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Attitudes Toward Caring for Older Adults among Undergraduate Nursing Students at a Public University in Kuala Lumpur, Malaysia

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Attitudes Toward Caring for Older Adults among Undergraduate Nursing Students at a Public University in Kuala Lumpur, Malaysia

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Abstract

Background: The growing number of elderly members of the population is expected to increase the demand for more dedicated nursing students committed to providing excellent care. This study aims to determine prevailing attitudes toward the care of older adults among undergraduate nursing students at a public university in Kuala Lumpur, Malaysia.

Methods: This is a quantitative cross-sectional survey of 107 undergraduate nursing students enrolled at a public university in Kuala Lumpur, Malaysia. The students were recruited using stratified random sampling. The respondents' attitudes toward caring for older adults were measured using 14 items from the Geriatrics Attitudes Scale Survey Questionnaire. Data were analyzed using IBM® SPSS® Statistic V.26.0, in which $p < 0.05$ was statistically significant.

Results: The mean total score of attitudes was 46.64 (SD = 4.87), and 88.2% of respondents had a positive attitude. A significant relationship was observed between attitudes toward caring for older adults and years of study ($p = 0.015$, $U = 10.416$).

Conclusions: The majority of undergraduate students had positive attitudes toward caring for older adults. Early clinical practice and geriatric education are needed to ensure that older adults will receive the best and most efficient care and treatment in the future.

Keywords: attitude, caring, nursing student, older adults, undergraduate

INTRODUCTION

The demographic transition of the population based on age is expected to continue to change should the current decline in fertility rates persist, along with the increase in human life expectancy. Projections made by the World Health Organization indicate that, globally, there will be close to 2 billion people aged 60 years and up by the year 2050.¹ Meanwhile, the Department of Statistics - Malaysia estimates that the country will become an aging country by 2030 when 15% of its population will be 60 years old and above.² Given that older adults comprise Malaysia's most significant demographic, improving their quality of life is crucial, because they are especially vulnerable to the effects of aging³ and chronic diseases.⁴ The quantity of daycare facilities and nursing homes in Malaysia is inadequate, resulting in a quality of care for old people that is considered "very poor."⁵ As people age, their physical strength, mental health, and behavioral patterns change and may eventually become quite unstable, leading those around them to view them as a burden and liability. This is where most people need additional help to

survive and flourish. Hence, one of a nurse's responsibilities is to ensure that these conveniences are available to older adults.

Good nursing care can make a huge difference in the quality of life for seniors.⁶ The cornerstone of authentic nursing care and intervention is good nursing knowledge and a positive mindset.⁷ Nurses' attitudes toward providing care for older patients have significantly impacted patient outcomes, including decreased rates of readmission and shorter lengths of stays in hospitals.^{8,9} Indeed, satisfaction levels increased among patients, their families, and caregivers.⁸ Nurses' perspectives on aging and their knowledge of the aging process can affect nursing practice and the quality of care provided to older patients.^{10,11} Nursing students need considerable information and experience to meet the healthcare needs of older adult patients. Given the significance of this subject, numerous international studies on students' knowledge and attitudes regarding elder care have been conducted.¹²⁻²⁰

Previous studies have reported positive attitudes toward caring for older adults among nursing students.^{14,21,22} Similarly, nursing students in Malaysia have a positive attitude toward caring for older adults.^{13,15,23,24} In particular, studies have revealed that female students care more for older adults than male students. Furthermore, having close relationships with grandparents^{25,26} or living with

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them might impact how nursing students approach caring for older patients.²⁷ Previous study revealed that an amazing 87.1% of respondents living with older adults at home had good attitudes toward providing care for older adults.²³ On the contrary, previous study in Ghana discovered that living with older adults did not statistically influence attitudes toward older adults.²⁸

The most concerning tendency in contemporary nursing education is that, despite having solid background information, most students still retain pessimistic attitudes about their potential interactions with older adults.^{7,17,29} For example, previous research has demonstrated that nursing students have negative attitudes and are less motivated to provide care for older adults.^{6,8,9,16} This negative attitude can impede the development of a productive therapeutic relationship between nurses and older adults. In reality, these nurses' unfavorable attitudes diminish older adults' quality of life and exacerbate their health difficulties by increasing the likelihood of hopelessness, low self-esteem, depression, and even suicidal ideation.³⁰

In a previous review, complicated and contradictory attitudes toward care for elderly individuals were identified.⁸ Inconsistent findings have been found regarding knowledge and attitudes toward the care of older adults, particularly among nursing students in Malaysia. Therefore, the present study was conducted to determine prevailing attitudes toward the care of older adults among undergraduate nursing students at a public university in Kuala Lumpur, Malaysia. Assessing nursing students' attitudes toward caring for older adults is important in improving the quality of care that they can provide.

