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RESEARCH ARTICLE

Nurses' attitudes towards hospitalized older adults in a tertiary care setting in Ghana

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Abstract

Introduction: The increasing population of older adults and rapid increases in comorbidities globally has necessitated the need for a healthcare delivery system that meets the multifaceted needs of the growing population of older adults. Concurrent with these rising complex health needs is the importance of positive, non-judgmental attitudes of health services providers towards older adults. Moreover, this is particularly important in the nursing profession, given nurses' significant and crucial roles in healthcare settings.

Aim: The study aimed to evaluate nurses' attitudes towards older adults in a tertiary hospital in Ghana.

Design: It employed a descriptive cross-sectional quantitative design.

Method: Data were collected from 160 registered adult medical and surgical ward nurses using the Ageism Attitude Scale (AAS).

Results: Findings indicated that more than half of the participants had a diploma in general nursing. None of the nurses surveyed specialized in the care of older adults, and the mean age of participants was 30.14 (3.75) (minimum 24 and maximum 42 years). Female nurses had more positive attitudes than their male counterparts. Although the surveyed nurses reported a somewhat positive attitude towards older adults, there was no correlation between nurses' education levels and positive attitudes.

KEYWORDS

ageism, attitudes, Ghana, nurses, older adults, patient's rights

1 | BACKGROUND

Globally, the ageing population is rapidly increasing. Currently, 1 in 10 people is over 60 years old, and by 2050, 1 in 5 people will be around 60 years old. The ageing population will outnumber children aged 0–14 by 2050, and this is particularly expected to increase in developing countries (United Nations, 2016a; World Health Organization, 2018a, 2018b). Interestingly, in 1995, more than 60% (590 million) of the world's older population lived in the developing

world, and this distribution is expected to increase to 70% (1.2 billion) by the year 2025 (WHO, 2000).

The challenges associated with ageing include depression, dementia and disability. For example, cancer cases are expected to increase from 17 million in 2020 to 27 million by 2030 (Sutcliffe, 2012; World Health Organization, 2018a, 2018b). It is important to note that the number of older adults affected with dementia expected to grow with this increase in the ageing population. Specifically, dementia is projected to affect 115 million by 2050 worldwide, and a

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significant proportion of cases is expected in low resourced countries (Suzman & Beard, 2011). In sub-Saharan Africa, in 2015, there were 46 million people aged 60, and this age group (older adults) is expected to more than triple in number (projected 161 million) by 2050 (United Nations, 2016b).

The rapidity and complexity of this growth in the ageing population mean that the healthcare system must address the challenges and educate healthcare workers to equip them with the expertise and skill set necessary to care for this rapidly ageing population (Garza, 2016). There has been a growing need for specialized Registered Nurses (RNs) professionally committed to working with older adults in diverse settings (Donelan et al., 2019; Kpessa-Whyte, 2018). Some high-resource countries, such as New Zealand, have strategic plans to educate more nurses in advanced dementia care to cater for the ageing population expected by 2026 (Justine & Judith, 2004).

The prevalence of stigmatizing attitudes, the disintegration of traditional family structures, nuclear families and women working outside the home have reduced older adults' familial and social informal care networks (Apt, 1997; Donelan et al., 2019; Kpessa-Whyte, 2018). Furthermore, socio-cultural structures and customs of communities also play a role in providing and ensuring respectful care for older adults (Guyen et al., 2012; Kavlak et al., 2015). Developing positive attitudes is a critical factor that enables nurses to deliver responsive health care, thereby maximizing the health outcomes of hospitalized older adults. Furthermore, the positive attitude of nurses towards hospitalized older adults helps reduce societal misperceptions of older adults as a burden to society (Ryan et al., 2007).

A systematic review by Liu Yun-e et al. (2012) reported a comprehensive understanding of RNs' attitudes towards older adults. The review further revealed that a specialist gerontological nursing programme qualification positively influences nurses' attitudes toward older adults (Liu Yun-e et al., 2012). Therefore, the above discourse calls for the need to prioritize specialist gerontological programmes for nurses if governments want to provide quality healthcare services that will meet the needs of the growing aged populations.

