

The Difficulties Experienced by Surgical Nurses in Elderly Patient Care on Ageism: Descriptive Research

Cerrahi Hemşirelerinin Yaşlı Hastaya Bakım Verirken Yaşadıkları Güçlüklerin Yaşlı Ayrımcılığına Etkisi: Tanımlayıcı Araştırma

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This study was prepared based on the findings of Seda Kar's thesis study titled "Determination of the effects of the difficulties experienced by surgical nurses in elderly patient care on ageism" (Mersin: Mersin University; 2019).

ABSTRACT The aim of this descriptive study was to determine the difficulties experienced by surgical nurses in elderly patient care and the effect of these difficulties on ageism. The study sample consisted of 148 nurses who were working in the surgical departments of a university hospital between April and May 2019, who provided care to patients over 65 years of age and who agreed to participate in the study. Data were collected using a data collection form prepared based on the literature and the Ageism Attitude Scale (AAS). The results showed that the vast majority of the surgical nurses were worried about having health problems such as back and low-back pain and dropping the patient and more than half of them experienced work fatigue/burnout, which they considered as difficulties caused by nurses themselves. Also, almost all of them stated that not having sufficient number of nurses and support staff during care was a difficulty caused by the institution while not having sufficient care equipment was another for more than half of the nurses. It was determined that the surgical nurses' mean total score in the AAS was 66.74±6, with the highest score being 84 and the lowest score being 46. The findings revealed that, during the elderly care process, almost all of the surgical nurses in the study experienced difficulties that were caused by elderly patients, the institution, nurses themselves and surgical process, but they still had positive attitudes towards ageism despite these difficulties.

Keywords: Ageism; care; difficulty; surgery; nurse

ÖZET Araştırma, cerrahi hemşirelerinin yaşlı hasta bakımında yaşadığı güçlükler ve bu güçlüklerin yaşlı ayrımcılığına etkisini belirlemek amacıyla tanımlayıcı olarak yapıldı. Araştırmanın örneklemini, Mayıs-Haziran 2019 tarihleri arasında; bir üniversite hastanesinin cerrahi kliniklerinde çalışan 65 yaş üstü hastalara bakım veren ve çalışmaya katılmayı kabul eden 148 hemşire oluşturdu. Araştırmada, verilerin toplanmasında literatür ışığında oluşturulan veri toplama formu ve Yaşlı Ayrımcılığı Tutum Ölçeği kullanıldı. Araştırmada cerrahi hemşirelerinin, yaşlı bakım sürecinde tamamına yakını sırt, bel ağrısı gibi sağlık sorunları yaşama korkusunu, hastayı düşürme korkusunu, yarısından fazlasının iş yorgunluğu/tükenmişlik hissetmesini kendisinden, tamamına yakın bakım sırasında yeterli sayıda hemşire ve yardımcı personelin olmamasını, yarısından fazlasının bakım için yeterli araç gerecin olmamasını kurumdan kaynaklanan güçlükler olarak gördüğü belirlendi. Cerrahi hemşirelerinin Yaşlı Ayrımcılığı Tutum Ölçeği toplam puan ortalamasının 66,74±6, maksimum puanın 84 ve minimum puanın 46 olduğu belirlendi. Araştırma, cerrahi hemşirelerinin tamamına yakınının yaşlı bakım sürecinde yaşlı hastadan, kurumdan, kendisinden ve cerrahi süreçten kaynaklı çeşitli güçlükler yaşadığını, yaşanan bu güçlüklerle rağmen yaşlı ayrımcılığına yönelik olumlu tutum sergilediklerini ortaya koydu.

Anahtar Kelimeler: Yaşlı ayrımcılığı; bakım; güçlük; cerrahi; hemşire

With the decrease in birth rates, improvements in nutritional status and primary health care services, and conditions for maintaining health, the expected life span is prolonged.¹ According to Türkiye Demographic and Health Survey, elderly population is expected to reach 10.2% by 2023, and 22.6% by 2060.²

It becomes difficult for the elderly to maintain homeostatic balance as the physiology of their bodies slowdown with aging and vulnerability to surgical stress increases due to the decrease in the functions of vital organs (especially heart, lung, etc.).³⁻⁵ We can summarize the difficulties that nurses experience

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while caring for elderly individuals under four headings.

