

Critical care nurses' attitudes toward ageism and its relation to their perception of geriatric patients' advocacy behaviors

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Abstract: Recurrent admission to critical care units by older patients, increased complexity of illness presentations and longer hospital stay necessitate enrolling of highly competent professional nurses. So, of great important is to spotlight on attitudes of nursing staff, those who provide the greatest and direct amount of care for geriatric patients. Since, individuals' attitudes may impact the nurses' performance of caring procedures for those growing and vulnerable older patients. Thus, the aim of the study was to assess critical care nurses' attitudes toward ageism and its relation to their perception of geriatric patients' advocacy behaviors. **Methods:** A descriptive correlational research design was used in this study. The study was conducted in ten intensive care units (ICUs) at the Main University Hospital, Alexandria, Egypt. A convenience sample of three hundred and thirty nurses was enrolled in the study. Three tools were used to collect data; Socio-demographic and work-related data questionnaire, the ageism attitude scale (AAS), the quantitative Protective Nursing Advocacy Scale (PNAS). **Results:** Nearly two thirds (62.4%) of the studied nurses have positive attitude toward ageism and nearly one half (48.8%) of them have moderate perception of geriatric patient advocacy behaviors. Also, a statistically significant relation was detected between nurses' attitudes toward ageism and nurses' perception of geriatric patient advocacy behaviors. Significant relations were between nurses' qualification and training in geriatric and both attitude toward ageism and advocacy behaviors. No significant differences were identified between age and sex of the nurses and both attitude toward ageism and advocacy behaviors. **Conclusion:** Critical care Nurses' perception of geriatric patient advocacy behaviors is strongly related to their attitudes toward ageism. **Recommendation:** Design, implement, and evaluate suitable interventions and continuing education programs by gerontological nurse for nurses caring for older adults, especially in the acute care settings in order to enforce positive attitudes towards older adults and improve behaviors by increasing their knowledge about this fast-growing population.

Keywords: Ageism, Attitudes, Advocacy, critical care nurses, gerontological nursing, geriatric patient, Intensive care unit.

I. INTRODUCTION

The growing number of older population in both developed and developing countries are generating a challenge for health care system all over the world. Specific to the region of Africa and Middle East, Egypt is expected to maintain the highest rank in absolute numbers of old and oldest old populations in the region by the year 2050 (Sweed, 2016). The upsurge in life expectancy has led to higher frequencies of various comorbidities, polypharmacy, and functional deficiencies which necessitate recurrent admission of the geriatric patients to the hospitals especially in the intensive care units (ICU). At least, more than half of the patients admitted to ICU are older than 65 years (Martin-Loeches et al., 2019).

Complex non-classical presentations of illness and higher susceptibility to complication make older adults more vulnerable. This is of specific significance, as older patients need greater and better assimilated health-care services than younger and they often have lengthier hospitalization and greater mortality rate (Kennelly & McCabe, 2015). Health care providers including; nurses who provide the greatest and direct care for older patients, consider that age is obviously associated with diminution of physiological reserve, prevalence of chronic diseases and frailty (Suen, 2018). This can be reflected in delay or omission of a required health care intervention for geriatric patients in ICU or may not receive the same quality of health care compared to younger patients. This discrimination can be caused by their culturally inherited beliefs and experiences about old age which called ageism (Eymard & Douglas, 2012).

Ageism is defined as "diverse attitudes, prejudice, actions, behaviors, and institutional preparations against or in favor of an individual or group of people on the basis of age" (Palmore, 1999). Inequitable and ageism attitudes are confirmed in nursing practices and are considered a growing and ignored problem (Robbins, et al., 2011; O'Neill, 2019). Nursing ageism is a complex, multifaceted concept that includes attitudes and behaviors. False impression and negative attitudes of aging that are held by nurses may pamper their behavior, communication, as well as the quality and competency of the nursing care provided including their advocacy roles for older adults (Asiret et al., 2017).

Advocacy behaviors as a rooted part of the professional nursing role may be influenced by the nurses' ageist attitude (Ghimire et al., 2019; O'Neill, 2019). This expectation can be traced back to Ajzen's Theory of Planned Behavior (TPB), which emphasized that persons' attitudes are imperative signs of their behavioral intentions (Nelson, 2013). When nurses act as advocates for older patients, they struggle to deliver comprehensive nursing care, including advocating the patient's rights, highlight their viewpoint and speaking up where older patients cannot speak for themselves (Rainer, 2015). However, having negative attitudes in busy critical care settings, make nurses often feel driven to emphasis on patients' physical care needs, probably irrespective of emotional needs and advocating patient rights. Moreover, the geriatric patients' protection against harm cannot be maintained. adding to this, altered nurses' advocacy behaviors leaving geriatric patients in the ICU at a greater risk for increased rate of iatrogenic complications such as falls, delirium, loss of mobility, incontinence, and hospital acquired infections as well as an increased length of stay and increased risk of mortality (Baumbusch, et al., 2015; Caceres, 2019).

