

Examining The Attitudes Towards the Elderly of Home Care And Patient Transport Service Personnel Within A Local Government

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ABSTRACT

Purpose: Older people have the right to be cared for in society with respect and dignity. Positive/negative attitudes towards the elderly may affect the quality of care and service. In this study, it was aimed to determine the attitudes of the personnel in charge of home care services and patient transportation services towards the elderly, which are increasing in Turkey today.

Methods: The descriptive cross-sectional study included 66 personnel (health and support staff). Participants were administered a data collection tool consisting of a general information form and the KOGAN Attitudes Towards the Elderly Scale.

Results: The participants had been working in this position for 30.53 ± 13.94 months, 45.5% of them were female, 77.2% of them had at least a high school diploma, and the average number of elderly they communicated with in a day was 9.61 ± 4.77 . It was found that the total score of the KOGAN elderly attitude scale of the patient transportation service personnel was significantly higher than the home care services group ($p < 0.05$). It was determined that educational and occupational status, age, working time, the number of elderly people with whom they had contact in their private and professional lives did not affect their attitudes towards the elderly ($p > 0.05$).

Conclusion: The attitudes of home care and patient transport personnel towards the elderly were at a moderate level. This attitude may be related the elderly group served are long-term care patients and bedridden, regardless of personnel characteristics.

Keywords: home care services, patient transfer services, age attitude, ageism

ÖZET

Amaç: Yaşlılar toplum içerisinde saygın ve insan onuruna yakışır bir şekilde bakılma hakkına sahiptir. Yaşlıya yönelik olumlu/olumsuz tutum bakım ve hizmet kalitesini etkileyebilir. Çalışmada, Türkiye’de günümüzde giderek artan evde bakım hizmetleri ve hasta nakil hizmetlerinde görevli personelin yaşlılara yönelik tutumunun belirlenmesi amaçlanmıştır.

Yöntem: Tanımlayıcı kesitsel tipteki araştırmaya 66 personel (sağlık ve destek personeli) dahil edilmiştir. Katılımcılara genel bilgi formu ve KOGAN Yaşlılara Yönelik Tutum Ölçeği’nden oluşan veri toplama aracı uygulanmıştır.

Bulgular: Katılımcıların $30,53 \pm 13,94$ aylık sürede bu görevde çalıştığı, %45,5’inin kadın, %77,2’sinin en az lise mezunu olduğu ve iş hayatında bir günde iletişim halinde olduğu yaşlı sayısı ortalamasının $9,61 \pm 4,77$ olduğu görülmüştür. Hasta nakil hizmeti personelinin KOGAN yaşlı tutum ölçeği toplam puanının evde bakım hizmetleri grubuna göre anlamlı olarak daha yüksek olduğu bulunmuştur ($p < 0,05$). Eğitim ve meslek durumu, yaş, çalışma süresi, özel hayatında ve iş hayatında ilişki kurduğu yaşlı sayısının yaşlılara yönelik tutumlarını etkilemediği belirlenmiştir ($p > 0,05$).

Sonuç: Evde bakım ve hasta nakil personelinin yaşlılara yönelik tutumlarının orta düzeydeydi. Bu tutumun personel özelliklerinden bağımsız olarak hizmet verilen yaşlı grubunun uzun dönem bakım hastası ve yatağa bağımlı olması ile ilişkili olabilir.

Anahtar Kelimeler: evde bakım hizmetleri, hasta nakil hizmetleri, yaşlı tutum, yaş ayrımcılığı

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The global population of individuals aged 65 and above is growing at a faster rate than previously observed (1). In Turkey, the population aged 65 and above increased by 22.6%, reaching a total of 8,451,669 individuals (2). Advanced age is a process that is frequently accompanied by an increase in the incidence of chronic diseases, as well as musculoskeletal and neuromuscular system decline and disability loss (3). The most prevalent issue that arises during this phase is the necessity for the elderly to receive healthcare and care. The elderly may require a multifaceted and comprehensive support and care system. These needs are frequently met by the families and close social networks of the elderly. Nevertheless, long-term and regular assistance can be furnished by health and social service organisations. Hospital care, institutional care and home care are planned in accordance with the needs of the elderly (4). The elderly are entitled to reside and receive care in a manner that is respectable and dignified within society. Attitudes towards the elderly that are either positive or negative may affect the quality of care and service.