A global study on ageing and adult health by the World Health Organization (2013) found an inadequate health workforce preparedness to care for older adults and identified the deficit in Ghanaian healthcare professionals. It is challenging to define who an older person is because most developed countries have accepted the chronological age of 65 years as a definition of "elderly" or older person. However, like many westernized concepts, this sometimes does not adapt well to the situation in Africa (Kowal & Dowd, 2001). Many African countries at times associate old age with the age at which one can begin to receive pension benefits. Although differences of opinion still exist, there appears to be some agreement that old age refers to 60 years and above. The United Nations have agreed to a cut-off of 60+ years to refer to the older population (Kowal & Dowd, 2001). In the present study, an older person is defined as a person with the chronological age of 60 years and above.

Research evidence about older adults' healthcare service needs and nurses' attitudes towards older adults is scarce in Ghana. More empirical work is needed to understand how nursing staff can best care for older patients and promote dignified and respectful clinical practice (Deasey et al., 2014; Derya Cinar et al., 2018). Atakro et al. (2021) in Ghana explored older adults' healthcare challenges and expectations. They found that older adults who visit hospitals feel frustrated as they have to wait in long queues for treatment and that health workers and nurses do not give them adequate information about their health and remedies. Furthermore, as the population of older adults increases in developing countries, there is a need for a corresponding increase in this group's social and healthcare support systems. There is also the need for person-centred nursing care to meet the multifaceted needs of the growing aged population. Nurses can only render person-centred gerontological care if they wear a positive attitude towards hospitalized older adults. A cursory review of the literature has revealed that no study has been conducted in Ghana to assess nurses' attitudes towards hospitalized older adults.

In the past, nursing education in Ghana followed the hospital-based model only. Policymakers in Ghana have made a profound effort to promote professionalism in nursing practice and increase the number of degree-holding nurses. Nursing education in Ghana started with Qualified Registered Nurses (QRNs) and State Registered Nursing (SRN) (Bell et al., 2013). In 2000s, the SRN was replaced with Diploma Registered General Nursing. Those who had completed this training had the opportunity to go for an 18-month postbasic training in specialities like critical care nursing, ophthalmic nursing, ear, nose and throat nursing and theatre nursing for advanced diploma certification. Then, baccalaureate nursing was also introduced around the 2000s. Even though the baccalaureate term is not commonly used in Ghana, the term "degree" is used as a synonym as it is an internationally recognized term. Degree nursing students receive training in research and leadership as part of their education to position them for future leadership positions. Now we have a masters' degree in nursing. All successful graduates from diploma, certificate or degree programmes are eligible to take the nursing and midwifery registration examination administered by the Nursing and Midwifery Council of Ghana. All these pieces of training have been set up to ensure quality health care since nurses in Ghana form 58% of all healthcare workers (Asamani et al., 2019). However, despite the growing number of older adults in Ghana, there has not been a specialized programme for nurses who want to specialize in gerontological nursing to go in for the training to help ensure good care for the older adults.

Therefore, this study offers an important understanding of Ghanaian nurses' attitudes and practices towards older adults and elucidates the context to inform policy formulation and change and development so that new guidelines are implemented for clinical practice. Moreover, to develop a deeper understanding of nurses' attitudes towards the care of older adults admitted into acute care settings to contribute to change to improve the caring needs of older adults in healthcare settings in Ghana. Furthermore, this study will

also contribute to knowledge and literature considering the dearth of evidence about knowledge of ageing among Ghanaian nurses (Atakro, 2021).

2 | METHODS

2.1 | Research design

The study employed a descriptive cross-sectional quantitative design to investigate nurses' attitudes towards the care of older adults in northern Ghana, West Africa. Ghana is a secular and lowers to middle-income country that practices parliamentary democracy. The current study was carried out in a large 800-bed university teaching tertiary hospital that serves northern Ghana and sometimes receives cases from the neighbouring countries of Ghana, including Burkina Faso, Togo and the Ivory Coast. The hospital has medical, surgery, intensive care, emergency, urological and neurosurgical departments. The hospital is also affiliated with about five nursing training colleges that provide nurses with certificates and diplomas.