As advocacy is a vital measure of nursing ethics and a fundamental tenet of the specialized nurse's role, it is critical to the gerontological nurse to be attentive to, can identify and counter circumstances where age discrimination may be adversely affecting older patient outcomes. There are several researches that explore facilitators and barriers to patients' advocacy including geriatric critically ill patients, but according to our knowledge there is little researches, if any, that studied the relation between ageism attitudes of critical care nurses and their advocacy behaviors for geriatric critically ill patients (Ghimire et al., 2019; O'Neill, 2019). Therefore, this research work aimed to explore this relation and the data derived from this research work will help the gerontological nurse in introducing specialized educational interventions for nurses caring for older adults to raise their awareness with advocacy roles toward geriatric patients as well as, tracking and changing negative attitudes toward older adults.

II. MATERIALS & METHOD

Aim of the study is to assess critical care nurses' attitudes toward ageism and its relation to their perception of geriatric patients' advocacy behaviors.

Research question:

- 1- What is the attitude of critical care nurses towards older adults?
- 2- What is the perception of critical care nurses towards geriatric patients' advocacy behaviors?
- 3- Is there a relation between critical care nurses' ageism attitude and their perception of geriatric patient advocacy behaviors?

Materials

Design: A descriptive correlational research design was used in this study.

Setting: The present study was conducted in ten intensive care units (ICUs) at the Main University Hospital, Alexandria, Egypt namely; Chest, Neurological, Anesthesia, Post-Surgical, Maxillofacial and Burn Intensive Care Units in addition to, unit I, unit II, unit III and triage ICU.

Subjects: A convenience sample of 330 male and female critical care nurses who were available in the previously mentioned ICUs and willing to participate in the study during the time of data collection.

Tools: Three tools were used to gather the required data

Tool I: Socio-demographic and work-related data of critical care nurses' questionnaire

This tool was established by the researchers based on review of relevant literature to collect data related to critical care nurses' characteristics such as age, gender, current work status, educational qualifications, and years of experience as well as receiving of any formal training in caring for older adults.

Tool II: The ageism attitude scale (AAS)

It was developed by Vefikulucay and Terzioglu (2011) and adopted by the current researchers. It was used to assess young people's attitudes towards ageism through 23 items grouped under three dimensions: restricting life of elderly (9 items), positive ageism (8 items), negative ageism (6 items). The responses are measured using a 5-point Likert scale ranged from strongly agree to strongly disagree. The items including negative attitude phrases were reversely coded. The highest score for the scale was "115" and the lowest was "23." Higher overall scale scores display positive attitudes towards ageism and lower scores demonstrates negative attitudes of participants.

Tool III: The quantitative Protective Nursing Advocacy Scale (PNAS)

It was developed by Hanks (2010) to measure advocacy from the perspective of protecting patients in an acute care environment. It was slightly modified by the current researchers by adding the ward geriatric before the ward patient to specify perception of advocacy behaviors toward geriatric patient. The PNAS tool was used to measure advocacy from the beliefs and actions of nurses protecting patients in the ICU. The PNAS questionnaire contained four nurse advocacy components: acting as advocate (17 items), work status and advocacy actions (7 items), environment and educational influences (11 items), and support and barriers to advocacy (8 items). The tool consisted of 43-items measured on a five-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree) for each question. The possible scores of **PNAS** are categorized using the following percentiles:

- Score 0 to 156 indicates low perceived advocacy
- Score 157 to less than 178 indicates moderate perceived advocacy
- Score 178 and more indicates high perceived advocacy

Method

1. Official letters were issued from the Faculty of Nursing, Alexandria University to the administrators of the study settings to obtain their permission to carry out the study after explaining the purpose of the study. Then, a written approval to carry out the study was obtained from the hospital responsible authorities at the previous mentioned settings. Lastly, the heads of the ten intensive care units were informed about the purpose of the study, the date and the time of starting data collection.
2. Tool II (**AAS**) and tool III (**PNAS**) were translated into Arabic by the researchers and tested for content validity by submitting the Arabic and English copy to five experts in the field of the study. No modifications are suggested.
3. Reliability test of tool II and III was done using Cronbach's alpha statistical test to measure the internal consistency of the two scales items. Alpha Cronbach's reliability coefficient of tools was (0.817 for tool II, and 0.896 for tool III)
4. A pilot study was carried out on 33 nurses to assess the applicability, clarity and feasibility of the study tools, and to determine also, the estimated time to complete the study tools. Those nurses were not included in the study subjects. Based on pilot study findings' the needed modifications were done.

- The tools were distributed individually to the nursing staff and the nursing interns, and the researchers attended the study subjects' filling out of the study tools to insure completeness of information. Completion of the questionnaire took approximately from 10-15 minutes and covered a period of four weeks from the 26 March to the end of April 2019.

