric nursing care have been conducted on internal and surgical ward nurses. It has been assumed that greater awareness of caring for elderly people in emergency wards helps to ensure high-standard nursing care. Therefore, the present study was conducted to assess the status of geriatric in-hospital nursing care from the perspective of nurses working in the emergency department of hospitals in the northwest of Iran.

Materials and Methods

This cross-sectional study was carried out in 2020. The study population consisted of all nurses working in the emergency department of hospitals affiliated to Ardabil University of Medical Sciences, Iran (N = 280). The participants were recruited through census sampling method. In total, 252 nurses returned the questionnaire with a response rate of 90%.

The study inclusion criteria included having at least a bachelor degree in nursing and 6 months of work experience in the emergency department. The exclusion criterion was an incomplete or blank questionnaire. The data collection tool was a two-part questionnaire. The first part was a socio-demographic questionnaire that included 13 questions regarding gender, age, position, work experience, and so on.

The second part was the Geriatric In-Hospital Nursing Care Questionnaire (GerINCQ) developed by Persoon *et al.* in 2015.^[20] This questionnaire contains 67 questions which are scored on a 5-point Likert scale. The total score of the questionnaire ranges between 67 and 335. The GerINCQ is a standard tool with five domains. The first area is “performed intervention” with 13 questions scored on a 5-point Likert scale ranging from very low to very high. The second area is “aging-sensitive care delivery”, which measures the satisfaction with nursing services for the elderly through 13 questions scored on a 5-point Likert scale ranging from very dissatisfied to very satisfied. The third area is “professional responsibility” of nurses in caring for the elderly with 12 questions scored based on a 5-point Likert scale ranging from never to always. The fourth area is “attitude towards caring for the elderly” with 14 questions scored based on a 5-point Likert scale ranging from never to always. The fifth area is “perception of elderly care” with 15 questions based on a 5-point Likert scale ranging from none to all. The validity and reliability of the GerINCQ have been confirmed in the study by Persoon *et al.*^[20] The Cronbach’s alpha coefficient of the whole instrument was 0.86. The reliability of the tool domains of performed intervention, aging-sensitive care delivery, professional responsibility, attitude toward caring for the elderly, and perception of elderly care was 0.72, 0.88, 0.89 0.64, and 0.67, respectively.^[20] After translating the questions into Persian, they were translated back into English by an expert. The face validity and content validity of the instrument were confirmed by the faculty members of the School of Nursing and Midwifery using the technique proposed by Waltz and Bausell^[21] (CVR = 0.8; CVI = 1). The reliability of the questionnaire was calculated using Cronbach’s alpha ($\alpha = 0.86$). Data collection was performed by the first author. The questionnaires were distributed among emergency ward nurses between May and July 2020. The mean score of the GerINCQ and its dimensions were compared with the criterion score. The following formula was used to determine the criterion score: maximum score minus minimum score divided by two plus minimum score.^[22] Data were analyzed in PSS software (version 16; SPSS Inc., Chicago, IL, USA) using descriptive (frequency, and mean and standard deviation) and analytical statistics [one-sample t-test, independent t-test, and analysis of variance (ANOVA)].

Ethical considerations

The study was approved by the ethics committee of Ardabil University of Medical Sciences, Iran (IR.ARUMS).

REC.1398.498). A written informed consent was signed by each participant. The participants were assured that the confidentiality of their information would be observed, the data would be analyzed in a collective manner, and their personal information would not be published.

Results

The results showed that the majority of the respondents (81%) were women. Of the 280 nurses, 54% were graduates from Azad University and the rest of them had graduated from universities affiliated to the ministry of health. The demographic information of the study population is presented in Table 1. The mean GerINCQ score was higher than [mean (SD): 237.30 (75.30)] and was significantly higher than the criterion score (201) ($p = 0.001$). The mean score of aging-sensitive care delivery was [mean (SD): 41.55 (10.25)], which was significantly higher than the criterion score (39) ($p = 0.001$). The highest mean score belonged to the respectful treatment of elderly care (3.98).

The mean score of professional responsibility was [mean (SD): 39.62 (9.86)], which was significantly higher than the criterion score (36) ($p = 0.001$). The highest score was that of pressure ulcers in the elderly (3.90). The mean score of professional responsibility of women in elderly care was [mean (SD): 39.83 (10.40)] and was significantly higher than that of men [mean (SD): 38.72 (7.17)] ($p < 0.003$). Moreover, there was a significant relationship between the responsibility and experience of

living with the elderly ($p = 0.040$) and age ($p = 0.001$). Furthermore, the mean score of attitude toward caring for the elderly was [mean (SD): 56.14 (12.53)], which was significantly higher than the criterion score (42) ($p = 0.001$). The highest score was obtained on the question related to speaking in a simple language with the elderly (4.28). The mean score of attitude in women [mean (SD): 56.53 (13.02)] was significantly higher than in men [mean (SD): 54.50 (8.94)] ($p = 0.04$). Furthermore, the mean score of perception of elderly care [mean (SD): 45.429 (7.53)] was significantly higher than the criterion value (45) ($p = 0.001$). The highest score was related to the outbreak of pain (4.13).

