

Quality geriatric nursing care as perceived by nurses in long-term and acute care settings.

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Abstract:

Aims and objectives. This study focused on differences in nurses' satisfaction with the quality of care of older people and with organisational characteristics and work environment in acute care and long-term care settings.

Background. Numerous studies have explored links between nurses' satisfaction with care and work environments on the one hand and a variety of physical, behavioural and psychological reactions of nurses on the other. One key to keeping nurses in the workplace is a better understanding of nurses' satisfaction with the quality of care they provide.

Design. Descriptive design.

Method. The self-selected sample included 298 registered nurses and licensed practical nurses who provide care to minority, underserved and disadvantaged older populations in 89 long-term care and <100 bed hospitals in 38 rural counties and eight metropolitan areas in a Southern state. All completed the Agency Geriatric Nursing Care survey, which consisted of a 13-item scale measuring nurses' satisfaction with the quality of geriatric care in their practice settings and an 11-item scale examining obstacles to providing quality geriatric care. Demographic variables were compared with chi-square. Independent *t*-tests were used to examine differences between nurses in long-term care and acute care settings.

Results. Significant differences were found in level of satisfaction and perceived obstacles to providing quality care to older adults between participants from acute and long-term care. Participants in long-term care had greater satisfaction with the quality of geriatric care than those in acute facilities.

Conclusions. Nurses in long-term care were more satisfied that care was evidence-based; specialised to individual needs of older adults; promoted autonomy and independence of elders; and was continuous across settings. Participants in acute facilities perceived more obstacles to providing quality geriatric care than nurses in long-term care facilities.

Relevance to clinical practice. Modification of hospital geriatric practice environments and leadership commitment to evidence-based practice guidelines that promote autonomy and independence of patients and staff could improve acute care nurses' perceptions of quality of geriatric care.

Keywords: assessment | geriatric | licensed practical nurses | long-term care | quality care | registered nurses | clinical nursing | nursing | acute care

Article:

Introduction and background

The older adult population, the most rapidly growing segment of the US population, is projected nearly to double in the next decades from 37 million in 2005 to more than 70 million in 2030 (Institute of Medicine 2008). When they are hospitalised, older people have more complex health needs, experience more significant complications and have longer lengths of stay than younger patients (Inouye et al. 2000, Russo & Elixhauser 2003). This has enormous implications for nursing practice.

Quality geriatric care has been defined as aging-sensitive, evidence-based, individualised care that promotes informed decision-making and is continuous across settings (Braun & Capezuti 2000, Boltz et al. 2008b). Promoting independence and autonomy has also been identified as a key factor in quality care for older people. Jacelon (2004) and Murphy (2007a,b) found that nurses identified care that was individualised to patient preference and unique situation and included information to guide patient decision-making as important for quality. Transitional care within and across settings that emphasises comprehensive assessment, continuity and the use of evidence-based guidelines to provide individualised quality care also has been identified as important for quality geriatric care (Naylor et al. 2004, Foust et al. 2005).

According to Dozier (1998), the best way to ensure quality care is by using professional standards to guide the practice environment. Geriatric experts in a variety of disciplines have developed best practices for the care of older adults based on research (American Association of Colleges of Nursing 2004; Agency for Healthcare Research and Quality 2006; American Geriatrics Society 2006). However, while nurses strive to provide the best quality geriatric care, there is little evidence that these guidelines are used in daily care of older adults (Institute of Medicine 2001, Mezey et al. 2004). Nurses consider institutional practices that support the use of evidence-based policies and guidelines, adequate and appropriate resources, administrative commitment and support of specialised geriatric nursing knowledge and skills as essential to quality geriatric care (Parahoo 2000, Retsas 2000, Mezey et al. 2004, Murphy 2007a,b, Boltz et al. 2008a). Resources include appropriate staffing, availability of equipment and services specific

to the needs of older adults and management support in communicating with older patients and families.