The term "home care service" is used to describe the provision of medical and social care for individuals in their own homes. In Turkey, the term "home care" is defined in the "Regulation on the Provision of Home Care Services" of the Ministry of Health, dated 10 March 2005 and numbered 25751. This document outlines the regulations pertaining to the provision of home care services in the country. The provision of health and care services, in addition to follow-up services, to patients in their own homes, in conjunction with their families, in accordance with the recommendations of physicians, by the healthcare team, with the objective of meeting their medical needs, including rehabilitation, physiotherapy and psychological treatment (5). In light of cost analyses and the preferences of those requiring care, the home care model has been identified as a viable option. The literature indicates that home care offers a range of benefits for patients, families and society. These include improvements in quality of life, functional independence, personalised planning, a reduction in the need for hospital or institutional care, continuity of care and a reduction in the risk of infection (6). Home care is comprised of two sub-units: healthcare and supportive care. It is provided by a team of health professionals and auxiliary personnel (7). The care of the elderly is frequently regarded as a 'Cinderella' service, with a lack of perceived attractiveness as a career option in healthcare. However, as the global population continues to age, the importance of this group's care is set to increase (8). In the context of patient transport services, individuals who are bedridden, sick, disabled or elderly are provided

with hospital-to-home, home-to-hospital and home-to-home transport services.

The home care team typically operates in close proximity to the older individual and their family, providing personal care and practical and emotional support. The provision of home care services represents a relatively novel field of practice. This introduces novel risks and the issue of supervision. It is imperative that home care services are provided with a comprehensive training programme and robust control mechanisms. Consequently, they are challenging organisations to manage. In light of the aforementioned difficulties pertaining to the care of the elderly and the provision of home care, it is plausible to hypothesise that the attitudes of the staff may potentially lead to instances of neglect and abuse of the elderly. In light of the potential for positive change in the attitudes of the elderly through educational initiatives, it is crucial to ascertain their attitudes in advance (10).

A substantial body of literature exists examining the attitudes of health professionals towards the elderly (11). A variety of professional groups have been the subject of analysis, including nurses, dentists (12), physiotherapists, dietitians, neurologists (13), physicians (14), psychologists, primary health care providers (15) and students engaged in studies within health-related departments or other academic disciplines (16). The attitudes of doctors and nurses have been widely reported; however, the data of other healthcare professionals have been reported in a limited number of studies, despite the necessity for such information (11). Only one study has analysed home care workers, and this study only included home support personnel (17).

The objective of this research is to examine the attitudes of personnel employed in home care and patient transport services towards older individuals within a local administrative context.

Materials and Methods

Research design

The research is of the descriptive, cross-sectional variety. In 2022, the study was conducted on employees of home care and patient transport services within the Muğla Metropolitan Municipality, specifically those working for the Health and Social Services Department and the Health Services Branch Directorate. The attitudes of the participants towards the elderly were subjected to analysis and subsequent reporting.

Participants

The population under investigation is constituted by the employees of home care and patient transport services operated by a local administration (N=78). In order to calculate the sample size for the study, single group proportional data was used. In accordance with the 22% positive elderly attitude rate reported in the aforementioned study, the requisite sample size was calculated to be 60 individuals (18). The data collection process was based on the principle of voluntary participation, in accordance with ethical standards. All individuals who volunteered to participate in the study were included in the sample (n=66).

Data Collecting Tools

A form was employed to elicit the general information of the participants, including their age, gender, educational status, occupation, the unit in which they work, the duration of their employment in the relevant unit, the number of elderly individuals with whom they interact during their professional activities, and the number of individuals with whom they interact in their private lives. In order to ascertain the attitudes of the participants towards the elderly, the Turkish version of the Kogan Attitude Towards the Elderly Scale was employed. The scale is a six-point Likert-type scale comprising social content devoid of medical terminology (19). The Turkish validity and reliability study of the scale was conducted by more than one researcher and it was determined that it could be used to evaluate attitudes towards the elderly (20-22). In this study, the culturally adapted version of the scale was employed. The total score that can be obtained from the scale ranges from 26 to 156 points. A higher score indicates a more positive attitude, while a lower score indicates a more negative attitude (21).

Statistical analyses

The IBM SPSS 21.00 software was employed for the purpose of data analysis. Categorical variables were presented as numbers and percentages, while numerical variables were expressed as means and standard deviations. The suitability of the data set for normal distribution was determined by means of a Shapiro-Wilk test. As the data set did not fit the normal distribution, the Mann-Whitney U and Kruskal-Wallis tests were employed as non-parametric tests. Additionally, a Spearman correlation test was conducted to ascertain the relationship between the

duration of education, age, working time, the number of elderly individuals encountered in private and business life, and the attitude towards the elderly. The significance level was set at 0.05.

Results

The personnel included in the study exhibited a range of ages between 28 and 46. The number of elderly individuals with whom the respondents had private interactions ranged from zero to five, while the number of elderly individuals with whom they had business interactions ranged from one to twenty. The minimum period of employment in the relevant unit was established to be six months, with the maximum period being 86 months. The participants exhibited a range of educational backgrounds, from primary school to doctoral qualifications. A total of 11 distinct occupational profiles were identified. The personnel included four health officers, 21 nurses, four paramedics, two elderly care technicians, four emergency medical technicians, one physician, one dietician, one psychologist, 16 drivers, six clerical staff, and six general care staff. The demographic information of the participants is presented in Table 1 for the reader's convenience.