Participation in the study was limited to RNs who were working full time for at least 6 months in any of the medical and surgical wards and provided direct patient care and administered medications. The nurses working in the paediatric departments and critical care areas were excluded from the study. The exclusion of critical care nurses from the survey was because data on the admission of older adults into the ICU were insignificant. The medical and surgical wards have high-dependency units that often contain older adults who need respiratory support and oxygen supplementation. Therefore, most older adults are cared for at the medical and surgical wards (first cubicles). The focus of this study was on the perspective of the nurses who work in these wards. This study employed a simple random sampling technique to recruit participants. A simple random sampling method gave every participant who met the inclusion criteria equal probability to participate in the study. We did not allow the charge nurses to select the participants. The nurses from the medical and surgical wards were given a chance to decide whether they wished to participate in the study or not. We only recruited those who chose to participate in the study even though they were supervised to complete the questionnaire at their convenient time. Polit and Beck (2012) indicated that using random sampling protects against bias being introduced in the sampling process, and hence, it helps obtain a representative sample. The researcher employed a sampling strategy to address the researcher's ability to generalize the sample to a broader population. Probability samples are usually well suited for ensuring the representative sample of participants (Creswell & Clark, 2017).

The respondents were recruited from the medical and surgical departments of the research setting (Gravetter & Forzano, 2015; Thornhill et al., 2009). After the research ethics committee approval was granted, we wrote letters to the deputy directors of nursing services (DDNS) of the medical and surgical wards and added the research ethics committee approval letters to create awareness

about the study and invite potential participants. The DDNS then introduced the research team to the charge nurses. Charge nurses of the medical and surgical wards were also briefed about the study and requested to share information with the nurses in their departments. In addition, we placed posters in those departments inviting nurses willing to participate in the study. Information on the poster included details of the survey and the first author's contact details. After a week, only a few contacted us, but we had to contact them at the ward on their duty post for many of them. We shared the participant's information sheets with those who agreed to participate in the study. They were then given some time to go through it and ask questions for clarification. We met participants who decided to participate in the study and agreed on the time convenient to each participant. We took their informed consent. There was no identification variable on the informed consent form; thus, no names were requested, and the respondents could not possibly be identified.

Moreover, only the first author, who supervised the data collection, had the access to the signed informed consent forms. And anyone who wishes to see them will have to sign a confidentiality form before access. The research site's adult medical and surgical wards had about 210 RNs. The confidence interval was set at 95%; the sample size estimate was 200 nurses (Altman & Bland, 2011; Dominguez Lara et al., 2016).

This study was designed to include a sufficient number of surgical-medical nurse participants to address the research question adequately. Sample size estimation was performed and set at 200 to improve the precision of our final results to avoid relying on the chance of occurrence. However, we were also mindful of not too many participants to waste time getting more data than we needed. In designing this study, we wanted to ensure that the study conducted is worthwhile to get the correct answer most efficiently. The sample size was estimated considering the nurses' populations in those wards to determine the minimum number of surgical-medical nurses needed to be enrolled in this study to have sufficient statistical power to detect their attitudes towards the care of older adults.

2.2 | Data collection instrument

Data were collected using a brief demographic survey and a self-reported questionnaire. The demographic information questions included the variables of age, sex, ward's name, number of years of experience, rank and educational level, speciality, religion and ethnicity. The Ageism Attitude Scale (AAS) developed by Vefikuluçay and Terzioğlu (2011) was used to gather data on the nurses' attitudes towards older adults' care. Previous studies on the nurses' attitudes towards older adults using the AAS have demonstrated good reliability and validity of this scale (Darling et al., 2018). The scale's total internal consistency coefficient was reported to be 0.80 (Vefikuluçay & Terzioğlu, 2011). Duygu Vefikuluçay Yılmaz (Mersin University, Mersin, Turkey), the AAS developers, permitted us to use the scale in our study. The AAS is a 23-item scale with three domains: limiting or restricting the life of the older adults (nine items);

