ความสัมพันธ์ระหว่างคุณลักษณะของพยาบาล วยาคติ การรับรู้ด้านการดูแล และการปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาล

นางสาวสเตฟานี่ มีเลีย

บทคัดย่อและแฟ้มข้อมูลฉบับเต็มของวิทยานิพนธ์ตั้งแต่ปีการศึกษา 2554 ที่ให้บริการในคลังปัญญาจุฬาฯ (CUIR)
เป็นแฟ้มข้อมูลของนิสิตเจ้าของวิทยานิพนธ์ ที่ส่งผ่านทางบัณฑิตวิทยาลัย
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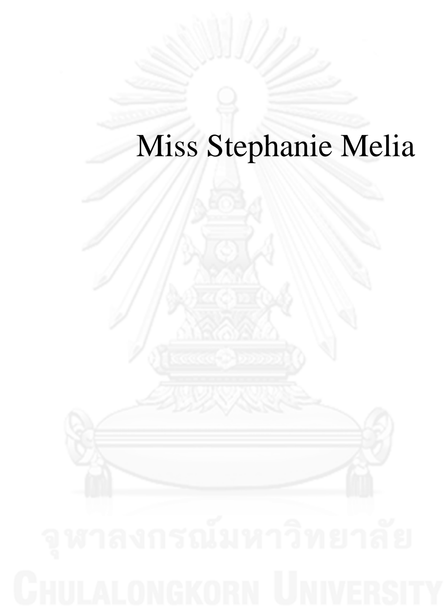
วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาพยาบาลศาสตรมหาบัณฑิต
สาขาวิชาพยาบาลศาสตร์
คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
ปีการศึกษา 2557
ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

THE RELATIONSHIP BETWEEN NURSES' CHARACTERISTICS, AGEISM, PERCEPTION OF OLDER PEOPLE CARE AND NURSING PRACTICE FOR HOSPITALIZED OLDER PEOPLE

Miss Stephanie Melia



A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Nursing Science Program in Nursing Science
Faculty of Nursing
Chulalongkorn University
Academic Year 2014
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Thesis Title	THE RELATIONSHIP BETWEEN NURSES' CHARACTERISTICS, AGEISM, PERCEPTION OF OLDER PEOPLE CARE AND NURSING PRACTICE FOR HOSPITALIZED OLDER PEOPLE
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จุฬาลงกรณ์มหาวิทยาลัย
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สเตฟานี่ มีเลีย : ความสัมพันธ์ระหว่างคุณลักษณะของพยาบาล วยาคติ การรับรู้ด้านการดูแล และการปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาล (THE RELATIONSHIP BETWEEN NURSES' CHARACTERISTICS, AGEISM, PERCEPTION OF OLDER PEOPLE CARE AND NURSING PRACTICE FOR HOSPITALIZED OLDER PEOPLE) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ผศ. ดร.ทัศนา ชูวรรธนะปกรณ์, 145 หน้า.

การวิจัยนี้ มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างลักษณะส่วนบุคคลของพยาบาล (อายุ เพศ การศึกษา ประสบการณ์) วยาคติ การรับรู้เกี่ยวกับการดูแลผู้สูงอายุ และการปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาล กลุ่มตัวอย่างมาจากการสุ่มแบบง่าย ประกอบด้วยพยาบาล 120 คน จากโรงพยาบาลทั่วไป 2 แห่ง ในเมืองบันดุง ผู้เข้าร่วมการวิจัยทุกคนตอบแบบสอบถาม 4 ชุด ได้แก่ 1) แบบสอบถามข้อมูลส่วนบุคคล, 2) แบบประเมินการปฏิบัติงานของพยาบาล (The Professional Development of Registered Nurse: PDRS), 3) แบบประเมินวยาคติ (The Fraboni Scale of Ageism: FSA) และ 4) แบบประเมินการรับรู้ในการดูแลผู้สูงอายุ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา สหสัมพันธ์แบบสเปียร์แมน และสหสัมพันธ์แบบเพียร์สัน

ผลการวิจัยพบว่า

การปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาลอยู่ในระดับสูง (mean 4.07, SD = 0.49) ค่าเฉลี่ยคะแนนวยาคติอยู่ในระดับปานกลาง (mean 66.61, SD = 6.0) การรับรู้เกี่ยวกับการดูแลผู้สูงอายุของพยาบาลอยู่ในระดับสูง (mean 3.61, SD = .42)

ลักษณะส่วนบุคคลของพยาบาล (อายุ เพศ ประสบการณ์) มีความสัมพันธ์กับการปฏิบัติการการพยาบาลต่อผู้สูงอายุในโรงพยาบาล ($r = 0.182$; $r = 0.243$; $r = 0.300$; $p < 0.05$)

วยาคติมีความสัมพันธ์ทางลบกับการปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาล ($r = -0.286$; $p < 0.05$)

การศึกษาและการรับรู้เกี่ยวกับการดูแลผู้สูงอายุ ไม่สัมพันธ์กับการปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาล

การปฏิบัติการพยาบาลผู้สูงอายุในโรงพยาบาลอยู่ในระดับสูง ดังนั้นการพยาบาลควรมีการเตรียมความพร้อมและให้การพยาบาลที่เจาะจงแก่ผู้สูงอายุให้มากขึ้น

สาขาวิชา พยาบาลศาสตร์ ลายมือชื่อนิสิต ....

ปีการศึกษา 2557 ลายมือชื่อ อ.ที่ปรึกษาหลัก ....

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

5577201436 : MAJOR NURSING SCIENCE
KEYWORDS: NURSING PRACTICE / HOSPITALIZED OLDER PEOPLE / AGEISM / PERCEPTION / CARE

STEPHANIE MELIA: THE RELATIONSHIP BETWEEN NURSES' CHARACTERISTICS, AGEISM, PERCEPTION OF OLDER PEOPLE CARE AND NURSING PRACTICE FOR HOSPITALIZED OLDER PEOPLE. ADVISOR: ASST. PROF. TASSANA CHOOWATTANAPAKORN, Ph.D., 145 pp.

This correlational study aimed to explore the relationships between nurses' characteristics (age, gender, education, experience), ageism, perception of older people care and nursing practice for hospitalized older people. A simple random sampling was used to recruit 120 nurses from two general hospitals in Bandung City. All participants completed four questionnaires: 1) the Demographic questionnaire, 2) the Professional Development of Registered Nurse (PDRS), an instrument to measure nursing practice, 3) the Fraboni Scale of Ageism (FSA), and 4) the Nurse' Perception of Care questionnaire. Data were analyzed using descriptive statistics, the Spearman correlation, and Pearson correlation.

The findings were as follows:

Nursing practice for hospitalized older people was highly performed (mean 4.07, SD=0.49). Ageism showed a moderate mean score (mean 66.61, SD = 6.0). Nurses had high perception of older people care (mean 3.61, SD =.42)

Three characteristics of nurses (age, gender, experience) had relationship with nursing practice for hospitalized older people ($r = 0.182$; $r = 0.243$; $r = 0.300$; $p < 0.05$).

Ageism had negative relationship with nursing practice for hospitalized older people ($r = -0.286$; $p < 0.05$).

Education background and nurses' perception of older people care were not related to nursing practice for hospitalized older people.

In conclusion, the practice of working toward hospitalized older people was considerably high in a clinical setting. It is recommended for nursing organization to better prepare an aged care specifically.

Field of Study: Nursing Science	Student's Signature ....
Academic Year: 2014	Advisor's Signature ....

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ACKNOWLEDGEMENTS

First and foremost, praise and thanks goes to my dear Lord Jesus Christ for many blessings undeservingly bestowed upon me.

I would like to express my deep gratitude to Assistant. Prof. Dr. Tassana Choowattanapakorn, my adviser for the valuable time to give support, guidance, encouragement, and thoughtfulness suggestions to conduct the research

I wish to thank the Directorate General of Higher Education, Indonesia, that provided financial support for this study.

My special thanks are extended to my thesis committee members: Associate. Prof. Jiraporn Kespichayawattana and Dr. Choosak Khampalikit for the experience and knowledge they graciously shared with me. Their contributions have definitely increased the merits of this thesis.

My acknowledgement is extended to all the experts for their thoughtful suggestions through the translation and validation process of the research instruments. My grateful thanks to all participants for their help and willingness to join the study.

I would like to dedicate this degree to my beloved Father. I am profoundly indebted to my mum, brother and sister for their patience, love and understanding during my years of study. Finally, my sincere gratefulness also expressed to my roommates, all friends and faculty members at Faculty of Nursing, Chulalongkorn University, for their love, unconditional support throughout the good and difficult time during my study experiences.

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CHAPTER I
INTRODUCTION

Background and significance of the study

Indonesia has been growing of ageing population during past ten years. In 2010, the total number of older people reached 18.04 million (9.6%), which will project to double by 2025 (Menkokesra, 2013). Based on Indonesian Family Life Survey (IFLS), a large number of ageing populations tend to have chronic health problems (Witoelar, Strauss & Sikoki, 2009). Recent study demonstrated that only 41.7 percent of older men reported good health, and only 36.4 percent of women perceived themselves as healthy (Arifin, Braun & Hogervorst, 2012). It is reported that from 2005-2012 the morbidity rate among people aged 60 years and over was 26.93% (Statistic Indonesian, 2013). The 2012 Indonesia Demographic and Health and Survey (IDHS) revealed that the incidence of disability among older people is at 27 percent, higher compared to the other population.

Bandung City, as the capital of West Java, is one of the biggest growth centers in Indonesia with a concentric urban structure. From 2007 to 2011, the average life expectancy of older people in Bandung city has increased from 73.39 to 73.79 (BPS Bandung, 2011). In the year 2012, the population of Bandung stood at about 2.483.977 persons and, of these, about 231.957 was older people (BPS, 2014). It is reported that hospitalized older people has the highest mortality rate in the hospital, which caused by degenerative diseases such as stroke (Bandung City Health Profile, 2007). Older people are at risk for hospitalized and becoming the major consumers of health care service in Indonesia, particularly in Bandung.

