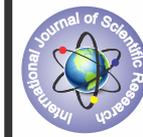


To Study the Attitude and Behaviour of clinical staff viz a viz Geriatric patients attending tertiary care institute of North India



Medical Science

KEYWORDS: Scapular mobilization, Adhesive capsulitis, shoulder mobility, shoulder function, shoulder rehabilitation.

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ABSTRACT

The population of the elderly is increasing in all countries of the World. This is attributed to be one of the major achievements of mankind in the modern era Globally, there are an estimated 605 million people aged 60 years and above. The study was carried out in Inpatient departments of Sheri-kashmir Institute of medical Sciences (SKIMS) Srinagar, a 761 bedded tertiary care facility. It was a prospective type of study undertaken on elderly people. It was a Questionnaire based study. The observations revealed that attitude of ward staff towards majority of Geriatric patients admitted through emergency admission was 'courteous' (63.5% on medical side and 60.7% on surgical side). Doctors were assessed by Geriatric patients regarding their skill to deal with elderly which revealed that among the patients admitted through emergency majority (45.2% from medical side and 59.8% from surgical side) were of the opinion the Doctors need 'little reorientation' in case of elderly

Introduction

The population of the elderly is increasing in all countries of the World. This is attributed to be one of the major achievements of mankind in the modern era^[1]. Globally, there are an estimated 605 million people aged 60 years and above^[2,3]. According to Troisi^[4] one out of every ten persons is 60 years or above. By 2050, one out of five will be 60 years or older and by 2150, one out of three persons will be 60 years or older^[4].

Although the population of the elderly is increasing in all countries of the world, until the early 80s, the demographic transition was mostly viewed as a phenomenon of the developed countries^[4,5]. Literature has however shown that the great majority (two-thirds) of those over 60 years of age live in the developing world; and that the proportion is rising steadily and will reach nearly three-quarters by the 2030s^[5].

Since the elderly constitute an important group of hospital admission, it is important to examine the attitude of nurses and doctors towards the care of the elderly so as to better focus attention towards optimum care of hospitalized elders. This is even more pertinent since the elderly are not cared for in special wards (geriatric wards) but on general wards. Nurses may be left feeling coerced into working in an area that is considered either undesirable^[6,7] or outside their current educational and practical knowledge^[7]. It is against this background that this study was designed to explore nurses' and doctors attitude and behaviour towards the care of the elderly.

Methodology

The study was carried out in Inpatient department of Sheri-kashmir Institute of medical Sciences (SKIMS) Srinagar, a 763 bedded tertiary care facility. It was a prospective type of study undertaken on elderly people. It was a Questionnaire based study. Cases were selected by Systematic Random sampling method by picking every 5th patient of the target population after checking the admission files in the respective wards. A total of 421 cases selected through systematic random sampling were studied. The questionnaire was developed and validated by a pilot study. The study was done from 1st January 2013 to 31st December 2013 (i.e for a period of one year) for data collection and observations. The study population in the study were elderly (Geriatric) group of people with age greater than or equal to 60 years (> 60years) as per their medical record. All those patients who do not agree to participate in the study & those patients who were comatose or on ventilator were excluded from the study.

Observation and results

With increase in life expectancy and increasing numbers of older patients utilizing the hospital setting, attitudes & behaviour of registered nurses and doctors caring for older people may affect the quality of care provided. The many negative attitudes reflect ageist stereotypes and knowledge deficits that significantly influence the practice of registered nurses, doctors and the quality of care older patients receive.

Once the selected group of Geriatric patients arrived in their respective wards, the attitude of ward staff towards them was studied. The observations were studied viz a viz Geriatric patients admitted through Emergency and routine admission (as shown in Table 1). The observations revealed that attitude of ward staff towards majority of Geriatric patients admitted through emergency admission was 'courteous' (63.5% on medical side and 60.7% on surgical side). Similarly Attitude of staff towards Geriatrics admitted via Routine was also 'courteous' (73.4% on medical side and 70.5% on surgical side) . Good percentage of patients from both categories of admissions felt that attitude of ward staff was 'not courteous'.

Table 1: Attitude of ward staff towards Elderly viz a viz specialities

Admission	Specialty	Courteous		Not Courteous	
		n	%	n	%
Emergency	Medical	80	63.5	46	36.5
	Surgical	50	60.7	32	39.3
Routine	Medical	105	73.4	37	26.6
	Surgical	50	70.5	21	29.5
P-Value		0.02			

Upon arrival in the ward, assessment of difficulties faced by geriatrics therein due to non-availability of help from hospital staff was made comparing the various difficulties viz a viz Emergency and routine admissions. Observations (as shown in Table 2) revealed that majority of patients admitted through Emergency (61.1% on Medical side and 53.66% on surgical side) and Routine (66.20% on Medical side and 69.01% on surgical side) faced no difficulty in locating bed in ward due to availability of help from attending staff while as among overall geriatric patients who faced difficulty in locating bed in ward were those who were admitted through Emergency and belonged to surgical and allied specialties (46.34%).