Ethical considerations:-

All subjects were informed that participation in the current study is optional, and the data collected will be used only for research purpose, and anonymity and confidentiality of each participant was protected by allocation of a code number for each response. The participants were informed that they can leave at any time during the study without giving reasons.

Data management and analysis:-

Data was fed to the computer analyzed using statistical package for social science (SPSS) version 25. Qualitative data were conveyed as frequency and percentage. Numerical data were described as mean ± SD and minimum and maximum score. For normally distributed quantitative data, comparison between two variables was done using Student t-test and comparison between more than two variables was done using F-test (ANOVA). To correlate between two normally distributed quantitative variables, Pearson coefficient was used. Probability (P-value) less than 0.05 was considered significant and less than 0.01 was considered as highly significant.

III. RESULTS

Table (1) highlights that the mean age of the studied nurses is 26.11 ± 5.68 and the majority (83.9%) of them are females. The highest percentage (13.6%) of the current study nurses are working in intensive care unit I, close percentages (45.5 and 45.2 %) of nurses are either intern nurse or professional staff nurse and the fewest (9.4%) are technical nurse. 45.5 % of nurses had less than 1 year of experience in ICU, followed by 27.6% of nurses had from 1 to less than 5 years of experience. Also, most (85.8%) of nurses working in the ICUs are previously attend training about geriatric patient care.

Table (1): Socio-demographic and work-related characteristics of the critical care nurses (n= 330)

Socio-demographic and work-related characteristics	No.	%
Age (years)		
<30	240	72.7
30 – 40	79	23.9
≥40	11	3.3
Min. – Max.	21.0 – 45.0	
Mean ± SD.	26.11 ± 5.68	
Gender		
Male	53	16.1
Female	277	83.9
Unit		
Chest Intensive Care Unit	33	10.0
Neurological Intensive Care Unit	35	10.6
Anesthesia Intensive Care Unit	32	9.7
Intensive Care Unit I	45	13.6
Intensive Care Unit II	32	9.7
Intensive Care Unit III	44	13.3
Post Surgical Intensive Care Unit	27	8.2
Triage Intensive Care Unit	31	9.4
Burn Intensive Care Unit	31	9.4
Maxillofacial Intensive Care Unit	20	6.1
Qualification		
Intern nurse	150	45.5
Staff nurse		
Professional nurse	149	45.2
Technical nurse	31	9.4

Years of experience		
less than 1 year	150	45.5
from 1 to less than 5 years	91	27.6
from 5 to less than 10 years	52	15.8
from 10 to less than 15 years	26	7.9
from 15 to less than 20 years	11	3.3
Have training about geriatric patient care		
Yes	283	85.8
No	47	14.2

Table (2) displays that, nearly two thirds (62.4%) of the studied nurses have positive attitude toward ageism compared to 37.6% have negative attitude with a mean total score of AAS equal 76.9 ± 6.1 . The table also implies that, the highest mean scores (37.4 ± 1.9 , and 30.5 ± 6.0) are for restricting life of elderly and positive ageism domains respectively and the lowest (8.9 ± 1.4) is for negative ageism subscale.

Table (2): The mean, standard deviation and percent scores of the studied nurses' ageism attitudes according to the ageism attitude scale (AAS) (n =330)

The subscales of AAS	Maximum allowed score	Min-Max	Mean ± SD
Restriction of the elderly	45	30-40	37.4 ± 1.9
Positive ageism	40	8-40	30.5 ± 6.0
Negative ageism	30	6-12	8.9 ± 1.4
ASS total score	115	55-91	76.9 ± 6.1
Direction of ageism attitudes	No. (%)		
Negative attitude toward ageism	124 (37.6%)		
Positive attitude toward ageism	206 (62.4%)		

According to the protective nursing advocacy scale (PNAS), Table three clarifies that the "acting as advocate" subscale is ranked the highest perceived among the protective nursing advocacy subscales while "support and barriers to advocacy" is the lowest perceived one, with a mean total score of PNAS equal 166.2 ± 15.8 . Moreover, nearly one half (48.8%) of the studied nurses in the ICU have moderate perception of geriatric patient advocacy behaviors followed by nearly one quarter (26.1 and 25.2%) of nurses had either higher or lower perception of advocacy respectively.