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Nurses as the largest health care providers in Indonesia will play a major role in providing care for hospitalized older people. They are required to fully understand their expanding practice to ensure recognition from nurses and others of their contribution in caring for older people (Meyer & Sturdy, 2004). On the other hand, to our knowledge, there is limited evidence regarding to nursing practice for hospitalized older people in Bandung City.

Age-related physiological changes are likely make older people care becoming more complicated and require specialized care provision (Graf, 2006). As the result they tend to have a long length of stay. A study of health status and challenges of ageing in Indonesia demonstrates that the growing number of older people challenges health care service to promote knowledge and skills of healthcare providers that meet the needs of this group (Kadar, Francis & Sellick, 2012). In other words, the complexity of hospitalized older people care highlights the demand of nursing staff to possess knowledge and skill in providing care for this group.

In many international nursing literatures, it is suggested that nurses required to develop and implement their practice that focuses on the goals, needs, and strengths of older people (Hirst, 2013). However, in Indonesia, the presence of nursing practice which focuses on older people still limited, whereas only 5% of hospital provides specialized care for older people (Pusat Data & Informasi Kesehatan, Kementrian Kesehatan RI, 2013). According to a report of nursing supply and demand in Indonesia, nursing practice for older people are largely overlooked (Directorate of Higher Education, 2010). In order to address this issue, nurses are encouraged to understand and recognize their own practice in the delivery of care to older people.

Nursing practice for older people is recognized as a specialism that requires highly specialized skillful nurses who can respond to the complexity of health and social care needs of older people (Nursing and Midwifery Council UK, 2009). Existing evidence show that there is a growing need for nurses to develop ways of working with older people and value the expertise and skills of those who work for them (Meyer & Sturdy, 2004). It has been argued that nurses understood and informed the need of standard nursing practice, yet care provision for hospitalized older people still limited and their practice was prioritized (Milton-Wildey, 2011). A longitudinal study between 1999 and 2009 reported that almost 80% of healthcare staff who work in primary and secondary services lack of appreciation to the specialty of care for older people (Kydd, 2013).

Benner' From Novice to Expert: According to Benner (2001), the complex problems of hospitalized patients require nurses to develop new and more complex skill sets. Benner's from novice to expert model has been proposed as one of the

foundations for understanding nursing expertise and skill acquisition (Altmann, 2007). It is suggested that the development of skill is complex and situational rather than being a trait or talent because the focus is on actual performance and outcomes in particular situations. The model proposes that an advancement of nursing practice in a clinical situation would be influenced by education, experience, clinical knowledge (Myrick & Barret, 1992; Altmann, 2007); nurse' belief on individual patient's behavior (Benner, Tanner & Chesla, 1996); and perceptual awareness (Brykczynski, 2002).

Benner's work stated that nurse description of care provision in which they made a positive difference will present the uniqueness of nursing as a discipline and an art. It is believed that nursing practice should focus to the particular person who is being cared for and the surrounding situation rather than task-oriented care. Draws back from Benner's work From Novice to Expert and extensive literature review, this study refers nursing practice for hospitalized older people as nurse's actions that attuned to the particular person who is being cared (older people), which requires a combination of knowledge, skills, values and attitudes. Moreover, it is suggested that nursing practice may be influenced by nurses' characteristics (age, gender, level of education, experience), attitudes toward patient (ageism) and perceptual awareness (nurses' perception of aged care).

Age difference in nursing staff apparently contributes to their evaluation process and values implicit in health care work (Leiter, Price, & Spence Laschinger, 2010). Younger nurses are always regarded as the beginner in clinical setting. It is noted that beginners had less experience of the situation in which they are expected to perform. Whereas, senior nurses refer to those with proficient practice or expertise. In other words, it can be assumed that the older generation of nurses would perform better care on hospitalized older people compare to younger staff. Given the increasing number of hospitalized older people and the demand for best practice, nursing profession needs further exploration on the relationship between age difference and nursing practice for hospitalized older people (Olson, 2009).

Gender In many Asian literatures, women or daughter take major roles in providing personal care for older people, while men or son are perceived as the breadwinners in the family. Nursing is often regarded as a female-dominated

profession, and they has been perceived as the extension of the domestic role of women. Studies demonstrate that male nurses have different attributes than female nurses in terms of masculinity, technical ability, and sensitivity to the emotions of others (Anthony, 2004; Kleinman, 2004; Keogh & O'Lynn, 2007; Fisher, 2009). This probably influences why they generally prefer the managerial positions, psychiatric care and areas of high technology such as critical care than care for older people who usually have chronic care (Nordam, Torjuul, & Sørlie, 2005). Indonesia, as well, the responsibility for caring for older relatives falls on the adult children of the family, especially daughters, and followed by daughters-in-law, wives and other female relatives (Sahar, Courtney, & Edwards, 2003). Hence, it is possible to assume that gender in nursing is related with nursing practice for hospitalized older people.

Education The goal of education program is to provide a broad base of clinical theory and skill, which will support nurses with maximum flexibility within their practice (Benner, 2001). Advanced nursing education has been notified to play an important role in addressing the increasing health care demands of the aging population (McLeary, McGilton, Boscart, & Oudshoorn, 2009). It is suggested that education may influence nurses in reframing their practice to patient outcomes (Doherty-King& Bowers, 2013). However, study demonstrated a lack of integration of aged care nursing content into undergraduate nursing (Edward, Courtney, Nash, & Finlayson, 2004). In Indonesia, the majority of nurses who work in hospitals are performed by Diploma qualifications, 5% are Bachelor's degree and only less than 1% held Masters or Specialist degree (Lock, 2011; Sekarsari, 2013). Moreover, to the best of our knowledge, there is no advanced nursing education on nursing older people in Indonesia. Therefore, this study is expected to examine the relationship between nurses' education and nursing practice for hospitalized older people.

Experience is considered as the refinement between education and reality, which plays a role in predicting performance at an expert level in a clinical setting. Previous study reported that nurses with ≥5 years of experience were associated with fewer medication errors and lower patient fall rates (Blegen, Vaughn, & Goode, 2001). It is noted that working experience would contribute to nursing practice (Maben, Adams, Peccei, Murrells, & Robert, 2012). However, other studies argued that experience does not sufficient for determining expertise and not all experienced

nurses deliver better practice (Christensen & Hewitt-Taylor, 2006; Ericsson, Whyte, & Ward, 2007). In other words, there still an inconsistency of information whether nurses with advanced working experience will perform better in performing care provision for hospitalized older people.

Ageism It is generally believed that ageism is widely shared across cultures and societies. In 1969, the term ageism was proposed by Butler who saw that society had developed myths, stereotypes and misunderstandings about people as they age. Ageism involves stereotyping and discrimination against people because of the age (Butler, 2006). It is typically includes a set of behavioral expectations or prescriptions which define what a person to do and not to do. Older people are not seen as human beings but as objects, therefore, their opportunities and rights are likely denied. In addition, ageist attitudes toward older people generate a fear and denigration of the ageing process which stereotype older people as unproductive, depressing, and frail (Palmore, 1999).

Studies found that nurses who hold some negative views of older people tend to provide an overprotective care provision. Consequently, this would harm the independence of older people (Choowattanapakorn, Nay, & Fetherstonhaugh, 2004) and devalue their care provision (Holyroyd et al., 2009). Although caring for older people still remains strongly attached in Indonesia, yet changes in social values, family structure and lifestyle may lessen respect for this group. Given the increasing number of ageing population and harmful consequence from ageism, there is a need for better understanding of ageism among nurses, and it is influence on nursing practice toward hospitalized older people.

Perception of older people care Nurse' perception of their own practice would drive their ability and commitment in providing care. Nurse perception of older people care can be defined as nurses' belief and understanding on older people needs of physical, psychological and social wellbeing within the care process. A growing research literature shows that the majority of nurse perceived older people care as responding to the physical needs (Isola, Backman, Voutilainen & Rautsiala, 2003); symptom management, medical procedures, time constraints, a heavy work-load and everyday technical tasks (Kihlgren, Nilsson & Sorlie, 2005; Elaswarapu, 2007); the nature of the work as boring, unpleasant and frustrating (Happell & Brooker, 2001).

Recent study argued that nurses' perception of older people care was related to the delivery of better practice for older people (de Almeida Tavares, da Silva, Sa-Couto, Boltz, & Capezuti, 2013). It appears that that there was a discrepancy between the conceptual perception and the actual nurse perception of older people care. It is therefore, this study attempts to examine nurse' perception of older people care and it is influence on nursing practice for hospitalized older people.

From the above discussion, it can be seen that addressing a clear picture of nursing practice for hospitalized older people is needed to meet existing demands of older people care as well to increase professional view of nursing older people. Nevertheless, there still a limited study exploring nursing practice for hospitalized older people and associated factors such nurses' characteristics, ageism and perception of older people care. This study aims to explore the relationship between nurses' characteristics (age, gender, education, and experience), ageism and perception of older people care on nursing practice for hospitalized older people in Bandung City, Indonesia.

Objectives of the study:

1. To identify nursing practice for hospitalized older people in Bandung City, Indonesia
2. To examine the relationship between nurses' characteristics (age, gender, education, experience) and nursing practice for hospitalized older people in Bandung City, Indonesia
3. To examine the relationship between ageism and nursing practice for hospitalized older people in Bandung City, Indonesia
4. To examine the relationship between nurses' perception of older people care and nursing practice for hospitalized older people in Bandung City, Indonesia.

Research questions

The study addressed the following research questions

1. How is nursing practice for hospitalized older people in Bandung City, Indonesia?

2. Is there any relationship between nurse‘ characteristics (age, gender, education, experience), ageism, perception of older care and nursing practice for hospitalized older people in Bandung City, Indonesia?

