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# Attitudes of Nurses, and Student Nurses Towards Working with Older People and to Gerontological Nursing as a Career in Germany, Scotland, Slovenia, Sweden, Japan and the United States

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## ABSTRACT

**Aim:** To describe attitudes towards caring for older people among nurses and student nurses in six participating countries.

**Background:** Working with older people has historically had a negative profile and with a global rise in the numbers of older people and a global shortage of nurses, it is essential to recruit nurses into this area. This study gathered data from six countries to explore nurses and student nurses attitudes to nursing older people and to gerontological nursing as a career.

**Method:** A convenience sample of 1064 nursing students and 2585 nurses in six countries answered the Multifactorial Attitudes Questionnaire (MAQ) designed to elicit attitudes towards caring for older people and to the esteem that comes with working in this field. The MAQ consists of seven positive and 13 negative statements and uses a Likert scale. A higher total score indicates a more positive attitude.

**Results:** Differences in attitudes among the six countries was observed for both nursing students and for nurses (<.001). Nursing students in Scotland and USA had the highest mean scores and Slovenia and Sweden were the countries with the lowest mean score. The highest score for nurses were reported in Scotland and Sweden and lowest in Germany and Japan.

**Conclusion:** From the findings, it is suggested that formal nursing education to students between 18 - 29 years of age has high importance for positive attitudes towards working with older people.

**Keywords:** Nursing education, Attitudes, MAQ, Student nurses, Nurses

## INTRODUCTION

In the developed world, working with older people is not an attractive career option for many nurses. Yet

attracting nurses to work with older people is of global concern. In the developed world, the rising numbers of people over 60, especially those classed as the 'oldest old' (those aged 85 and over)<sup>1</sup>, coupled with a global nursing shortage<sup>2,3,4</sup> means that it is imperative to find ways of attracting student nurses and registered nurses into this field.

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Attitudes towards a specialty can influence career choice<sup>5,6,7,8,9</sup> and this can impact on the quality of care provided<sup>10</sup>. A recent international systematic review<sup>11</sup> found that those who chose to work with older

people and those who had knowledge of the effects of the ageing process showed positive attitudes towards working with older people. These findings illustrate the importance of education in both the clinical area and in the classroom. Examples from the literature show that poor clinical placements negatively affect students decisions to work with older people<sup>12,13</sup> as did the belief of some, that the nature of working with older people was 'basic' with the implication that no knowledge or skill is required<sup>14</sup>.

However, exposure to good practice had a positive influence on attitudes towards working with older people<sup>15</sup> as did education on nursing older people<sup>16,17,18</sup> if such education was delivered by inspiring and knowledgeable teachers<sup>19,20,21</sup>. There is evidence of good practice in gerontological education aimed at positively influencing student nurses attitudes, these include; programs where gerontology is taught throughout the curriculum, and stand-alone courses<sup>22</sup>; on the development of specialist nurses in gerontology<sup>23</sup> and expert faculty staff providing training and practice in gerontology designed to promote competent and caring practitioners<sup>21</sup>. However, a report by the British Geriatrics Society and the Royal College of General Practitioners<sup>24</sup> highlighted that there are insufficient educational opportunities for the sub-speciality of care home work.

#### **Nurse education in the six participating countries**

This study was undertaken by an international group of researchers who shared a common interest in promoting gerontological nursing as a specialty. The countries involved were Germany, Japan, Scotland, Slovenia, Sweden and the United States of America (USA). Four researchers from three countries had worked together on previous projects<sup>25</sup> and colleagues from Slovenia, Germany and Japan were invited to join. As the countries span three continents, the four European countries will be addressed first.