Table (3): The mean, standard deviation and percent scores of the studied nurses' perception of geriatric patient advocacy behaviors according to the PNAS (n =330)

PNAS subscales	Maximum allowed score	Min-Max	Mean ± SD
Acting as advocate	85	39-84	68.7 ± 8.6
Work status and advocacy actions	35	28-35	31.4 ± 1.4
Environment and educational influences	55	21-51	41.4 ± 5.5
Support and barriers to advocacy	40	13-31	24.6 ± 2.9
Advocacy Total Score #	215	104-197	166.2 ± 15.8
Advocacy behaviors perceptions' categories	No. (%)		
Low perception (Less than 157)	83 (25.2%)		
Moderate perception (157 to less than 178)	161 (48.8%)		
High perception (178 and more)	86 (26.1%)		

Total advocacy categories were based on data percentiles

- 25 percentiles (Less than 156) 50 percentiles (157 to less than 178) 75 percentiles (178 and more)

Table (4) evidences the presence of a strongly positive statistically significant ($p= 0.002$) relation between the critical care nurses' attitudes toward ageism and their geriatric patient advocacy behaviors.

Table (4): The relationship between the studied nurses' attitudes toward ageism and their perception of geriatric patient advocacy behaviors (n =330).

AAS	PNAS						Pearson Chi-Square (P value)
	Low		Moderate		High		
	No.	(%)	No.	(%)	No.	(%)	
Negative attitude	43	34.7	47	37.9	34	27.4	12.131 (0.002*)
Positive attitude	40	19.4	114	55.3	52	25.2	

*: Statistically significant at $p \leq 0.05$

As it is shown in table 5, there is a statistically significant relation between critical care nurses' qualification and having training in geriatric care and their attitudes toward ageism, $p=0.026$ and $p=0.022$ respectively. Where, nurses who had trained in geriatric care have positive attitudes. However, no significant differences were identified between age and sex of the studied nurses and attitude toward ageism.

Table (5): The relationship between the studied nurses' characteristics and attitudes toward ageism (n =330)

Nurses' characteristics	AAS			Overall AAS
	Restricting life of elderly	Positive ageism	Negative ageism	
Age				
<30	37.3±1.9	30.5±6.0	8.9±1.4	76.8±6.2
30 – 40	37.7±1.7	30.0±6.0	8.8±1.3	76.5±6.0
≥40	38.4±2.0	32.8±5.0	8.9±1.8	80.1±6.4
F(p)	2.812 (0.062)	1.103(0.333)	.083(0.920)	1.657 (0.192)
Gender				
Male	37.4±2.1	31.1±5.7	8.9±1.2	77.5±5.8
Female	37.4±1.9	30.4±6.0	8.9±1.4	76.7±6.2
t(p)	0.012(0.912)	0.721(0.396)	0.001(0.975)	0.611(0.435)
Qualification				
Intern nurse	37.3±2.1	29.9±6.1	8.8±1.4	76.2±6.3
Staff nurse (professional)	37.4±1.8	30.6±5.6	8.9±1.4	77.0±5.7
Staff nurse (technical)	37.4±1.6	32.7±6.6	9.2±1.6	79.4±6.8
F(p)	0.118 (0.888)	2.754 (0.065)	1.153 (0.317)	3.689 (0.026*)
Years of experience				
less than 1 year	37.3±2.1	29.9±6.1	8.8±1.4	76.2±6.3
from 1 to less than 5 years	37.1±1.7	31.5±5.6	9.1±1.5	77.9±5.8
from 5 to less than 10 years	37.6±1.7	30.1±5.7	8.8±1.3	76.6±5.9
from 10 to less than 15 years	37.9±1.7	29.6±6.6	8.8±1.5	76.4±6.4
from 15 to less than 20 years	38.4±2.0	32.8±5.0	8.9±1.8	80.1±6.4
F(p)	1.873(0.115)	1.613(0.171)	0.823(0.511)	1.927(0.106)
Have training about geriatric patient care				
Yes	37.4±1.8	32.1±5.2	9.2±1.3	78.8±5.8
No	37.4±1.9	30.2±6.1	8.8±1.4	76.5±6.1
t(p)	0.009(0.923)	3.919(0.049*)	2.076(0.151)	5.279 (0.022*)

*: Statistically significant at $p \leq 0.05$ F: ANOVA test t: Student t test

The data assembled in table 6 clarifies high statistically significant relations between qualification of nurses working in the ICU and their perception of geriatric patient advocacy behaviors, $p= <0.001$. Also, nurses' qualifications demonstrate statistically significant difference across all PNAS subscales except for "Work status and advocacy actions" subscale. Moreover, there is a statistically significant relation between nurses years of experience in the ICU and the "Support and

barriers to advocacy" subscale ($p=0.039$), as nurses who work at the ICUs from 15 to less than 20 years perceived higher support and barriers to advocacy. Furthermore, table 6 depicts statistical significant relation between having training in geriatric care and total nurses advocacy behaviors ($p=0.009$) especially in the two components "acting as advocate and "environment and educational influences" ($p=0.007$, $p=0.012$). On the other hand, no significant differences were detected between age and sex of the studied nurses and their perception of geriatric patient advocacy behaviors.