Conceptual framework

The conceptual framework for this study is constructed based on Benner's work From Novice to Expert and an extensive literature review. Benner's work has been used as a method for investigating how clinical knowledge developed and why it developed differently for each nurse (Altmann, 2007). According to Benner (2000), each person has their own interpretation on how the practice is learned. She argued that nurses' individual characteristics and societal perception would influence them in developing their paradigms of nursing practice. Her original work refers an individual as self-interpreting beings, which develop their own definition through the course of living a life (Benner & Wrubel, 1989). In nursing profession, age differences and advanced working experience may result in a higher level of knowledge and level of practice (Benner et al.1996).

Nursing is widely regarded as a female-dominated profession. It is reported that there was a close relationship between nursing and the "feminine' image of nurturing, caring and gentleness as opposed to masculine attributes (Meadus, 2000; Harding, 2005; O'Lynn and Tranbarger, 2007). In addition, studies showed that gender differences in nursing would influence their care provision toward the patient.

Benner contends that personal knowledge background can interfere with expert practice. Education influences nurses by providing a theoretical and practical knowledge base that can be generated in actual situations. It is suggested that a sound educational foundation combined with experience would expedite the acquisition of skills and reduce the risk of poor judgment (Benner, 2001).

Moreover, Benner' work asserted that nursing practice must be attuned and specific to the person needs. The model proposes that an advancement of nursing practice in a clinical situation would be influenced by nurses' belief of individual patient's behavior (Benner et al., 1996) and the perceptual acuity (Brykczynski, 2002). In the present study, it was hypotheses that nursing practice for hospitalized

older people might be related to individual characteristics or refer to nurses' characteristics (age, gender, level of education, experience), belief toward the patient (ageism) and perceptual awareness (perception of older people care).

Research hypotheses

Based on Benner's Novice to Expert model and review literature, this study aimed to test the following hypotheses:

Hypothesis 1: There is a positive correlation between age, education, experience, perception of older people care and nursing practice for hospitalized older people in Bandung City, Indonesia.

Hyphothesis 2: There is a correlation between gender and nursing practice for hospitalized older people in Bandung City, Indonesia.

Hypothesis 3: There is a negative correlation between ageism and nursing practice for hospitalized older people in Bandung City, Indonesia.

Scope of the study

The purpose of this study is to describe nursing practice for hospitalized older people, and examine the relationship between age, gender, education, experience, ageism perception of older people care and nursing practice for hospitalized older people in Bandung City, Indonesia.

Operational Definitions

The followings are the operational definitions of the variable used in this study.

Nursing practice for hospitalized older people is defined as nurse' performance or activities in providing care for hospitalized older people. It will be measured by the instrument of The Professional Development of Registered Nurse (PDRS), which was originally developed by Hunter (2004).

Nurse' characteristics are defined as the individual character that represent differences of person. There are four nurses' characteristics that theoretically related to nursing practice: age, gender, education level and experience. In this study, nurse' characteristics will be measured by demographic questionnaire.

Age is described as the chronological number of years living since birth of nurses.

Gender refers to sex symbols of nurse. It is divided into male and female.

Education refers to the highest level of education achieving of nursing staff. This study divides nurse' education into 3 levels: SPK 'Sekolah Perawat Kesehatan' (a three-year basic nursing course studying at senior high school level), Diploma nursing program (a three-year nursing course in school of nursing, and Bachelor of Nursing (a five-year nursing course at nursing college or university).

Experience is defined as a number of years working in the nurse profession since graduation from a nursing program to present. This study categorized nurse' experience into: advanced beginners to competent (1-3 years), proficient (4-5 years), and expert (> 5 years).

Ageism is defined as a set of negative beliefs that involve stereotyping and discrimination against people because they are aged. In this study, ageism will be measured by the Fraboni Scale of Ageism (FSA) (Fraboni, Salstone, & Hughes, 1990).

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Nurse' perception of older people care refers to nurses' belief and understanding on older people needs of physical, psychological and social wellbeing within the care process. It will be measured by Nurse' perception of care questionnaire, which was originally developed by Routasalo (2002).

Expected benefits of the study

Gerontological nursing is a growing issue for most ASEAN countries, especially for Indonesia. Through this study, nurse and health care stakeholder will gain information regarding the current description of nursing practice for hospitalized older people. Exploration of factors that related to the practice of nurses working with

older people such as age, gender, education, experience, level of ageism, and nurse' perception of older people care can be used as source of information in developing strategies to encourage nursing intervention focused on older people. Furthermore, the findings may contribute to professional development of Gerontological nursing in Indonesia

CHAPTER II
LITERATURE REVIEW

This review presents an overview about nursing practice for hospitalized older people based on Benner's Novice to Expert theory and extensive literature review. It also describes the factors related to nursing practice for hospitalized older people. The literature reviews consists of 5 parts:

1. Older people in Indonesia
   1.1. Structure of population
   1.2. Ageing trends in Indonesia
   1.3. Health status of older people
   1.4. Hospitalized older people
   1.5. Health care system in Indonesia
   1.6. Health care service for older people
2. Nursing practice for hospitalized older peopleNursing education in Indonesia
   2.2. Nursing practice for hospitalized older people
3. Benner's model From Novice to Expert
   3.1.Skill acquisition
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   3.3.Benner' theory and nursing practice
   3.4.Application on nursing practice for older people
4. Factors related to nursing practice for hospitalized older people
   4.1.Age
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   4.5.Ageism
   4.6.Nurse' perception of older people care
5. Conclusion

1. Older people in Indonesia

1.1. Structure of population

Since the late 1960s, fertility and mortality rates have been declining in Southeast Asia. Indonesia as the fourth most populous nation in the world has undergone a major structural shift in terms of the ageing population. Indonesia's total population and older population are very unevenly distributed across the 33 provinces. Recent report by United Nations Population Fund (UNFPA) revealed that most of the Indonesian population lives in Java Island, where approximately 54% of the population lives in urban areas while the remaining 46% lives in the rural areas (UNFPA, 2014).

Even though, Indonesia has set in the category of having a youthful population, but the number of older people in Indonesia is the highest among other Southeast Asia countries. According to Statistic Bureau's (BPS) data, the number of people aged 60 years and above was 18.1 million, or 7.6% of the total population. The increasing number of older people is projected to increase to 11.8% by 2025 and to reach 15.8% by 2035 (BPS, 2010).

The total fertility rate in Indonesia decreased from 2.23 in 2002 to 2.18 in 2007, and is estimated to decrease further to 2.07 by the year 2022. The average life expectancy at age 60 for Indonesians has increased from 13 years in 1971 to 17 years in 2010. The 2010 Population Census found the life expectancy at birth for Indonesian has increased from 64.5 years to 69.65 years: 72.2 years for females and 68.3 for males. It is projected that by 2050 one in four Indonesians would be classified as an older person. The Ageing index, which is the ratio of older persons per 100 children (under age 15 years), is projected to increase from 26.3 in 2010 to 73.4 in 2035. In addition, the Potential Support Ratio, or the average number of workers who have the potential to support older people, is expected to decline from 13 workers per one older person to only 6.4 workers in 2035. This distinct demographic transition has produced several challenges and issue on how to maintain ageing population health need and care provision in Indonesia.

1.2. Ageing trends in Indonesia

According to Indonesia's Law No. 13 of 1998 about Elderly Welfare, older people are defined as the man or woman in 60 or above. Traditionally in Southeast Asia countries, support for older persons is based on a traditional and cultural norm of filial piety (Fu & Hughes, 2009). The majority of Indonesian people remain strongly attached to the value that a family should take the main responsibility of caring older people. Older people in Indonesia tend to live with children and receive support from them. In a study of older people in Indonesia, it is acknowledged that there were three factors influencing the well-being of older Indonesians (Hugo, 2000). Firstly, traditional support systems no longer guarantee security for the older people. Secondly, the Indonesian government support for the older people. Finally, older people's own resources are not sufficient to compensate for inadequacies in family and state support. It is suggested those conditions would worsen if the older person gets ill or is in need of long-term care.

Older people are slowly facing the fact that their life may depend on others. Social support is considered as a moral imperative for older people, which can be classified into formal or informal support. It is the main obligation for Indonesian government to provide a formal means of social support, such as providing health services which focus on older people, building nursing homes for those neglected from the family, and constructing age friendly environment for older people. From the perspective of informal support, family, friends, neighbor or particular social group are considered to take this role (Kusumiati & Yuliastuti, 2012).

The 2010 Census results found that 54.8 percent of older persons lived with their single or married offspring in one of two basic living arrangement types. These included 18.3% who lived in a two generation, parent and child type 'family' household (with no one else present) and a further 36.5% in which the older person lived together with their children and grandchildren in a multi-generational household (or 3 generations under one roof household with no-one else present). While, about 18.1% of older people lived with their spouse only and 9.8% lived all by themselves.

Even when their families live together with them, older people might not receive sufficient care they need from their family members. A study of factors affecting the lack attention to older people family support in Sragen, East Java

showed that job demand, changes of older people behavior and the increase of dependency were related to the low level of family support (Pratama, 2009). Previous study demonstrated that a family with low level of economy is associated with the low level of support to older people (Pratiwi, 2009). It has been argued that families are less likely to get professional training or consultation on how to provide appropriate care (Arifianto, 2006). This situation becomes problematic for older people with chronic problem and functional decline who require more specialized care, and would not carry out by informal caregivers.

Similar with other developed countries, the trend of older females outnumbering older males will continue to meet, as a consequence of females having longer average life spans than males. It is reported that nearly 54% of Indonesia's oldest old are women and this proportion is expected to increase to 64% by 2030 (UNFPA, 2014). This phenomenon often referred as the feminization of aging, which means that the number older women are significant as compared to older men. This phenomenon is a two-edged sword-on the one hand it is rewarding for women in overcoming mortality from both communicable and chronic conditions, yet on the other hand, older age highlights a period of social isolation and economic adversity.