Research on nurses' satisfaction with the quality of care they provide has been conducted primarily in hospital settings. Such studies are far less common in long-term care settings and even fewer studies have examined the differences between these two types of care settings (Duquette et al. 1995, Cocco et al. 2003). However, staff stress associated with poorer quality of care seems to be a major problem in long-term care (Morgan et al. 2002). One possible reason is the advanced age of nursing home populations, many of whom suffer from debilitating diseases and are cognitively impaired or at high risk for cognitive impairment. These patients often manifest dementia behaviours and frequently have communication problems, making it difficult for nursing staff to identify their needs (Morgan et al. 2002, Cocco et al. 2003).

The study reported here examined nurses' satisfaction with the quality of geriatric care and with organisational characteristics and work environment in acute care and long-term care settings. Specifically, the study examined differences in nurses' level of satisfaction with the quality of care provided to older adults and in the obstacles nurses perceived to providing quality care in their agencies.

Methods

Design

This descriptive study used baseline data from a longitudinal quasi-experimental study (n = 438) that examined the effectiveness of a geriatric education program in improving nurses' satisfaction with the quality of care delivered to older patients (Barba, Geriatric Workforce Enhancement Project 2003).

The study was conducted at 89 long-term care facilities and small hospitals (<100 beds) in 38 rural counties and eight metropolitan areas in the central, eastern and Appalachian regions of North Carolina. In the Appalachian and eastern regions, 86% of counties are medically underserved areas and 45.7% are Health Professions Shortage Areas (US DHHS 2005). All facilities in the study included significant minority, underserved and disadvantaged older populations. The study was conducted in 2006–2009 and was approved by the University Institutional Review Board.

Data collection

A self-selected, convenience sample of 298 registered nurses (RNs) and licensed practical nurses (LPNs) who provided geriatric care to culturally diverse elderly populations participated in the study. To be included, RNs and LPNs had to provide care to older patients, work in rural areas of North Carolina, be able to read English and be aged 18 or older. Participants attended a workshop on gerontological nursing care provided by trained educators as a continuing education program and the Agency Geriatric Nursing Care survey was distributed to participants and collected at the end of the workshop. A written consent form was completed by participants prior to completion. A total of 345 usable surveys were returned for an overall response rate of 78%. The 298 RNs and LPNs who provided geriatric care in acute and long-term care settings were selected for this study.

The Agency Geriatric Nursing Care (AGNC) Survey, adapted from the Geriatric Institutional Assessment Profile (GIAP) (Abraham et al. 1999) designed by the John A Hartford Institute for Geriatric Nursing at New York University College of Nursing, was used as a proxy measure for the quality of care provided to older. The wording of selected items was modified, with permission, for use with nursing staff in long-term care as well as acute care settings. The AGNC survey consists of a 13-item satisfaction scale measuring nurses' satisfaction with the quality of care provided to older adults in the nurses' practice settings and an 11-item scale examining nurses' perceptions of obstacles to quality care for older adults in the nurses' practice settings. Each subscale uses a five-point Likert scale. Satisfaction with the quality of geriatric care was rated from 'not very satisfied' (1) to 'very satisfied' (5) and obstacles are rated from 'greatly interferes' (1) to 'does not interfere' (5). Higher scores on the satisfaction subscale indicate more satisfaction with the care provided to older adults. Lower scores on the obstacles subscale represent more perceived barriers to quality care of older adults. Factor analysis showed two factors, one on satisfaction, with factor loadings ranging from 0.54–0.81 and one of obstacles, with factor loadings ranging from 0.60–0.76. Cronbach's α s for the AGNC ranged from 0.93–0.90 in this study.

Analysis

Descriptive statistics were used to describe the sample and the study variables. Demographic data from nurses who worked in long-term care facility and acute care settings were compared with Chi-square. Independent t -tests were conducted to examine the differences in satisfaction with care and perceived obstacles between nurses who worked in long-term care facilities and in acute care settings. Analyses were adjusted for multiplicity using a step-up Bonferroni procedure (Hochberg 1988). With this method all hypotheses $S_i, I < j$, for any $j = k, k-1, \dots, 1$, are rejected if $z_j < \alpha / (k-j + 1)$, where z_j denotes the j th ordered p value (Denne & Koch 2002)

Results

Sample

The majority of participants were registered nurses (78%), aged between 40–59 years (61%). Most had some college or an associate degree (59.4%) and a third were college graduates (30.2%). The majority were females (92.6%), married (66.4%) and White (88%). Most reported that they had received training in geriatric nursing prior to attending the workshop (80%). Table 1 shows the characteristics of nurses in long-term and acute care settings. Only level of education differed significantly between nurse in these two groups, with nurses in acute care having more education ($X^2 = 37.86, p < 0.001$).