In Scotland and Sweden, nurses are trained over three years to graduate level and can go on to specialise in eleven other areas (including care of older people). Slovenia has a three year graduate programme in general nursing and a two year masters degree. Specialized courses are not offered. In Germany nursing is not yet an all graduate training and is currently undergoing a transitional phase which started in 2004 with the advent of an undergraduate program for some eligible students. Currently, nurse education takes place in state recognized schools,

which are affiliated to a hospital or a nursing home. Students have a three year vocational training with supervised practical work in hospitals, home care or nursing homes. They can choose from one of three educational programs - nursing older people, general nursing care and paediatric nursing.

In the USA two degrees in nursing are offered, the two year associate degree in nursing (ADN) and the four year baccalaureate degree (BSN). Graduates of both programs take the same licensing exam which allows them to use the registered nurse (RN) title and entitles them to go on to further specialist training. In Japan, there are also two types of nurses; the registered nurses (RN) – who undertake a three year program and the Licensed Practical Nurse (LPN), who undertake a two year practical nursing course. In 1990 geriatric nursing was included in nursing education in Japan and the number of universities with nursing education programs has rapidly grown from 10 to almost 200 in 2010.

#### **AIM OF THE STUDY**

To describe attitudes towards caring for older people and attitudes towards gerontological nursing as a career among nurses and student nurses in six countries.

#### **MATERIALS AND METHOD**

##### **Participants**

A convenience sample of nurses and nursing students were asked to participate in the study. In all countries, the inclusion criteria for the participants were that they were either employed as a nurse or enrolled as a student nurse in (or at) a higher education institution. Recruitment of participants started in localities in Scotland, the Mälardalen area in Sweden and South Florida, USA in 2009 and in localities in Germany, Slovenia, and Japan in 2010. In all countries, the data collections were completed within six months. In Scotland, Sweden and USA, participants were recruited from a variety of hospitals, health care settings for older people and from a university local to the researchers. In Slovenia, participants were recruited at a conference of Slovenian nursing students, a gerontological expert meeting and from a learning based platform within the College of Nursing, Jesenice. In Germany participants were recruited from staff members working in the local health care system and in Japan participants were recruited from two

hospitals, one of which was a geriatric hospital, in health care settings for older people and at one university.

### The Multifactorial Attitudes Questionnaire (MAQ)

The (MAQ) was developed in 1999<sup>26</sup> and modified by the author in 2009 to reflect changes in terminology e.g. 'geriatric nursing' was changed to 'care of older people'<sup>27</sup>. The MAQ uses a 20 statements five-point scale with scores ranging between 1 and 5 (strongly agree to strongly disagree, with an option for 'unsure') see Table 1.

Since the Multifactorial Attitudes Questionnaire (MAQ) was originally developed in English the instrument was translated and back translated by a professional translator or by the research team into each countries language in Slovenia, Sweden, Germany and Japan.

### DATA COLLECTION

All eligible nurses and student nurses were informed about the purpose of this study and those who consented to participate were given the Multifactorial Attitudes Questionnaire (MAQ) and a cover letter explaining the aim of the study. Participants were requested to complete the MAQ and a short survey requesting socio-demographic information, Materials were either placed in mailboxes provided at the recruitment locations or posted using the prepaid addressed envelopes provided. In Scotland the MAQ was sent to some participants by email and in Germany an online MAQ was used to collect the data. The responses were then recorded onto a database by researchers in each country, which were then merged into one six country data set.

### Ethical considerations

Every country has its own regulatory ethical authority and the researchers took responsibility to follow their own country's code of ethical practice. According to the regulations in Germany, Scotland and Slovenia no ethical approval were needed for this study. In Sweden, the study was approved by the Regional Ethics Committees and in the USA and Japan, the Institutional Review Boards (IRB) approved each study.

### Statistical analyses

The results of the merged six country dataset were entered into the Statistical Package for Social Sciences

(SPSS version 18)<sup>28</sup>. A P value of <0.05 was considered statistically significant. The total score could range from 20 to 100, the thirteen negative statements (there are 7 positive) have the Likert responses reversed to a score of 1 for strongly agree to 5, strongly agree. This meant that a higher total score indicated a more positive attitude versus a lower score indicate a more negative attitude.