Evidence showed that in terms of marital status, labor force participation and educational attainment, older women are likely vulnerable than older men in Indonesia (Abikusno, 2007). Recent report showed that there was a significant gender differential in educational attainment among older people. It was reported that 39% older women had never been to school, and only 23% older men had not any education (UNFPA, 2014). Women from age 65 onwards are significantly more likely to be widowed than to be married. At age 75 or older, only 16.19 percent of women are still married. In addition, the majority of older women prefer to stay alone after losing their spouse compare to older men. A qualitative study by Kreager and Schröder-Butterfill (2008) pointed out that in some ethnic groups in Indonesia only men are allowed to re-marry in the case of death of their spouse, while women are not As the result, a higher proportion of older women tend to live alone: 14.6 percent women compared to 4.2 percent of men.

The main caregiver for Indonesian older people is usually the female spouse or daughter who lives with the elder parents. Levels of education among

women are increasing, which may influence them to work outside the home. The younger generation, who has broader job opportunities and benefits from technological changes are likely to move out and are no longer live with their parents. Previous study argued that the secular processes of development and commercialization also tend to diminish the availability of familial support by promoting the out-migration of better educated children and those seeking formal sector employment, especially from rural areas (Do-Le & Raharjo, 2002). There is likelihood that the children might be unable to fulfill a role as their parents' caregivers in times of need.

In addition, the family planning program by the government may threaten the availability of support to older persons if fertility falls to very low level. In 2010, about 12.6 percent of older persons aged 70-79 years and 13.9 percent of those aged 80 years and more, live alone (UNFPA, 2014). While urbanization and migration is increasing, more family members (especially young adults) may not live in the same household or in the same area, leaving the older people in risk of being neglected.

Another potentially issue that faces older Indonesia is the financial security. With adequate income, older persons can maintain their well-being and meet their basic needs including access to health services as well as participation in social life. Since as they grow older, the elderly are less and less able to work, their income depends more on the results of their previous employment and the support provided by others. Older people works in the informal sector, which comprise approximately two-thirds of the Indonesian labor force, are largely excluded from any pension schemes. It is widely known that informal employment is lacking in social protection. Older Indonesian will have limited old-age income security (Anata & Arifin, 2009). In the absence of adequate pensions, older persons in Indonesia are confronted with increasing prospects of poverty.

In the past, elderly Indonesians could rely on the support of their extended families, both as caregivers at the time they experience health problems and also as providers of supplemental financial support. Older person who come from better-off families, transfers of cash or assistance in-kind may be possible. Meanwhile, poor older persons would come mostly from their children, who most likely are also poor.

Older people, especially those in their 70s and those aged 80 and above, have the highest poverty rates among the population groups (Howell & Priebe, 2013).

As a result of these shortcomings, the older Indonesian increasingly has to turn to third-party institutions for their care. These services could come from the government or the private sector, both for-profit and not-for-profit (e.g. nursing homes and hospitals/clinics). Since 1990, Indonesian government attempts to enhance the health care support for older people, which were delivered through social nursing homes, and home care. The nursing homes facilities are managed by the Ministry of Social and private sector, including community and social organizations. However, the availability of third-party infrastructure and long-term care plan in Indonesia is still limited and underdeveloped.

In summary, the cultural norm of Indonesian society put a higher respect of older person, however the changes in socio-economic and familial aspects would potentially threatening the health and social wellbeing of older people.

1.3. Health status of older people

In 2012, a study conducted by Arifin, Braun and Hoegervorst attempted to explore the knowledge of the ageing population in Indonesia. The study used data of older persons aged 60 and above are from the 2005 Intercensus Population Survey. The researchers reported that the functional ability of Indonesian older people is quite good, with more than 80% of older persons not needing help with any of the Activities Daily Live (ADL) or Instrumental Activities of Daily Live (IADL) tasks. It is demonstrated that Indonesian older people actively participate in their communities, although the degree of active participation needs to strengthen. In addition, the findings also noted that many older people do not practice a healthy lifestyle: only 1.7% of elderly men and 0.7% of elderly women reported engaging in exercise

The prevalence of diseases in the ageing population has generally increased over time. According to Indonesian Family Life Survey (IFLS), this population is likely to experience chronic health problems (Witoelar, Strauss & Sikoki, 2009). In 1995, it was reported that the morbidity rate among people aged 60 years and over was about 9.2%. Further survey reported that from 2005-2012, the morbidity rate among people aged 60 years and over was 26.93% (Statistic Indonesia, 2013). Hospital Information System Report (2010) pointed out that the 10 leading cause of

outpatient health problems were come from older people. In accordance to other study, it is demonstrated that older people have higher rates of chronic illness than younger individuals, with more than 70% having chronic cardiovascular conditions, 14–37% having chronic respiratory, gastrointestinal, endocrine, musculoskeletal or nervous system disorders, and has more than one chronic condition (Naughton, Bennett, Feely, 2006).

Previous study in West Java province revealed that three-quarters of the aging population suffered from chronic and degenerative diseases (Hatmadji, 1999). A study on the socio-economic conditions of older people in Yogyakarta, found that 52.1% of their respondents complained of suffering health problems (Listyaningsih, Sukamdi & Faturochman, 2000). It was noted that many elderly Indonesians were ailing from chronic diseases such as hypertension, arthritis, ulcers, and back pain (Koesoebjono & Sarwono 2003). Similar findings are also observed in a study of three provinces in Indonesia, namely West Java, East Java and West Sumatra. It was revealed that almost 36.2% of older people have health problems such as rheumatism, and headaches (Indrizal, 2004). Thus, it appears that an ageing population could generate a geriatric wave- an unprecedented increased in hospitalized older people, which require more care and service (Rahardjo et al., 2009).

According to Susenas (2012) the most common health complaints reported by Indonesian older persons are fevers (7-10%), coughs (13-23%), and colds (10-12%). The most common non-communicable diseases are asthma (5-6%), heart disease (3%), rheumatism (30-35%), hypertension (18-24%) and cataracts (5-6%). The incidence of disability among older people is at 27 percent, higher compared to other population. With ageing, the likelihood of disability increases and hence the increasing need for long-term care and facilities to accommodate older persons' gradual loss of function. The proportion of the older population reporting a disability such as loss of sight, loss of hearing and inability to climb stairs was higher among older women compared to older men (UNFPA, 2014).

On the same time, the changing of family structure and migration of children is resulting in the gradual weakening of informal support systems, in which may increase dependency of third party sector or health care profession as another support system. The options for older people with disability and lack of family

support are likely either being institutionalized or ageing within the confines of one's own home (ageing in place). Hence, there is a growing concern for alternative care arrangements involving paid professionals and institutional care.

However, the ideas of residential aged care are not popular because they are considered expensive to run and have limited coverage. Family of older people hesitate to use nursing homes, because most Indonesians consider it is shameful to send their older relatives to a nursing home, especially if there are still family members who could provide care. Nursing home programs were mainly focused and prioritized on the neglected, sick elderly who cannot live without support, or those who live in the poverty (Depsos RI, 2008; United Nations, 2011). Subsequently, family members and older people are likely relying on formal health care services such as a clinic or hospital.

Health-related resources available to older people who have health problems in Indonesia are limited, even if this group occupied a high level of education, their health care options may be restricted (Kaneda & Zimmer, 2007). A report of Madrid International Plan of Action on Ageing in Indonesia revealed that the training of older person caregiver is an essential need for frail older person, however, the implementation are not yet popular. Even though the numbers of hospitalized older people are increasing, all care providers had not received training on Gerontology. In addition, Gerontology course or training for health care providers has not routinely organized within the hospitals in Indonesia (Rahardjo, 2007).

Kadar et al (2013) conducted a study of ageing population in Indonesia and the associated implication on the current level of health care support provided for the older people wellbeing. The findings revealed that the health status of ageing population was challenged by increased disease, and limited resources to implement effective care plan to support this group remain healthy and independent. The study argued that health care providers should be able to adopt the appropriate knowledge, skills and attitudes toward older people. However, it has been argued that there was no clear direction from the National Health Department to the health service providers to target and implement program that meet the needs of older Indonesian.

1.4. Hospitalized older people

Hospitalization is often an inevitable option for older people obtaining healthcare (Kirchheimer, 2009), and associated with a negative impact on their health outcomes (Covinsky, et al. 2003). Hospitalized older people were characterized with chronic non communicable diseases, cognitive impairment, functional status changes, and frequently accompanied with nutritional problems (Soejono, 2008). Studies show that hospitalization cause significant health risks for older people such as complication unrelated to the problem that cause admission (Hancock, 2003); experience more functional decline (Covinsky et al., 2003; Boyd, Xue, Guralnik & Fried, 2005); increase in length of stay, cost, morbidity and mortality (Iwata, Kuzuya, Kitagawa, & Iguch, 2006). Hospitalized older people require care that can be complex since health care professionals must address not only the acute problems but also the chronic conditions associated with aging (Ironside, McLaughlin, King & Mengel, 2010).

Researcher argued vulnerable older adult comprise 37% of hospital discharges and 43% of hospital stays (Hall, DeFrances, Williams, Golosinskiy & Schwartzman, 2010). According to Institute of Medicine report (2008), healthcare services for older people should be reorganized with the older patient as the center, and provide healing relationships that include patients' choices and control. On the other hand, hospital systems are not structured to care for older adults. Several studies showed that health care services were designed for efficient and rapid recovery of younger peoples' acute illnesses and thus might not meet the needs of an aging population with chronic illness who often require more time for recovery from acute illness (Chappell, Gee, McDonald, & Stones, 2003; Sellman, 2009; Siu, Spargens, Inouye, Morrison, & Leff, 2009). As the result, many hospitalized older people will be dependent on others for help with mobility on admission, whilst others will develop mobility dependency during their stay (Kneafsey, Clifford, & Greenfield, 2013).

Despite the fact that older people constitute the majority of hospital consumer and associated problems related to hospitalization, the current model of care

provision for hospitalized older people have not met older people's need (Cheek, 2003). Moreover, age-related physiological changes make their needs becoming more complicated and require specialized care provision (Graf, 2006).