METHODS

The Research Ethics Committee approved the study before it was carried out (Project Code: FF-2023-052). Every participant in the study provided prior written consent. Furthermore, the ethical values of autonomy, beneficence, confidentiality, and anonymity were considered so that this research study safeguarded the participants' rights.

This study is a quantitative cross-sectional survey to determine attitudes toward caring for older adults among 107 undergraduate nursing students enrolled at a public university in Kuala Lumpur, Malaysia. We opted for this design as it offered insights into every approach employed to acquire a deeper understanding of the subjects' attitudes toward older adults.³¹ In this research, the study population consisted of nursing students enrolled in a bachelor's program. To recruit the participants, we used stratified random sampling after compiling a student list. We separated the population into different strata in which the sample size for each stratum was proportional to the measurement of the study program, which we randomly

selected following the stratum sample size. Indeed, stratified random sampling eliminated selection bias and helped create a sample that represented all population members enrolled in undergraduate nursing programs.³¹

The demographic data questions consisted of gender, year of study, whether their grandparents were alive, and relationship with grandparents. The latter item was defined as whether or not the participants had good connections with their grandparents.

We measured the students' attitudes toward caring for older adults using 14 items from the Geriatrics Attitudes Scale (GAS) Survey Questionnaire developed by Reuben *et al.* The instrument exhibited strong validity, as indicated by a Cronbach's alpha coefficient of 0.76. This instrument is a 5-point Likert scale with options ranging from "strongly disagree" (1) to "strongly agree" (5).³² To calculate the total attitude score, the scores on the negatively formulated statements were inverted and then combined with the scores from the positively formulated statements. In addition, a total score was obtained by summing up the points for each of the 14 items in the survey. A mean cutoff score of 2.00 was used to compute the total scores. A higher total score indicated positive attitudes toward caring for older people, whereas a lower score indicated negative attitudes toward caring for older adults. Furthermore, the validity of this instrument was checked again as in a previous study where they were applied to populations and settings that were different from those of the current study. The study instrument was validated by experts in the English language and a geriatric specialist to assess the tool's face validity. Then, a pilot study was conducted to determine the internal consistency reliability using Cronbach's alpha. In this research, the Cronbach's alpha value was 0.861 for all items.

Data collection commenced in April and May of 2023 among nursing students in their first through fourth years of study. The researchers approached each nursing student and identified individuals who met the study's inclusion and exclusion criteria. The researchers supplied participants with a study information sheet to review. Upon expressing agreement to take part in the study, the respondents were provided with a link to a Google Forms survey sheet. The researchers collected the filled-out questionnaires through online records. Those respondents who still needed to complete the questionnaire were requested to do so again. Upon completion, the data were encrypted and stored on the researchers' computers.

Data were analyzed by using IBM® SPSS® Statistic V.26.0 and $p < 0.05$ was set as statistically significant. Descriptive and inferential analyses were conducted in this study. Furthermore, we employed descriptive methods, such as calculating the mean, standard deviation, and determining frequencies and percentages. To carry out inferential analyses, non-parametric tests were chosen due to the

absence of a normal data distribution. Specifically, the Mann–Whitney U test and the Kruskal–Wallis H test were used in the statistical tests. Whenever the Kruskal–Wallis test yielded significant results, a post hoc test was applied. All findings were then organized and presented in tabular form for clear presentation.

RESULTS

Sociodemographic characteristics

This study gathered 126 respondents (100%), whose sociodemographic characteristics were tabulated in Table 1. The results indicated that most respondents were female (86%), had positive relationships with their grandparents (95.3%), and had living grandparents.

The geriatrics attitudes scale

In this study, the outcome of the GAS was tabulated in Table 2. The results revealed that a higher percentage of the respondents strongly agreed with the statements, “It is society’s responsibility to provide care for its elderly persons” (45.8%) and “It is interesting listening to old people’s accounts of their past experiences” (59.8%). Out of 107 respondents, 36.4% strongly disagreed with the statement, “Treatment of chronically ill old patients is hopeless,” and 45.8% somewhat disagreed with the statement, “Old persons do not contribute their fair share toward paying for their healthcare.”

Attitudes toward caring for older adults

Table 1 also shows the findings regarding the levels of attitude toward caring for older adults among nursing students in the Medical Faculty of UKM. The mean total score of attitudes was 46.64 (SD = 4.87) (Min 34; Max 59). When the attitude level was categorized into two groups, positive and negative, the findings showed that most respondents (88.2%) held positive attitudes.

