

NURSES' ATTITUDES TOWARDS GERONTOLOGY CARE: A SCOPING REVIEW

by

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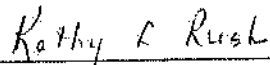
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Abstract

A nursing workforce able to care for our aging population is critical for ensuring quality gerontology care. Nurses' attitudes towards caring for older adults has been shown to influence nurses' decisions to pursue a career in gerontology care in addition to influencing quality of care provided to this population. A multitude of studies have examined nurses' attitudes towards older adults but few have been conducted that examine registered nurses' attitudes towards caring for older patients. Therefore, the primary purpose of this scoping review was to examine nurses' attitudes towards caring for older adults. The secondary purpose was to identify factors contributing to nurses' attitudes towards caring for older adults. Searches were conducted utilizing CINAHL and MEDLINE databases using controlled and open vocabulary. Primary research conducted between 2005 and 2015 pertaining to the research topic was included in this review. A total of eight studies met the inclusion/exclusion criteria of this scoping review and were included in this paper. This scoping review revealed the complexity of nurses' attitudes towards caring for older adults with mixed positive and negative attitudes emerging. Factors identified as contributing to nurses' attitudes towards gerontology care included work environment, nursing experience, nurse demographics, culture, and education. The factors identified were complex and at times inconsistent between studies included in this review. Additional research is needed to confirm the relationship between factors such as gender, living situation, culture, work environment and the impact on nurses' attitudes towards caring for older adults. Implications for nursing practice, research, and education that warrant urgent consideration on behalf of healthcare stakeholders are discussed. Future research to better understand how nurses' attitudes towards caring for older adults may be positively influenced is necessary for ensuring quality patient care for an aging population.

Keywords: nursing, attitudes, perception, gerontology, geriatric, older adult, senior, elderly

My Personal Account

Gerontological nursing holds both personal and professional significance in my own nursing practice. My interest in gerontological nursing has stemmed from my own personal experience caring for older adults and has evolved over time. Throughout my undergraduate nursing degree, gerontology care was not an area of nursing I was interested in pursuing. I did not consider gerontological nursing an area of practice, that with additional education, would improve the level of care I was able to offer older adults. Despite frequently providing care to older adults during my undergraduate nursing degree and as a new graduate, I did not appreciate their highly complex care needs. Looking for a new challenge, I quickly went on to complete advanced training in critical care nursing. Perhaps the excitement and prestige I felt was associated with critical care nursing drew me to this area of advanced practice. Despite having completed advanced training in caring for critically ill patients, I continued to lack appreciation for just how physiologically complex older adults often are. After working in intensive care for some time I eventually moved into the role of a clinical nurse educator (CNE).

It was not until my role as a CNE that I began understanding the heterogeneous nature of older adults. A large part of my role as a CNE was to act as a resource for nursing staff by providing clinical education and support. Providing support to nurses who frequently served the older adult population exposed me again to the complex care needs of older adults. On a daily basis I would observe older adults veer from the planned trajectory when care treatments were initiated. It was fascinating to me how two older adults of the same age and identical comorbidities could have the same treatment prescribed yet they would respond so differently. Similarly, the sensitive nature of the older adults intrigued me. Why was it that a 75-year old woman would develop a devastating delirium as the result of a common ailment such as

constipation or an interrupted sleep pattern? It was questions and observations such as these that sparked my interest in caring for older adults.

Eager to expand my knowledge and understanding of the complex physiology of older adults I pursued certification in gerontological nursing through the Canadian Nursing Association (CNA) in 2015. Successfully completing the CNA gerontological nursing certification significantly enhanced my understanding of how to provide the best care possible in a community with a high concentration of older adults. Despite my own enthusiasm for gerontological nursing, I have observed nurses moving into critical care, cardiac care, emergency medicine, and neonatal care at an exponentially higher rate than gerontology care at the hospital where I am currently employed. Understanding the reasons behind these trends is the focus of this paper. The primary purpose of this paper was to gain understanding of nurses' attitudes towards the practice of caring for older adults known as gerontology care. A secondary focus was to identify factors that contribute to nurses' attitudes towards caring for older adults.

Background

The global population is undoubtedly aging at a rapid rate. In the year 2010, the percentage of people aged 65 years and older in Japan and Italy was 23% and 21%, respectively (Canadian Institute for Health Information, 2011). In the same year, American and Australian citizens aged 65 years and older accounted for 13% of each country's total population (The World Bank, 2016). Germany's population of older adults aged 65 years of age was also 21% in the year 2010 and Canadian's have certainly started to follow suit (The World Bank, 2016). The year 2011 marked the first wave of Canadian baby boomers, those born during the most recent birth cohort in Canada between the years 1946 and 1965, to turn the age of 65 (Canadian Institute for Health Information, 2011).

Interestingly, despite Canada's aging population, the country has an overall younger population than other industrialized countries such as Japan, Italy, and Germany (Canadian Institute for Health Information, 2011; Canzan, Heilemann, Saiani, Mortari & Ambrosi, 2014). In 2010, 14% of the Canadian population was aged 65 years and older (The World Bank, 2016). The most recent statistics showed that between 2010 and 2015, Canada's elderly population increased by a noteworthy two percent (The World Bank, 2016). Employment and Social Development Canada (2016) estimated that with five million Canadians aged 65 years and older in the year 2011, Canadians can expect to see the population of those age 65 years or older rise to 10 million within the next 25 years. Due to the anticipated rapid upswing of Canada's senior population, questions regarding quality senior care have been raised.

It is imperative to note, that persons over the age of 65 are more likely to experience multiple chronic health conditions, issues related to poly-pharmacy, require additional supports in order to complete activities of daily living, and access various levels of health care and support services (Canadian Institute for Health Information, 2011). Furthermore, advancements in healthcare are yielding life prolonging outcomes for older adults and in turn creating even more complex care needs for the aging population (Heise et al., 2012). Older adults are typically more frequent users of health care services than their younger counterparts (Canadian Institute for Health Information, 2011; Kydd & Wild, 2012). Acknowledging that the population of older adults who frequently access healthcare services has been predicted to grow significantly over the next 20 years and beyond (Canadian Institute for Health Information, 2011), the demand for nurses well versed in gerontology care will become increasingly important in order to provide the best care possible for this aging population of older adults.

Despite the anticipated rise in demand for gerontology nurses, nurses often regard caring for the older adult population as a less than desirable area of nursing to pursue (Liu et al., 2012; Kydd & Wild, 2013; Liu et al., 2013; Heise, Johnsen, Himes & Wing, 2012). Instead, nurses continue to pursue more traditionally recognized specialty areas such as intensive care, emergency, and pediatrics despite the predicted increased demand for gerontology nurses (Evers, Ploeg & Kaasalainen, 2006; Hayes et al., 2006; Happell, 1999). According to the Canadian Nurses Association (CNA) (2016a, 2016b), in the year 2015, less than 2% of registered nurses in British Columbia were certified in gerontology care (CRNBC, 2016; CNA, 2015). Nevertheless, unlike other specialty areas (e.g., critical care, perioperative nursing) that require advanced education beyond registered nursing entry to practice nursing competencies, the skills and knowledge specific to gerontological nursing are often addressed in basic entry to practice level nursing programs (CNA, 2010; CRNBC, 2015), may be built on through isolated courses, or experienced through practice settings specific to older adult care.

Existing research has discussed nursing students' and other healthcare professionals' attitudes towards older people but has failed to highlight registered nurses' attitudes towards caring for older adults. For example, considerable research has examined the attitudes of various healthcare professionals including physicians, medical students, allied health, nurses, and nursing students but findings have been aggregated and not reported by professional designation (Kydd, & Wild, 2012; Kydd, Wild, & Nelson, 2013). Studies that have focused on nurses as the sample population have often combined attitudes of registered nurses with those of licensed practical nurses and nursing care aides (Barba, Hu & Efir, 2012; Evers et al., 2006; Gould, Dupuis-Blanchard & MacLennan, 2015; Hayes et al., 2006; Heise, Johnsen, Himes, & Wing, 2012; Holroyd, Dahlke, Fehr, Jung, & Hunter, 2009; Neville & Dicke, 2014).