The mean score of the performed intervention in nursing care for the elderly [mean (SD): 38.36 (8.42)] was significantly lower than the criterion score (39) ($p = 0.02$). The highest score was related to the ability to diagnose negligence and abuse in the elderly (5.04) [Table 2]. There was no statistically significant difference between other individual-social characteristics and the status of nursing care for the elderly and its aspects.

Discussion

This study was carried out to determine the status of geriatric in-hospital nursing care from the perspective of nurses working in the emergency department of hospitals in the northwest of Iran. The results showed that geriatric in-hospital nursing care was mainly acceptable from the perspective of nurses working in emergency

Table 1: Distribution of frequency and mean of demographic characteristics of nurses

Demographic characteristics	Subgroup	n (%)	Demographic characteristics	Mean (SD)
Profession	Head-nurse	9 (3.60)	Age	31.84 (6.27)
	Staff	9 (3.60)		
	Nurse	232 (92.80)		
Work shift	Morning shift	59 (23.50)	Years of experience as a registered nurse	8.36 (5.74)
	Afternoon shift	6 (2.40)		
	Rotation shift	186 (74.10)		
Educational degree	Associate's degree	18 (7.23)	Years of experience as an emergency	4.06 (3.03)
	Bachelor's degree	216 (86.74)		
		15 (6.030)		
Concurrent experience in other departments	No	147 (61.20)	Years of experience in the current hospital	6.33 (5.10)
	Yes	93 (38.80)		

Table 2: Distribution of mean and standard deviation of hospital nursing care and its components

The status of elderly nursing care and its components	Mean (SD)	Criterion score	p^*
Perception of elderly care	45.42 (7.53)	45	0.001
Attitude toward caring for the elderly	56.14 (12.53)	42	0.001
Professional responsibility	39.62 (9.86)	36	0.001
Aging-sensitive care delivery	41.55 (10.25)	39	0.001
Performed intervention	38.36 (8.42)	39	0.020
Geriatric In-Hospital Nursing Care	237.30 (75.30)	201	0.001

*One-sample t -test

departments. The current study showed that the sub-scales of the GerINCO such as aging-sensitive care delivery, professional responsibility, and attitudes and perceptions of emergency nurses toward geriatric in-hospital nursing care were satisfactory, but the performed intervention was unacceptable, which is consistent with the findings of Fox *et al.*^[23] In their study, nurses' perception of the quality of care facilities for the elderly was positive.^[23] Moreover, the findings of the current study are in line with the studies by Andrade *et al.* and Khaki *et al.*^[6,24] These studies reported that less than 50% of elderly patients perceived the performed intervention of nursing care to be optimal.^[6,24] Similarly, Gallagher *et al.*^[25] showed that the quality of nursing care provided for the elderly in the emergency department from nurses' point of view is poor because of high expectations of patients and their families and insufficient support for nurses. In contrast, in the studies by Fatehi *et al.*^[19] and Fuseini *et al.*,^[26] almost all nurses reported the nursing care to be within the desired range, which is not consistent with the results of our study. This discrepancy with the present study may be because of differences in the study population and the tools used to measure geriatric in-hospital nursing care. It also seems that the shortage of specialized nurses in the emergency department has caused nurses to be somewhat distant from the performed intervention in elderly nursing care.

Findings showed that nurses' attitude toward elderly care in the emergency department was positive. The highest score was related to the question of speaking in a simple language with the elderly, which is consistent with the results of the study by Rustan *et al.*^[27] The results of their study showed that suitable communication between caregivers and patients is one of the essential issues of elderly care in emergency departments.^[27] Nurses' attitudes toward elderly care have been reported in various studies. In the studies by Thi Thanh *et al.*, Modupe *et al.*, and Ghorbani *et al.*, the majority of nurses participating in the study had a positive attitude toward caring for the elderly.^[16,17,28] These findings are consistent with the results of our study. This is because of the fact that in all studies, nurses believed that the elderly deserve the best care. In contrast, a study by Muvwimi *et al.*^[29] showed that because of negative stereotypes, most nurses did not have a good relationship with the elderly. However, in the study by Maghami *et al.*,^[30] the nurses' attitude in caring for the elderly was moderate. This discrepancy is because of the fact that in some studies, nurses believed that the elderly should be cared for in nursing homes and special departments for the elderly.^[31]

