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Mob: +92 300 3008585, Fax: +92 41 8815544
E-mail: editorpjn@gmail.com

Nursing Staff's Attitudes on the Elderly Nutrition in Ankara (Turkey)

Gülperi Hakli¹ and Funda Pinar Çakiroglu²

¹Department of Nutrition Sciences, School of Home Economics, Ankara University, Ankara, Turkey

²Department of Nutrition and Dietetics, Faculty of Health Sciences, Ankara University, Ankara, Turkey

Abstract: This study was conducted to identify the nurse and care givers' attitudes towards the nutrition of the elderly. A cross-sectional and descriptive study was carried out in the geriatric care centers (nursing homes, hospitals) in Ankara, Turkey. It was conducted on 100 nursing staff (71 care givers, 29 nurses) working in geriatric care centers and agreed to participate in the study. Data were collected via a survey and "SANN-G" scale (Staff Attitudes to Nutritional Nursing Care Geriatric Scale) was used in order to identify the nursing staff's attitudes towards the nutrition of the elderly (Cronbach's alpha: 0.74). It was concluded that the nursing staff's total scores and dimension scores were below the cut-off scores for positive attitudes. That is, the nursing staff had insufficient knowledge about the nutrition of the elderly. The attitude scores were found to increase as the nursing staff's educational level and work experience increased while the staff working in hospitals received higher scores than those working in other institutions. At the end of the study, it was determined that the nursing staff had insufficient knowledge about the nutrition of the elderly. It is suggested that nursing staff should have special education on the elderly nutrition and continuity of this education should be provided.

Key words: Attitude, nursing staff, nutrition, the elderly, geriatric care

INTRODUCTION

The gradual aging of all societies bring about the problem of providing care to the elderly as an important public health problem (Karin *et al.*, 1999). In particular, malnutrition and unbalanced diet are common problems of the elderly in developing countries (Christensson *et al.*, 1999; Pirlich *et al.*, 2003). Being dependent on others physically and cognitively as a result of increased age affects the elderly nutrition negatively, too (Chen *et al.*, 2001; Pirlich *et al.*, 2005). Unless some precautions are taken, problems emerging as a result of malnutrition and unbalanced diet will lead to a decrease in the life quality of the elderly and an increase in health expenses in the same degree (Akner and Cederholm, 2001; Kyle *et al.*, 2005).

As the individuals age, they become increasingly dependent on others in daily tasks and they receive support from the family and the people around who provide their needs to some extent (Kneipp *et al.*, 2004). However, when the "continuous care" need overrides the support phase, it can be understood that the care of the elderly is an extensive service requiring special knowledge and approach. In the present day, elderly care is becoming more important; the emergence of professionals to provide support to the elderly has become a necessity and care giving is gaining ground as an occupation (Williams *et al.*, 2003).

The improvement of care quality for the elderly depends on the positive attitudes of the health staff (Wade, 1999).

In addition, the care staff should acquire sufficient nutritional knowledge concerning the elderly so that nutritional problems can be prevented early (Endevelt *et al.*, 2009). Nurses and care givers have responsibility in terms of preventing and/or decreasing these kinds of problems (Beck *et al.*, 2002).

MATERIALS AND METHODS

Objective: This cross-sectional and descriptive study aims to identify the nurses and care giver's attitudes towards the nutrition of the elderly.

Design and setting: The study was carried in Ankara, capital city of Turkey. During data collection, a preliminary investigation was conducted and the geriatric care centers belonging to SHÇEK (Social Service and Children Protection Institution) (4), local authorities (2), foundations and unions (2), hospitals (5), real persons (18) were identified and their consent was obtained following the necessary procedures. 15 institutions replied positively and the researchers visited these institutions in order to apply a survey to the nursing staff who agreed to participate in the study.

Participants: The universe comprised the geriatric care centers (nursing homes, hospitals) in the city of Ankara while the sample comprised 100 nursing staff: 29 nurses and 71 care givers working in the care centers which agreed to participate in the study.