### FINDINGS

A total of 3,649 participants, 2585 nurses and 1064 student nurses answered the MAQ. The age distributions of the samples in each of the six countries and within the total sample are presented in Table 2.

Figure 1 shows the mean total MAQ for nursing students in all six countries. The MAQ mean score for the total sample was between 63.88 and 67.24. There was a significant difference (<.001) between the mean scores for the nursing students. Scotland (mean 67.22) and the USA (67.24) had the highest mean scores and Slovenia (63.88) and Sweden (64.50) had the lowest mean score. Standard deviations showed quite high variability in the MAQ total score between student participants (5.86-6.98). The USA (6.98) had the lowest homogeneity in the students' answers and Japan (5.86) the highest.

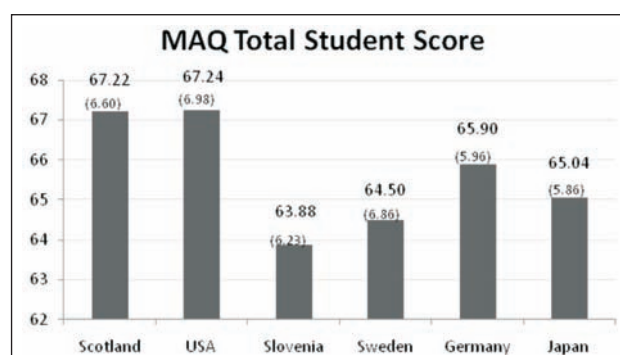


Fig. 1. Mean (sd) MAQ total score for nursing students Scotland, USA, Slovenia, Sweden, Germany, and Japan.

Figure 2 shows the mean total MAQ score for nurses in all countries. Significant differences were observed between the countries mean total score (<.001). Scotland was the only country with a mean total score >70, followed by Sweden with a score of >68. The lowest score were reported by nurses in Germany (<65) and Japan (<64). Standard deviations showed high variability in the MAQ total score between nurse participants (6.69-7.96). Sweden (7.96) and Slovenia (7.78) had the lowest homogeneity in the nurses responses, with the USA (6.69) and Japan (6.74) the highest.