In the present study, nurses reported high professional responsibility toward elderly care and the highest score was related to the evaluation of pressure ulcers in elderly patients. These results are consistent with the results of the study by Kim and Lee.^[32] In their study, nurses had obtained

the highest mean scores in professional responsibility and prevention of pressure ulcers in the elderly.^[32] In the study by Jarling *et al.*,^[33] the care delivery for elderlies by professional caregivers was low because of their high responsibility. It can be said that professional responsibility and the standard of care differ based on local and regional conditions and facilities. In the study by Oyetunde *et al.*,^[34] more than 90% of the nurses stated that inadequate staffing can result in unimaginable workload and stress, leading to a low standard of care.

In Iran, because of the low nurse-to-bed ratio in emergency departments and nurses' involvement in side work, nurses have less opportunity to provide standard care to the elderly despite their high professional responsibility.

The findings of this study showed that aging-sensitive care delivery was desirable from the perspective of emergency department nurses. The highest score was reported for respectful treatment of the elderly, which is consistent with the results of a study by Boltz *et al.*^[35] in which respect for the elderly was one of the most important critical issues in the care of the elderly in the emergency department, and this was evident in the interaction and communication between the patients and their family members, and caregivers. In contrast, the study by Karimi *et al.* showed that from the point of view of most nurses, respect for the elderly during care was moderate to poor.^[36] These contradictory findings may be because of in-service training and differences in the clinical competencies of emergency nurses in different settings. Many factors may affect aging-sensitive care for the elderly, including gender, education, workplace, and professional socialization.^[17] Moreover, Oyetunde *et al.* reported that the nurses agreed that the main factor that influences their attitude toward the provision of proper care to the elderly is the lack of special training.^[34]

The results showed that the interventions performed in nursing care for the elderly were not desirable from the perspective of the emergency department nurses. This finding is consistent with the results of a study by Mohamed in which the nurses' performance in the field of elderly care was moderate.^[37] However, in the study by Kang, the performance of nurses' in the provision of elderly care in Japanese public hospitals was favorable.^[38] These inconsistencies in results may be because of high workload or low knowledge. Nurses do not use their knowledge in caring for the elderly, which can be because of various reasons such as high workload, excessive engagement in the recording of tasks, lack of workforce, a low ratio of workforce to patients, weakness in decision-making ability, lack of facilities, and overwork shifts.^[17,28,30]

The attitude of female nurses toward elderly care was better than that of male nurses, and the difference was statistically significant, which is consistent with the results of the study by Hosseini *et al.*^[39] This difference may originate from the personal characteristics of women.

Women tend to be more caring and responsible and have a greater sense of affection, altruism, and compassion than men.^[40,41] The results showed that female nurses had more responsibilities than men. This is consistent with the findings of Hassanian *et al.*^[42] This is because of the flexibility of female nurses with professional regulations and rules. Perez and del Bosque found that gender and level of education were not powerful determinants of professional responsibility.^[43] This difference is probably because of the greater responsibility of women in the Iranian society. In addition, the score of professional responsibility in elderly care in married nurses was higher than that of single nurses, and this difference was statistically significant, which is consistent with the results of the study by Hassanian *et al.*^[42] In the study by Ghorbani *et al.*,^[17] male nurses were more responsible than female nurses. This can be attributed to paying more attention to the elderly after marriage. In this regard, Vander Wathand Van Wyk stated that altruism enables female nurses to endure difficult situations and motivates them to be more responsible and do their best for patients.^[44]

The results showed that there was a significant relationship between professional responsibility regarding elderly care and age of nurses. In other words, with an increase in the age of nurses, their responsibility increased. This seems to be reasonably acceptable as their responsibilities increase as their age increases and they gain professional experience. In addition, there was a significant and positive relationship between work experience and responsibility, which is consistent with the findings of Hassanian *et al.*^[42] In other words, with increasing work experience, nurses' responsibility in caring for the elderly increased. The main limitation of this study was self-report data collection, but the researchers tried to control its effects through the explanation of the goals, creation of trust, invitation for cooperation, and emphasizing of the confidentiality of the demographic data.

Conclusion

Nurses rated the dimensions of aging-sensitive care delivery, professional responsibility, and perception of and attitude toward elderly care as desirable, and the dimension of performed intervention as undesirable. Therefore, it is suggested that nursing managers conduct clinical interventions to improve the status of elderly care by removing existing barriers and in-service training methods. In addition, nurses' gender and age had a statistically significant relationship with their professional responsibility. Thus, it is recommended that these variables be considered in selecting nurses to work with the elderly.

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Conflicts of interest

Nothing to declare.

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