There has been limited research specifically addressing registered nurses' attitudes towards providing care to older patients. A review of the literature spanning 2005 to 2015 revealed four reviews focused on registered nurses' and other health care professionals' attitudes towards caring for the older adult (Kydd & Wild, 2012; Kydd et al., 2013; Liu et al., 2012; Liu et al., 2013). These reviews had limitations. They were not specific to nurses, did not focus on attitudes related to older adult care and did not use a systematic approach to the review. Therefore the twofold purpose of this scoping review was: i) to gain a better understanding of nurses' attitudes towards caring for the older adult and; ii) to identify contributing factors that influence nurses' attitudes towards caring for the older adult. Factors identified as contributing to nurses' attitudes towards caring for the older adult will be categorized into key themes. Following an in depth discussion of the findings, potential implications for nursing practice will be identified.

Definition of Terms

Gerontology Nurse

For the purpose of this paper the term *gerontology nurse* or *gerontological nurse* will be defined as a nurse who has either i) completed formal certification or specialization in gerontology care ii) completed additional formal or informal education or training related to gerontology care iii) has substantive experience working in environments with a designated focus on older adults. To limit the definition of gerontological nurses to only those who have completed formal certification through a recognized educational institution would risk failing to capture valuable data gathered from nurses who may indeed have substantial expertise in the field of gerontology care without formal certification. Examples of education outside of the nationally recognized CNA certification include college or hospital-based courses related to the

field of gerontology (Kydd & Wild, 2012). Additional training may also have been obtained by means of practicums focused on the older adult or mentorship with an experienced gerontology nurse. Examples of work environments where older adults would be the focus include residential or LTC facilities, acute care geriatric units, or units that have a substantive proportion of older adults.

Older Adult

In Canada, age 65 is most commonly recognized as the defining age for seniors and this is when many older adults begin to receive social service supports such as government pensions (Canadian Institute for Health Information, 2011). Interestingly, various perspectives exist across the globe as to what age is considered senior, with no true consensus on the definition of a senior (Canadian Institute for Health Information, 2011). For the purpose of this paper, the term *older adult* will refer to adults aged 65 and older and may be used synonymously with the term *senior* or *elderly*.

Approach

Utilizing the Arksey & O'Malley (2005) approach to conducting scoping reviews, the following two key questions will be explored: "what are nurses' attitudes towards caring for older adults?" and "what factors influence nurses' attitudes towards caring for older adults?" Unlike a systematic literature review, scoping reviews often address more broadly based topics and generally do not assess the quality of the included studies. Scoping reviews typically include all types of literature relevant to the research topic regardless of study design (Arksey & O'Malley, 2005).

Following consultation with my scholarly project supervisor Kathy Rush, committee member Sheila Epp, and Associate Chief Librarian Robert Janke a project search strategy was

developed. Literature searches were conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and MEDLINE databases through the EBSCO search engine. Key search terms included: *gerontology nurse*, or *gerontological nurse*, or *geriatric nurse*, or *older people nurse*, and *perceive*, or *perception*, or *attitude*. Truncations of these search terms were included to enhance search results (see Appendix A Search Table) in addition to search term combinations and search strategy.

Inclusion criteria consisted of the following: articles written in the English language, publication date 2005 to 2015, abstract available, primary research, older adult defined as age 65 and older, and full text easily available through the UBC library. Studies dating back to 2005 will be included to reflect the most recent decade of research related to the focus of this paper. This timeframe was also chosen with the understanding that gerontological nursing has only begun to gain recognition and popularity since the beginning of the new millennium (Gerontological Nurses Association of British Columbia, 2016). Studies were also required to include research related to either: i) the identification of nurses' attitudes towards gerontology care ii) or factors contributing to nurses' attitudes towards gerontology care.

Exclusion criteria included: older adults ≤ 65 years of age, health professionals other than nurses such as nursing assistants, nurse practitioners, clinical nurse practitioners, or nursing students, or the sample population was specific to dementia care or other specific cognitive impairment, or related exclusively to critical care or emergency care environments. Critical care and emergency care environments were excluded as the emphasis of care provided in these environments is often focused on critical care medicine as opposed to the care typically provided for older adults.

International publications and studies were included in this scoping review with the intention of achieving global relevancy and applicability to the profession of nursing. Google scholar was utilized to obtain additional high quality studies not yet published or accessible through traditional search databases such as CINAHL and MEDLINE.

Once database searches were completed, duplicate articles were eliminated. Article titles were reviewed for relevancy and articles not pertaining to the research topic were eliminated. The remaining articles underwent an abstract review and again any articles not pertaining to the research topic were eliminated. Papers were most often excluded from this scoping review for the following reasons: focus was primarily on nursing students' attitudes towards caring for older adults, study focus was not specific to nurses' attitudes towards caring for older adults, or the study did not separate findings based on professional designation. Studies were then read in their entirety and those that did not meet the inclusion criteria were excluded from the review. Following the final selection of studies, a hand-search of each article's reference list was conducted to identify relevant literature that was not identified through the CINAHL and MEDLINE databases. Appendix B highlights the study selection process that produced the final papers included in this review.

Selected studies were then reviewed in detail to gather background information and identify key issues, themes, and gaps in the literature. To ensure information was extracted from the studies utilizing a standardized approach, a data extraction table (see Appendix C Data Extraction Table) was developed to include the following information: Author(s), title, year of publication, country in which research was conducted or published, purpose of the study, sample population, methods, and key findings. Key themes drawn from the literature will be discussed

followed by discussion and their implications drawn for nursing practice, nursing education, nursing research.

Results

Description of Studies

A total of eight studies meeting the inclusion criteria were included in this scoping review (see Appendix C Data Extraction Table). The following is a high level overview and brief synthesis of the studies included in this scoping review. The studies were conducted in eight different countries including Portugal (1), Finland (1), Australia (1), Jordan (1), England (1), Nigeria (1), Turkey (1), and the United States (1). Six of the studies were quantitative descriptive studies: five used cross-sectional descriptive designs and one used a descriptive correlational design. The remaining two studies were grounded theory qualitative studies that gathered data by way of in-depth interviews. Seven of the eight studies took place in hospital care environments. Only one study collected data from nurses working in long-term care (LTC) facilities.

Samples included predominantly baccalaureate and diploma prepared nurses. Three studies included nurses who had completed advanced training in gerontology nursing; however, the proportion of nurses with this additional training was minimal (ranging between 4% and 16%) in each of the studies. Three additional studies included nurses with additional training in areas such as mental health, midwifery, or paediatrics. The studies had a range of sample sizes. Two studies had less than 20 participants, four studies had between 100 and 200 participants, and two studies had large sample sizes of ranging between 600 and 1000 participants.

The tools used for measuring nurses' attitudes were variable. They are highlighted in Appendix C. One study utilized the Geriatric Nursing Knowledge/Attitudes (GNKA) assessment

tool and the Geriatric Institutional Assessment Profile (GIAP) to assess knowledge, attitudes, and perception of gerontology care. In depth interviews guided by scenario based questions were utilized for two studies while two other studies developed questionnaires formatted as Likert-style surveys. One study utilized the Kogan Attitudes towards Old People (KAOP) scale to assess attitudes towards older adults another study utilized a modified version of the KAOP scale. One study utilized the Facts on Aging Quiz (FAQ) to assess knowledge related to gerontology care. Finally, two of the eight studies developed questionnaires that included an Ageing Anxiety Scale (AAS) to assess for self-aging anxiety amongst nurses.