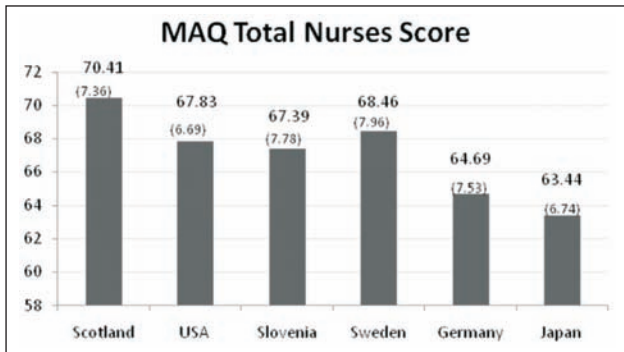
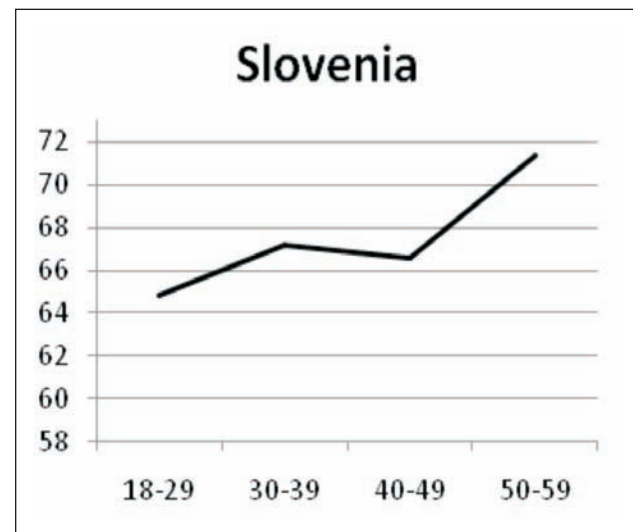
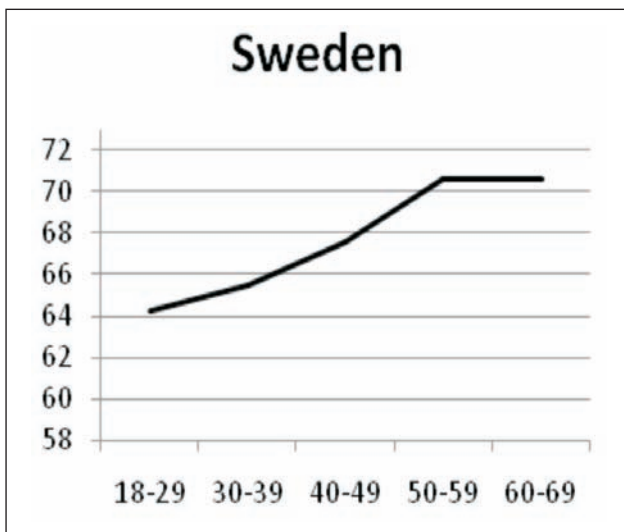
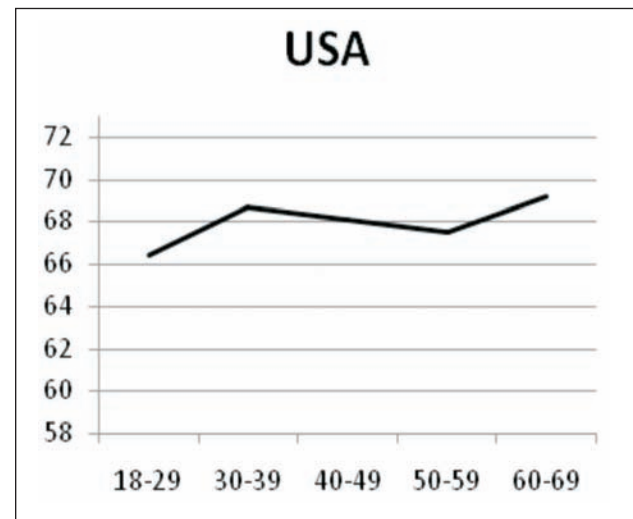
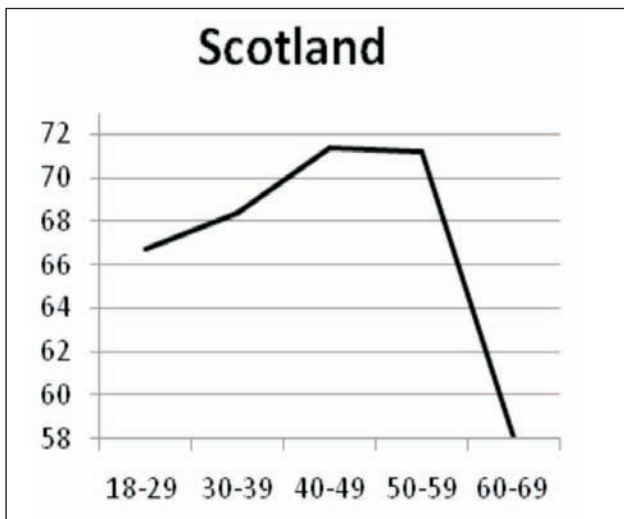


Fig. 2. Mean (sd) MAQ total score for nurses in Scotland, USA, Slovenia, Sweden, Germany, and Japan.

Figure 3 shows the mean total MAQ score for nurses in different age group in different countries.