Table 1. Characteristics of the sample ($n = 298$)

	Acute care ($n = 126$)%	Long-term care ($n = 172$)%
Age		
19–29	6.3	9.3
30–39	18.3	20.3
40–49	34.1	27.9
50–59	34.1	27.9
60+	7.1	14.5
Employment status		
Employed full time	87.3	90.1
Employed part time	11.1	9.3
Other	1.6	0.6
Current job		
RN	87.3	65.1
LPN	7.9	33.1
Nurse administrator	4.8	1.7

	Acute care (<i>n</i> = 126)%	Long-term care (<i>n</i> = 172)%
Type of employment		
Hospital	100.0	0
Nursing home	0	87.1
Assisted living facility	0	12.9
Education level		
High school or less	0	1.7
Some college or associate degree/	40.5	73.3
Technical or vocational school		
College graduate	46.8	18.0
Post-graduate studies	12.7	7.0
Marital status		
Married	69.0	64.5
Widowed	2.4	2.3
Divorced/separated	21.4	25.0
Unanswered	7.2	8.1
Race		
White	86.5	89.0
Black or African American	4.0	7.0
American Indian or Alaskan Native	0.8	1.2
Hispanic or Latino	0	0

	Acute care (<i>n</i> = 126)%	Long-term care (<i>n</i> = 172)%
Asian or Pacific Islander	2.4	1.7
More than one race	0.8	1.2
Ethnicity		
Hispanic/Latino	1.6	1.2
Gender:		
Female	93.7	91.9
Male	4.0	5.2
Unanswered	2.3	2.9

Nurses' satisfaction with the quality of geriatric care

In acute care facilities, nurses were generally satisfied with the care of older adults; they felt that older adults' rights were considered (90%), they were treated with respect (78%) and aging was a factor in planning and evaluation (83%). Acute care nurses were least satisfied with the continuity of care for older adults across health care settings (45.4%) and units (28%) and with staff's knowledge that aging affects responses to treatment (28.5%). In long-term care facilities, nurses felt that older adults' rights were considered (95.2%), families received the information they needed to help their older family members (90%) and older adults were treated with respect (92.1%). Long-term care participants were least satisfied with the continuity of care for older adults across health care settings (36%) and with staff's receipt of older patients' pre-admission data (21%).

Perceived obstacles to providing quality geriatric care

Most participants in both acute care (90%) and long-term care (85%) facilities identified staff shortages and not enough time as the biggest obstacles to providing good care to older adults. Participants in acute care facilities considered financial pressures to limit treatment or length of stay for older adults (84%), failure to include older adults in care decisions (82%) and lack of knowledge about care of older adults (81.4%) as the next greatest obstacles. Participants in long-term care facilities perceived lack of knowledge about care of older adults as the second greatest

obstacle (70%), followed by differences of opinion among staff in different disciplines about common problems for older people (67.3%).

Differences in satisfaction with quality of geriatric care and perceived obstacles to providing quality geriatric care

Significant differences were found in level of satisfaction ($t = -4.02$, $p < 0.000150$) and perceived obstacles to quality care ($t = 2.27$, $p < 0.024879$) between participants in acute and long-term care facilities. Participants in long-term care facilities were more satisfied with the quality of geriatric care than staff in acute facilities. Significant differences were found on all but one item of the satisfaction scale – information obtained by staff about older adults' preadmission. Significant differences were also found between the two groups on perceived obstacles. Nurses in acute facilities perceived more obstacles to providing quality geriatric care than nurses in long-term care facilities (Tables 2 and 3). Not surprisingly, those who were most satisfied with the care to older adults perceived fewer obstacles than those who were least satisfied ($p < 0.01$) (Tables 4 and 5).