Description of Themes

Nurses' Attitudes Towards Gerontology Care

Despite the present low uptake of gerontology nursing as a pursuit, this scoping review revealed nurses held both positive and negative attitudes towards caring for older adults. Five of the studies concluded that nurses held overall positive attitudes towards caring for older patients (Eloranta et al., 2014; Hweidi & Al-Hassan, 2005; Liu, Norman & While, 2015; Oyetunde et al., 2013; Polat, Karada, Ülger & Demir, 2014). Conversely, the remaining three studies described nurses' negative attitudes towards caring for older adults (Schrader, 2009; De Almeida Tavares et al., 2015; Higgins et al., 2007). All eight studies highlighted the complex and multifactorial nature of nurses' attitudes towards gerontology care.

The paradoxical nature of nurses' positive attitudes towards older adult but negative attitudes about caring for older adults was evident in five of the studies included in this review. A study that surveyed 579 acute care nurses identified that although nurses may report positive attitudes towards older adults, their positive attitudes may not always translate into a desire to work with them (Liu et al., 2015). Another study ($n=130$) aligned with this finding and reported

that hospital nurses' who hold positive attitudes towards caring for older adults also frequently reported caring for older people to be time consuming and increasingly demanding (Oyetunde, Ojo & Ojewal, 2013). Furthermore, nurses responsible for providing direct care to hospitalized older patients expressed feeling impatient at times and reported not having enough time to 'slow down' to care for older adults due to time constraints, ultimately leading those nurses to describe gerontology care as a perceived burden (Higgins et al., 2007). Another study ($n=110$) highlighted hospital nurses overall positive attitudes towards caring for older adults but described difficulty in providing care to this population related to viewing older adults as weak, disabled, inflexible, and lacking cognitive ability (Polat et al., 2014).

Despite their tendency to label elderly patients, the majority of nurses in this study ironically reported having more respect and patience for older patients due to their age and claimed they would even prioritize older adults basic care needs over those of younger patients (Polat et al., 2014). Similarly, Eloranta et al. (2014) found that although geriatric acute care nurses held overall positive attitudes towards caring for the older adult, they were challenged to take into account both patient and family preferences regarding patient care.

Nurses' negative attitudes towards caring for older adults were prevalent within the literature reviewed. One large survey study ($n=1068$) highlighted nurses' negative attitudes towards caring for older adults, specifically related to factors commonly associated with gerontology care such as sleep disorders, pressure ulcers, incontinence, and restraint use (De Almeida Tavares, Da Silva, Sá-Couto, Boítz & Capezuti, 2015). Negative attitudes towards caring for older adults were also associated with the marginalisation and stereotyping of older people. When nurses illustrated older adults care requirements, they stereotyped older people care by describing the elderly as using the patient call-bell more often, needing to be toileted

more frequently, being more demanding, and being more physically demanding to care for than younger patients (Higgins, et al, 2007). The term ‘Chinese whispers’ was used to describe how negative stereotypes are perpetuated during older patients’ hospital stays through word of mouth and informal discourse (Higgins et al, 2007). The negative attitudes of nurses’ towards gerontology care were strongly evident in Schrader’s (2009) study that explored clinical nurse educators’ attitudes towards caring for older people in LTC. Nurse educators included in this study described the LTC environment and the work associated with it as unpleasant and not clinically challenging (Schrader, 2009). Not surprisingly, nurses who viewed caring for older adults as burdensome reported negative attitudes towards gerontology care more frequently than those who did not (De Almeida Tavares et al., 2015; Schrader, 2009).

Factors Influencing Nurses’ Attitudes Towards Gerontology Care

Several recurring themes were identified throughout the literature as potential contributing factors associated with nurses’ attitudes towards gerontology care. These recurring themes included: education, nursing experience, work environment, nurse demographics, culture, and ageism. The following is a summary of the evidence pertaining to each of the themes.

Education. Nursing education and training were frequently cited as contributing factors to nurses’ positive attitudes towards gerontology care. Eloranta et al. (2014) reported that Finish baccalaureate trained nurses held more positive attitudes towards nursing the elderly than diploma educated nurses. Generally baccalaureate prepared nurses demonstrated increased occurrences of shared decision-making and involvement with the patient and family regarding functional status assessment, goal-setting, and discharge planning. However, a lack of geriatric content in baccalaureate registered nursing program curricula was referenced as a probable factor influencing nurses’ negative attitudes towards gerontology care in Portugal.

Nurses who have completed an undergraduate nursing or continuing education program that included gerontology content also perceived caring for older adults more positively than nurses who have not (De Almeida Tavares et al., 2015). Nurses with post-graduate education (type not specified) were more likely to report positive attitudes than both baccalaureate and diploma educated nurses (Liu et al., 2015). Furthermore, nurses with advanced training in gerontology reported enjoying working with older patients more frequently than nurses trained in specialty care areas other than gerontology care such as mental health, critical care, and paediatrics (Liu et al., 2015; De Almeida Tavares et al., 2015). Interestingly, nurses expressed the belief that specialized training in gerontology was important for the provision of quality care for older adults (Oyetunde et al., 2013). Limited professional development opportunities in gerontology care were indeed associated with nurses' negative attitudes towards caring for older adults. Nurses who perceived a lack of hospital educational support were more likely to report negative attitudes towards caring for older adults (De Almeida Tavares et al., 2015).

Nursing experience. Four studies described an association between years of gerontological nursing experience and nurses' attitudes towards caring for older adults (Hweidi & Al-Hassan, 2005; Eloranta et al., 2014; Liu et al., 2015; Polat et al., 2014). As the number of years of nursing experience increased, nurses' attitudes became increasingly positive (Hweidi & Al-Hassan, 2005). Nurses with more than 10 years of gerontology nursing experience practiced shared decision-making more often than nurses with less than 10 years of gerontology experience (Eloranta et al., 2014). Two studies reported that nurses with either current or past experience in gerontology had more positive attitudes towards ageing than those lacking gerontology experience (Liu et al., 2015; Polat et al., 2014). Polat et al., (2014) argued that nurses with previous experience working with older adults demonstrated better understanding of

issues specific to caring for older adults including aging processes, and more effective communication skills with older adults (Polat et al., 2014). It was also identified that the longer nurses worked on their current medical-surgical unit, the more positive their attitudes became towards caring for older patients (Hweidi & Al-Hassan, 2005).

Finally, a nurse's position within the healthcare organization correlated with attitudes towards caring for older people. Nurses in more senior roles such as charge nurse, manager, or clinical nurse specialist reported more positive attitudes than staff nurses who were often responsible for providing direct patient care to older patients (Liu et al., 2015).

Work environment. Place of employment was discussed in several studies as a factor influencing nurses' attitudes towards gerontology care (De Almeida Tavares et al., 2015; Higgins et al., 2007; Hweidi & Al-Hassan, 2005; Liu et al., 2015; Oyetunde et al., 2013; Schrader, 2009). Nurses' attitudes varied according to whether they worked on specific in-hospital units, such as medicine or surgery, an LTC setting or in an academic (vs non-academic) hospital.

Nurses working in academic teaching hospitals reported negative attitudes towards caring for older patients more often than nurses working in non-academic hospital centers (De Almeida Tavares et al., 2015), despite their greater knowledge about best practices in gerontology care. It was suggested that facilities with a more positive geriatric institutional milieu can be more favourable for geriatric patients and, in turn, promote positive nurse attitudes (De Almeida Tavares et al., 2015).

In this review, clinical focus of the hospital unit nurses worked on was not identified as a factor influencing nurses' attitudes as the evidence was conflicting. Hweidi & Al-Hassan (2005) described surgical nurses' having a more positive attitude towards caring for older patients than medical nurses. Conversely, one Australian study reported that surgical nurses held largely

negative attitudes towards gerontology care (Higgins et al., 2007). Neither medical nor surgical units were consistently recognized as influencing nurses' attitudes towards caring for older adults.