Measurements: Data were collected via a survey and face-to-face interviews. The survey comprised two sections on the nursing staff's demographic features and attitudes towards nutrition for the elderly. "SANN-G" (Staff Attitudes to Nutritional Nursing Care Geriatric Scale), developed by Lindström *et al.* (2007) was adopted in order to identify the nursing staff's attitude's towards the nutrition of the elderly. It is the first study using SANN-G scale and carried out in geriatric care centers in Turkey. The reliability of the scale for this study was found to be 0.74 (Cronbach's α). This Likert-type scale had 5 dimensions (norms, habits, assessment, intervention, individualization). The grading of the items was made on the basis of a 5 point scale (1 = completely agree, 2 = agree on the whole, 3 = doubtful, 4 = disagree, 5 = I completely disagree). All of the expressions in the items were written in the negative mode. Therefore, a score of 18 pointed to the most negative attitude while a score of 90 signified the highest level of positive attitudes. When the nursing staff received an average score of 72, that is 4 points from each item, this pointed to a positive attitude. The mean nursing staff scores which were derived by multiplication of the number of dimension items with 4 points were evaluated on the basis of these cut-off scores. The mean attitude scores were evaluated as positive if they are equal to or above the cut-off scores.

Data analysis: The statistical evaluations were conducted by means of SPSS® (The Statistical Package for the Social Sciences) version 13.0. The educational level, years of service and the institution types were determined as explanatory variables. In order to decide on the statistical tests to be adopted in data analysis, normality tests were applied and the data were found to be normally distributed; as a result parametric tests were applied and frequency (%), absolute values (n), mean, standard deviation were found and variance analysis was performed.

RESULTS

The socio-demographic features of the nursing staff: Eighty per cent of the participants were female while twenty per cent were male; the mean age was 32.77±9.40 while the ages ranged from 18-57. As for the educational level, 46.0% of the staff had high school diploma, 29.0% had university degree while 25.0% had primary school diploma. In terms of years of service, 38.0% were found to have less than 1 year experience while 34.0% had 1-3 years and 28.0% had more than 3 years of experience. Fifty eight per cent of the staff had received training on the elderly and aging. Among the 58 nursing staff members, 65.5% of the trained staff had received training from public training centers, 25.9% from the in-service training at their institution while 8.6% from the

Table 1: Distribution of the nursing staff in terms of socio-demographic features

	n	%
Gender		
Male	20	20.0
Female	80	80.0
Total	100	100.0
Educational level		
Primary school	25	25.0
High school	46	46.0
University	29	29.0
Total	100	100.0
Years of service		
<1 year	38	38.0
1-3 years	34	34.0
>3 years	28	28.0
Total	100	100.0
State of receiving training on aging		
Yes	58	58.0
No	42	42.0
Total	100	100.0
Training institutions		
Community training centers	38	65.5
In-service training	15	25.9
Municipality's occupational courses	5	8.6
Total	58	100.0
Period of training		
≤3 months	44	75.9
>3 months	14	24.1
Total	58	100.0

Table 2: The nursing staff's mean attitudinal scores (n: 100)

Dimensions (Min.-Max. Score)	Positive attitude cut-off			
	score	Mean ± S.D	Min.	Max.
Standards (5-25)	20	13.82±3.73	5	25
Habits (4-20)	16	12.75±1.96	7	17
Assessment (4-20)	16	12.78±2.62	7	19
Intervention (9-15)	12	10.68±1.15	9	14
Individualization (2-10)	8	5.91±2.17	2	10
Total score (25-90)	72	55.94±7.92	37	83

S.D = Standard Deviation

occupational courses organized by the municipalities. In addition, 75.9% had received training for a period of ≤3 months while 24.1% had received training for more than 3 months (Table 1).

Nursing staff's attitudes towards the nutrition of the elderly: At the end of the study, both the mean total score and the mean dimension scores were found to be below the cut-off positive attitudes scores. Therefore, it was determined that the nursing staff displayed negative attitudes towards the nutrition of the elderly (Table 2).