TABLE 1. Sociodemographic data (N = 107)

Variables	N (%)
Gender	
Male	15 (14.0)
Female	92 (86.0)
Year of study	
Year 1	37 (34.6)
Year 2	29 (27.1)
Year 3	20 (18.7)
Year 4	21 (19.6)
Living grandparents	
Yes	61 (57.0)
No	46 (43.0)
Relationship with grandparents	
Good	102 (95.3)
Bad	5 (4.7)
Attitude level	
Positive	88 (88.2%)
Negative	19 (17.8%)

TABLE 2. Response to the geriatrics attitudes scale (N = 107)

Items	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
	N (%)	N (%)	N (%)	N (%)	N (%)
Most old people are pleasant to be with.	2 (1.9)	4 (3.7)	34 (31.8)	52 (48.6)	15 (14.0)
The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases.	0 (0)	2 (1.9)	19 (17.8)	53 (49.5)	33 (30.8)
If I have the choice, I would rather see younger patients than elderly ones.	3 (2.8)	16 (15.0)	53 (49.5)	25 (23.4)	10 (9.3)
It is society’s responsibility to provide care for its elderly persons.	0 (0)	1 (0.9)	11 (10.3)	46 (43.0)	49 (45.8)
Medical care for old people uses up too much human and material resources.	8 (7.5)	28 (26.2)	32 (29.9)	30 (28.0)	9 (8.4)
As people grow older, they become less organized and more confused.	2 (1.9)	5 (4.7)	17 (15.9)	49 (45.8)	34 (31.8)
Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	1 (0.9)	7 (6.5)	33 (30.8)	33 (30.8)	33 (30.8)
Taking a medical history from elderly patients is frequently an ordeal.	4 (3.7)	8 (7.5)	33 (30.8)	46 (43.0)	16 (15.0)
I tend to pay more attention and have more sympathy toward my elderly patients than my younger patients.	3 (2.8)	4 (3.7)	27 (25.2)	44 (41.1)	29 (27.1)
Old people in general do not contribute much to society.	17 (15.9)	42 (39.3)	36 (33.6)	10 (9.3)	2 (1.9)
Treatment of chronically ill old patients is hopeless.	39 (36.4)	43 (40.2)	11 (10.3)	12 (11.2)	2 (1.9)
Old persons don’t contribute their fair share toward paying for their healthcare.	17 (15.9)	49 (45.8)	29 (27.1)	10 (9.3)	2 (1.9)
In general, old people act too slow for modern society.	11 (10.3)	26 (24.3)	46 (43.0)	20 (18.7)	4 (3.7)
It is interesting listening to old people’s accounts of their past experiences.	2 (1.9)	1 (0.9)	7 (6.5)	33 (30.8)	64 (59.8)

Relationship between sociodemographic data and attitude toward caring for older adults

Table 3 shows the relationship between gender and attitudes toward caring for older adults. In particular, the results indicated a greater positive attitude toward caring for older adults among females, with living grandparents, and those who had good relationships with their grandparents. There were no significant relationships between attitude toward care of older adults and gender ($p = 0.847$), living grandparents ($p = 0.159$), or relationship with grandparents ($p = 0.236$).

The Kruskal-Wallis test results showed a statistically significant difference in attitude toward the care of older adults between the different years of the study group ($p < 0.05$). Based on the results, Year 4 students showed the highest mean score than others, which indicated their greater positive attitudes compared with those in the remaining years.

Next, we conducted a post hoc test to determine which group was statistically significant compared to others (Table 4). There was a statistically significant relationship between two groups, namely, Years 3 and 4 ($p = 0.032$), Years 2 and 3 ($p = 0.017$), Years 1 and 4 ($p = 0.036$), and Years 1 and 2 ($p = 0.016$). We also calculated the effect size using eta squared. The effect size of Years 3 and 4 and 1 and 4 were both 0.19, while those of Years 3 and 2 and Years 1 and 2 were 0.25 and 0.23, respectively. According to Cohen (1998), 0.1 is considered a small effect, indicating that the difference between the means of the two groups is small.

DISCUSSION

This study aimed to determine nursing students' attitudes toward caring for older adults and their relationships with this population. The overall result showed that over three-quarters of the respondents had positive attitudes toward caring for older adults. These results align with previous studies confirming that nursing students generally have positive attitudes toward caring for older adults.^{20,21} However, their unpleasant interactions with older adults during their clinical posting may have influenced their attitudes. To ensure better healthcare and maintain the well-being of older persons, positive attitudes toward caring for older adults are absolutely essential.²³ In contrast, previous studies conducted in Malaysia reported that more than half of nursing students held negative attitudes toward caring for older adults.¹⁷

In the present study, attitudes toward the care of older adults were significantly related to several socio-demographic variables (e.g., year of study). However, other sociodemographic data, such as gender, whether grandparents are living, and relationship with grandparents, showed no significant relationship to their attitudes.