Nurses working in LTC settings also struggled with ageist attitudes stemming from the environment in which they provided care to older patients (Schrader, 2009). Nurses expressed hope they would never have to live in a LTC facility, as they perceived their quality of life would be negatively impacted (Schrader, 2009). Some nurses described LTC facilities as a depressing place to care for older patients who they perceived go there to die (Schrader, 2009).

Sadly, healthcare resources, particularly human resources, were found to influence nurses' attitudes to older adult care. In two studies, nurses reported lack of resources as a barrier to providing older patients with the time, support, and level of care they required which in turn contributed to a stressful work environment and yielded negative attitudes towards the delivery of care for older adults (Higgins et al., 2007; Oyetunde et al., 2013). In support of these findings, Liu et al. (2015) reported that nurses who perceived positively the distribution and allocation of limited healthcare resources for older people also reported more positive attitudes towards caring for older patients.

Nurse demographics. Evidence was inconclusive relating nurses' demographics, such as age, gender, and experience living with an older adult, to their attitudes towards gerontology care. Liu et al. (2015) found that nurses aged 30 to 39 years were less likely to report positive attitudes towards working with older patients compared to their 20 to 29 year old counterparts (Liu et al., 2015). Conversely, other studies reported no significant relationship between age and attitudes towards caring for older people (Polat et al., 2014; De Almeida Tavares et al., 2015; Hweidi & Al-Hassan, 2005). Only one study (Hweidi & Al-Hassan, 2005) addressed gender and

reported that male nurses reported more positive attitudes towards gerontology care than female nurses. Also, nurses living in a household with an elderly person reported having more positive attitudes towards caring for older patients (Hweidi & Al-Hassan, 2005).

Culture. Religion, ethnicity, and social structure were also identified as factors that play a role in nurses' attitudes towards gerontology care. Jordanian culture for example places value on respecting and valuing older adults. It is not uncommon for Jordanian family living situations to consist of extended family members including older adults, a cultural norm which has been associated with positive nurses' attitudes towards caring for older patients (Hweidi & Al-Hassan, 2005). Similarly, the expectation of certain cultures that demand respect and caring for older adults may in turn positively influence nurses' attitudes towards gerontology care (Polat et al., 2014). One study found ethnicity as a factor influencing attitudes towards caring for older patients with Caucasian nurses reporting more positive attitudes than Asian nurses (Liu et al., 2015).

Ageism. Concepts related to ageism were frequently evident in the reviewed literature as one factor contributing to nurses' negative attitudes towards caring for the elderly. Higgins et al. (2007) reported several instances of nurses stereotyping older people. Such stereotyping was apparent when nurses shared their inclination to communicate with the patient differently upon learning the patient came from a LTC facility. Nurses in this study also reported less motivation to provide more aggressive mobility rehabilitation knowing the patient was going to be returning to a LTC facility at discharge. Furthermore, one nurse in the same study typified her older patients as burdensome, describing them as requiring more attention, being more demanding, and physically heavier to care for than younger patients (Higgins et al., 2007). Nurses reported

experiencing difficulty in providing care to this population, viewing older adults as weak, disabled, inflexible, and lacking cognitive ability (Polat et al, 2014).

The marginalisation and oppression of the elderly was evident in how nurses regarded older people; the way in which action was taken or delayed, and how nurses spoke to, or about, older patients within the LTC setting (Higgins et al., 2007). Nurses noted that when medical consultations were requested for older adults the physicians' assessments were often delayed, deeming the older person to be less of a priority than younger adults, and perpetuating the negative attitudes towards caring for older adults. Nurses also described feeling hesitant in questioning the care other healthcare professionals provided to older adults (Higgins et al., 2007).

Factors related to aging that positively influenced nurses' attitudes towards caring for older patients were also reported. It was found that nurses with positive attitudes towards older people in general had stronger and more positive attitudes towards working with older patients (Liu et al., 2015). Nurses who indicated less anxiety related to self-aging were also more likely to report more positive attitudes towards older people and caring for them (Liu et al., 2015).

Discussion

The evidence evaluated in this scoping review has illustrated that nurses report both positive and negative attitudes towards caring for older adults, highlighting the complex and multifaceted nature of this important issue. Nurses' paradoxically positive attitudes towards older adults but negative perceptions towards caring for them may reflect factors such as work environment, education, nursing experience, nurse demographics, and culture that are discussed below.

Liu et al. (2015) clearly identified that nurses' positive attitudes towards older people do not automatically translate into positive attitudes towards working with them. Work environment factors including clinical focus and resource availability were cited as influencing nurses' attitudes. A lack of human and time resources were consistently reported as negatively impacting nurses' attitudes towards older adult care (Higgins et al., 2007; Liu et al., 2015). Inadequate resources can be a source of distress and anxiety for nurses, contributing to nurses' perceptions of being challenged to meet the care needs of the patient (Higgins et al., 2007). Nurses' attitudes reflect a mismatch between the needs of older adults and the care they were able to give that often reflected organizational constraints such as inadequate resources. Consistent with current findings, Cline (2012) found that hospital organization support for nursing care, nurse staffing, and adequacy of resources were work environment factors that influenced nurses' perceptions of quality care for older adults.

Evidence varied regarding the relationship between nurses' attitudes towards gerontology care and their place of employment such as long term or acute care. It was suggested that surgical nurses may have more positive attitudes than medical nurses due to their younger older adult cohort compared to the older adults admitted to medical units (Higgins et al., 2007). Meanwhile, nurse educators working in LTC reported overall negative attitudes towards working with older adults reflecting an environment perceived to lack clinical challenge or aesthetic appeal (Schrader, 2009). Interestingly, although nurse educators encouraged students to pursue fields of nursing outside of LTC such as intensive care or pediatrics, they also identified that caring for these other populations' required similar nursing care in overwhelming environments in which patients often had multiple comorbidities or were dying. With the exception of medical acuity and advanced medical procedures, the skills that nurses are required to perform in the

LTC such as cleaning up bodily fluids or managing disruptive behaviours are also tasks performed in intensive care and pediatrics, however the tasks are often perceived as burdensome when working with older adults (Schrader, 2009).

This scoping review highlighted the positive influence of nursing education and training on attitudes towards gerontology care. The literature supported a positive relationship between the level of nursing education nurses completed and their attitudes towards caring for older adults (Eloranta et al., 2014; Liu et al., 2015). This finding may indicate that nurses with greater professional commitment experience more positive attitudes towards their nursing work and therefore care of older patients (Liu et al., 2015). Of greater significance were the more positive attitudes towards older adult care of nurses who had greater educational preparation in gerontology, from undergraduate or continuing education programs, than nurses without this preparation (De Almeida Tavares et al., 2015). Nevertheless, despite the integration of skills and knowledge specific to gerontological nursing in basic entry to practice level nursing programs (CNA, 2010; CRNBC, 2015), nurses with postgraduate education demonstrated more positive attitudes than baccalaureate and diploma nurses (Liu et al., 2015). This reinforces nurse researchers' advocacy efforts for the importance of additional education including specialist status in the field of gerontology (Kydd, 2012).

It was evident that nursing experience, specifically length of service, had a positive impact on nurses' attitudes towards gerontology care. Experienced nurses may have a better knowledge and understanding of the health care needs of older adults from completion of additional training and education (Hweidi & Al-Hassan, 2005) or simply from years of practice. Indirect care nursing roles such as charge nurse, nurse manager, or clinical nurse specialist were associated with more positive attitudes compared with direct nursing care roles (Liu et al., 2015).