Previous study by Min et al (2005) examined the predictors of overall quality of care provided to vulnerable older people among 362 community-dwelling patients aged 65 and older. The study found that older patient require time consuming processes in health care – such as health assessment and history taking, counseling and medication consultation. It was found that older patients with longer length of stay are at risk for worse quality of care and should be a target for intervention to improve care.

There is a global concern that health care providers have to be prepared for specific skills and knowledge that meet the needs of hospitalized older people. It is reported that the contribution of the nurse on care provision of older people is imperative and may improve the care outcome of this group (Drennan et al. 2004). However, other researcher argued that health care providers are not prepared to care for this rapidly growing population because of the continuing shortage of geriatric prepared nurses (Kovner et. al., 2002). Care provision for this group has a low priority in nursing themselves (Smith, 2010).

Bandung City, as the capital of West Java, is the fourth most densely populated city in Indonesia with a concentric urban structure. From 2007 to 2011, the average life expectancy of older people in Bandung city has increased from 73.39 to 73.79 (BPS Bandung, 2010). In the year 2012, the population of Bandung stood at about 2.483.977 persons and, of these, about 231.957 were older people (BPS, 2014). The number of people aged 60 years and above is 9.6% of the total population, which make Bandung as one of the city with a high growing ageing population. According to Bandung City Health Profile (2007), hospitalized older group has the highest mortality rate in the hospital, which caused by degenerative diseases such as stroke. It was reported that he number of hospitalized patients is twice higher (9.16%) compare to outpatient visits 4.6%. In addition, the majority of hospitalized patient prefer to use private hospitals compare to public hospital.

A study of the characteristics of hospitalized older people was performed by Jamal, Hestining and Raharni (2000), in five hospitals in four different cities

(Surabaya, Yogyakarta, Jakarta, and Bandung). The study involved 245 hospitalized older people from 2 classes A hospital and 3 class B hospitals. The findings showed that the majority of older people had hospital stay of 2-6 days (46.53%), and 7-11 days (30%) in both hospitals. In addition, older people with the longest length of stay (12-16 days) were found in class B hospital. It seems that hospitalized older people would have longer length of stay, and most of them would be found in Class B hospital.

In summary, ageing population in Bandung will constitute the largest number of hospitalized patients and are at increased risk for longer length of stay and the adverse effects of hospitalization. Nurses as the major health care worker in the hospital are required to fully understand their own practice in caring for older people (McCormack & Ford, 1999; Meyer & Sturdy, 2004). It is therefore ensuring an appropriate and professional nursing practice for this group is a priority.

1.5. Health care system in Indonesia

Indonesia has 34 provinces and each province is sub- divided into districts and each district into sub-districts. Since 2001, Indonesian government implemented a political and administrative decentralization under which the responsibility for health care services was transferred to the local government. The decentralization policy governs the responsibility of the central hospital to the national government,while provincial government manage the provincial hospitals (both government and private) and district and municipality governments for their level of hospitals (government and private) (World Bank, 2003). Ministry of Health obligates to provide, manage and control health affairs in the country. National Health Development Program is based on a primary health care concept: the community health center is the basic health care facility, supported by hospitals and other community based health care facilities.

According to Ministry of Health (2004), the primary health centers focus on health promotion, sanitation, mother and child health and family planning, community nutrition, disease prevention, and minor emergencies. Primary health care is delivered through a network of 9321 community health centers or known as ‘Puskesmas’, as well as through the part-time private clinical practice (Ministry of Health, 2012). A community health center has the staff of at least one physician (general practitioner), several nurses and midwives, other health related personnel and administrative staff.

They operate as referral points for district and provincial hospitals, as well as for specialized facilities and other private hospitals. Each sub district has at least one community health centre, which is linked to a series of sub-centres called Puskesmas pembantu (Pustu) and Integrated Health Post Service (Posyandu). Pustu has at least one nurse or a midwife plus a few administrative staff to provide a very basic health services and preventive program to the community.

As secondary or tertiary health care facilities, hospitals service in Indonesia is characterized by a blend of two sectors: public (or state) and private. Most hospitals in Indonesia are under Ministry of health, while other hospitals are held by other ministries or institutions such as Ministry of defense, state-owned company and private sectors. In 2012, there were 2081 hospitals registered in Indonesia, 1200 or 58 per cent were in the private sector, while the remainders were in the government sector (Direktorat Jenderal BUK, 2012).

Indonesian hospitals are classified according to number of beds and specialist services available. Type A hospital designed to deliver specialized referral centers and higher capability (minimum 400 hospital beds). The hospitals provide, at a minimum, four basic specialist services (internal medicine, pediatrics, surgery, obstetrics-gynecology), five medical support specialist services, twelve other specialist services, and thirteen subspecialists services. Type B hospitals, with minimum 200 beds provide extensive medical services and limited sub specialists at provincial level. The minimum service is four basic specialist services, four medical support specialist services, and two subspecialists' services. Both hospital type A and B are often used as a teaching hospital. Type C hospitals with 50-100 beds are designed to provide four basic specialist services in internal medicine, obstetrics and gynecology, and pediatrics. Type D hospitals are the lowest level hospital. They provide basic medical facilities and have less than 50 beds. Both type C and D hospitals are located in rural areas and owned by the district government.

The government funds public hospitals and primary health care facilities, across Indonesia. While, private hospitals and clinics are managed by private companies and individual organizations. The public system has different levels of care, from Class 1 to Class 3. Class 1 patients usually have some health insurance and receive the maximum resources that a public health system can provide. Class 2

patients receive a lower level of service but still acquire costs. Class 3 covers the poorest people, who have free health-care but minimal access to resources.

In implementing health care service, care providers should comply with the health regulations and standards that are established by the health policy makers and academicians. On the other hand, various studies reported that the decentralization has not yet significantly improved the performance of the health system (Heywood & Choi, 2010; Utomo, Sucahya & Utami, 2011). In 2006, Kristiansen and Santoso conducted a study of the impact of decentralization on health care service in Indonesia. The researcher argued that several issues faced the Indonesian healthcare system, such as setting the standards, health care resources, funding and monitoring outcomes. Other researcher argued that information required for health development planning, implementation and monitoring, in particular at local levels still limited (Utomo et al., 2011). In addition, the practical guidelines of health program implementation are lacking, and if available, they are not properly distributed and used at services levels. Consequently, the situation is likely affect the variation of nursing practice implemented within health care settings.

1.6. Health care service for older people

Before 1994, the Indonesian government did not give much attention to geriatric services since infection, immunization for children, and high maternal mortality were more pressing issues. Starting in 2002, the Department of Health began to realize the importance of managing elderly people. They funded geriatric training for specialists in several hospitals. Previous study of challenges of ageing population in Indonesia reported that government and health care providers attempt this situation by developing service division in hospitals which exclusively provided health care for this aged group (Noveria, 2006).

In 2009, the Ministry of Health declared that health services for hospitalized older people should be a national priority in the mid-term health service development program from 2010 to 2014 (Soejono, 2010). However, in Indonesia, the presence of nursing practice focus on older people still limited, whereas only 5% of hospital provides specialized care for older people (Pusat Data dan Informasi Kesehatan, Kementrian Kesehatan RI, 2013). In addition, specific policy that regulates the implementation of geriatric service just recently published in October 2014.

According to the Minister of Health Regulation No.79/2014 on the operational of geriatric service, hospitals are required to develop and implement care provision for older people with multidisciplinary approach. There are two main principles in providing Geriatric care which are holistic approach and team based management. Regarding to the holistic approach, health care service for older people is divided into three categories: Community based geriatric service (encourage the role of community in maintaining older people health); Hospital based community geriatric service (support transfer of knowledge from hospital to Community health center); and Hospital based geriatric service (provide an integrated care). However, the law did not explicitly describe the standard of practice of each health care provider in older people care.

Based on the hospital capability, geriatric care in the hospital is divided into four levels:

1) Modest level (sederhana), consist of outpatient and home visits (home care).

2) Adequate level (lengkap): This level of care at least consist of outpatient care, acute inpatient care, and home care

3) Optimum level (sempurna): The geriatric service in this level at least offers outpatient, inpatient care, home care and day care clinic.

4) Integrated level (paripurna): This level of care comprises of outpatient care, day care clinic, acute care, chronic care, psychogeriatric service, respite care, home care and Hospice.

In summary, health care service focused on older people are recently become the focus in Indonesia health care system. However, the reliability of existing practice is still lagging in Indonesia (Schroder-butterfill & Fiththry, 2012).

2. Nursing practice for hospitalized older people

2.1 Nursing education in Indonesia

Health care services require nurses with advanced knowledge and skills who are able to adapt with the increasing complexity of health care. Nursing education is categorized into basic education (designed to produce

nursing professionals), and continuing education. The Indonesian government is dedicated to improve the standard and level of nursing education. According to Indonesian Nursing Act No. 38/2014, nursing education is categorized into three groups: vocational education (nursing diploma program), academic education (nursing degree program, consist of Bachelor, Master degree and Doctoral Degree) and professional education (nursing specialist program).

In Indonesia, nursing workforce could be divided based on their educational background. These categories are nurses with a high school diploma or known as SPK "Sekolah Perawat Kesehatan"; nurses with three-year technical diplomas (D3); and those with academic education either at Bachelor degree or graduate degree. The SPK program was originally created in 1950. It is a three-year basic nursing course, which the students enter from junior high school. In 1997, the Indonesian Ministry of Health established the minimum educational standard for nursing entry to practice as Diploma of nursing. Subsequently, all nursing schools offering this program were upgraded to offer diploma level by 1997. However, it is noted that around 60% of nurses who work in hospitals were from the SPK program (Hennessy, Hick, Hilan & Kawonal, 2006).

The Diploma nursing program, started in 1962, is a three year nursing course where the students come from senior high school. It is suggested that graduates from this program are the second largest group of nurses and account for 40% of all nursing students (Irawaty, 2013). The Diploma program is intended to produce graduates who can function effectively and efficiently in health care settings. The content of the diploma nursing curriculum consists of 80% of the national content, which means that all nursing schools provide the same content and 20% local content so each school may provide different content depends on local needs.