Table (6): The relationship between the studied nurses' characteristics and their perception of geriatric patient advocacy behaviors (n =330)

Nurses' characteristics	PNAS				
	Acting as advocate	Work status and advocacy actions	Environment and educational influences	Support and barriers to advocacy	Overall PNAS
Age					
<30	68.6±8.6	31.4±1.4	41.3±5.5	24.5±2.9	166.0±15.8
30 – 40	69.1±8.8	31.4±1.4	41.4±5.6	24.6±2.9	166.6±16.0
≥40	69.7±7.8	31.6±1.2	42.0±5.2	25.5±3.0	169.0±15.6
F(p)	0.158(0.854)	0.169(0.845)	0.111(0.895)	0.556(0.574)	0.210(0.810)
Gender					
Male	68.2±8.9	31.3±1.2	41.5±4.9	24.3±2.6	165.5±15.4
Female	68.9±8.5	31.4±1.4	41.3±5.6	24.6±3.0	166.4±15.9
t(p)	0.276(0.600)	0.169(0.681)	0.055(0.814)	0.381(0.538)	0.127(0.721)
Qualification					
Intern nurse	69.6±7.8	31.5±1.4	42.1±4.9	25.0±2.7	168.2±14.2
Staff nurse (professional)	67.1±9.2	31.3±1.3	40.2±6.0	24.0±3.1	162.8±16.9
Staff nurse (Technical)	72.4±7.8	31.4±1.8	43.6±4.2	25.8±2.7	173.4±13.9
F(p)	6.291(0.002*)	0.387(0.680)	7.589 (0.001*)	7.120(0.001*)	8.276(0.001*)
Years of experience					
less than 1 year	69.6±7.8	31.5±1.4	42.1±4.9	25.0±2.7	168.2±14.2
from 1 to less than 5 years	67.0±9.6	31.3±1.3	40.1±6.1	23.9±3.2	162.5±17.6
from 5 to less than 10 years	68.7±9.2	31.4±1.5	41.2±5.9	24.8±2.9	166.3±17.1
from 10 to less than 15 years	69.6±8.3	31.3±1.4	41.6±4.7	24.1±3.1	166.7±13.9
from 15 to less than 20 years	69.7±7.8	31.6±1.2	42.0±5.2	25.5±3.0	169.0±15.6
F(p)	1.353(0.250)	0.242(0.914)	1.839(0.121)	2.547(0.039*)	1.975(0.098)
Have training about geriatric patient care					
Yes	69.3±8.2	31.5±1.4	41.71±5.2	24.6±2.8	167.2±15.0
No	65.6±10.4	31.2±1.4	39.5±6.7	24.2±3.5	160.7±19.3
t(p)	7.390(0.007*)	1.256(0.263)	6.430(0.012*)	0.672(0.413)	6.857(0.009*)

*: Statistically significant at $p \leq 0.05$ F: ANOVA test t: Student t test

IV. DISCUSSION

Increased emergency rooms visits by older patients and increased complexity of their illness presentations and longer hospital stay necessitate enrolling of highly competent health care providers including nurses (Kihlgren, Nilsson, & Sørli, 2005). So, of great important is to spotlight on attitudes of nursing staff, those who provide the greatest and direct amount of care for geriatric patients in the critical care units. Since, attitudes may impact the nurses' performance of care procedures for those growing and vulnerable older patients.

The current study results reflected that nearly two thirds of the critical care nurses have positive attitude toward ageism. This result is in congruency with the findings of Özdemir & Bilgili (2016) who use the ageism attitude scale and declared that nurses held a generally positive attitude toward aging. In the same line, other findings from different researches confirmed that not all nurses have a negative attitude towards their older patients (Rhew, 2017; Gillis et al., 2008; Hweidi & Al-Hassan, 2005). Religious and cultural schemes, social constructions and individual nurses' ideals were found to be a

major determinants of the way nurses view or value older patients in the intensive care settings (Hweidi & Al-Hassan, 2005).

The nurses' positive attitudes toward ageism in the current study might be explained by some of possible reasons. One reason may be the prevalence of extended families in the Egyptian culture which provide a great chance for living with and exposure to older relatives and thus promotes emergence of correct positive attitudes. Another reason may be the value of respecting and listening to older adults which may be considered an obligation for the young people.

Unlike our research findings, Dobrowolska et al. (2019) confirmed old age-grounded discrimination among nurses. Also, Kagan & Melendez-Torres (2015) investigate ageism among nurses and propose that geriatric patient discrimination undesirably affects health and results in below standard health care experiences. Moreover, a qualitative research aimed at arriving to more in-depth understanding of ageism, revealed that nurses perceived the work with older patients as challenging and often they ignored the discriminatory interactions used towards those patients (Ben Harush et al., 2016).