Table 1: General information of the participants

		$\bar{x} \pm SD$
Age (year)		32.47 \pm 7.73
Number of older people in contact with in private life		2.59 \pm 1.16
Number of older people he/she is in contact with in a day in business life		9.61 \pm 4.77
Working period (month)		30.53 \pm 13.94
		n (%)
Gender	Male	36 (%54.5)
	Female	30 (%45.5)
Education	Primary education	15 (%22.7)
	High School	29 (%43.9)
	Licence	18 (%27.2)
	Postgraduate	4 (%0.6)
Department	Home Care	45 (%68.2)
	Patient Transport	21 (%31.8)
Occupational group	Healthcare staff	38 (%57.6)
	Support staff	28 (%42.4)

Table 2: Participants' attitudes towards older people

		KOGAN positive score		KOGAN negative score		KOGAN total score	
		Pearson r	p	Pearson r	p	Pearson r	p
Age		-0.02	0.86 ¹	-0.19	0.14 ¹	-0.09	0.49 ¹
Number of older people in contact with in private life		-0.03	0.83 ¹	0.19	0.39 ¹	0.01	0.91 ¹
Number of older people he/she is in contact with in a day in business life		-0.07	0.56 ¹	-0.09	0.45 ¹	-0.01	0.91 ¹
Working period (month)		-0.02	0.89 ¹	-0.16	0.21 ¹	-0.13	0.31 ¹
		$\bar{x} \pm SS$	p	$\bar{x} \pm SS$	p	$\bar{x} \pm SS$	p
Gender	Female	54.37±6.68	0.02²	46.40±9.98	0.16	103.03±18.74	0.74 ²
	Male	50.33±8.50		49.94±7.82		100.28±13.18	
Education	Primary education	51.20±9.61	0.90 ³	45.33±10.04	0.22 ³	101.07±21.60	0.49 ³
	High School	51.72±8.45		50.24±8.73		101.97±15.23	
	Licence	52.72±5.89		47.28±7.96		100.00±12.01	
	Postgraduate	56.50±5.97		50.50±10.47		107.00±15.77	
Department	Home Care	51.09±8.42	0.18 ²	46.64±9.73	0.05 ²	99.24±17.31	0.02²
	Patient Transport	54.48±6.34		51.95±5.74		106.43±11.07	
Occupational group	Healthcare staff	53.84±4.84	0.15 ²	50.21±7.33	0.13 ²	104.05±10.18	0.05 ²
	Support staff	49.89±10.49		45.79±10.42		98.11±21.07	

¹ Pearson correlation test, ² Mann Whitney U test, ³ Kruskal Wallis test

The Kogan positive attitude scores, which reflect the attitudes of the participants towards older people, were found to be 52.17 ± 7.93 . The Kogan negative attitude scores were 48.33 ± 8.97 , while the Kogan total scores were 101.53 ± 15.88 . The analysis of the general information of the participants revealed that age, the number of older individuals with whom they interact, and the duration of their employment in the relevant unit were not correlated with the scores on the Attitudes towards the Elderly Scale. Furthermore, the participants were classified according to gender, educational background, occupational group, and work unit, and the scores on the elderly attitude scale were evaluated. The statistical calculation revealed that the participants' KOGAN positive scores were significantly higher for women than for men. A significant difference was observed in the total scores of the participants' attitude scale towards the elderly between the patient transport group and the home care group (Table 2, $p < 0.05$). Furthermore, the frequencies of the scores obtained for each question were analysed. In question 25 of the Kogan attitudes towards the elderly scale, which pertains to the assertion that "older people want more love than other people," 40% of the home care staff received one point, while 34.2% received two points. Similarly, 41.2% of the participants obtained a score of one point, while 29.4% obtained a score of two points in the same question.

Discussion

This study, which investigated the attitudes of home care and patient transport workers towards older people within a local authority, analysed data from 66 participants aged 20-45. It was found that the participants, who were from different educational and professional backgrounds but who had come together for the same purpose, had contact with an average of 10 older people per day. This is considerably higher than the number of older people they come into contact with in their private lives. The participants' attitudes towards older people were found to be at a medium level. It was found that education, occupational status, age, working hours, the number of elderly people they had contact with in their private and professional life did not influence their attitude towards the older people. However, it was found that women had better attitudes towards older people than men, and patient transport workers had better attitudes towards older people than home care workers.