Table 2: Difficulty faced by elderly in wards and behaviour of staff towards elderly viz a viz specialties

Admission	Specialty	Difficulty faced in locating bed in ward		Difficulty faced in investigations		Did Doctor/Nurse Involved you in decisions		Did Hospital Staff did everything to control your pain	
		Yes	No	Yes	No	Yes	No	Yes	No
Emergency	Medical	49 (38.89%)	77 (61.11%)	69 (54.76%)	57 (45.24%)	52 (41.27%)	74 (58.73%)	67 (53.17%)	59
	Surgical	38 (46.34%)	44 (53.66%)	46 (56.10%)	36 (43.90%)	24 (29.27%)	58 (70.73%)	34 (41.46%)	48 (58.54%)
Routine	Medical	48 (33.80%)	94 (66.20%)	66 (46.48%)	76 (53.52%)	65 (45.77%)	77 (54.23%)	85 (59.86%)	57 (40.14%)
	Surgical	22 (30.90%)	49 (69.01%)	32 (45.07%)	39 (54.93%)	33 (46.48%)	38 (53.52%)	41 (57.75%)	30 (42.25%)
P-Value		0.05		0.05		0.04		0.02	

Similarly majority of Geriatric patients admitted through Emergency (54.76% from medical side and 56.10% from surgical side) faced 'difficulty' in investigations while majority of patients admitted through Routine (53.52% from medical side and 54.93% from surgical side) faced 'no difficulty' in investigations as staff was always there to help.

Comparing Decision involvement by Doctor / Nurse it was revealed that majority of old patients admitted through Emergency (58.73% on medical side and 70.73% on surgical side) and Routine (54.23% on medical side and 53.52% on surgical side) were 'not involved' in decisions regarding their ailment by Doctor / Nurse. Among specialties surgery and allied was one where maximum number of Geriatric cases (70.73%) were seen who were not involved by Doctors/Nurses in decisions regarding their ailment. (as shown in table 2)

Likewise majority of geriatric patients who were admitted through Emergency and belonged to medical side (53.17%) said that 'hospital staff did everything to control their pain' while majority from surgical Emergency side (58.54%) revealed that hospital staff 'was not able to control their pain' to their satisfaction. Among routine admitted patients majority (59.86% from medical side and 57.75% from surgical side) said that everything was done by staff to control their pain.

Explanation of management of ailment by Doctor/Nurse among Geriatric patients (as shown in Table 3) showed that in majority (40.5%) of patients admitted through Emergency belonging to Medical category, explanation of management of ailment was 'Good' while as it was 'average' (54.8%) among surgical patients admitted through Emergency.

Table 3 Explanation of management of illness to elderly viz a viz specialties

Admission	Specialty	Explanation of management of Ailment by Doctor/Nurse					
		1		2		3	
		N	%	N	%	N	%
Emergency	Medical	26	20.6	49	38.9	51	40.5
	Surgical	13	15.9	45	54.8	24	29.3
Routine	Medical	20	14.09	62	43.66	60	42.25
	Surgical	11	15.5	26	36.6	34	47.9
P- Value		0.17					

- 1. Poor
- 2. Average
- 3. Good

Routine medical admission patients showed that in majority (43.66%) explanation of management of ailment was 'average' while in majority of Routine surgical patients (47.9%) it was 'Good'. 15-20% of patients from both categories (Emergency and Routine) revealed that management of ailment was 'poorly' explained to them.

Comparing 'Respect for age' (as shown in Table 4) by ward staff revealed that majority of old age patients admitted through Emergency (40.48% from medical side 51.3% from Surgical side) were 'sometimes respected' for age while 36.5% from medical and 21.9% from surgical side belonging to same emergency group were 'always respected' for age. The trend was similar in patients admitted through Routine with 47.18% from medical side and 42.26% from surgical side revealing that they were 'sometimes' respected for age but not always.