TABLE 3. Relationship sociodemographic data and attitude toward caring for older adults (N = 107)

Sociodemographic data	Total score of attitudes	
	N (%)	p
Gender		
Male	92 (86.0)	0.847
Female	15 (14.0)	
Living grandparents		
Yes	46 (43.0)	0.159
No	61 (57.0)	
Relationship with grandparents		
Good	102 (95.3)	0.236
Bad	5 (4.7)	
Year of study		
Year 1	37 (34.6)	0.015
Year 2	29 (27.1)	
Year 3	20 (18.7)	
Year 4	21 (19.6)	

Test: Mann-Whitney U Test; *Test: Kruskal-Wallis Test; $p < 0.005$

TABLE 4. Post hoc test for attitude score between year of study

Year of study	p
Year 3-Year 1	0.721
Year 3-Year 4	0.032*
Year 3-Year 2	0.017*
Year 1-Year 4	0.036*
Year 1-Year 2	0.016*
Year 4-Year 2	0.930

* $p < 0.05$

Furthermore, gender did not significantly impact nursing students' attitudes regarding the care of older individuals, consistent with the findings of prior studies.¹⁷ In our study, females recorded slightly higher mean attitude scores, indicating slightly more positive attitudes than males, although that difference was not significant. This finding is similar to that obtained from previous studies.^{15,23}

Nonetheless, our result is contrary, male respondents had more positive attitudes about the care of older adults compared with their female peers.¹⁷ Furthermore, the findings of the present study illustrated that respondents who had living grandparents had the greatest positive attitudes than those who did not have living grandparents. In contrast to individuals who did not communicate with elder family members and perceived older people as politically powerless, those who had close relationships with older family members generally understood that older people needed help and affection.⁷ Experiences obtained when caring for older adults may involve assisting family members with everyday tasks, preventing falls and abuse among older adults, and maintaining their bodily hygiene. Respondents with good relationships with their grandparents had greater positive attitudes toward caring for older adults than those with bad relationships with grandparents. Social engagement and prior

experience with older adult care may have influenced their attitudes.³³

Furthermore, the present study revealed statistically significant differences across the years of study and attitudes toward the care of older adults. This result is in contrast to a previous study in which there is no differences in attitude scores between years of study among undergraduate nursing students.¹⁷ In particular, Year 2 students in this study had the most favorable attitudes toward caring for older adults, followed by Years 4, 1, and 3 undergraduate nursing students. The reason for the higher attitudes among Year 2 nursing students is still being determined.

The study findings also showed that students might have negative attitudes toward the care of older adults because some felt that older adults generally did not contribute much to society as they may have limited movement and were fully dependent on the nurses. Therefore, it is recommended that a new gerontology curriculum be developed and implemented and that nursing students be given more opportunities to work with older adult patients. In addition, students should apply what they have been taught to deliver equal and unbiased care to older adults during their clinical practice.³ Next, healthcare workers should also actively mentor younger nursing students by displaying positive attitudes toward older adults in the wards and involving the students in gerontology research and interventions.

This study adds to the growing number of research on how to care for older adults. In particular, the findings may help develop evidence-based practices for improving the creation of the faculty syllabus and guidelines for clinical teaching in the future. Furthermore, this study's stratified random sampling approach ensured that the samples truly represented the population.

This research, however, has some areas for improvement, such as its use of cross-sectional data from a particular point in time, which makes it more difficult to conclude the cause and effect. As a result, the findings of this study cannot be applied to other universities. Second, the study used a self-reported questionnaire, which may have introduced bias because respondents tend to give more socially acceptable answers than the truth. Finally, this study's quantitative methods may have also limited the generalizability of the findings.

Several suggestions for improvement are made based on the results of this study, including studies with different designs, comparison studies, and single-intervention studies. Furthermore, further research is required to investigate the impacts of nursing curricula on the care of elderly individuals. In addition, the use of a longitudinal approach is strongly encouraged to investigate the causal

relationships between caregivers' attitudes and the quality of care provided to older adults.

CONCLUSIONS

The current study aimed to determine undergraduate nursing students' attitudes toward caring for older adults. The most important conclusion from this study is that the majority of nursing students have positive attitudes toward care for older individuals. In particular, significant relationships have been found between attitude and year of study.

CONFLICT OF INTEREST

We declare that there was no conflict of interest in conducting this research.

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