positive discrimination towards the older adults (eight items) and negative discrimination towards the older adults (six items). The scale is scored using a five-point Likert-type scale. The affirmative attitude sentences about ageism were scored as follows: 5 points for "completely agree," 4 points for "agree," 3 points for "unsure," 2 points for "disagree" and 1 point for "absolutely disagree." The negative attitude sentences about ageism were scored oppositely: 1 point for "completely agree," 2 points for "agree," 3 points for "unsure," 4 points for "disagree" and 5 points for "absolutely disagree." The highest possible score was 115 and the lowest was 23; the higher scores indicated positive attitudes, while the lower ones indicated discriminatory attitudes towards older adults.

2.3 | Analysis of the data

The Statistical Package for Social Sciences for Windows v. 17 (SPSS Inc., Chicago, IL) was used to analyse descriptive statistics. We examined the data for normality using the Kolmogorov–Smirnov test; the data were not normally distributed. As a result, we analysed the data using non-parametric statistical tools such as the Kruskal–Wallis test, the Mann–Whitney *U* test and Spearman's rank correlation. The significance level was set at $p < .05$.

2.4 | Ethical considerations

This study obtained research ethics committee approval from the Tamale Teaching Hospital (TTH/R&D/SR/094) Ghana. Furthermore, the departmental heads of each participating ward provided us with further written permission to access the nursing staff before the hard copies of the questionnaires were delivered to the nurses who consented. Likewise, all respondents (nurses) signed informed consent forms to indicate their willingness to participate in this study. The main ethical implications of this research were the respondents' informed consent, confidentiality and anonymity. The World Health Organization's informed consent template was adopted for this study (World Health Organization, 2017). We stored the data in the hard drive of the computer of the first author and set a password; it will be discarded under the data management policy of Ghana.

3 | RESULTS

A total of 200 nurses were approached to participate in this study. The response rate was 80%; thus, 160 nurses' responses were included in the data analysis. The mean age of the participants was 30.14 (3.75) (minimum 24 and maximum 42 years). Nearly half of the respondents (51.25%) were Muslims. Half (52.5%) of the participants were RGNs/SRNs (certified nurses) with a diploma. Furthermore, about 33.75% of participants held a bachelor's degree in science nursing (BSN), while only 0.63% had a master's degree in nursing. Close to three-fourth (64.5%) of the study participants had between

TABLE 1 Demographic characteristics of the study population ($N = 160$)

Variable	N(%)
Gender	
Male	67 (41.9)
Female	93 (58.1)
Age	
24–30	105 (65.6)
31–36	47 (29.4)
39	1 (0.6)
42	7 (4.4)
Age (mean \pm SD)	30.14 \pm 3.75
Minimum	24
Maximum	42
Religion	
Christian	77 (48.1)
Muslim	82 (51.3)
Traditionalist	0 (0)
Others	1 (0.6)
Ethnicity	
Dagomba	40 (25.0)
Asante	8 (5.0)
Ga	0 (0)
Ewe	12 (7.5)
Frafra	11 (6.9)
Gonja	13 (8.1)
Others	76 (47.5)
Education	40 (25.0)
Certified nurse	84 (52.5)
BSc Nursing	54 (33.8)
Postregistration:specialization	1 (0.6)
MSc Nursing	1 (0.6)
Other	20 (12.5)
Level of experience (years)	Mean \pm SD = 4.43 \pm 3.3
1–5	103 (64.4)
6–10	51 (31.9)
11	1 (0.6)
13	5 (3.1)
Minimum = 1, Maximum = 13	

1–5 years of postgraduation work experience. The mean work experience was 4.43 years with a standard deviation of 3.3 years. More than half (58.13%) of the participants were female (Table 1). Furthermore, as seen in Table 2, we also calculated the attitude score concerning the three dimensions; restricting life positive attitudes and negative attitudes towards of older adults.