The participants' attitudes towards the elderly were found to be at a moderate level (KOGAN total 101.53 ± 15.88). The fact that the attitudes towards the elderly in our study were at a moderate level was thought to be related to the continuity of the service with the fact that the elderly group

served were long-term care patients and bed dependent, regardless of the socio-demographic characteristics of the staff. There are many studies in the literature that examine the attitudes of health professionals towards older people. Different professional groups such as nurses, dentists, neurologists have been studied. In the studies examining the attitudes of health professionals towards older people, negative attitudes towards older people were reported in one study and mostly positive attitudes in another (13,15,24,25,26,28). In addition, home care workers were reported to have generally positive attitudes towards caring for dying people living at home (18). These results, which differ from our findings, may be due to the fact that a different multidisciplinary team was analysed in this study. In addition, most of the reported studies included a sample of women. In this study, the number of men and women was similar.

It was found that the age of the participants, the number of older people they had a relationship with in their private and professional lives, and the length of time they had been employed were not related to their attitudes towards older people. In fact, the study was designed with the expectation that these data might influence attitudes, but it was felt that the effect could not be sufficiently determined because it was carried out on a small sample. Studies have shown that attitudes towards older people change with age (13,14,17). History of living with older adult relatives (13) and weekly social contact with healthy older people (14) are associated with attitudes towards older people. However, length of experience in the workplace may or may not influence attitudes towards older people (15,17,25). The reason why the results of studies conducted in different countries do not show similar results for a subjective data such as attitudes may be explained by different cultural codes. In the home care study, the sample had been working for an average of 16 years (17). Given that the average experience of home care in this study was 30 months, it is not surprising that no positive effect of this short experience was found. In the study by Craftman et al. the participants were aged between 18 and 69 years (17). The age of the home care workers included in this study ranged from 28 to 46 years.

This study found that the attitudes of participants grouped according to their educational and professional status towards older people were similar. One study reported that nurses, occupational therapists and personal counsellors had more positive attitudes than home care workers (27).

Similar to this study, it was reported that education did not influence attitudes towards older people (14,25). In a study examining students from different faculties, it was found that attitudes towards older people varied according to the faculty (28). This study included a sample with different levels of education and different professions, but gathered for the same purpose. This may be the reason for the different findings in the few studies in the literature.

Women were found to have better attitudes towards older people than men in this study. Several studies support this finding (14,29). The only study that looked at home care workers found that gender did not affect attitudes towards older people. However, there were only four male and 118 female participants in this study. In this study, the number of male and female participants was approximately equal (17).

In this study, it was found that patient transport workers had better attitudes towards older people than home care workers. Both groups included both health and non-health professionals. We believe that this finding is related to the fact that patient transport staff spend less time with the elderly and do not provide direct care. Indeed, in one study, frequent interaction with older patients was also associated with negative general attitudes towards older people (30). Home care workers reported generally positive attitudes towards caring for dying people living at home (17). The results of this first study to analyse patient transport and home care staff together are important.

The study is subject to several limitations. The study was conducted with a small number of participants working in a single centre. Consequently, the findings are not generalisable, and sub-analyses could not be conducted according to occupational groups. Although a reliable and valid scale was used as a data collection method, there is a possibility that participants may have concealed their negative attitudes and may not have answered the questions in a manner that reflected their own thoughts.

The findings of this study indicate that the attitudes of home care and patient transport unit employees, whose role in the provision of health care services is becoming increasingly prominent, towards the elderly are moderately positive. It is crucial to enhance the attitudes of this cohort, which interacts with an average of ten older individuals per day, towards the elderly and

to mitigate ageism. Furthermore, it was established that employment in a home care unit and male gender were identified as factors that negatively influenced attitudes towards the elderly. It is evident that the findings of this research should be supported by a more comprehensive range of examples. Subsequently, the impact of elderly health training for staff on attitudes towards the ageing population and the influence of these attitudes on the quality of care should be investigated.

Declarations

Fundings

There is no financial support or donation received for the research.

Conflict of Interest

The authors have no conflict of interest regarding this study.

Ethics Approval

Prior to undertaking the research, approval was sought and obtained from the Ethics Committee of Çankırı Karatekin University at a meeting held on 31 May 2021 and numbered 20. This approval was granted on the basis of the Committee's assessment of the ethical suitability of the research. Furthermore, permission was sought and obtained from Muğla Metropolitan Municipality, Department of Health and Social Services, where the research was conducted, on 22 November 2021. All participants were required to sign a voluntary informed consent form prior to their involvement in the research. The research was conducted in accordance with the principles set forth in the Declaration of Helsinki.

Availability of data and material

The data and material are available upon request.

Authors' contributions

TA and FÖ created the study idea. TA organized the study method, created evaluation forms, analyzed the data, and brought it to literature. FÖ, reached the individuals who participated, collected the data, entered into system,

and brought it to literature. Both authors have read and approved the final version of the manuscript.

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