Scotland followed by USA were the countries with the highest mean MAQ score in the age group 18-29 years. Germany was the only country with a mean MAQ score below 64 for the age group 18-29 years. Scotland, Sweden and Slovenia were the countries with the highest mean MAQ scores in the age group 50-59 (mean >70). Sweden was the only country where the mean MAQ score constant increased with age. In USA and Slovenia, a positive increase trend was observed as the participants were getting older even if the mean MAQ scores fluctuated between the age groups. In Germany and Japan, the mean MAQ scores fluctuated between 63 and 66, with Japan having the lowest scores in the age span 30-59 years and Germany in the age groups 18-29 and 60-69.



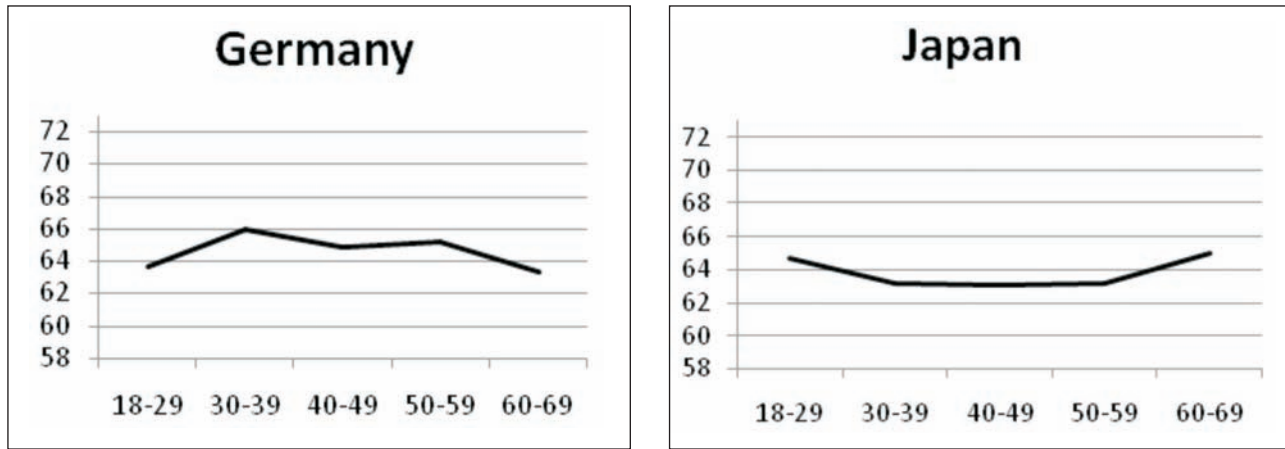


Fig. 3. Mean total MAQ score for nurses in Scotland, USA, Sweden, Germany, Slovenia and Japan.

Table 1 Multifactorial Attitudes Questionnaire

Statement	
1.	Older people should have access, if appropriate, to medical and surgical procedures regardless of their age.
2.	<b>As older people become increasingly old they become more irritable, touchy and unpleasant.</b>
3.	<b>On the whole, communicating with older people can be very frustrating</b>
4.	<b>The thought of being old worries me.</b>
5.	<b>Working with older people can be very depressing.</b>
6.	Care of older people should be taught by specialists
7.	Working in care of older people could be described as both challenging and stimulating
8.	Care of older people as a specialist subject should be given more curriculum time in the training of health care professionals
9.	<b>In general, working conditions in Care of Older People are not conducive to recruiting and retaining staff</b>
10.	<b>I feel that older people are cared for in inadequate and depressing settings.</b>
11.	If care of older people wards had better resources it would be easier to attract staff
12.	<b>There are too many routine tasks in care of older people</b>
13.	<b>People working in care of older people are deemed to have a lower professional status than those who work in high technology areas.</b>
14.	<b>On the whole there is a lack of career advancement in care of the older person.</b>
15.	<b>I feel the less experienced and most out-of-date doctors and nurses seem to work in care of older people.</b>
16.	I have chosen to/would consider a career in geriatric medicine/nursing.
17.	On the whole, people who work in care of the older person are enthusiastic about their work.
18.	<b>A qualified nurse/doctor does not need to have specialist training in order to deliver excellent care for older people.</b>
19.	<b>Working with older people is more demoralizing than working in high technology areas</b>
20.	<b>Other health care professionals do not seem to appreciate that care of the older person is a highly skilled speciality.</b>

Bold statements are scored from strongly disagree to strongly agree. All other statements are scored strongly agree –strongly disagree.