As presented in our study findings, critical care nurses' attitudes toward ageism were associated with nurses' qualification and attendance of training in geriatric care. Where, nurses who had trained in geriatric care have positive attitudes. Leung et al. (2011) found that having more years of education and previous experience in the geriatric care was associated with more positive attitudes towards older people. However, no significant differences were discovered between age and sex and years of experience of the studied nurses and attitude toward ageism. Similarly, Liu et al. (2013) concluded that age and gender are not reliable prophets of nurses' attitudes toward older patients. Contrary to current study finding, years of experience was projected to be a cause for ageism in in the same study of Liu et al. (2013). They found a sound drop from positive to more neutral attitudes towards older people over time among student nurses.

The current study also, highlighted that nearly half of critical care nurses demonstrated moderate perception and only one quarter of them had high perception of advocacy behaviors towards older patients. These unsatisfactory levels of advocacy might endanger the quality of care and safety of those vulnerable geriatric patients in the ICUs. Windle et al. (2008) study indicated that nurses have the chance to adjust and influence the way of healthcare providing by their powerful role as advocates of a safe work environment. However, O'connor & Kelly (2005) justified that the decline of patient advocacy behaviors from the side of nurses may be due to nurses' fear of facing conflicts with their colleagues, other healthcare workers and may be extended to include organization managers. Thus, frustration and anger might be created. Similarly, in the study of Motamed-Jahromi et al. (2015) nurses stated that accomplishing advocacy role is parallel to continuous conflict with other staff.

In the present work, critical care nurses' advocacy behaviors were significantly related to their qualifications and previous training in geriatric care. On the opposite, no significant relations were detected between age and sex of the studied nurses and their perception of geriatric patient advocacy behaviors. These finding are partially in agreement with the findings of Josse-Eklund et al. (2013), they suggest that age and sex of nurses did not influence their patient advocacy behaviors. But, contrasting to our finding, they didn't support the relation between previous training in geriatric care and nurses' advocacy behaviors. Also, other studies done in the USA (Kubsch et al., 2004 and Foley et al., 2000) concluded that age and qualifications did not influence advocacy. Foley et al. (2000) affirmed that nurses' preference to advocate for the patients had associated with the way they were reared more than their education.

Mistaken beliefs about aging and negative attitudes of nurses may impair behavior towards older adults, interactions, and the quality and effectiveness of services provided (Gething et al., 2004). Consistently, the current study finding support the presence of a strongly positive statistically significant relation between the critical care nurses' attitudes toward ageism and their geriatric patient advocacy behaviors. In the same line, Ben Harush et al. (2016) professed that nurses who have negative attitudes towards older patients were tended to use patronizing speech with older adults and did not include them in discussions or decisions pertaining to their care plans. Instead, they approach younger family members or making decisions without any patient contribution. A study conducted in the Netherlands found a correlation between nurses' attitudes toward older patients and the quality of overall care provided to them including advocacy roles (Caris-Verhallen et al., 1999). Also, the nurses' negative attitudes towards older patients were reflected in their little expectations for rehabilitation as well as in their delaying of interventions for the patients (McLafferty & Morrison, 2004).

V. CONCLUSION AND RECOMMENDATIONS

Based on the findings of the current study we can conclude the presence of strong relationship between nurses' attitudes toward ageism and perception of geriatric patient advocacy behaviors. Also, nearly two thirds of the nurses have positive attitude toward ageism while nearly one half of them have moderate perception of geriatric patient advocacy behaviors. Moreover, there is a statistically significant relation between critical care nurses' qualification and having training in geriatric care and both of the attitudes toward ageism and advocacy behaviors. Further, no significant differences were identified between age and sex of the studied nurses and both attitude toward ageism and advocacy behaviors.

The following recommendations could be suggested

- Design, implement, and evaluate suitable interventions and continuing education programs by gerontological nurse for nurses caring for older adults, especially in the acute care settings in order to enforce positive attitudes towards older adults and improve behaviors by increasing their knowledge about this fast growing population.
- Developing of clinical training opportunities for nursing students that enforce student engagement with well healthy older adults.
- Outlining gaps in clinical nursing practices in the acute care settings through regular assessment and observation of nurses' attitudes and practices and provides feedback and future directions.
- The government should take initiatives including countrywide legislature and policies to eradicate or inhibit age discrimination and others for enforcing patient rights.
- Dissemination of accurate information and correction of misconception about old age through mass media.