The Diploma curriculum composed of 110 to 120 credits, which can be divided into 30% theory and 70% practice (laboratory, clinical and community setting). The subjects consist of three major areas supporting theoretical science, professional nursing subjects, and clinical nursing subjects. The Diploma degree can be fulfilled within 6 semesters, and the maximum is 10 semester. Nursing practices course from semester 1 to 4 are fulfilled by simple nursing practices, such as taking

temperature or measuring blood pressure of patients. Afterwards, the next semester 5 and 6, the students are required to conduct comprehensive practices.

In 1985, the Bachelor of Nursing program was initiated, as the result of the cooperation between the Department of Education and Culture and other related institutions. This program is a four-year nursing course which is divided into two pathways. The first is Regular program who graduated from senior high school. Secondly, the extension program for students who have completed a Diploma of Nursing, and takes five semesters. Nursing education curriculum on Nursing Bachelor consists of 70% theory and 30% practice (laboratory, clinical and community setting) during 4 years.

Since 1996, the Ministry of Health recommended that Baccalaureate program as the minimum educational preparation for entry into nursing professional practice. Later then in 1998, internship program or refer to 'Ners Curriculum' was developed as a continuing program of academic stage in nursing bachelor degree. It is a national curriculum for nursing students that consist of two stages, namely the academic and professional stages. The curriculum was arranged and controlled by The Association of Indonesian Nurse Education Center (AINEC) and the Indonesian Nursing Board. The Ners curriculum covers minimal 144 credit hours for 4 years education in academic phase and 25 credit hours or one year in profession phase. The core curriculum consists of 70% theory and 30% practice (fundamental practice, nursing laboratory and clinical practice). During the professional stage, the student undertakes clinical nursing practice in nine different settings (pediatric, maternity, medical surgical, psychiatric, family nursing, community, gerontic, emergency nursing, and management) with differing lengths of practice periods.

A variety of economic, educational, and professional trends are fueling the demand for nurses with advanced degrees (master's or doctorates). Graduate nursing program, started in 1998, offers two program studies: Master program and nursing specialist program. The Master program curriculum consist minimum of 36 credit hours to maximum 50 credits. It takes four semesters for Master program and another two semesters for nurse specialist. The program offers some of the following areas: leadership and nursing management, pediatric nursing, adult nursing, psychiatric nursing, and community health nursing. Currently, graduates of Bachelor of Nursing

course account for 5 percent of the nursing workforce. The highest nursing education program is Doctor in Nursing education, which is launched in 2008.

The Indonesian government has worked towards enhancing the quality of nursing by improving the standard of nursing education and providing scholarship for continuing education among health professions. Nevertheless, these improvements had overcome some barriers such as: the accreditation system of a number of nursing schools still underdeveloped and there is lack of competency-based system to certify graduates (Shields & Hartati, 2003). Although some regulatory systems have been established, such as systems to accredit medical, midwifery, and nursing schools (whether private or public), the professionals capable of performing accreditations are in short supply. Recent report of Mid-level health workers for delivery of essential health services showed that the regulatory framework governing the quality of these activities is weak (Global Health Workforce Allience, 2013). As the result, there is a lack of control in the rapid growth of new schools without a proper credentialing process. Based on National Accreditation of Higher Education data, from 603 of nursing program study only 122 of them was accredited (Directorate of Higher Education, 2010).

In most western study, the educational preparation of nurses to care for older people has an increased attention from their government. According to Institute of Medicine Report (2008), nursing schools must employ geriatric-prepared faculty in order to facilitate an increase of nurses specializing in geriatrics. However, it is revealed that a large portion of nursing schools still lack of faculty members certified in Gerontological nursing (Franklin et al., 2011). Berman et al (2005) examined the comparison of Gerontological nursing content in Bachelor Nursing Program from 1997 and 2003. The researcher argued that there has been a significant shift in Bachelor nursing curriculum toward incorporation of nursing older people content in a greater number of nursing courses. However, the study argued that less than 1% of nurses are certified in Gerontological nursing.

In accordance to Indonesia Government Policy No 19/2005 of the Standard for National Education, the minimum standard for Bachelor program educator should at least have Master degree background. However, the current situation showed that most of nurse educators have Bachelor degree education background.

This condition has caused constraints for nurses educators in taking roles of teaching, and guiding their students. It seems that the nursing school in Indonesia is still lagging of faculty members certified in Gerontological nursing.

The development of nursing education that focus on older people is often overlooked in Indonesia. The Indonesian' nursing curriculum is still dominated by the bio-medical concept focusing on disease processes and the curative treatment. The Gerontological nursing course in Indonesia is still given under the scope of community nursing. It appears that the focus of Gerontological education will be located in the community setting. This is quite concerning given the rapid growth of older patient in the clinical setting.

2.2 Nursing practice for hospitalized older people

Nursing is defined by its societal obligations, goals, values, ethical framework, knowledge base, discipline-defining theories, and the skills it uses to meet the health needs of the people it serves. It is suggested that nursing is not only the skills but it is the perspective in which the intervention is performed that defines the work of nursing (Donnelly, 2003). According to Spichiger, Wallhagen and Benner (2005), the common understanding of practice is related to the performance of customary actions in a proficient manner that requires ongoing performance for its maintenance. Nurses must learn to clearly articulate their knowledge and expertise with others in order to help patients and to improve their own professional status. They need to be reflective about their own practice, as a means to develop new knowledge about the effectiveness of their intervention with patients.

The increasing number of older people is placing demands for diverse health care services. Older people health needs are complex and multifaceted, and the focus of care provision depends on the setting in which the nurse practices. Nurses working in hospitals are likely to care for older people, even if they do not specialize in geriatrics, since about half of all patients in this setting are older. A systematic review of older people's and the relative's experiences in acute care setting study argued that the actions of health care providers would impact to the experience of patients and relatives (Bridges, Flatley & Meyer, 2010). Nurses should demonstrate a high level of proficiency and strive continuously to improve care provision by shifting the goal from an acceptable range to one of excellence. They need to be responsive to the

patient' needs and their careers to enable optimal health outcomes for hospitalized older people (Hancock et al. 2003; Davidson et al. 2004).

Nursing practice for older people appears as an important part of primary and secondary care delivery, which plays a major role in the work of hospital nurses. Studies reported that nurses have developed beliefs and practice of their works with older people, yet there has been limited attention to the condition upon which such care for older people is delivered (Brown et al., 2008; Phelan, 2010). Care provision for older people is recognized as a nursing specialty requiring specific professional knowledge, and skills (Phelan & McCormack, 2012). Nursing practice for older people involves excellent assessment skills, ability to work with multidisciplinary teams in partnership with family and careers; skills in acute and rehabilitative care; leadership, management, supervision, and delegation skills (Touhy & Jett, 2012).

As a professional health care provider, nurse is committed to promote optimal care and maximize function of older person through knowledge and respectful practice, and professional regulation. Nursing for older people is a dynamic interaction between the client and nurse to achieve health and wellbeing. Nursing practice for older people is delivered in accordance with standards developed by the profession of nursing. In 2001, the second edition of the Scope and Standards of Gerontological Nursing was developed by the American Nursing Association (ANA) Division of Gerontological Nursing Practice. The standard for clinical care includes assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The standards of professional Gerontological nursing performance consist of quality of care, performance appraisals, education, collegiality, ethics, collaboration, research, and research utilization (American Nurses Association, 2001). In Gerontological nursing practice, nurses collaborate with older person to promote well-being, optimize functional abilities, and act as advocates for clients. The practice of working with older people should incorporate with research findings to meet the client' goal and expected outcomes.

According to Nursing and Midwifery Council (2009), there are three main elements in care provision for older people. Firstly, nurses are required to be competent, assertive, reliable and dependable, empathetic, compassionate and kind. Second is the processes of delivering care which promotes dignity by nurturing the

older person' self-respect and self-worth. This is achieved through communicating with older people and listening to what they say, assessment of health need, respect for privacy and dignity, partnership working with older people, families and colleagues. Third is a place which is referred to the diverse environment in which older people receive nursing care and ensuring a commitment to equality and diversity, that is appropriate, adequately resourced and effectively managed.

The practice of nurses working with older people requires empathy, compassion, and sensitivity, along with the ability to look beyond the physical condition to the bigger picture. It is reported that the importance of ensuring the care provision for hospitalized older people is underpinned by four key elements: 1) communication, 2) respecting the privacy and dignity of each older person, 3) empowering the individual to maintain their autonomy and independence, 4) nutritional support (Francis, 2013). Nursing practice for older people should include offering support and encouragement, with the goal of maintaining independence, individuality, and autonomy. Older people should be afforded the same level of expertise and caring as any other group.

A qualitative study of 20 registered nurse' experiences of caring for older patients were conducted by Fagerberg and Kihlgren (2001). The researcher found that the ability to care for their patients in individualized ways as being important. However, when the patients were confused, nurses were unable to provide this care. The findings also stated that trust, commitment and knowledge of ageing were also seen as a valued aspect of care. It is concluded that good nursing practice involves the courage to look after the patient's interests and questions other health provider's instruction if those suggestions were not in the best interests of the patient. Previous study found that awareness and implementation of the latest and best evidence of knowledge and skills are important in providing care (Coulon et al., 1996).

Nurses have responsibilities to provide practice that encompasses the health, clinical and social needs of older people. On the same time, collaborative and consultative practice can improve the quality of older people's lives. Despite the level of complexity of older people care, the professional practice of nurses working with older people seemed undermined and eroded by the overuse of unqualified, non-

registered care workers (Ford & McCormack, 2000). There is a need for this practice to be communicated both to the public and to the decision maker.