Table 2. Number (%) of Nurses and Nursing students in different age group in Scotland, USA, Sweden, Germany, Slovenia and Japan.

		Age group						
Country	Profession	18-29 n (%)	30-39 n (%)	40-49 n (%)	50-59 n (%)	60-69 n (%)	Missing n (%)	Total n (%)
Scotland	Nurse	25 (15)	28 (17)	67 (40)	35 (21)	6 (3.5)	8 (5)	169 (100)
	Nursing Student	86 (56)	39 (25)	19(12)	3 (2)	0	7 (4)	154 (100)
USA	Nurse	68 (15)	89 (20)	95 (21)	93 (21)	13 (3)	85 (19)	443 (100)
	Nursing Student	60 (65)	12 (13)	9 (10)	1 (1)	0	10 (11)	92 (100)
Sweden	Nurse	36 (15)	42 (17)	55 (23)	60 (25)	26 (11)	24 (10)	243 (100)
	Nursing Student	350 (72)	84 (17)	37 (8)	3 (.6)	0	12 (2)	486 (100)

**Table 2. Number (%) of Nurses and Nursing students in different age group in Scotland, USA, Sweden, Germany, Slovenia and Japan. (Contd.)**

		Age group						
Germany	Nurse	112 (13)	145 (17)	296 (35)	234 (28)	26 (3)	26 (3)	839(100)
	Nursing Student	83 (65)	15 (12)	16 (12)	4 (3)	1(.8)	9 (7)	128(100)
Slovenia	Nurse	25 (17)	51 (35)	48 (33)	17 (12)	0	4 (3)	145(100)
	Nursing Student	48 (94)	1 (2)	0	0	0	2 (3)	51 (100)
Japan	Nurse	179 (24)	233 (31)	200 (27)	98 (13)	10 (1)	26 (4)	746 (100)
	Nursing Student	153 (100)	0	0	0	0	0	153 (100)

Total number of nurses = 2585

Total number of students = 1064

## DISCUSSION

The findings presented in Figure 1 and Figure 2 show that both student nurses and nurses have positive attitudes towards nursing older people and towards working in this field, although differences between the countries exist. The student nurses in Slovenia and Sweden had the lowest MAQ scores, showing less positive attitudes than students in the other countries. One explanation might be that this may be due to a lack of gerontological nursing education in the curricula<sup>29,30,31</sup> and potential negative experiences in education<sup>19,33</sup>. The didactical and pedagogical impact on students' interests in a specific area of work is huge<sup>20</sup> and educational strategies that focus on exploring attitudes, prior experiences and the effort to make student nurses grasp the theory - practice gap is important. The quality in the mentors that students' have when they are in their clinical placements, where mentors who are knowledgeable in not only nursing knowledge, but also learning theories that link to practice, are important and highly appreciated by students<sup>32</sup>. The positive figures in Scotland could be understood in terms of the current lack of work in the health care sector for nurses in Scotland. Therefore jobs in any health care sector are welcomed, which does not per se mirror a positive attitude towards older people. The positive figures from the USA could be attributed to the fact that this student sample was from a university renowned for its research and education in geriatrics and gerontological nursing. Most of the teachers in the subjects are researchers themselves and hold strong and dedicated interest in care of the old. Knowledgeable teachers with a keen interest and research background in the care of older people inspire students to work in this field<sup>19,20,21</sup>.