Although this finding was not elaborated in the literature, perhaps the more positive attitudes of nurses in these leadership roles was the result of being more removed from the tension/distress direct care nurses experience in not being able to meet the care needs of older adults.

Ageism was prevalent in the literature reviewed. Ageist attitudes in healthcare often become apparent when healthcare professionals view medical interventions as futile for older patients or believe that seniors' care should not take place in the acute care setting (Kydd & Wild, 2012). Examples of marginalization, stereotyping, oppression, and anxiety related to self-ageing were highlighted (Higgins et al., 2007; Polat et al., 2014). Stereotyping older adults as weak, disabled, inflexible, asexual, unproductive, and lacking cognitive function were examples of ageist attitudes that may contribute to compromised quality patient care for older adults (Higgins et al., 2007; Polat et al., 2014).

A relationship between nurse demographics such as age, gender, and living situation and attitudes towards gerontology care was not clearly identified within this scoping review. Hweidi & Al-Hassan (2005) was the single study in this review to present evidence linking male gender to more positive attitudes towards caring for older adults than females. The author proposed this may be a result of Jordanian women, who work as nurses feeling increasingly burdened by the caregiver role both inside and outside of the home but was offset by living with at least one older adult. No further studies reported identifying a significant relationship between demographics such as age, gender, or living situation.

Cultural influences such as religion, social structure, and ethnicity were noted in several of the studies reviewed. Most noteworthy was the influence societal norms had on nurses' attitudes such as an engrained respect for the elderly in Turkish and Jordanian culture. Interestingly, although Liu et al. (2015) reported Caucasian nurses had more positive attitudes

towards older people than Asian nurses they noted the findings should be verified as it is contradictory to the expected outcome as Asian nurses are more likely to live with families consisting of older adults. Shifts in family structure, such as the growing prevalence of nuclear families and diminishing extended family structure, and living arrangements in which aging parents live along, may explain the shift in nurses' attitudes towards caring for older adults (Hweidi & Al-Hassan, 2005).

It is worth acknowledging the lack of Canadian studies that have explored registered nurses' attitudes towards caring for older adults. Although studies looking at Canadian nursing students' attitudes towards gerontology care have been published (Gould et al., 2015; Holroyd et al., 2009), there is a lack of literature addressing registered nurses' attitudes towards caring for seniors. The lack of literature may reflect the Canadian population that although aging, is still relatively young in comparison to countries such as Japan, Italy, and Germany and therefore perceived as a less pressing area of concern (Canadian Institute for Health Information, 2011; Canzan et al., 2014). It has been suggested within the literature that perhaps Canada will need to look to other developed countries faced with an aging population for creative ideas and solutions for successfully managing the often complex care of the older adult (Canadian Institute for Health Information, 2011).

Limitations

The small number of studies included in this scoping review limits the generalizability of the research findings; however, the total sample size ($n=2220$) when the studies are combined is considerable. Variations between study methods and the presentation of findings within each study created challenges in interpreting contradictory results. Although a systematic approach was undertaken for the selection of studies included in this review, the quality of the research

was not evaluated. Finally, the majority of studies took place in the hospital or LTC setting. This may impact nurses' attitudes as older adults in hospital are often acutely ill, experience different health challenges, and have different care needs than older adults in the community being cared for by community care nurses.

Implications for Nursing Practice, Nursing Education, Nursing Research

The findings of this scoping review have highlighted the various and complex nature of nurses' attitudes towards gerontology care and potential contributing factors. The evidence uncovers many implications for nursing practice that should be considered urgently by gerontology care stakeholders to ensure the provision of quality elder care.

The evidence presented calls for nursing education to have a strong focus on gerontology care to meet the care needs of an aging population. Focused efforts directed at supporting gerontological education for nursing students and practicing nurses of all levels needs to be a top priority for education institutions, healthcare organizations, professional nursing regulatory bodies, and nursing associations. Given the positive correlation between gerontology education and nurses' attitudes towards caring for older adults (Hweidi & Al-Hassan, 2005; Higgins et al., 2007; Kydd & Wild, 2012; Liu et al., 2015), emphasis needs to be on identifying strategies to further incorporate gerontological content and practical experience into nursing curricula at both undergraduate and graduate levels. Nurse educators may positively influence student and staff nurses' attitudes towards gerontology care by demonstrating evidence-based knowledge and practice, sharing positive experiences of working with older adults, and building strong relationships with key stakeholders at facilities that provide care for older adult populations (Schrader, 2007). Recruiting nurse educators with clinical expertise in gerontology care who are passionate and dedicated to quality care of older adults may also be beneficial for improving

interest in gerontological nursing and reducing misconceptions of ageing that can lead to ageist attitudes.

Healthcare administrators can positively influence the nursing work environment by reviewing issues related to resource allocation. Possible areas for improvement of resource allocation include the redirection of available education funding towards continued gerontology education, investing in geriatric patient care equipment such as low-height beds and other forms of fall prevention equipment, and improved collaboration amongst healthcare disciplines such as pharmacist, physical therapists, dieticians, nurses, and physicians to achieve quality care that addresses all facets of patient care.

The adoption of age-friendly hospital policies and culture should be strongly considered by hospital administrators for improved quality and efficiencies in gerontology care across all services. Older adults admitted to hospital are more likely to suffer from multiple comorbidities, placing them at risk for functional decline in the hospital setting where the environment is often more appropriate for the care delivery of younger patients (Huang, Larente & Morais, 2011). It is crucial to note that the functional decline of older adults while in hospital is often unrelated to the elderly patient's acute illness but instead the result of external influences such as hospital practices and therapies designed for younger adults (Huang et al., 2011). There is an accumulating body of evidence showing that acute care hospital environments are a poor fit for the care of older adults (Baumbusch, Leblanc, Shaw & Kjørven, 2016; Taylor, Rush & Robinson, 2015). This has led gerontology experts to advocate for the integration of age-friendly practices in hospitals including organizational support for the knowledge development, skills, and attitudes that positively contribute to geriatric patient care and the adoption of a zero-tolerance policy for ageism at all levels of the organization. The purpose of adopting an age-

friendly hospital culture is to promote quality, evidence-based gerontology practices across all services including nursing (Huang et al., 2011).

Identification of potential underlying factors contributing to a lack of human resources such as fiscal constraints, negative workplace morale, or geographical challenges including rurally located care facilities may assist in the process of strategizing how to best utilize already available resources. Higgins (2007) identified the importance of gaining a better understanding of how models of care and staff composition for the care of older adults may be best structured to meet the needs of elderly patients. Healthcare professionals must collaborate to explore how existing resources may be maximized in order to bridge identified gaps within available human resources. Potential gaps may include issues related to understaffing, inappropriate delegation of patient care assessments and tasks to underqualified care providers, or a lack of access to the knowledge and skills that other interdisciplinary healthcare professionals have to enhance older patients' overall quality of life.

Research addressing the issue of nurses' attitudes towards gerontology care is limited. Canada's population is aging and the demand for nurses with interest and expertise in gerontology care will grow as well. Future research to better understand nurses' attitudes towards caring for older people is necessary to facilitate strategic planning regarding the recruitment and retention of gerontology nurses in Canada's aging population. Further research is needed to evaluate how nurses' knowledge of caring for older adults influences their attitudes towards caring for older adults and patient outcomes. Future research examining the impact of gerontology specialty certification on nurses' attitudes towards caring for older adults would be a fruitful area of study. Interventional studies to test potential strategies for improving the attitudes of nurses' towards caring for older adults would also be of value.