A review of literature related to interventions to improve the management of older people in acute care settings, suggested that development and evaluation of nursing practice are needed to meet the need of acutely ill hospitalized older people (Hickman, Newton, Halcomb, Chang, & Davidson, 2007). It is reported that an examination of nursing practice for older people and related factors is critical to ensure safe care provision for hospitalized older people (Lawton et al., 2012). Nursing practice for older people would improve care processes and outcomes of hospitalized older people (Mion, 2003; Future Hospital Commission, 2013).

A study in a clinical setting in Taiwan found that the main concerns for health care providers in caring for older people are physiological issues due to the influence of the medical model, which overemphasis the treatment of illness rather than the provision of holistic care (Koch & Webb, 1996; Yeh et al., 2001). Recent study argues that nursing practice for hospitalized older people still perceive as simple, easy, and anyone can do it since it really just 'common sense' (Parke & Hunter, 2004).

In 2007, a study was conducted by Hunter, McMillan and Conway to explore the professional development of nurses in residential aged care. The researcher arguedthat the expanding role and complex nature of nurse in elderly care require a clear description of nursing care for older people. However, nursing practice for older people still likely hidden from both the public and the professional view comparable to the more high-tech of health care service. The researcher noted that there is a growing expectation for nurses to perform at advanced level, and use a range of sophisticated skills in critical thinking, problem solving and reflective practice. In order to provide care for older people, nurses should view themselves as autonomous, action orientated, reflective practitioners who are accountable for their actions

Further study by Hunter and Levett-Jones (2010) demonstrate a comprehensive description of nursing practice for older people, which is consistent with the description of Gerontological nursing from Australia and other international studies (Dewing & Traynor, 2005; Kelly, Tolson, Schofield & Booth, 2005). It is

reported that nursing practice for older people includes several aspects: person-centred care and an enabling model of care, establishing equity of access to health care services, therapeutic interventions, incorporation of evidence into practice, integration of research into policy and practice, provide feedback about older person' responses and working collaboratively with health professionals and agencies (Hunter & Levett-Jones, 2010).

The previous study by Hunter and Levvet-Jones study aimed to examine the contemporary description of nursing practice for older people in long term care aged facilities. The concept of long term care aged facilities is still far from the reality in Indonesia. In fact, long term care facility such as residential aged care is considered expensive and nursing homes focus on neglected or homeless older people. In Indonesia, older people would prefer to take care in a hospital setting rather being institutionalized in aged care facilities. It has been argued that there was a limited standard instrument that could be used to describe nursing practice for hospitalized older people. However, looking into the content of the performance of nursing activity questionnaire, this study assumed that the instruments would be suitable to measure nursing practice for hospitalized older people.

Nurses comprise the largest health worker category in Indonesia, accounting for around 44% of health staff in government hospitals, 35% in health centers and sub health centers and 39% in private hospitals (Saha, 2006). There is around 50 percent of Indonesia's nurses graduate from "Sekolah Perawat Kesehatan" (SPK). It is a three year basic nursing course at senior high school level. The majority of care in hospital is carried out by nurses who hold Diploma III, some have only a junior high school education or known as SPK, and fewer than 2% of nursing staff hold a bachelor's degree.

The Ministry of Health (MoH) standard for nursing staff in primary health care is six nurses for each regular community health centre (Puskesmas), and ten nurses for each Puskesmas with beds. While, the standard for hospital types A and B is one nurse for every bed, and for types C and D hospitals, two nurses for every three beds (World Bank, 2010). However, it has been argued that there was limited and reliable information about the distribution health care providers who work in public care and private practice (Heywood & Harahap, 2006).Recent study revealed that

around 58% of nurses working in clinical areas were Diploma qualification, 34% were SPK, and only 4.5% had Bachelor background (Sekarsari, 2013).

Unlike other countries in the Asian region such as Malaysia, Singapore and Thailand, Indonesia still in progress in developing a central registry for nurses. A report on the provision of health service in Indonesia reported that there were 682 nursing colleges, most of which are privately owned (Rokx et al., 2010). The researcher argued the regulatory framework for licensing these schools and certifying their graduates is considered by many to be inadequate, giving rise to nurses who lack the basic skills to carry out their roles. Further studies indicated that this condition resulted in no standardization of levels of competence or practice skill which create the potential for substandard care delivery (Lock, 2011; Sekarsari, 2013).

Nursing in Indonesia attempted to improve their professional status among health care workers. The standard of nursing practice is generally conducted based on nursing care plan. According to the recent Nursing Act No 38/2014, nursing practice refers to the activities of nurse based on nursing care plan. In carrying out their practice, nurses have authorities: to perform holistic assessment, determine nursing diagnosis, develop nursing care plan, implement the care plan, evaluation, referral process, give emergencies care based on competency, consultation and collaboration with other health care providers, provide health promotion, and undertake the management of medication to the client in accordance with the prescription from medical staff. It seems that nursing practice for older people are still performed based on nursing care plan.

It is reported that Indonesia has developed and implemented the clinical ladder system. The aim of this system is to train and encourage nurses to become leaders and consultant. This system divided nurse into five level beginners, advanced beginner, competent, proficient and expert (Sekarsari, 2013). However, it is argued that not all hospitals implementing this system.

In Indonesia, health-care professionals are highly respected and commonly come from the higher class of society. However, the hierarchy of social status also influence to the professional status of nursing practice. It has been argued that nursing

has a lower social status than other health professions (Dewi, Evans, Bradley, Ullrich, 2014). As the result, nurses appear to have little independence in how they deliver nursing care and determine patient needs (Shields & Hartati, 2003).

The majority of health-care services in Indonesia are based on a conventional model of care. Conventional care is related to the delivery of care based on routine activities and tasks. While, the standard of nursing practice varies greatly within health care settings, which are dependent on the type of hospital, nurse' educational level and the general philosophy of the institution (Shields & Hartati, 2003). Other studies indicated that nurse practices have the largest quality deficiencies across all types of care: prenatal, child curative and adult curative care (Barber, Gertler & Harimurti, 2007).

Researcher argued that Indonesian nurses had a lack of formalized definition of their role and competencies for nursing practice (Hennessy, Hicks, Hilan & Kawonal, 2006). It is appeared that Indonesian nurses have limited clinical knowledge or experience to provide high-quality contemporary care and therefore tend to provide routine care based on ritual and common practice (Hamlin & Brown, 2011).

Recent study conducted by Kadar, McKenna and Francis (2014), using mixed method data collection aimed to explore program and services offered to support older people in promoting their wellness in Gowa District, Indonesia. The findings indicated that health care program for older people were limited due to the financial and facilities. The healthcare services provided by health staff at Community health centre were focused on curative care, rather than prevention and health promotion activities. The researcher found that human resources issue such as the educational background of nurses is often insufficient for older people care. Moreover, the study argued that studies of health care program and services for older people are lagging in Indonesia.

The practice of nurses working with hospitalized older people seems demanding and challenging, but ultimately rewarding. On the other hand, the actual intervention has been as low priority within nurse, seemed overlooked and might be influenced by societal perceptions (Ford & McCormack, 2000). The situations above could conceivably affect how the nurses interpret their professional role and

performance in providing care. Consequently, this may have a deleterious impact on both patient well-being and professional credibility (Hennessy et al., 2006).

As the major providers of clinical education and practice knowledge to the next generation of nurses, nurse who works in hospital need to reorient their thinking about their own practice toward hospitalized older people (Jones, 2005). Other studies argued that nurses are required to fully understand their expanding practice to ensure recognition from nurses and others of their contribution in caring for older people (Meyer & Sturdy, 2004). Since policies of older people care and nursing are recently published, there is limited information or studies related to the practice on nurses working with hospitalized older people. Given the increasing number of ageing population in Indonesia and the complexity of older people care, it is imperative for nurses working in the hospital to clearly articulate their attitude and practice in order to help patients and to improve their own professional status. Therefore, this study aim to explore nursing practice for hospitalized older people and associated factors, in Bandung City, Indonesia.

3. Benner's Theory From Novice to Expert

3.1 Skill acquisition

The role and functions of nursing in a hospital or acute care settings have grown so complex that it is no longer able to standardize or routine practice. An increasing demand of shorter hospital stay and continuity of care would gain the need to develop a skilled care. Benner first introduced her theory From Novice to Expert in 1981, as an adaptation of the Dreyfus Model of Skill Acquisition by describing the structure of nursing knowledge acquisition. In the Dreyfus model, the practitioner is assumed to dwell with increasing skill and finesse in a meaningful, intelligible, but changing world.

Benner model attempts to define skill and skilled practice as mean implementing nursing intervention and clinical judgment skills in actual clinical situations. Benner and her colleagues have focused on articulating skill acquisition processes and competencies of nurses in critical areas. It is suggested that nurse competence has developed over time as the nurse progresses from novice to expert. Competence is described as the ability to perform nursing tasks with the integration of

knowledge to achieve desirable outcomes. Skills are defined as nursing interventions and clinical judgments applied in actual clinical situations (Benner, 2001). It is suggested that the development of skill is complex and situational rather than being a trait or talent because the focus is on actual performance and outcomes in particular situations.

3.2 Model of skill acquisition

Based on Dreyfus model of skill acquisition, Benner describes nurse as a practitioner at different level of skill in different areas of practice based on the particular background experience and knowledge. The following are the five levels of skill acquisition as described by Benner (2001).

Stage one – Novice The novice stage occurs in areas on which the nurses have no experiential background or understanding of the clinical situation. Novice nurses can be new graduates entering the new profession or nurse entering new clinical area where they have little to no experience (less than six months) with environment. The novice nurses must recall what was learned in the academic setting in order to make assessment and decision regarding the clinical situation. Subsequently, they use universal rules and protocols to guide their task performance, and make judgments based on didactic theory with limited practice in clinical situation.

Stage two-Advanced Beginners The advanced beginner starts to integrate real situation from previous observation into the decision-making and treatment of their clients. Nurses who have worked in the clinical setting for six or to twelve months were considered as advanced beginners. They demonstrate marginally acceptable performances but still need mentoring and support by competent level nurses to ensure that important patient needs do not go unattended. The advance beginner has a heightened awareness of any feedback on performance and pay close attention to the practice of colleagues.