Table 2. *t*-tests and mean scores of level of satisfaction between participants in acute care ($n = 126$) vs. long-term care ($n = 172$) facilities

	Acute care		Long-term care		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
Total score	2.05	0.50	2.23	0.52	-4.02	<0.01
S1	2.08	0.66	2.37	0.65	-3.76	<0.01
S2	2.19	0.62	2.48	0.61	-3.87	<0.01
S3	2.16	0.68	2.39	0.69	-2.83	<0.01
S4	1.91	0.69	2.21	0.67	-3.73	<0.01
S5	2.20	0.71	2.49	0.64	-3.67	<0.01
S6	2.01	0.68	2.25	0.71	-2.36	<0.05
S7	2.16	0.64	2.48	0.68	-4.03	>0.01
S8	2.00	0.73	2.12	0.72	-1.32	NS

	Acute care		Long-term care		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
S9	1.65	0.66	1.85	0.74	-2.38	<0.05
S10	1.90	0.67	2.20	0.72	-3.60	<0.01
S11	2.16	0.75	2.38	0.71	-2.55	<0.01
S12	2.10	0.68	2.36	0.71	-3.18	<0.01
S13	2.33	0.66	2.57	0.59	-3.30	<0.01

Table 3. *t*-tests and mean scores of level of perceived obstacles between participants in acute care (*n* = 126) vs. long-term care (*n* = 172) facilities

	Acute care		Long-term care		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
Total mean score	0.93	0.44	0.80	0.53	2.26	<0.05
O1	0.96	0.59	0.86	0.66	1.21	NS
O2	0.85	0.64	0.73	0.70	1.45	NS
O3	0.81	0.66	0.87	0.71	0.67	NS
O4	0.91	0.66	0.87	0.78	0.35	NS
O5	0.65	0.68	0.51	0.71	1.71	NS
O6	0.62	0.58	0.59	0.72	0.27	NS
O7	1.1	0.63	0.86	0.80	2.28	<0.05
O8	1.35	0.66	1.26	0.71	1.04	NS
O9	1.05	0.68	0.85	0.68	2.53	<0.05

	Acute care		Long-term care		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
O10	1.0	0.61	0.78	0.73	2.60	<0.05
O11	0.99	0.64	0.77	0.74	2.45	<0.05

Table 4. *t*-tests on perceived obstacles between those who were most satisfied and least satisfied in acute care facilities (*n* = 126)

Group	Most satisfied		Least satisfied		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
Total mean score	0.74	0.38	1.14	0.40	5.46	<0.01
O1	0.75	0.54	1.19	0.56	4.25	<0.01
O2	0.61	0.59	1.12	0.60	4.38	<0.01
O3	0.64	0.58	1.00	0.70	2.90	<0.01
O4	0.68	0.63	1.16	0.61	3.94	<0.01
O5	0.47	0.60	0.87	0.71	3.19	<0.01
O6	0.40	0.49	0.86	0.57	4.43	<0.01
O7	0.88	0.60	1.31	0.58	3.71	<0.01
O8	1.17	0.62	1.57	0.64	3.37	<0.01
O9	0.92	0.67	1.20	0.66	2.20	<0.05
O10	0.82	0.57	1.24	0.59	3.82	<0.01
O11	0.83	0.56	1.18	0.68	2.91	<0.05

Table 5. *t*-tests on perceived obstacles between those who were most satisfied and least satisfied in long-term care facilities (*n* = 172)

Group	Most satisfied		Least satisfied		<i>t</i>	<i>p</i> -value
	M	SD	M	SD		
Total mean score	0.65	0.47	1.19	0.47	6.39	<0.01
O1	0.72	0.62	1.23	0.65	4.48	<0.01
O2	0.59	0.66	1.05	0.68	3.73	<0.01
O3	0.72	0.67	1.23	0.68	4.20	<0.01
O4	0.67	0.73	1.35	0.65	4.76	<0.01
O5	0.34	0.60	0.93	0.78	4.99	<0.01
O6	0.37	0.64	1.19	0.58	6.75	<0.01
O7	0.69	0.75	1.33	0.76	4.42	<0.01
O8	1.11	0.72	1.62	0.54	3.95	<0.01
O9	0.69	0.65	1.18	0.64	3.97	<0.01
O10	0.59	0.69	1.32	0.59	5.56	<0.01
O11	0.66	0.70	1.05	0.77	2.82	<0.05