Analysis of the nursing staff's attitudes towards the nutrition of the elderly in terms of various variables: It was determined that the mean scores in other dimensions and total scores increased as the nursing staff's educational level increased with the exception of the habits dimension. In terms of the staff's educational level, the difference between the total score (p = 0.000) and mean dimension scores was found to be significant (p = 0.05) (Table 3).

Table 3: The mean attitude scores according to various variables

Variables	Standards			Habits			Assessment			Intervention			Individualization			Total		
	Min.-Max.	Mean±SD	n	Min.-Max.	Mean±SD	n	Min.-Max.	Mean±SD	n	Min.-Max.	Mean±SD	n	Min.-Max.	Mean±SD	n	Min.-Max.	Mean±SD	n
Positive attitudes cut-off score	20	16	16	16	16	16	16	16	16	12	12	12	8	8	8	72	72	72
Educational level																		
Primary School	12.00±3.04	5-7	13.44±1.63	11-17	13.12±2.31	8-16	10.72±1.06	9-13	6.00±2.19	2-10	55.28±5.97	40-69						
High School	13.13±3.33	7-21	12.23±1.87	7-16	11.60±2.38	7-17	10.30±1.02	9-14	5.21±2.04	2-10	52.50±6.65	37-68						
University	16.48±3.50	10-25	12.96±2.17	7-17	14.34±2.39	8-19	11.24±1.21	9-14	6.93±1.99	2-10	61.96±7.93	50-83						
F-test	14.112	3.446	12.212	6.547	16.898	6.126	16.898											
p-value	0.000	0.036	0.000	0.001	0.000	0.003	0.000											
According to years of service																		
>1 year	13.73±3.45	7-22	12.31±2.01	7-16	12.26±2.76	7-19	10.03±1.07	9-14	5.68±2.13	2-10	54.63±7.67	37-78						
1-3 years	13.47±4.14	5-25	13.08±2.09	7-17	12.41±2.54	8-19	10.50±1.05	9-13	5.44±2.10	2-10	54.91±8.28	43-83						
>3 years	14.35±3.63	6-21	12.92±1.65	11-17	13.92±2.20	8-17	10.90±1.34	9-14	6.78±2.13	2-10	58.96±7.26	40-73						
F-test	0.444	1.571	3.983	1.305	2.962	3.425	2.962											
p-value	0.643	0.213	0.022	0.276	0.037	0.037	0.057											
Institution types																		
NHB (SHÇEK)	13.17±3.98	5-19	12.52±1.63	9-16	12.44±2.10	8-16	10.41±0.95	9-13	5.35±1.98	2-10	53.91±6.12	40-63						
Private Nursing Homes	13.54±2.57	9-19	12.81±1.92	8-17	12.03±2.36	7-16	10.54±0.97	9-12	5.78±2.28	3-10	54.72±6.52	37-69						
Hospitals	15.52±4.36	9-25	13.30±2.20	7-17	14.34±3.24	7-19	11.47±1.37	9-14	7.08±1.75	3-10	61.73±9.57	46-83						
NHBLAF	13.00±3.80	9-21	12.00±2.40	7-15	12.80±2.25	8-16	10.20±1.03	9-12	5.50±2.54	2-10	53.50±8.05	44-68						
F-test	2.235	1.267	4.198	5.728	3.368	3.368	6.283											
p-value	0.089	0.290	0.008	0.001	0.022	0.001	0.001											

NHB: Nursing Homes Belonging to SHÇEK, NHBLAF: Nursing homes belonging to local authorities/foundations

As regards the years of service, it was observed that the attitude scores increase as the years of service increase, though this was statistically insignificant ($p = 0.057$). As regards the dimensions, the difference between the mean scores of assessment ($p = 0.022$) and individualization ($p = 0.037$) dimensions and the years of service was found to be significant (Table 3). An analysis of the nursing staff's mean total and dimension scores in terms of institution types revealed that the mean attitude scores of staff working in hospitals were higher than that of the staff working in other institutions. In terms of institution types, the difference between mean total attitude scores ($p = 0.001$) and the assessment ($p = 0.008$), intervention ($p = 0.001$), individualization ($p = 0.022$) dimension scores was found to be statistically significant (Table 3).