In this study, we noted a relationship between the nurses' restrictive attitude and their level of education ($p = .005$) and their negative attitude and level of education ($p = .042$). However, our

Grouped	Score	Kruskal-Wallis test (<i>p</i>)
Restricting life of older people	30.588 ± 3.365	0.383 (<0.005)
Positive attitudes towards the older people	24.156 ± 3.303	0.284 (<0.005)
Negative attitudes of nurses	12.156 ± 2.389	0.272 (<0.005)

TABLE 2 Attitudes score concerning three dimensions

study did not find any correlation between nurses' positive attitude and their level of education ($p = .99$) (Table 3).

A significant difference was found between the nurses' average AAS score when examined in terms of the difference in experience level ($0.672, p < .05$). When the correlation between the AAS and the independent variable concerning the gender of the nurses was examined, we found that female nurses had more positive attitude than their male counterparts did ($p = .05; p = .049$). The total score of our study was 66.9 ± 6.05 ; for females, the total score was 65.27 ± 5.96 , while it was 65.13 ± 5.56 for males (see Table 2 and 4).

4 | DISCUSSION

Our study examined the attitudes of the medical and surgical wards' nurses towards older adults. It was encouraging that the Tamale Teaching Hospital of Ghana nurses generally have a somewhat positive attitude towards hospitalized older adults. The above finding contrasts with previous research evidence that healthcare workers may hold negative attitude towards the structural context of work and the restrictive practices that can spread in the older adults' care environment. Pursey and Luker (1995) had suggested that attitudes are negatively influenced by the under-resourced care environments that nurses experience when working with older adults. However, this is inconsistent with our findings even though our research environment was under-resourced.

Demographic evidence from our study showed a higher response rate from female nurses. In 2011, 3.2 million of the 3.5 million employed nurses in the United States were female (United States Census Bureau, 2013). There is evidence that women continue to outnumber men in nursing even though there has been a considerable increase in the number of men interested in and pursuing this profession (Emily, 2015; Peter, 2015). Similarly, Appiah et al. (2021) from Ghana posited that female nurses in Ghana outnumber male nurses. Evidence from the Ghana Health Service (2013) indicates that male and female nurses working with the Ministry of Health are calculated to be 4984 (13.5%) and 31,943 (86.5%) respectively

TABLE 3 Correlation analysis – attitude scores against level of education

	Level of education	
Restrictive attitude	-0.296	<0.005
Positive attitude	-0.001	0.991
Negative attitude	-0.161	0.042
Total attitude	-0.151	0.056

(Ministry of Health, 2013; Saleh, 2012). Our findings also revealed that female nurses had a slightly higher total positive attitude (65.27 ± 5.96) than male counterparts. This finding suggests that the informal caregiver role of women in the Ghanaian traditional and cultural settings may be emulated by the female nurses. This further informs the gendered cultural and societal expectations of women's traditional caregiver roles and suggests that women have a "natural aptitude for caring" (Borley et al., 2016).

Similarly, the results of this study further revealed the context of African culture, where women are conventionally expected to be the main providers of care to older adults, an extension of the caregiving they provide to infants and children, spouses and others (Harling et al., 2020). It is also worth noting that nearly half of the respondents were Muslim domination and the other half Christian faith. These two religions teach respect for older adults. A possible explanation for this might be the reason for the somewhat positive attitude of nurses. The honour of the older adults is highly regarded, and serving the older person is akin to serving Allah.

Our study did not find any significant correlation between the nurses' level of education and their attitude towards older adults. This could be explained by the fact that nursing education in Ghana lacks extensive old-age-related content, and there are no geriatric nursing specialisms for nurses (Atakro et al., 2021). Courtney et al. (2000) published a literature review contending that the nurses' knowledge of old age was a significant predictor of their attitudes towards older adults. Our study may give baseline data for quality care and education programme and curriculum improvement to augment nurses' competencies regarding working with or caring for older adults. It may further improve the current programme by inspiring the inclusion of a gerontological perspective in our nursing education and the creation of specialist geriatric programmes for nurses who want to further their studies in the geriatric field. It is imperatives because geriatric education essentially prepares one to understand the physiologic, emotional and physical needs of older adults to ensure that the quality of life of older adults is met. This essentially goes beyond being respectful, but the older person's care needs must be carried out in line with scientific evidence.