From a global perspective, research focused on developing a more standardized approach to exploring nurses' attitudes towards older adults is essential including the ongoing development of tools used to measure attitudes and knowledge related to gerontology care. This would assist with more clearly identifying how factors such as culture influence nurses' attitudes. The shift towards a nuclear family structure in Western countries and its impact on nurses' attitudes towards caring for older adults needs to be further explored. This will provide a better understanding of how cultural influences such as household living arrangements factor into nurses' attitudes towards caring for older adults. Future research focused on gaining a better understanding of LTC nurses' and community care nurses' attitudes towards gerontology care would be useful as healthcare services begin shifting to the community and care outside of the hospital setting (Canadian Institute for Health Information, 2011). Further research is needed to better understand the nurse caregiver experience and the sadness and other emotions expressed by nurses caring for older adults in LTC settings that negatively influence nurses' attitudes towards gerontology care. Furthermore, with nursing care shifting from the hospital environment to the community where staffing composition frequently includes care aides, research focused on the need for gerontology education for care aides and other caregivers is equally important. Future research aimed at exploring the strategies enacted by elder-friendly hospitals to identify creative improvement opportunities related to the delivery of seniors' healthcare is crucial. Finally, research aimed at better understanding the factors that prevent nurses' positive attitudes towards older people from seamlessly translating into positive attitudes towards caring for older people is needed.

Conclusion

This scoping review has revealed nurses hold both positive and negative attitudes towards gerontology care. The complex nature of nurses' attitudes towards caring for older adults was evident. The factors identified as contributing to nurses' attitudes towards gerontology care including work environment, nursing experience, nurse demographics, culture, and education were multifactorial and at times inconsistent between studies included within this scoping review. Nursing education and nursing experience were two key areas for improvement that stakeholders may act on to support more positive nurse attitudes towards caring for older adults. Additional research to confirm the relationship between nurses' attitudes towards caring for older adults and factors such as gender, living situation, culture, and work environment will be critical for ensuring the provision of quality care for a globally aging population.

References

- Arksey, H. & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8, 19-32.
- Barba, B., Hu, J., Efrid, J. (2012). Quality geriatric care as perceived by nurses in long-term care settings. *Journal of Clinical Nursing*, 21(5-6), 833-840. doi:10.1111/j1365-2702.2011.03781.x
- Baumbusch, J., Leblanc, M., Shaw, M., Kjørven, M. (2015). Factors influencing nurses' readiness to care for hospitalised older people. *International Journal of Older People Nursing*. doi: 10.1111/opn.12109
- Canadian Institute for Health Information. (2011). *Health care in Canada, 2011: A focus on seniors and aging*. Retrieved from: https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf
- Canadian Institute for Health Information. (2015). *Data tables: Registered nurses, 2014*. Retrieved from: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC2898&lang=en>
- Canadian Nurses Association. (2010). *Exam blueprint and specialty competencies: Introduction –Blueprint for the gerontological nursing certification exam*. Retrieved from: https://nurseone.ca/~media/nurseone/files/en/gerontology_summary_2010_en.pdf#page=9?la=en
- Canadian Nurses Association. (2016a). *2010 Workforce Profile of Registered Nurses in Canada*. Retrieved from: https://www.cna-aiic.ca/~media/cna/page-content/pdfen/2010_rn_snapshot_e.pdf

- Canadian Nurses Association. (2016b). *Number of Valid CNA Certifications by Year and Speciality/Area, 2006-2010*. Retrieved from: https://www.cna-aicc.ca/~media/cna/pagecontent/pdf-en/cert_by_year_and_specialty_2006_2010_e.pdf
- Canadian Nurses Association. (2016c). *Benefits of Certification*. Retrieved from: <https://nurseone.ca/en/certification/what-is-certification/benefits-of-certification>
- Canzan, F., Heilemann, M., Sajani, L., Mortari, L. & Ambrosi, E. (2014). Visible and invisible caring in nursing from the perspectives of patients and nurses in the gerontological context. *Scandinavian Journal of Caring Sciences*, 28, 732–740
- Cline, D. (2012). *A mixed method study exploring the nurse work environment and perceived quality of geriatric care in rural hospitals* (Doctoral dissertation). Retrieved from: <http://ezproxy.library.ubc.ca/login?url=http://search.proquest.com/docview/1039646861?accountid=14656>
- College of Registered Nurses British Columbia. (2015). *Competencies in the context of entry level registered nurse practice in British Columbia*. Retrieved from: <https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf#search=competencies>
- College of Registered Nurses British Columbia. (2016). *Annual Report 2014-2015*. Retrieved from: https://www.crnbc.ca/crnbc/Documents/245_2014AnnualReport.pdf
- De Almeida Tavares, J., Da Silva, A., Sá-Couto, P., Boltz, M., & Capezuti, E. (2015). Portuguese nurses' knowledge of and attitudes toward hospitalized older adults. *Scandinavian Journal of Caring Sciences*, 29(1), 51-61. doi:10.1111/scs.12124

- Eloranta, S., Arve, S., Isoaho, H., Aro, I., Kalam-Salminen, L., & Routasalod, P. (2014). Finnish nurses' perceptions of care of older patients. *International Journal of Nursing Practice, 20*(2), 204-211. doi:10.1111/ijn.12137
- Employment and Social Development Canada (2016). *Canadians in context: Aging population*. Retrieved from: <http://well-being.esdc.gc.ca/misme-iowb/3ndic.1t.4r@-eng.jsp?iid=33>
- Evers, C., Ploeg, J. & Kaasalainen, S. (2006). Case study of the attitudes and values of nursing students towards caring for the older adult. *The Journal of Nursing Education, 50*(7), 404-409
- Gerontological Nurses Association of British Columbia. (2016). *History*. Retrieved from: http://gnabc.com/gnabcAdmin/?page_id=34
- Gluth, S., Ebner, N., Schmiedek, F. (2010). Attitudes toward younger and older adults: The German Aging Semantic Differential. *International Journal of Behavioural Development, 34*(2), 147-158. doi:10.1177/0165025409350947
- Gould, O., Dupuis-Blanchard, S. & MacLennan, A. (2015). Canadian nursing students and the care of older patients: How is geriatric nursing perceived? *Journal of Applied Gerontology, 34*(6), 797-814
- Happell, B. (1999). When I grow up I want to be a...? Where undergraduate student nurses want to work after graduation. *Journal of Advanced Nursing, 29*(2), 499-504
- Hayes, L., Orchard, C., Hall, L., Nincic, V., O'Brien-Pallas, L. & Andrews, G. (2006). Career intentions of nursing students and new nurse graduates: A review of the literature. *International Journal of Nursing Education Scholarship, 3*(1). doi:10.2202/1548923X.1281

- Heise, B., Johnsen, V., Himes, D., & Wing, D. (2012). Developing positive attitudes toward geriatric nursing among Millennials and Generation Xers. *Nursing Education Perspectives, 33*(3), 156-61
- Higgins, I., Van Der Riet, P., Slater, L., & Peek, C. (2007). The negative attitudes of nurses' towards older patients in the acute hospital setting: A qualitative descriptive study. *Contemporary Nurse, 27*, 225-237
- Holroyd, A., Dahlke, S., Fehr, C., Jung, P., & Hunter, A. (2009). Attitudes toward aging: implications for a caring profession. *The Journal of Nursing Education, 48*(7), 374-380
- Huang, A., Larente, N. & Morais, J. (2011). Moving towards the age-friendly hospital: A paradigm shift for the hospital-based care of the elderly. *Canadian Geriatrics Journal, 14*(4)
- Hweidi, I., & Al-Hassan, M. (2005). Jordanian nurses' attitudes toward older patients in acute care settings. *International Nursing Review, 52*(3), 225-232
- Kydd, A. & Wild, D. (2012). Attitudes towards caring for older people: literature review and methodology. *Nursing Older People, 25*(3), 22-27
- Kydd, A., Wild, D., & Nelson, S. (2013) Attitudes towards caring for older people: Findings and recommendations for practice. *Nursing Older People, 25*(4), 21-28
- Liu, Y., While, A., Norman, I., & Ye, W. (2012). Health professionals' attitudes toward older people and older patients: A systematic review. *Journal of Interprofessional, 26*(5), 397-409