Discussion

Main findings: At the end of the study it was found out that the staff's total scores and dimension scores were below the cut-off scores for positive attitudes. That is, the nursing staff had insufficient knowledge (negative attitudes) about the nutrition of the elderly.

In terms of the nursing staff's educational level, the dimension scores and total scores increased as the educational level increased which implied that the nursing staff displayed more positive attitudes towards the nutrition of the elderly as their educational level increased. The fact that the mean scores increased in correspondence with the educational level although the nursing staff's total and dimension scores were negative is a proof of this.

It was also understood that the nursing staff had unsatisfactory levels of training about the elderly care (Table 1). In one research study, it was documented that the nursing staff can acquire positive attitudes towards the elderly by means of training (Murphy *et al.*, 1986). Nurses and care givers with adequate knowledge of elderly care will be capable of approaching related issues with sensitivity, increasing both the elderly and the family's life quality, preventing care giver burnout, developing solution-oriented approaches (Erdem, 2005). Previous studies have demonstrated that nurses and care givers feel responsible for determining nutritional conditions of the elderly and maintaining their nutrition but do not feel that they have enough knowledge on this issue (Perry, 1997; Kondrup *et al.*, 2002). In a study by Ünalán *et al.* (2009), the primary needs of the nurses and care givers were determined as educational, psychological and physical aid issues. In Christensson and Lindström's study (2009) over identifying attitudes towards the nutrition of the elderly with 151 nurses and care givers in Sweden, the experimental group was trained on nutrition and identification of the nutritional states of the elderly for a month; it was determined that the attitude scores were higher at the end of the study

when compared with the control group and the training was found to be effective in terms of developing positive attitudes in the nursing staff. Similarly, in another study it was observed that the majority of the elderly in the institution were particularly not satisfied with the nutrition services of the nursing staff and developments were observed following the training (Christensson *et al.*, 2003).

It was also found that the attitude scores increased as the years of service increased. Occupational experience is as important as training when working with the adults. The fact that the scores increase in accordance with the years of service is a result of this (Table 3). The scale items under the assessment section are mostly related to the future results of nutrition. In this respect, occupational experience was found to be effective in grasping the importance of the issue; therefore it could be argued that years of service may be related to developing positive attitudes. Some researchers have determined that the older staff had more information and positive attitudes about the elderly than the younger staff (Haris *et al.*, 1988; Wright, 1988).

When the nursing staff's attitude scores were evaluated in terms of institution type, the mean attitude score of the nursing staff in hospitals was found to be higher than those in other institutions. This result is thought to stem from the fact that nurses in hospital usually hold university degrees. Similarly, in a paper by Lindström *et al.* (2007), study it was found that nurses displayed more positive attitudes about the nutrition of the elderly when compared with the care givers.

The socio-demographic features of the nursing staff who work in institutions influence the attitudes towards the elderly (Turaman, 2001; Mandiracioglu and Çam, 2004). In a study conducted by SHÇEK (2006), the staff's attitudes towards the elderly and the satisfaction with the services were analyzed. It was concluded that the staff's attitudes towards the elderly and service quality were influenced by the nursing staff shortage, having to deal with every duty, economic problems, imbalance in salary and other conditions.

Limitations: The fact that the study was carried out in Ankara and on a restricted sample constrains the generalizability of the findings. In addition, in the data collection phase most of the geriatric care centers replied negatively to our request for consent. One reason for this may be the shortage of staff and specialists in the institution. On the basis of the above factors, it is suggested that similar studies be conducted in different cities of Turkey with a larger sample so that the present findings can be supported and the related bodies can increase their awareness of this issue.

Conclusion: As a result of the present study, it can be reported that the nursing staff, who occupy an important

position in elderly care, had insufficient knowledge about the nutrition of the elderly.

It is suggested that elderly care and the health system in Turkey require the implementation of a serious health policy. This health policy should incorporate the issues of promoting specialization, especially in geriatrics, improving the salary and staff's working conditions, informing the society about the aging period and its problems, auditing the care centers more regularly and rigorously.

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