REFERENCES

- [1] Asiret, G.D., Kaymaz, T.T., Copur, E.O., Akyar, I. (2017) Ageism Attitude towards Elderly: Young Perspective. International Journal of Caring Sciences; 10 (2): 819-827. Retrieved from http://www.internationaljournalofcaringsciences.org/docs/20_asiret_original_10_2.pdf
- [2] Baumbusch, J., Leblanc, M., Shaw, M., & Kjørven, M. (2015). Factors influencing nurses' readiness to care for hospitalised older people. International Journal of Older People Nursing, 11(2), 149-159. doi:10.1111/opn.12109
- [3] Ben-Harush, A., Shiovitz-Ezra, S., Doron, I., Alon, S., Leibovitz, A., Golander, H., . . . Ayalon, L. (2016). Ageism among physicians, nurses, and social workers: Findings from a qualitative study. European Journal of Ageing, 14(1), 39-48. doi:10.1007/s10433-016-0389-9
- [4] Caceres, B. A. (2019). Care of LGBTQ older adults: What geriatric nurses must know. Geriatric Nursing, 40(3), 342-343.
- [5] Caris-Verhallen, W. M., de Gruijter, I. M., Kerkstra, A., & Bensing, J. M. (1999). Factors related to nurse communication with elderly people. Journal of Advanced Nursing, 30(5), 1106-1117. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10564410>.
- [6] Kagan, S. H., & Melendez-Torres, G. J. (2015). Ageism in nursing. Journal of Nursing Management, 23(5), 644-650. <https://doi.org/10.1111/jonm.12191>
- [7] Liu, Y. E., Norman, I. J., & While, A. E. (2013). Nurses' attitudes towards older people: a systematic review. International Journal of Nursing Studies, 50(9), 1271-1282. <https://doi.org/10.1016/j.ijnurstu.2012.11.021>
- [8] Dobrowolska, B., Jędrzejkiewicz, B., Pilewska-Kozak, A., Zarzycka, D., Ślusarska, B., Deluga, A., ... Palese, A. (2019). Age discrimination in healthcare institutions perceived by seniors and students. Nursing Ethics, 26(2), 443-459. <https://doi.org/10.1177/0969733017718392>
- [9] Eymard, A. S., & Douglas, D. H. (2012). Ageism among Health Care Providers and Interventions to Improve Their Attitudes Toward Older Adults: An Integrative Review. Journal of Gerontological Nursing, 38(5), 26-35. doi:10.3928/00989134-20120307-09

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1519-1529), Month: May - August 2019, Available at: www.noveltyjournals.com

- [10] Foley, B. J., Minick, P., & Kee, C. (2000). Nursing Advocacy during a Military Operation. *Western Journal of Nursing Research*, 22(4), 492-507. doi:10.1177/01939450022044548
- [11] Gething, L., Fethney, J., Mckee, K., Persson, L., Goff, M., Churchward, M., Johannsson, I. (2004). VALIDATION of the Reactions to Ageing Questionnaire: Assessing Similarities Across Several Countries. *Journal of Gerontological Nursing*, 30(9), 47-54. doi:10.3928/0098-9134-20040901-09
- [12] Ghimire, S., Shrestha, N., Callahan, K. E., Nath, D., Baral, B. K., Lekhak, N., & Singh, D. R. (2019). Undergraduate nursing students' knowledge of aging, attitudes toward and perceptions of working with older adults in Kathmandu Nepal. *International Journal of Nursing Sciences*, 6(2), 204–210. <https://doi.org/10.1016/j.ijnss.2019.03.003>
- [13] Gillis, A., Macdonald, B., & Macisaac, A. (2008). Nurses' Knowledge, Attitudes, and Confidence Regarding Preventing and Treating Deconditioning in Older Adults. *The Journal of Continuing Education in Nursing*, 39(12), 547-554. doi:10.3928/00220124-20081201-07
- [14] Hanks, R. G. (2010). Development and testing of an instrument to measure protective nursing advocacy. *Nursing Ethics*, 17 (2), 255-67. doi: 10.1177/0969733009352070
- [15] Hweidi, I. M., & Al-Hassan, M. A. (2005). Jordanian nurses attitudes toward older patients in acute care settings. *International Nursing Review*, 52(3), 225-232. doi:10.1111/j.1466-7657.2005.00434.x
- [16] Josse-Eklund, A., Wilde-Larsson, B., Petzäll, K., & Sandin-Bojö, A. (2013). Individual and organisational factors influencing registered nurses' attitudes towards patient advocacy in Swedish community health care of elders. *Scandinavian Journal of Caring Sciences*, 28(3), 486-495. doi:10.1111/scs.12073
- [17] Kennelly, S., & McCabe, J. J. (2015). Acute care of older patients in the emergency department: Strategies to improve patient outcomes. *Open Access Emergency Medicine*, 45. doi:10.2147/oaem.s69974
- [18] Kihlgren, A. L., Nilsson, M., & Sørli, V. (2005). Caring for older patients at an emergency department - emergency nurses' reasoning. *Journal of Clinical Nursing*, 14(5), 601-608. doi:10.1111/j.1365-2702.2004.01104.x
- [19] Kubsch, S. M., Sternard, M. J., Hovarter, R., & Matzke, V. (2004). A holistic model of advocacy: Factors that influence its use. *Complementary Therapies in Nursing and Midwifery*, 10(1), 37-45. doi:10.1016/s1353-6117(03)00083-0
- [20] Leung, S., Logiudice, D., Schwarz, J., & Brand, C. (2011). Hospital doctors attitudes towards older people. *Internal Medicine Journal*, 41(4), 308-314. doi:10.1111/j.1445-5994.2009.02140.x
- [21] Martin-Loeches, I., Guia, M. C., Vallecocchia, M. S., Suarez, D., Ibarz, M., Irazabal, M. Artigas, A. (2019). Risk factors for mortality in elderly and very elderly critically ill patients with sepsis: a prospective, observational, multicenter cohort study. *Annals of Intensive Care*, 9(1), 26. <https://doi.org/10.1186/s13613-019-0495-x>
- [22] McLafferty, I., & Morrison, F. (2004). Attitudes towards hospitalized older adults. *Journal of Advanced Nursing*, 47(4), 446–453. <https://doi.org/10.1111/j.1365-2648.2004.03122.x>
- [23] Motamed-Jahromi, M., Abbaszadeh, A., Borhani, F., & Zaher, H. (2012). Iranian Nurses' Attitudes and Perception towards Patient Advocacy. *ISRN Nursing*, 2012, 2(2), 53-58. <https://doi.org/10.5402/2012/645828>
- [24] Nelson, J. M., Cook, P. F., & Ingram, J. C. (2013). Utility of the theory of planned behavior to predict nursing staff blood pressure monitoring behaviours. *Journal of Clinical Nursing*, 23(3-4), 461-470. doi:10.1111/jocn.12183
- [25] O'Connor, T., & Kelly, B. (2005). Bridging the Gap: A study of general nurses' perceptions of patient advocacy in Ireland. *Nursing Ethics*, 12(5), 453-467. doi:10.1191/0969733005ne814oa
- [26] O'Neill, D. (2019). Geriatric medical humanities: Fresh insights into ageing and geriatric medicine. *European Geriatric Medicine*, 10(3), 337-338. doi:10.1007/s41999-019-00187-z
- [27] Özdemir, Ö., & Bilgili, N. (2016). Attitudes of Turkish Nursing Students Related to Ageism. *The Journal of Nursing Research : JNR*, 24(3), 211–216. <https://doi.org/10.1097/jnr.0000000000000131>