Nurse Related Difficulties: The location of the elderly such as the hospital, their own home or nursing home does not change the care provided or role nurses take such as counselor and trainer.⁶ In order to provide the necessary care, nurses need to improve and protect deteriorated health of the elderly, and have clear and understandable communication between the healthcare team.^{5,6} Some of the nurse related difficulties are health problems such as back pain, negative experiences in caring for the elderly patient, and work fatigue and burnout.^{6,7}

Institution Related Difficulties: Care services for aging individuals should be considered separately from general health services and established within the framework of universal criteria due to elderly needs that arise from physical losses.⁸ Physical arrangements must be made in institutions to accommodate the elderly in terms of providing elevator, escalator, safe flooring, bathroom, toilet and hallways. Sockets, handrails and ramps for wheelchairs should be arranged according to the needs of elderly individuals.^{8,9}

Elderly Patient Related Difficulties: Elderly individuals experience communication difficulties with nurses due to their chronic conditions such as sensory losses like vision and hearing loss or insufficiency, hoarseness and speech and language disorders.^{5,10,11} Behavioral changes such as aggressiveness and agitation after surgical intervention, gait disturbance due to chronic diseases, and rejection of interventions due to increased fear of death are other difficulties experienced by the nurse.^{5,10} Surgical nurses should evaluate elderly patients in terms of symptoms of chronic illnesses and signs of complications that may develop during the surgery process.³

Difficulties Due to the Surgical Process: Before surgery, the nurse should gather information about the general health of the elderly individual.^{3,4} One of the difficulties that may arise due to the surgical process is bed sores. After the surgery, the nurse should position the elderly appropriately to protect them from physical trauma by taking into account the musculoskeletal system. Also, attention should be

given to skin care. Another difficulty that may arise due to the surgical process is the risk of falling. The nurse should lift the bed edges of the elderly and be careful about the stability of the serum rack is another.^{3,4,12} Also, elderly patients may experience hypothermia as a result of slow metabolism, decreased subcutaneous fat layers, use of enemas and diuretics before surgery, cold operating room environment, prolonged operation time and washing the surgical area with cold fluids.^{3,13} Complications of anesthesia is another difficulty that may occur due to the surgical process. The nurse should closely monitor the elderly patient for side effects of anesthesia after surgery (deviation of life signs from normal, nausea, vomiting, etc.).^{4,13}

With aging, individuals are exposed to positive and negative discrimination in work, family and social life.^{5,14} Health professionals' negative behaviors towards elderly may negatively affect health care services provided.^{7,15} In order to protect the elderly from unnecessary examinations or severe treatments, health professionals should question the benefits and possible harms of healthcare interventions and treatments planned in the elderly care process.¹⁶ Therefore, surgical nurses should take a holistic approach in line with ethical values towards the elderly individuals, and take into consideration the difficulties and the ethical problems that may arise during the care process. The aim of this study was to determine the effects of difficulties the surgical nurses' encounter while providing care to the elderly on ageism.

MATERIAL AND METHODS

DESIGN

This descriptive study was carried out in order to determine the effects of the surgical nurses' difficulties in providing care to the elderly patient on ageism.

STUDY UNIVERSE AND SAMPLE

The universe was composed of 177 nurses working in a university hospital surgical clinics between May 2019 and June 2019. The sample of the study consisted of 148 nurses working in surgical clinics in a university hospital between May and June 2019, providing care to patients over 65, and agreeing to par-

ticipate in the study. While collecting data, 29 nurses were not included in the study since 15 of them were on leave, 13 nurses filled the data collection forms incompletely and 1 nurse did not agree to participate in the study. 83.6% of the universe was reached.

DATA COLLECTION TOOLS

Data were collected using a questionnaire designed to identify the difficulties experienced by surgical nurses while caring for the elderly patients and the Ageism Attitude Scale (AAS).