Admission	Specialty	Respect for Age			Respect for Privacy			Response to Call	
		1	2	3	1	2	3	Poor	Good
Emergency	Medical	29 (23.01%)	51 (40.48%)	46 (36.51%)	79 (62.70%)	2 (1.59%)	45 (35.71%)	35 (27.7%)	91 (72.23%)
	Surgical	22 (26.8%)	42 (51.3%)	18 (21.9%)	49 (59.76%)	3 (3.66%)	30 (36.58%)	24 (29.26%)	58 (70.74%)
Routine	Medical	22 (15.49%)	67 (47.18%)	53 (37.33%)	85 (59.86%)	1 (0.71%)	56 (39.43%)	29 (20.42%)	113 (79.58%)
	Surgical	15 (21.12%)	30 (42.26%)	26 (36.62%)	47 (66.20%)	0 (0.0%)	24 (33.80%)	18 (23.35%)	53 (74.65%)
P-Value		0.14			0.24			0.13	

- 1. Never
- 2. Sometimes
- 3. Usually always

A significant Percentage of patients were seen in both Emergency (23.1% on medical side & 26.8% on surgical side) and routine (15.49% on medical side & 21.12% on surgical side) who informed that they were never respected for age. (as shown in table 4)

Respect for privacy (as shown in Table 4) was assessed viz a viz Geriatric patients which showed that Majority of patients admitted through Emergency (62.70% from medical side and 59.76% from Surgical side) and through Routine (59.86% from Medical side and 66.2% from Surgical side) were shown 'no respect' for privacy.

Comparing response to call for consultation by specialist revealed that majority (70-80%) of patients from emergency and routine side

of both specialties were given 'good' response to their call.

Assessment of attitude of doctors towards elder people (as shown in Table 5) showed that in majority of Elderly patients admitted through emergency (59.5% from medical side and 50% from surgical side) attitude of Doctors towards them was courteous, helpful as well as communicative.

Table 4 Degree of respect to elderly viz a viz specialties

Admission	Specialty	Attitude of Doctors towards Elder people											
		1	2	3	1+2	1+2+3	2+3	4					
		n	%	n	%	n	%	n	%	n	%	n	%
Emergency	Medical	2	1.6	23	18.2	3	2.4	20	15.9	75	59.5	3	2.4
	Surgical	1	1.2	8	9.8	0	0.0	32	39.0	41	50.0	0	0.0

Routine	Medical	1	0.7	22	15.5	2	1.4	18	12.6	89	62.7	10	7.1	0	0.0
	Surgical	3	4.3	8	11.2	1	1.4	11	15.5	45	63.3	3	4.3	0	0.0
P-Value		0.02													

- 1. Courteous
- 2. Helpful
- 3. Communicative
- 4. Poor in Every Respect

In Routine patients again majority (62.7%) from medical side and 63.3% from surgical side) revealed that attitude of Doctors towards them had all the three aspects of Likert Scale i.e. courteous (1), helpful(2), commutative (3).

39.02% patients admitted through emergency who belonged to surgical and allied revealed that Doctors were more courteous and helpful towards them but less communicative. No patient in either of the category said that attitude of Doctors towards elder people was 'poor' in every respect.

Like above, attitude of Nurses towards elder people was also assessed (as shown in Table 6) which revealed that in majority of patients admitted through emergency (46.0% from medical side and 45.1% from surgical side) and through Routine (50.7% from medical side and 47.9% from surgical side) attitude of nurses towards them was courteous, helpful and communicative.

Table: 6 Attitude of Nurses towards Elderly viz a viz specialties

Admission	Specialty	Attitude of Nurses towards Elder people													
		1		2		3		1+2		1+2+3		2+3		4	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
Emergency	Medical	3	2.4	19	15.0	0	0.0	22	17.5	58	46.0	1	0.8	23	18.2
	Surgical	1	1.2	12	14.6	0	0.0	14	17.0	37	45.1	2	2.4	16	19.5
Routine	Medical	1	0.7	14	9.8	0	0.0	31	21.8	72	50.7	0	0.0	24	17.5
	Surgical	1	1.4	9	12.6	0	0.0	13	18.3	34	47.9	3	4.3	11	15.5
P-Value		0.63													

- 1. Courteous
- 2. Helpful
- 3. Communicative
- 4. Poor in Every Respect

A good percentage of elderly patients admitted via emergency (18.2% on medical side & 19.5% on surgical side) and routine (17% on medical side & 15.5% on surgical side) revealed that attitude of nurses towards elderly was 'poor' in all respects. This is in contrast to attitude of doctors where there was no case which revealed that doctors were poor in all respects. (as shown in table 6)

Doctors were assessed by Geriatric patients regarding their skill to deal with elderly (as shown in Table 7) which revealed that among the patients admitted through emergency majority (45.2% from medical side and 59.8% from surgical side) were of the opinion that Doctors need 'little reorientation' in case of elderly. Among Routine admissions 41.5% from medical side said that Doctors need 'little reorientation' while same %age (41.5) of patients from the same group revealed that Doctors are competent enough to deal with elderly. Similarly majority of Routine Surgical patients (42.2%) were of the opinion that doctors need little reorientation to deal with older people. Besides above 33.4% of patients from Emergency medical, 23.2% from Emergency surgical and 36.7% from Routine Surgical said that

doctors are competent enough to deal with elderly.