While there is some content on older person care in the undergraduate curriculum in Ghana, it is scanty, and more needs to be done. As Ghanaian nurses, there is limited expertise in the use of hoists and other manual handling techniques in the care of older adults. There is a need to concentrate on speciality training for healthcare professionals. Again, predictions are that the population of older adults in Ghana will triple by 2050; efforts need to mitigate the myriads of health problems associated with ageing. For instance, as the global population of older adults' surges, including

TABLE 4 Nurses' attitudes towards older adults elderly care

Attitude statements	Scores N (%)					Kruskal Wallis Test (<i>p</i> -Value)
Restricting life of elderly						
Lives of the elderly should be limited to their homes.	52(32.5%)	87(54.38%)	13(8.13%)	1(0.63%)	7(4.38%)	0.325(< 0.005)
The elderly should live in homes for the elderly.	34(21.25%)	76(47.5%)	33(20.63%)	16(10%)	1(0.63%)	0.279(< 0.005)
The external appearance of the elderly is repulsive.	13(8.13%)	72(45%)	52(32.5%)	23(14.38%)	0(0%)	0.268(< 0.005)
Preference should be given to care for young people over the elderly in the hospital.	66(41.25%)	62(38.75%)	22(13.75%)	10(6.25%)	0(0%)	0.244(< 0.005)
Elderly people who lose their spouses should not remarry.	56(35%)	81(50.63%)	16(10%)	7(4.38%)	0(0%)	0.273(< 0.005)
Elderly people should be paid less than young people in their work lives.	55(34.38%)	69(43.13%)	27(16.88%)	9(5.63%)	0(0%)	0.246(< 0.005)
Elderly people cannot carry bags and packages without help.	0(0%)	68(42.5%)	31(19.38%)	52(32.5%)	9(5.63%)	0.272(< 0.005)
It is unnecessary for the elderly to buy homes, cars, possessions, or clothes.	33(20.63%)	114(71.2%)	4(2.5%)	9(5.63%)	0(0%)	0.378(< 0.005)
Care of the elderly should not be considered to be an economic burden by family members.	17(10.63%)	25(15.63%)	27(16.88%)	52(32.5%)	39(24.38%)	0.234(< 0.005)
Positive ageism						
Elders are more tolerant than young people.	12(7.5%)	36(22.5%)	41(25.63%)	60(37.5%)	11(6.88%)	0.232(< 0.005)
Elderly people are more compassionate.	0(0%)	13(8.13%)	50(31.25%)	79(49.38%)	18(11.25%)	0.283(< 0.005)
When decisions are made in the family, the opinions of the elders should be considered.	3(1.88%)	20(12.5%)	0(0%)	91(56.88%)	46(28.75%)	0.364(< 0.005)
The elderly should be shown importance by the family	7(4.38%)	9(5.63%)	7(4.38%)	80(50%)	57(35.63%)	0.329(< 0.005)
Elderly people are more patient than young people.	19(11.88%)	33(20.63%)	38(23.75%)	61(38.13%)	9(5.63%)	0.236(< 0.005)
Young people should learn from the experiences of elderly	1(0.63%)	11(6.88%)	0(0%)	75(46.88%)	73(45.63%)	0.285(< 0.005)
When the family budget is being developed, the opinions of the elderly should be sought.	8(5%)	19(11.88%)	6(3.75%)	97(60.63%)	30(18.75%)	0.383(< 0.005)
Preference should be given to the elderly in places where waiting in line is required.	1(0.63%)	0(0%)	2(1.25%)	63(39.38%)	94(58.75%)	0.361(< 0.005)
Negative ageism						
Preference should be given to young people for promotions in work situations	17(10.63%)	71(44.38%)	24(15%)	39(24.38%)	9(5.63%)	0.284(< 0.005)
Elderly people are not able to adapt to changes like young people.	4(2.5%)	22(13.75%)	46(28.75%)	63(39.38%)	25(15.63%)	0.235(< 0.005)
Elderly people are always ill.	7(4.38%)	100(62.5%)	14(8.75%)	34(21.25%)	5(3.13%)	0.387(< 0.005)
Elderly people should not go outside on their own.	6(3.75%)	90(56.25%)	10(6.25%)	32(20%)	22(13.75%)	0.357(< 0.005)
Preference should be given to young people over the elderly or hiring for jobs	77(48.13%)	64(40%)	11(6.88%)	8(5%)	0(0%)	0.283(< 0.005)
10. The basic responsibility for the elderly should be to help their children with tasks such as housework and kitchen chores and care of their grandchildren.	26(16.25%)	74(46.25%)	27(16.88%)	29(18.13%)	4(2.5%)	0.29(< 0.005)
Total Attitude Score – Male	= 65.13 ± 5.56					0.885 14.416(< 0.005)
Total Attitude Score – Female	= 65.27 ± 5.96					
Total Attitude Score	= 66.9 ± 6.05					
I definitely do not agree	I do not agree	Uncertain	I agree	Strongly agree		