Questionnaire: The first part of the questionnaire consists of 10 questions measuring descriptive characteristics of the participants such as age, gender, marital status, whether they have a child or not, educational status, family type, status of living with individuals aged 65 and over in the same household, years of work experience and the clinic worked in, and years of experience in surgical clinics.^{7,11,13} The second part of the questionnaire consists of 4 sections and 32 sub-items that determine the difficulties the nurses may experience in the elderly care process. The distribution of the difficulties experienced by the nurses was obtained from their responses to the items related to difficulties caused by the nurses, the institution, the elderly patient and the surgical process.

The score of the difficulties experienced by the nurses in the elderly care process was calculated by assigning 1 point to “yes” responses and 0 points to “no”. Total points received was calculated by summing the scores of the responses given by the nurses (minimum-maximum: 0-32).

AAS: This scale was developed by Vefikuluçay in 2008. Its validity and reliability study was performed and Cronbach alpha value was found to be 0.80. The scale consists of 23 items with three sub-scales including limiting the life of the elderly, positive discrimination and negative discrimination. The scale is 5-point Likert type. As the score obtained from the scale increases, positive attitude towards ageism increases as well.¹⁷ The Cronbach alpha value for this study was found to be 0.80.

AAS consists of 2 subscales. Lowest score that can be obtained from the positive and negative attitude subscale is 23; whereas, the highest score is 115.

The higher the score, the more positive is the attitudes towards ageism.¹⁷

PROCEDURES

Pilot test of the data collection forms: In order to evaluate the clarity and operability of the data collection forms, 15 nurses (10.13% of the sample) were asked to complete the forms. These nurses were included in the sample since there was no need to make changes in the data collection form.

Application of data collection forms: Surgical nurses who met the inclusion criteria were informed about the the purpose of the study and asked to fill out the data collection forms.

EVALUATION OF THE DATA

Data obtained from the study were analyzed with the Med Calc 16 Demo version (Med Calc Software bvba, Acacialaan 22, 8400 Ostend, Belgium). Descriptive statistics such as mean, standard deviation, median (minimum-maximum) and percentages were used to summarize the data. Normality control of continuous variables was achieved by Shapiro-Wilk test. According to the results, normality assumption was met for all the variables. T-test, analysis of variance and Pearson correlation were used to calculate the relationships between independent groups and continuous variables.¹⁸ In all analyses, the significance level of statistical tests was accepted as $p < 0.05$.

ETHICAL ASPECT OF THE RESEARCH

Before starting the research, a decision was taken from Mersin University Clinical Research Ethics Committee dated April 30, 2019 and numbered 2019/135. Later, written permissions were obtained from Mersin University Hospital Chief Medical Officer with the letter of permission dated May 21, 2019 and numbered e.1051314. Before data was collected, a written informed consent was obtained from the participants after the purpose of the research in accordance with the Helsinki Declaration was explained. Also, participants were informed about the fact that their participation is voluntary, and their answers will be kept confidential and evaluated only as scientific data.

RESULTS

Mean age of surgical nurses was 30.72 ± 5.83 years. More than half of the participants, 66.9% were women, 57.4% were married, 52% have children, 61% have one child, 79.7% have undergraduate degrees and 92.6% of them have a nuclear family type. One fourth, 25.7% of them lived in the same house with individuals aged 65 and over and the average duration of living in the same house with elderly was 3.06 ± 7.77 years. Average working years in the profession was 7.89 ± 6.16 years, and the average of working years as a surgical clinical nurse was 4.17 ± 3.73 . One fourth, 27.7% of the participants received training for elderly patient care.

A large percentage, 81.1% of the surgical nurses had fear of having health problems such as back pain, 72.3% had fear of having work fatigue/burnout feelings and 53.4% had a fear of dropping the patient. When asked what the institutional difficulties were; 83.8% of the participants listed not having enough nurses and assistant personnel during elderly care, 58.1% stated not having enough tools and equipment suitable for elderly patient care and 57.4% mentioned work hours being long (Table 1).