Table: 7 Skill Level of Doctors in relation to Elderly viz a viz specialties

Admission	Specialty	Skill Level of Doctors in relation to Elderly							
		1		2		3		4	
		n	%	n	%	n	%	n	%
Emergency	Medical	22	17.5	57	45.2	5	3.9	42	33.4
	Surgical	11	13.4	49	59.8	3	3.6	19	23.2
Routine	Medical	20	14.2	59	41.5	4	2.8	59	41.5
	Surgical	13	18.3	30	42.2	2	2.8	26	36.7
P-Value		0.30							

- 1. Need Special Training
- 2. Need Little Reorientation
- 3. Need both Reorientation and Training
- 4. They are Competent enough

Like doctors, nurses skill level was also judged by elderly people (as shown in Table 8) and it revealed that majority of patients admitted from emergency (39.69% from medical side and 32.93% from surgical side) said that nurses need 'special training' to deal with elderly while majority of patients admitted through Routine (35.21% from medical side and 36.62% from surgical side) revealed that nurses need 'little reorientation' to deal with elderly. Percentage of cases revealing that nurses are 'competent enough' were less as compared to Doctors.

Table: 8 Skill Level of Nurses in relation to Elderly viz a viz specialties

Admission	Specialty	Skill Level of Nursing staff in relation to Elderly							
		1		2		3		4	
		n	%	n	%	n	%	n	%
Emergency	Medical	50	39.69	38	30.16	31	24.60	7	5.55
	Surgical	27	32.93	26	31.70	27	32.53	2	2.44
Routine	Medical	43	30.28	50	35.21	35	24.65	14	9.86
	Surgical	24	33.80	26	36.62	16	22.53	5	7.05
P-Value		0.20							

- 1. Need Special Training
- 2. Need Little Reorientation
- 3. Need both Reorientation and Training
- 4. They are Competent enough

Discussion

The independence of older patients is severely threatened by nurses' and doctors negative stereotyping and ageist attitudes. Areas of care identified as at risk are: maintaining independence, involvement in decision making about their care and place of residence following discharge and the use of restraints and their potentially harmful side-effects.

Research by *Mandy Doherty et al* regarding Attitudes of Healthcare Workers towards Older People in a Rural Population by Using the Kogan Scale showed the attitudes of nurses, healthcare assistants, and nursing students hold positive attitudes towards older people

Satisfaction Survey of Accident and Emergency Department in a Tertiary Care Hospital of SKIMS' conducted by *asmal et al* revealed that 66% respondents were satisfied as all investigation were complete by the time of discharge.

Study by *Taimur Saleem et al* conducted at a tertiary care hospital in Pakistan revealed that 79.2% respondents ranked discussing treatment options and letting patient make final decisions as a very important expectation.

"Elderly patient satisfaction with quality of pain management" by

raftopoulos et al⁽¹¹⁾ revealed that the vast majority of elderly patients were totally satisfied with their pain management (92.8%), with the way doctors managed their pain (96.3%) and the way nurses managed their pain (92.1%).

Gromulska L et al⁽¹²⁾ revealed that over 80% of patients felt that medical staff responded to their requests and concerns. Over 90% of them had opportunity to communicate their concerns to medical staff and to discuss the course of treatment. On the other hand, the explanation of the reason for the refusal to meet their requests was given to only 23% of the patients interested.

Attitudes Towards the Elderly' among Singapore Medical Students carried out by *SengKwing Cheong, et al*⁽¹³⁾ in 2009 in Singapore revealed that majority of first- (98.2%) and third-year (99.2%) medical students had positive attitudes towards elderly people.

Attitudes towards older people and working with older patients conducted by *Yun-E⁽¹⁴⁾ et al* revealed that registered nurses expressed positive attitudes towards older people and 89.7% reported positive attitudes towards working with older patients.

Alice Coffey et al⁽¹⁵⁾ conducted multicenter survey of acute hospital nursing staff training in dementia care and it revealed that 83% of acute hospital nursing staff perceived that they had insufficient training in dementia care. Another Research by *Smith S et al* revealed that "it is vital that health professionals caring for patients, in all ward settings, have the knowledge and skills to care for the complex needs of older people.

Conclusion

In conclusion the study established that there is a need to introduce inservice educational practicum for training and retraining of clinical staff so that the hospital stay of elderly patients is made comfortable and complication free.

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