sub-Saharan Africa, Ghana has the highest proportion of people over 60, namely 7.2%. This age group expanded from 200,000 to 1.6 million between 1960–2010 in Ghana (Ayernor, 2012). In the same vein, the prevalence of health problems has grown. In a large-scale survey of Ghanaians, among 50, 33% reported hypertension, 14% arthritis, 7% diabetes, 6% a cardiovascular condition and 4.9% treatment for stroke (Ayernor, 2012). Disability and frailty from unregulated diabetes, stroke and dementia require long-term, ongoing assistance with daily activities (Fonta et al., 2017). Therefore, as Ghana's population ages, it is likely that chronic diseases will become more common, there will be a greater need for long-term care. This group of population will need carers who can give them emotional, physical and physiologic support, at the same time guarding their physical health. This can only happen if nurses who play significant and crucial roles in health-care settings are duty ready in skill and knowledge of older adults care beyond the scanty content currently seen in the curriculum of nursing trainees.

Furthermore, the study by Araujo de Carvalho et al. (2015) buttressed our finding that clinical facilities for older adults are very limited and not age-friendly in Ghana. A similar result in Israel

supports this evidence (Topaz & Doron, 2013). Our study is also in line with Atakro et al. (2021); in the latter, the older adults surveyed suggested creating older adults' wards and consulting rooms with aged care experts. Therefore, our study will inform and strengthen policy direction to ensure that healthcare facilities in Ghana are age-friendly and that older adults' wards and facilities are considered.

This study found that the nurses wanted priority care to be given to older adult patients who faced long waiting periods for health services. Atakro et al. (2021) showed that older adults who visit hospitals in Ghana still face frustrations due to long queues when going for treatment. Their study participants wanted their health care needs to be prioritized due to their age. Therefore, older adults expect health workers to maintain a consulting room to reduce their waiting time at Ghanaian hospitals.

In our study, the nurses stated that the care of older adults is not considered an economic burden in Ghanaian families. Furthermore, they did not believe that older adults should live away from their families. This finding indicates that people feel ashamed if they cannot care for their ageing parents in Africa. In Ghana, older adults are respected. The young are expected to respect them (Van der Geest, 2002). In the cultural perspective of northern Ghana, where

this research was conducted, every young person is expected to be respectful towards the older person. The information on Ghana as age-friendly and showing respect to older adults might explain nurses' positive attitudes towards the aged. In Israel, nurses' ethnicity and cultural background are significant predictors of ageist attitudes (Topaz & Doron, 2013).

The nurses reported that older adults are not always ill and weak, contrasting with recent scholars' findings that health professionals see older adults as frail and weak (Islam, 2019; Zihindula & Maharaj, 2013). Our findings are also inconsistent with those of a Turkish study, according to which nurses perceive older adults negatively as weak and demented, having decreased mental skills and always ill (Polat et al., 2014).