With respect to patient related difficulties faced while caring for elderly patients, 89.2% of the nurses mentioned elderly not having hearing aid and sound device, 81.8% elderly patients having too many chronic diseases, and 70.3% elderly patient being aggressive/agitated. Also, more than half, 59.5% of the participants stated elderly having speech difficulties, 54.7% visual impairments, 52.7% not applying the information given before the surgery after surgery as the difficulties arising from the patient. Participating nurses stated some of the difficulties associated with the surgical process as higher risks for elderly to develop bed sores (79.7%), slower healing times after the surgical intervention (79.1%) and elderly patients not completing exercises (mobilization, deep breathing exercises, cough exercises, etc.) after surgical intervention (69.6%) (Table 1).

The scores of the difficulties experienced by the surgical nurses in the care process of the elderly patient are 4.05 ± 1.88 (minimum-maximum: 0-7) for difficulties related to nurses; 2.22 ± 1.16 (minimum-

maximum: 0-4) for difficulties related to the institution; 8.35 ± 4.16 (minimum-maximum: 0-12) for difficulties related to the elderly patient; 5.80 ± 2.75 (minimum-maximum: 0-9) for difficulties resulting from the surgical process. Total score was 20.43 ± 2.75 (minimum-maximum: 0-32).

Mean scores of the surgery nurses on the AAS for the “restricting the life of the elderly” subscale was 20.12 ± 3.89 , “positive ageism” was 28.93 ± 4.13 , and “negative ageism” was 17.60 ± 3.73 (Table 2). AAS subscale-II “positive attitude” sub-dimension mean score was 32.99 ± 4.50 , whereas, “negative attitude” sub-dimension mean score was 33.66 ± 6.41 (Table 2).

Participating surgical nurses’ average age, years worked as a nurse, marital status, status of having children, number of children, educational status and status of living with individuals aged 65 and over in the same household did not affect the mean score of AAS total score and sub-dimensions scores ($p > 0.05$). There is a statistically significant difference between gender of the participants in terms of positive discrimination towards the elderly and positive attitude subscale score averages. Women had higher average scores than men ($p < 0.05$). Also, those who had extended family type had significantly higher negative ageism sub-dimension scores than those with nuclear family type ($p < 0.05$).

No statistically significant correlation was found between the AAS sub-dimensions I and II and total scores of the participants and the difficulties caused by the nurse, institution, elderly patient and surgical process ($p > 0.05$) (Table 3).

A weak positive statistical correlation was found between the increase in the mean age of the participants and the difficulties caused by the elderly patient ($p < 0.05$). A statistically significant relationship was found between those participants who did not live with individuals aged 65 and over in the same house and the difficulties caused by nurses. Also a statistically significant relationship was found among those who have at least 2 children and elderly patient related difficulties ($p < 0.05$). No statistically significant relationship was determined between gender, marital status, childbearing status, educational status and

TABLE 1: Distribution of difficulties faced by surgical nurses while caring for the elderly.

	n	%
Nurse related difficulties		
Fear of having health problems such as back pain	120	81.1
Feelings of work fatigue/burnout	107	72.3
Fear of dropping the patient	79	53.4
Fear of having communication difficulties	55	37.2
Anxiety about failing to meet the care needs of the elderly patient	54	36.5
Negative experiences in communication with the elderly in the care process	47	31.8
Not having enough knowledge about elderly care	38	25.7
Institution related difficulties		
Insufficient number of nurses and assistant staff during care	124	83.8
Lack of adequate tools and equipment	86	58.1
Long work hours for nurses	85	57.4
Flooring and bathroom design that may cause falling	13	8.8
Elderly patient related difficulties		
Absence of hearing aid and audio device	132	89.2
Too many chronic diseases	121	81.8
Aggressive/agitated patient	104	70.3
Long and tiring care and treatment period	103	69.6
Hard time expressing themselves	102	68.9
Having hearing impairment	98	66.2
Having excessive weight	91	61.5
Having speech impairments	88	59.5
Having visual impairments	81	54.7
Failure to apply information given prior to surgery after surgery	78	52.7
Rejecting treatment due to fear of death	77	52.0
Refusing care by health personnel to protect patient privacy	67	45.3
Surgery related difficulties		
Higher risk of developing bed sores	118	79.7
Slower healing times of the wound after surgery	117	79.1
Inability to perform post-surgical exercises (mobilization, deep breathing, coughing, etc.)	103	69.6
Being more prone to infection	99	66.9
Severe pain due to lower pain threshold	88	59.5
Difficult vascular access	86	58.1
Frequent nausea and vomiting after surgery	82	55.4
Difficulty recovering from the effects of anesthesia	81	54.7
High risk of hypothermia after surgery	76	51.4