Discussion

The characteristics of study participants were similar to the national profile of nursing personnel employed in acute care and long-term care facilities. In general, nursing staff in long-term care settings were significantly more satisfied with the quality of geriatric care provided at their facilities than nursing staff in acute care settings. In particular, they were more satisfied that the care provided was evidence-based, specialised to the individual needs of older adults and promoted autonomy and independence of older patients. These findings are consistent with the findings of Duquette et al. (1995) and van den Berg et al. (2006), who noted that hospital nurses perceived more work stressors than nurses working in nursing homes. In the current study, the care of elderly patients in nursing homes, while demanding and stressful for nurses, did not result in dissatisfaction with the quality of the care provided.

Nursing staff in both settings felt that older adults' rights were considered and they were treated with respect. Nurses in acute care settings were more satisfied with staff awareness that ageing should be a factor in planning and evaluating care, while nurses in long-term settings were more satisfied that families received the information they needed to help with their older family members. Nurses in both settings were unsatisfied with the continuity of care for older adults across health care settings.

In general, nursing staff in acute care settings perceived significantly more obstacles to providing geriatric care than nursing staff in long-term care settings. Nurses in both settings, however, identified staff shortages and not enough time as the greatest obstacles to providing good care to older adults. This is consistent with other research showing that inadequate staffing and high patient acuity levels, combined with cost control mandates, are the chief reasons nurses fail to address the needs of patients with complex problems, such as older people (Duffield & Lumby 1994, Fagin 2001, Escoto 2006). Lack of support for education and lack of appropriate personnel and resources were also identified as obstacles to providing quality geriatric care in both settings. The inclusion of LPN staff nurses in this sample and the focus on geriatrics set this study apart from other analyses of perceptions of the quality of nursing care. Also, the high reliability of the measure used lends strength to the findings. The greatest weakness of this study is the fact that it was based on a self-selected, convenience sample, which limits generalisability. One other weakness may be that the study was confined to nurses in a single state. However, the demographic, employment and educational characteristics of the nursing workforce in this state are similar to national statistics (Health Resources 2004).

The finding that acute care nurses were less satisfied with the quality of geriatric care suggests a need to improve knowledge and make organisational modifications in hospitals to improve care to older patients. Hospitals need to provide staff education on best practices in geriatric care (Capezuti et al. 2008) and teach staff to recognise that age-related changes affect both the presentation of illnesses and responses to treatment. The best way to ensure quality geriatric care is to use evidence-based guidelines and professional standards to guide the practice environment (American Association of Colleges of Nursing 2004, Agency for Healthcare Research and Quality 2006, American Geriatric Society 2006). Hospitals also need to ensure that nurses participate in hospital decision-making, internal governance and policy development (Kim et al. 2009). Nurses should have opportunities to express their views on issues in geriatric nursing, appropriate staff levels for older patients should be maintained, collaborations across disciplines should be supported and services specific to the needs of older adults secured. The structure of the nursing organisation should reflect the unique, complex needs of geriatric patients and a clear commitment to best practices in care of older adults (Boltz et al. 2008a,b).

Conclusion

Nurses' perceive quality geriatric care as evidence-based care that is specialised to older adults, individualised to the patient's needs and preferences, promotes autonomy and independence, and is continuous across health care settings. Nurses in long-term care were more satisfied that care was evidence-based; specialised to individual needs of older adults; promoted autonomy and independence of elders; and was continuous across settings. Participants in acute facilities perceived more obstacles to providing quality geriatric care than nurses in long-term care facilities.

Relevance to clinical practice

Agencies can increase their nurses' satisfaction by policies that support the use of evidence-based practice, adequate and appropriate resources, administrative commitment and specialised geriatric knowledge. Modification of hospital geriatric practice environments and leadership commitment to evidence-based practice guidelines that promote autonomy and independence of patients and staff could improve acute care nurses' perceptions of quality of geriatric care.

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Contributions

Study design: BEB; data collection and analysis: BEB, JH, JE and manuscript preparation: BEB, JH, JE.

Conflict of interest statement

The authors have no financial or personal interests in products, technology or methodology mentioned in this manuscript. This manuscript has not been previously published, accepted for publication, or submitted for consideration elsewhere at this time.

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