- Liu, Y., Norman, I., & White, A. (2013). Nurses' attitudes towards older people: A systematic review, *International Journal of Nursing Studies*, 50(9), 1271–1282
- Liu, Y., Norman, I., & White, A. (2015). Nurses' attitudes towards older people and working with older patients: An explanatory model. *Journal of Nursing Management*, 23(8), 965-973.
- Lovell, M. (2006). Caring for the elderly: Changing perceptions and attitudes. *Journal of Vascular Nursing*, 24, 22-26
- Neville, C. & Dickie, R. (2014). The evaluation of undergraduate nurses' attitudes, perspectives and perceptions toward older people. *Nurse Education Today*, 34(7), 1074-1079.
- Oyetunde, M., Ojo, O. & Ojewale, L. (2013). Nurses' attitude towards the care of the elderly: Implications for gerontological nursing training. *Journal of Nursing Education and Practice*, 3(7). doi:10.5430/jnep.v3n7p150
- Polat, Ü., Karada, A., Ülger, Z., & Demir, N. (2014). Nurses' and physicians' perceptions of older people and attitudes towards older people: Ageism in a hospital in Turkey. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 48(1), 88-97 10p. doi:10.5172/conu.2014.48.1.88
- Rush, K. & Dyches, C. (2011). *Attitudes of Nursing Students Towards Older Adults*. New York: Nova Science Publishers, Inc.
- Schrader, V. (2009). Nurse educators' personal perspectives of long-term care settings. *Journal of Gerontological Nursing*, 35(10), 34-41. doi:10.3928/00989134-20090731-03

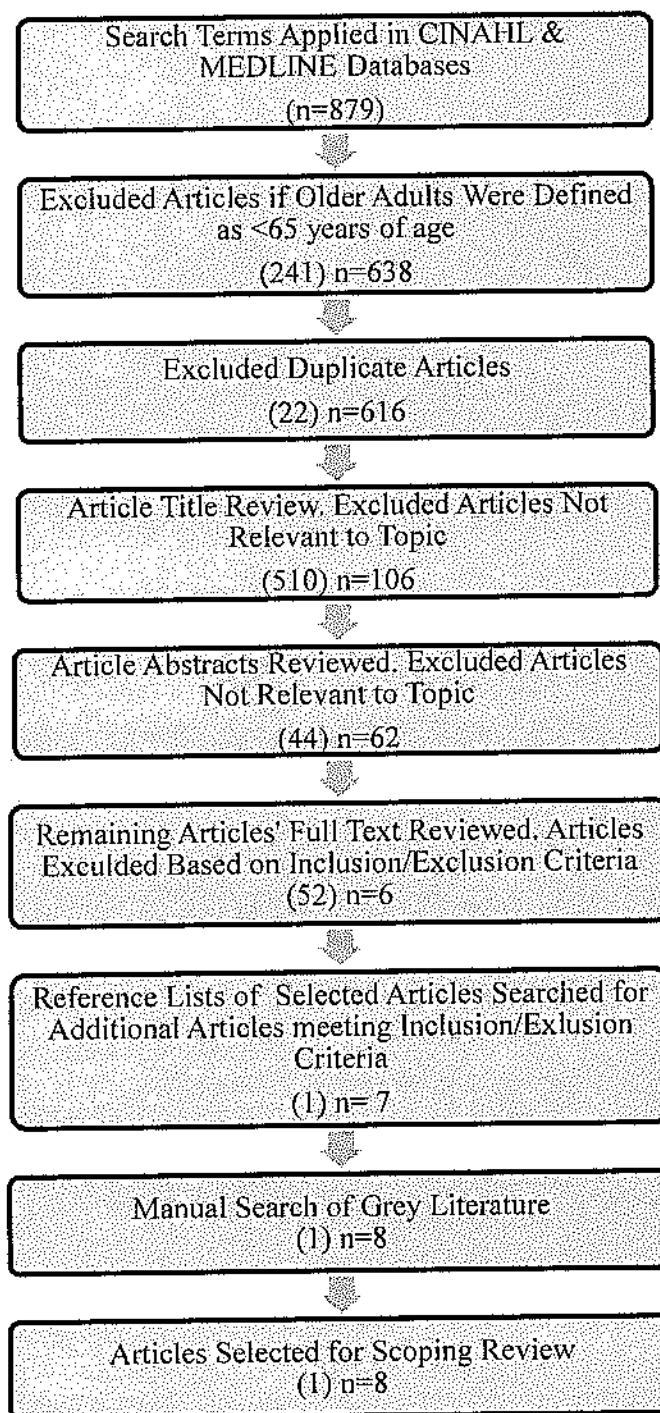
Taylor, B., Rush, K. & Robinson, C. (2015) Nurses' experiences of caring for the older adult in the emergency department: A focused ethnography. *International Emergency Nursing*, 23, 185–189

The World Bank. (2016). *Populations age 65 and above*. Retrieved from:
<http://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS>

Appendix A Search Table

Database	Search Terms		Search Terms	Search Restrictions	Search Results
MEDLINE	Set #1 "Gerontology Nurs*" OR "Gerontological Nurs*" OR "Geriatric Nurs*" OR "Older People Nurs*"	AND	Set #2 "Perceiv*" OR "Perception*" OR "Attitude*"	English Language Abstract Available Date of Publication 2005 – 2015	TOTAL = 755
CINAHL	Set #1 "Gerontology Nurs*" OR "Gerontological Nurs*" OR "Geriatric Nurs*" OR "Older People Nurs*"	AND	Set #2 "Perceiv*" OR "Perception*" OR "Attitude*"	English Language Abstract Available Date of Publication 2005 – 2015	TOTAL = 124
Search Results					TOTAL = 879

Appendix B Summary of Study Selection Process



Appendix C Data Extraction Table

Citation	Country	Purpose	Population	Method	Key Findings
De Almeida Tavares, J., Da Silva, A., Sá-Couto, P., Boltz, M., & Capezuti, E. (2015).	Portugal	To explore nurses' knowledge and attitudes of clinical issues common in geriatric care such as restraint use, pressure ulcers, sleep disturbance, and incontinence.	Convenience sample of 1068 RN's in direct care hospital-based positions in medical, surgical, and critical care areas Education Level: 83% College Degree, 14% Various Specialty Certifications, 2.6% Graduate Degree. 86% No Gerontology Training.	Cross-sectional, descriptive study. Survey used for data collection: Geriatric Nursing Knowledge Attitudes (GNKA) scale; Geriatric Institutional Assessment Profile (GIAP).	Overall negative attitudes towards assessment and management of common clinical issues in gerontology care. Nurses working in medical/surgical areas (versus critical care units) and hospital centers (versus academic hospitals) showed more positive attitudes towards caring for older adults. Nurses with more perceived hospital education support and less perceived burden in caring for older adults reported more positive attitudes towards caring for common geriatric syndromes. Overall low correlation between attitude and nurses' age, gender, years of experience, and professional characteristics. Lack of geriatric content in nursing curriculum and lack of available ongoing gerontology education cited as possible contributing factors to poor attitudes.