family type, average working years as a nurse and difficulties arising from the nurse, institution, patient and surgical process ($p>0.05$).

DISCUSSION

According to the data from the World Health Organization, elderly population and surgical interven-

tions related to the chronic diseases of the aging is increasing.² Almost all of the surgical nurses that participated in our research indicated that they have fears of health problems such as back pain, and more than half of them have fears of feeling fatigue and burnout. According to Bulut and Cilingir, lack of enough staff and increased workload and care needs of the elderly

TABLE 2: Distribution of surgical nurses' AAS sub-dimensions I and II scores.

AAS sub-dimension I	\bar{x}	SD	Minimum-maximum
Restricting the life of the elderly	20.12	3.89	13-43
Positive ageism	28.93	4.13	11-39
Negative ageism	17.60	3.73	7-26
AAS sub-dimension II	\bar{x}	SD	Minimum-maximum
Attitude-positive	32.99	4.50	14-44
Attitude-negative	33.66	6.41	16-62
AAS total points	66.65	7.40	41-99

AAS sub-dimension: Ageism Attitude Scale sub-dimensions; SD: Standard deviation.

TABLE 3: Relationship between surgical nurses' AAS scores and difficulties faced while caring for elderly patients.

AAS sub-dimensions	Difficulties faced while caring for elderly patients							
	Nurse related difficulties		Institution related difficulties		Elderly patient related difficulties		Surgery related difficulties	
	r value	p value	r value	p value	r value	p value	r value	p value
AAS sub-dimension I								
Restricting the life of the elderly	-0.100	0.226	0.030	0.716	-0.071	0.390	-0.108	0.193
Positive ageism	-0.012	0.888	0.028	0.739	0.036	0.664	0.132	0.110
Negative ageism	-0.146	0.077	-0.059	0.473	-0.139	0.093	-0.054	0.513
AAS sub-dimension II								
Positive attitude	-0.018	0.832	0.021	0.799	0.055	0.505	0.131	0.111
Negative attitude	-0.141	0.088	-0.013	0.872	-0.140	0.091	-0.104	0.208
AAS total points	-0.133	0.108	0.001	0.988	-0.087	0.292	-0.010	0.902

AAS sub-dimension: Ageism Attitude Scale sub-dimensions; r: Correlation.

cause the surgical nurses to experience fatigue and stress. This situation negatively affects the nurses' behaviors in the elderly care process.¹¹

More than half of the surgical nurses indicated that they have a fear of dropping the patient. Wu et al. stated that in most of the fall cases, standard measures were taken, but the fall occurred due to elderly patients standing up alone.¹⁹ As a result of the study, the fact that falls are common in the elderly is known to be an important risk by nurses.

Almost all surgical nurses stated that not having sufficient number of nurses and assistant personnel during care; more than half indicated not having sufficient tools and equipment suitable for providing care; and excessive work hours among the difficulties faced. In a previous study on this subject, some of the factors affecting the nurses' attitudes towards el-

derly were listed as lack of surgical nurses lack staff by 82.2%, work fatigue by 77.2%, work stress by 68.5%, and inappropriate work conditions by 56.4%.¹¹ For these reasons, increased workload of the nurses leads to fatigue and stress which in turn affects nurses' behavior towards the elderly negatively.^{20,21} Unlike other studies, our research revealed that surgical nurses did not exhibit negative attitudes towards elderly in the care process, despite experiencing institution related difficulties.