Despite there is a culture of respect for and somewhat positive attitude among medical-surgical nurses towards hospitalized older adults. The attitudes are not as high as they should be to benefit older adult patients; gerontological education in nursing is needed to build Ghanaian nurses' expertise in the care of older adults. This will further ensure that the healthcare industry is well prepared for the rising population of older adults in Ghana. A study conducted in Ghana by Dovie (2019) intimated that lack of geriatric infrastructure and professional knowledge in older adults' care results in inadequate geriatric care provision for older adults.

5 | CONCLUSION

This research examined a select cohort of registered generalist nurses' attitudes towards hospitalized older adults in a tertiary healthcare centre in Ghana. Social values, norms, culture and professional environmental structures may have informed their attitudes towards the hospitalized older adults in their care. In our study, nurses showed somewhat positive attitudes towards the care of older adults. Female nurses scored higher than their male counterparts. However, there was no correlation between nurses' level of education and their positive attitudes.

Further studies on the acceptability of establishing geriatric wards in Ghana's healthcare setting are essential for measuring the readiness of the healthcare services to support the future better psycho-social care needs of the older adults. More studies are required on old age knowledge and for evidence of the influence of socio-demographic attitudes, beliefs and values.

5.1 | Strength of the study

This study investigated the attitudes of medical and surgical ward nurses towards older adults in Ghana. It is one of the first few studies to examine this phenomenon in Ghana to the best of our knowledge. The researchers covered adult medical and surgical wards of a tertiary health facility in Ghana. A detailed result was ensured by using a standardized tool that has been widely used to measure the attitudes of healthcare workers towards older adults. The findings

suggested that the nurses be educated in gerontology to improve and ensure compassionate care in Ghana.

5.2 | Limitation

This study investigated only the medical and surgical wards of a teaching hospital in Ghana, which is a public hospital. Further studies involving private and regional health institutions may also be necessary to compare the results to establish the general attitude score of Ghanaian nurses towards older adults. Data from a single hospital in Ghana may not sufficiently generalize study findings adequately.

5.3 | Implications for clinical practice

- Postgraduate and postregistration training of nurses with a special focus on older adults in an African resource and cultural context would better prepare the healthcare system for the future needs of the rapidly ageing population and help in reducing possible future stereotyping of older adults.
- Employment agencies and the nursing profession need to organize targeted education to help develop specific knowledge and clinical skills to support older adults' needs and community-based social care.
- An empirical understanding of nurses' attitudes towards older adults can elucidate the context for change and inform policy decisions to develop and implement new nursing guidelines.
- While a positive attitude towards older adults is an essential factor in nurses' care and is a component in the ethos of person-centred care for this population, programmes should also focus on skills and specialist gerontological nursing knowledge. Education should, therefore, reinforce this to eliminate stereotyping ageist attitudes. As the country's population is ageing, so does the health needs of older adults become complex, limiting their ability to carry out activities of daily living by themselves and their immediate families. In this regard, the health system needs to be ready to face this complex situation. Geriatric education essentially prepares one to understand the physiologic, emotional and physical needs of older adults to ensure that the quality of life of older adults is met. This essentially goes beyond being respectful, but the older person's care needs must be carried out in line with scientific evidence.

5.4 | Recommendations

Although the nurses have a somewhat positive attitude towards older adults, we recommend introducing specialized registration and postgraduate gerontology programmes in Ghana. The content of these programmes must include the cultural components of ageing. Older adults' health service providers, nurses and settings need to be trained and developed to sustain positive attitudes. These

interventions will reduce the stereotyping and stigmatization of older adults and help recognize a patient's rights and the importance of humanized approaches to long-term care. Older adult-related specialist education will also help nurses play significant roles in responding to older adults' future health and support needs.

AUTHORS CONTRIBUTIONS

YHY, AF and EH contributed to the study design. YHY collected the data and prepared the manuscript. YHY and AF carried out statistical analysis. EH reviewed, edited and proofread the manuscript. All authors contributed to the conception, design, acquisition, analysis and interpretation of data. All authors read and approved the final manuscript.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

ETHICAL APPROVAL

The Research and Development Department of the Tamale Teaching Hospital approved and permitted the study with a reference number (TTH/R&D/SR/094).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request only from the corresponding author. The data are not publicly shared due to privacy or ethical restrictions.

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