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1519-1529), Month: May - August 2019, Available at: www.noveltyjournals.com

- [28] Palmore, E. B. (1999). *Ageism: Negative and positive*. New York: Springer Publishing Company.
- [29] Rainer, J. (2015). Speaking Up. *Journal of Nursing Care Quality*,30(1), 53-62. doi:10.1097/ncq.0000000000000081
- [30] Rhew, D. C. (2017). The Effects of an Educational Intervention on Emergency Nurses' Attitude, Knowledge, and Care Behaviors toward Older Adults. *Biomedical Journal of Scientific & Technical Research*,1(7). doi:10.26717/bjstr.2017.01.000593
- [31] Robbins, T. D., Crocker-Buque, T., Forrester-Paton, C., Cantlay, A., Gladman, J. R., & Gordon, A. L. (2011). Geriatrics is rewarding but lacks earning potential and prestige: Responses from the national medical student survey of attitudes to and perceptions of geriatric medicine. *Age and Ageing*,40(3), 405-408. doi:10.1093/ageing/afr034
- [32] Suen, K. K. (2018). Ethical implications of population ageing in the intensive care unit. *Irish Journal of Medical Science*, 188(2), 699–702. <https://doi.org/10.1007/s11845-018-1890-2>
- [33] Söderhamn, O., Lindencrona, C., & Gustavsson, S. M. (2001). Attitudes toward older people among nursing students and registered nurses in Sweden. *Nurse Education Today*, 21(3), 225–229. <https://doi.org/10.1054/nedt.2000.0546>
- [34] Sweed, H. S. (2016). Population Ageing : Egypt Report. *Middle East Journal of Age and Ageing*, 13(2), 10–17. <https://doi.org/10.5742/mejaa.2016.92881>
- [35] Vefikulucay, D.Y., Terzioglu, F. (2011) Development and psychometric evaluation of ageism attitude scale among the university students. *Turkish Journal of Geriatrics*,14(3),259-268. Retrieved from <http://geriatri.dergisi.org/abstract.php?id=594>
- [36] Wells, Y., Foreman, P., Gething, L., & Petralia, W. (2004). Nurses' attitudes toward aging and older adults--examining attitudes and practices among health services providers in Australia. *Journal of Gerontological Nursing*, 30(9), 5–13. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15471058/>
- [37] Windle, P. E., Mamaril, M., & Fossum, S. (2008). Perianesthesia Nursing Advocacy: An Influential Voice for Patient Safety. *Journal of PeriAnesthesia Nursing*, 23(3), 163-171. doi:10.1016/j.jopan.2008.03.008