Citation	Country	Purpose	Population	Method	Key Findings
Eioranta, S., Arve, S., Isoaho, H., Aro, I., Kalam- Salmiinen, L., & Routasalod, P. (2014).	Finland	To explore how far the perceptions of nurses caring for older adults take into account individual preferences of older adults and the related factors.	167 registered nurses working in a geriatric hospital. Education Level: 59% Registered nurse (3 year program) 41% registered nurses with bachelor degrees. 74% had more than 4 years' experience in gerontological nursing care.	Cross-sectional descriptive survey. 40 item questionnaire measuring nurses' perceptions of care of older people using a Likert scale	Baccalaureate prepared nurses were noted to hold more positive attitudes towards aspects of caring for the elderly than nurses who completed the 3 year nursing program. Regarding attitude to nursing older patients 64% reported they respected the autonomy of the patient. Regarding functional ability assessment 78% of nurses would ask family members for their estimate of the patients' functional status and 65% would ask patients for their estimate. Regarding assessment of older persons' care needs, nurses felt less decision making power if the family's wishes conflicted with the nurses (53%) as opposed to if the patients' wishes conflicted with the nurses. Regarding patient-care goals 84% of nurses reported that they share the patient's care goals with the family. Only 63% shared with the patient the goals for the patients.

Citation	Country	Purpose	Population	Method	Key Findings
<p>Higgins, I., Van Der Riet, P., & Slater, L. & Peck, C. (2007).</p>	<p>Australia</p>	<p>To report on the negative attitudes of nurses towards older people in their care identified within a larger study focused on health care professionals attitudes towards older people.</p>	<p>9 medical/ surgical nurses from a large teaching hospital. Education Level: General nursing certificates (n=5), baccalaureate degree (n=4), postgraduate qualification in gerontology (n=1)</p>	<p>Descriptive Qualitative. In-Depth Interviews.</p>	<p>Overall negative attitudes towards caring for older adults in acute care settings. Marginalising: Evidence of marginalisation of older people in how they are regarded/disregarded, the way action is taken/delayed, how they are spoken to/about Not Having enough time: Nurses expressed feeling like they did not have enough time to 'slow down' and be patient with older clients to help with tasks such as feeding and bathing whether it was due to impatience or perceived time constraints. Stereotyping: Nurses' described caring for older people in a way that highlighted a perceived burden. A perception that when older people are admitted for reasons not related to 'curing' their quality of life will not be improved. Chinese Whispers: A verbal message passed down the line so that eventually the meaning changes and becomes distorted. A nurse described this by highlighting how nurses already have formed opinions and stereotypes of older patients before they meet them based on the way the nurse communicates about the patient Lack of resources, especially human resources and the negative attitudes of other healthcare professionals were reported as a potential factor contributing to nurses' negative attitudes towards older patients.</p>

Citation	Country	Purpose	Population	Method	Key Findings
Hweidi, L. M., & Al-Hassan, M. A. (2005).	Jordan	To identify and describe nurses' attitudes towards older patients in acute care settings.	143 registered nurses working in medical surgical units in public hospitals. Education Level: 42% university degree, 58% 3 year nursing programme.	Descriptive correlation designed questionnaire. Survey used for data collection: Kogan's Scale.	Moderately positive attitudes towards older patients in the acute care setting. Nurses' years of experience on the current unit of employment were associated with attitudes towards older patients. The longer a nurse worked on the unit, the more positive attitudes they had. An overall year of experience also increased was also associated with positive attitudes to older patients. The more years of experience the nurse had, the more positive their attitude to older patients. Age and level of education was not associated with attitude scores. Male nurses had more positive attitudes than female nurses. Nurses working in surgical units had more positive attitudes than nurses on medical units. Nurses who lived with an elderly person reported more positive attitudes towards acutely ill older patients than those who were not.

Citation	Country	Purpose	Population	Method	Key Findings
Liu, Y., Norman, I. J., & White, A. E. (2015).	England	To establish an explanatory model of registered nurses' attitudes towards older people and working with older patients.	Convenience sample of 579 registered nurses working in various clinical areas (medical/surgical, mental health, geriatrics, paediatrics). Staff nurses, charge nurse, managers, and clinical nurse specialists surveyed.	Cross-sectional questionnaire survey. Questionnaire developed based on: Kogan's Attitudes Towards Old People (KAOP); Facts on Aging Quiz (FAQ); Ageing Anxiety Scale (AAS); Professional Commitment Scale; Healthcare resources allocation scale.	Majority of nurses reported slightly positive attitudes towards older people. Nurses with positive attitudes towards working with older adults were associated with less anxiety regarding self-ageing, more positive attitudes toward healthcare resource allocation among older people, age 20-29, more knowledge of ageing, and higher level education. Nurses who had positive attitudes towards older people did not necessarily want to work with older patients. Nurses working in clinical specialities such as mental health and paediatrics were less likely to report liking working with older patients than nurses working in areas focused on geriatric care. Registered nurses working in geriatric specialty areas had the most positive attitudes regarding working with older people. Nurses with post-graduate qualifications were more likely to have positive attitudes towards working with older people. Influence of gerontological content in nursing curricula may have on nurses' interests working with older adults.

Citation	Country	Purpose	Population	Method	Key Findings
Oyetunde, M., Ojo, O. & Ojewale, L. (2013).	Nigeria	This study aimed at exploring the attitude of nurses towards the care of the elderly in two selected hospitals.	130 medical/surgical registered nurses at two hospitals. Education level: 82% Registered nurse and/or midwives with unspecified years of education. 18% were baccalaureate degree nurses.	Descriptive cross-sectional survey study. 30 item Questionnaire measuring nurses' attitudes towards caring for older adults and older adult knowledge. Questionnaire was a designed base on a Likert-style scale and true/false questions.	Nurses had a fairly high positive attitude towards the overall care of elderly patients. Majority of nurses reported they found it time consuming caring for older patients and perceive older patients as becoming more demanding as they age. Majority of nurses reported that it is not a 'waste of time' to treat older patients with terminal illnesses. All nurses disagreed that elderly people do not deserve the care that nurses give them. Nurses reported the importance of specialized gerontology training for the provision of quality care for older adults.

Citation	Country	Purpose	Population	Method	Key Findings
Polat, Ü., Karada, A., Ülger, Z., & Demir, N. (2014).	Turkey	To determine the perceptions of eldersness and the prevalence of older people ageism among nurses and physicians.	110 nurses and 57 physicians working at a medical/surgic al university hospital. Education Level: 95% Undergraduate 5% High School 34% Nurses had received additional education on caring for older patients.	Descriptive cross-sectional study using a questionnaire. The Ageism Attitude Scale (AAS) was also used.	Majority of nurses reported feeling satisfied working with older people. The majority of nurses also reported demonstrating more respect for older patients due to their age, having more patience with older patients, prioritized their basic care needs over younger patients, preferred to take patient history from family members rather than the patient. Despite positive attitudes, nurses reported experiencing difficulty when servicing other people. The majority of nurses perceived older patients to be weak and demented; intolerant and inflexible; ill or disabled; lacking the ability to learn, and increasing memory impairment with aging. Nurses with past experience working with older adults showed more positive attitudes towards working with older adults.

Citation	Country	Purpose	Population	Method	Key Findings
Schradler, V. (2009).	United States	To explore the attitudes towards caring for older people and working in long-term care (LTC).	14 nurse educators Education Level: Baccalaureate nursing degree.	Qualitative. In-Depth interviews	<p>LTC environment is an unpleasant experience. Perspectives were related to experiences growing up with older people, contact with relatives/others in LTC, talking to others about LTC experiences.</p> <p>LTC is not clinically challenging: Nurses perceived LTC as having limited clinical learning opportunities for students including few technical skills.</p> <p>Nurse educators were influenced by student attitudes: Educators felt that because students' attitudes of LTC were negative ("LTC is beneath them"), the LTC experience was not positive. Students would complain of having to go to LTC because they felt there were less learning opportunities which in turn made the educator feel like she was letting her students down.</p> <p>Nurse educators felt fear or discomfort about aging: Nurses reported that ageing is not a popular topic of discussion. Nurses expressed hope that they would not have to live in a LTC setting. They also expressed an awareness of the losses that can occur with ageing.</p> <p>Nurses acknowledged they have intentionally and unintentionally revealed their preferences for caring for younger patient populations when the care being delivered is essentially the same despite a different setting.</p>