Almost all of the participants indicated difficulties affecting facilitation of communication with the elderly patients due to not having devices (hearing aid and audio device, etc.) and having a hearing, visual or speech impairment due to sensory losses. According to a study conducted by Bulut and Cilingir, almost all of the nurses indicated having communi-

cation difficulties.¹¹ Elderly individuals are known to avoid communication with the nurses during the surgical process due to sensory losses.²² Results of our research and literature review have shown that nurses have difficulties in the treatment of elderly due to vision and memory loss.

Almost all of the surgical nurses stated that elderly have chronic illnesses and half of them stated that due to excessive weight elderly have limited physical activity. Due to these reasons surgical nurses view the care and treatment process of the elderly patients as long and exhausting. Rush et al. revealed that nurses show a negative attitude towards the elderly and spend a lot of time caring for them due to their limited or slow movements.²³ According to de Almeida Tavares et al. nurses have a negative attitude in the elderly caregiving process due to their chronic illnesses such as sleep disorders and urinary incontinence.²⁴

Some of the elderly patient related difficulties stated by more than half of the participants in our study were aggressive and agitated states of the patients and refusal of interventions due to fear of death. According to Clifford and Doody, aggressive behaviors of elderly individuals may increase due to diseases like dementia which may create difficulties during care.²⁵ Nia et al. indicated that with increasing age, death anxiety and depression increases.²⁶ Our study and literature review have shown that elderly individuals' fear of death increases with age, and therefore, rejection of the interventions in the care process of the elderly may cause difficulties for the surgical nurses.

Two-thirds of the surgical nurses in our study stated higher risks of developing a bed sore, and slower wound healing process after the surgery among the difficulties after surgical interventions. More than half of the participants indicated the fact that older individuals being more prone to infection, and troubles in applying information provided after surgery regarding mobilization, deep breathing and cough exercise as difficulties faced while caring for the elderly. Akhkand et al. reported increased risk of bed sores due to limited physical activity and mobilization of the elderly patient.²⁷ Results of our re-

search revealed that solutions to difficulties related to the elderly individuals should be created by the nurses and the patients using the resources of the institutions.

FACTORS AFFECTING AAS SCORES OF SURGICAL NURSES

Surgical nurses were generally found to have a positive attitude according to the mean AAS score. Female participants in this study had higher positive ageism scores and positive attitude towards the elderly than male participants. Other studies in the literature concluded that female nurses display a more positive attitude than male nurses.²⁸⁻³¹ In line with the results of our study and literature, women's positive attitude might be due to the patriarchal approach in our culture and women taking more of a caregiver role in the society.

Surgical nurses living with extended family were found to have higher negative ageism scores towards the elderly. According to Bahadır-Yılmaz, elderly care nursing students that have nuclear family have more positive attitude towards the elderly which is parallel to our findings.³² It is pleasing that, although nurses face many difficulties during the surgical process, their discrimination scores are quite low compared to other studies conducted.

CONCLUSION

There is no study that evaluates the reflection of the difficulties on ageism by determining the difficulties experienced by surgical nurses during the care process for the elderly patient. This study concluded that surgical nurses experience many difficulties in caring for elderly patients arising from themselves, the patients, the institution and the surgical process. Female surgical nurses had positive attitude scores and higher positive discrimination towards the elderly than men. Surgical nurses living in extended families were found to have higher negative ageism scores towards elderly. According to the results of this research, in-service training should be provided to surgical nurses regarding patient related communicating difficulties. In addition to valuable group awareness, institutional approaches on care technologies should be developed in order to raise the elderly care standard of nurses.

Source of Finance

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise,

working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Meryem Türkan Işık, Seda Duman; **Design:** Meryem Türkan Işık; **Control/Supervision:** Seda Duman, Meryem Türkan Işık; **Analysis and/or Interpretation:** Meryem Türkan Işık, Seda Duman; **Literature Review:** Meryem Türkan Işık, Seda Duman; **Writing the Article:** Meryem Türkan Işık, Seda Duman; **Critical Review:** Meryem Türkan Işık, Seda Duman; **References and Fundings:** Seda Duman, Meryem Türkan Işık.

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