The highest MAQ scores amongst nurses were found in Scotland and Sweden, whilst the lowest scores were reported from Germany and Japan. This is interesting and might mirror the higher age group of responding nurses (Table 2), where Sweden and Scotland had the largest group of respondents. Research suggest that the interest for working with old people is influenced by age<sup>10,19,34,35,36</sup>, and related to personal experiences with older people<sup>13</sup>. On the other hand, the results concerning Germany and the negative scores of nurses older than 50 years detract from the notion of the impact of age<sup>37,38</sup>, as does the result from Japan which showed that the youngest and oldest nurses had more positive scores than those in between.

Figure 3 presents the total mean MAQ scores for nurses in different age groups and there are some interesting figures that need to be addressed. Firstly, Scotland and USA had the highest mean scores in the age group 18 - 29 while nurses in Scotland, Sweden and Slovenia held the highest mean MAQ scores in the age group 50 - 59. This is interesting and could possibly be understood in terms of education<sup>20</sup> and increase in age<sup>19</sup>. Secondly, the understanding of the higher mean scores with increasing age in Sweden could be understood as there have not been any major changes in nursing education in Sweden for the past 20 years and the possibility that older nurses might view working with older people more positively<sup>19,21</sup>. Thirdly, in Japan figures show a positive attitude towards older people and to work with those in the age groups 18 - 29 and 60 - 69 while the figures were low in the age span in between. This is something that needs to be addressed in further studies in order to shed light on the factors behind this.

### Implications for practice

The implications for practice of the results are great because many older people, and frail older people, are cared for across settings. If student nurses are not inspired to work with older people then the quality of care will drop dramatically. Secondly, without well-educated nurses in charge of older peoples' facilities, the safety of the vulnerable old cared for are put at stake and cannot be guaranteed i.e. safeguarding proper dispensing of drugs, identification of malnutrition, pressure ulcers, urinary tract infections<sup>39,40</sup>. Thirdly, while many older peoples' care facilities are in long term care, there is a growing drive in all countries to keep older people at home with support from the home help services. This means that the needs of the old, their care and what the care providers are permitted to provide, suggests that the organisation for the home help service of older people need well educated nurses in charge<sup>41,42</sup>. This is essential in order provide a high quality of care meeting the needs of the old.

### Study Strengths and Limitations

The strengths of our study are the large number of participants and its international perspective, involving different universities and variety of hospitals, health care settings for older people in six countries of three different continents (Europe, Asia and America). However, while interpreting the findings of this study, the following limitations should be kept under consideration. First, the results are based on responses from a convenience samples and there is always a risk that those participants who do not respond bias the results either in a positive or a negative direction. Sampling method consequently does not allowed finding generalization for each country and the reliability and validity of the MAQ needs further testing.

Second, neither the sample sizes in different countries nor the distribution of nurses and student nurses across settings of care nor universities are representative for the country where the data were collected. Another consideration is that we merely translated the instrument into each participating country's language and did not adapt it to cultural circumstances, which is important when covering different countries and cultures<sup>43</sup>. This could also be an explanation to the overall high rating for Scotland

while the instrument was constructed by our Scottish team member<sup>26,27,33</sup>.

### CONCLUSION

Differences in attitudes towards caring for older people among student nurses and nurses exist among the six counties. We suggest that monitoring attitudinal change among nursing students during their education may assist in improving and refining gerontological nursing curricula in order to improve and refine gerontological curricula. We also suggest that teaching methods and good clinical placements with expert support to students is necessary to foster a positive approach to working in this field. Two-thirds of the countries showed the connections between nurses' age and attitudes. These findings emphasis the high importance of gerontological nursing education between 18 and 29 years of age for developing and nurturing positive attitudes towards working with older people.

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**Conflict of Interest:** Nil.

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**Ethical Clearance:** Germany, Scotland and Slovenia were not required to have ethical approval for this study. In Sweden, the study was approved by the ethic committees in the two counties (2009/229, 2009/1484-31/5) and in Japan and the States IRB approval was granted.

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