Stage three- Competent The competent stage is typically a time of a heightened planning for what are now more predictable in the futures. The competent nurses have worked in the clinical setting for one to three years. They acquired some situational experience and were able to use resources for providing care for their patient. This group views their action in terms of long-term goals of plans and establishes a perspective based on analytic contemplation of the problem. The nurse

in this stage has a feeling of mastery and the ability to cope with and manage clinical situation, although lacks the speed and flexibility of the proficient nurse.

Stage four-Proficient The proficient stage reflects the skill of seeing practical manifestations of changed physiological states, patient responses and noticing these transitions. This stage is demonstrated by the nurses who have generally worked in a clinical environment for four to five years. The proficient nurses learn from experience what typical events to expect in a given situation and understand the manner in which plans need to be modified in response to these events. They usually continue to refine their reading of particular situations.

Stage Five-Expert At the expert level, nurses with their extensive background of experience has an intuitive grasp of situation which no longer relies on analytical principle (rule, guideline). The expert nurses have worked in a clinical environment for over five years. The expert's performance become flexible, holistic rather than fragmented, and can quickly identify relevant information to make a knowledgeable clinical decision. Expert practitioners always know more than they can tell, and often rely on intuitive thought that results in holistic problem solving.

The model posits that changes in four aspects of performance occur in movement through the level of skill acquisition: 1) movement from a reliance on abstract principles and rule to the use of past, concrete experience, 2) shift from reliance on analytical, rule-based thinking to intuition, 3) change in the learner's perception of the situation from viewing it as a compilation of equally relevant bits to viewing it as an increasingly complex, and 4) passage from a detached observer standing outside the situation, to one of a position of involvement, fully engaged in the situation (Benner et al., 1996).

3.3 Benner' theory and nursing practice

Benner and Wrubel (1989) defined nursing practice as the care and study of the lived experience of health, illness and disease and the relationship between these three elements. Literature reported that Benner and colleagues produced numerous evidence in developing and understanding nursing practice and competency. However, this study will only focus to explore the concept of nursing practice based on Benner' work.

As derived from Aristotle, Benner asserts nursing as a practice that requires both techne and phronesis (Benner, 2005). Techne is defined as procedural and scientific knowledge, which can be made formal, explicit and certain. Phronesis is the kind of practical reasoning engaged by an excellent practitioner through experiential learning and continually lives out and improves practice. The practice of nursing refers to the actual on-the-job behavior of nurse which is considered by their peers and supervisors. Benner (2000) suggested that good nursing practice minimally requires the following seven sources and skills: (1) relational skills in meeting the other in his or her particularity drawing on life-manifestations; (2) perceptiveness, e.g. recognizing when a moral principle such as injustice is at stake; (3) skilled know-how and action in particular encounters in a timely manner; (4) moral deliberation and communication skills that allow for justification of and experiential learning about actions and decisions (5) an understanding of the goals or ends of good nursing practice; (6) participation in a practice community that allows for character development to actualize and extend good nursing practice; and (7) the capacity to love ourselves and our neighbors, and the capacity to be loved.

Benner's work has been proposed as a method for investigating how clinical knowledge developed and why it developed differently for each nurse (Altmann, 2007). Kumar (2008) in her study of clinical nursing expertise stated that Benner' model promotes the concept of holistic nursing as being more pertinent and more meaningful than task-centered care. In the similar way, other researcher argued that nursing practice requires the combination of knowledge, skills, values, and attitudes (Cowan, Norman & Coopamah, 2005). Other study argued that the professional practice are matures and develop through education, age and experience (Karlstedt, Wadensten, Fagerberg, & Poder, 2015)

Nurses develop and accrue global sets and paradigms about their own practice through their personal concern and life experiences. They are required to define and recognize the implementation of their knowledge in practice in order to improve health promotion, restoration and rehabilitation. Their description of nursing practice will represent the uniqueness of nursing as discipline and an art. Benner's work emphasized that the best possible way in approaching nursing practice as a way of helping people is by exploring their implementation and understanding it.

3.4 Application on nursing practice for older people

Benner's argued that nursing practice is shifting away from the traditional, systematically knowledge towards a more holistic paradigms. Nurses are expected to be participative collaborators with the other health care team and make accurate clinical judgments and decisions at short notice. They are expected to manage the environment, prioritize care, and assess and evaluate patients with greater skill and accuracy than ever before.

Benner points out that nurse's actions are continuously determined and modified on the basis of the particular patient's responses, rather than an abstract theoretical model of probability assessment (Benner et al., 1996). Nursing practice should focus to the particular person who is being cared for and the particular situation rather than task-oriented care. Her work emphasized on the practice of caring the patient, and ensuring nurse is able to respond individually, professionally and morally in each nursing situation.

The practice of nurses working with older people requires the same level of expertise and caring as any other group. Nursing for older people is recognized as a specialism that requires highly specialized skillful nurses who can respond to the complexity of health and social care needs of older people (Nursing and Midwifery Council UK, 2009). Other studies related to Benner's work show that advancement in nursing practice may be influenced by experience, education, clinical knowledge development and career progression in clinical nursing (Myrick & Barret, 1992; Altmann, 2007); and perceptual awareness (Brykczynski, 2002). A sound educational foundation combined with experience would expedite the acquisition of skills and reduce the risk of poor judgment.

Draws back from Benner's work From Novice to Expert and extensive literature review, this study refers nursing practice for hospitalized older people as nurse' actions that attuned to the particular person who is being cared (older people), which requires application of a combination of knowledge, skills, values, and attitudes. Moreover, it is suggested that nursing practice may be influence by nurse's characteristics (age, gender, level of education, experience), belief toward the patient (ageism) and perceptual awareness (nurse' perception of older people care).

4. Factors related to nursing practice for hospitalized older people

Based on Benner From Novice to Expert model and literature review about nursing care for older people, this study focus on multiple factors related to nursing practice for hospitalized older people, which include nurses' characteristics (age, gender, education, experience), ageism and nurse' perception of older people care.

4.1. Age

Age is defined as the chronological number of years living since birth. Generally, the distinction between younger and older workers is often based on the chronological or calendar age. Studies show that age differences represent different training and thinking, communication patterns, and technology competences, which associated with emotional conflict and work stress, and impair performance and well-being (Jackson et al., 2003). A growing body of research has suggested that significant difference of age amongst nurses are associated to career aspirations and expectations of their performance (Hu, Herrick, & Hodgin, 2004); shape nurse' evaluation of processes and values implicit in nursing care (Leiter, Jackson & Shaughnessy, 2008); might impact on work unit performance (Jackson et al., 2003; Wegge et al., 2008). Moreover, it has been found that age was a predictor of updating behavior of older nurses (Letvack, 2002). Even though, the cut-off point between young and older workers still not fixed, a study conducted De Lange (2010) categorize nursing staff into three different age groups: younger nurse (≤ 30 years), middle-aged nurses (31–44 years) and senior nurses (≥ 45 years).

Younger nurses are becoming the primary source for staffing in acute care settings (Beecrof, Kunzman, Taylor, Devenis & Guzek, 2004). Studies describe younger nurses or nurses aged under 30 are known to be collaborative, optimistic, technology dependent, strong believers in work-life balance, mature, resilient, fast learners, practical, tolerant, independent, confident and intelligent (Lavoie-Tremblay et al. 2008; Wallis, 2009). According to Arhin and Cormier's (2007) work of deconstruction approach to nursing pedagogy, it is suggested that younger nurses will engage and learn more in an environment or topic that is more meaningful or relevant to them.

Study described that younger nurses were eager to implement their knowledge and skills in the workplace (Wise, 2013). On the other hand, the beginning practice of nursing is considered as a time of remarkable transition in terms of knowledge, situation in the practice environment, and self-understanding as a nurse. Nurses with younger age have minimal capacity to attend the patient as a person when a clinical situation is complex (Benner et al. 1996). Previous research by Stevens and Crouch (1995) found that nursing student at the end of their program was likely interested for highly technical areas of nursing care such as surgical nursing and intensive care nursing. They found that nursing care for older people was considered routine and mundane compare to another nursing area which related to technology and critical.

Similar result was also found in the United Kingdom study that nursing students were generally attracted to more glamorous and high-tech of care (Hapell, 2002; Brown, et al. 2008). It seems that an increasing health care demands of aging population combine with more complex technology and treatments would probably make younger nurses feel overwhelmed and unprepared for providing older people care (Boychuck & Cowin, 2004; Bowles & Candela, 2005).

Literature reported that middle aged staffs are more focused on personal growth, continuous learning and skill development (Bova & Kroth, 2001) and have strong technical skills (Zemke et al., 2000). It was reported that middle-aged workers have higher level of job control and learning-related behavior than young and older workers (de Lange et al., 2010). This group is provided with extensive learning opportunities and more comfortable with change, unlike the senior group. It appears that nurse within this age group may have better skill or expertise in nursing care. However, there still limited evidence regarding to the relationship between this aged group and nursing practice for hospitalized older people.

Earlier research showed that as people aged their openness to new experiences and change decreases (Terracciano, McCrae, Brant, & Costa, 2005). It has been found that work ability of nurses such as individual physical and psychological capability to perform his/her work decreases with age (Camerion et al. 2006). Studies report that older workers are often viewed as less able to learn than their

younger colleagues (Gray & McGregor, 2003) and less willing to improve their working skills and qualification compared to younger staffs (Pilay, 2006).

Other studies showed that senior nurses were considered to value the work-life balance and seek professional acknowledgement for their talents and expertise (Boychuck-Duschcher & Cowin, 2004). A qualitative study conducted by Pool, Poell and ten Cate (2013) aimed to explore nurses' and their managers' perceptions of the differences in continuing professional development between younger and senior nurses. They found that senior nurses were perceived as bringing more focus to their development in direct patient care, compared to younger nurses whose career paths remained more open. Senior nurses were perceived more committed to the unit' needs, more accepting the organizational changes and had more experiences for dealing with complex health care (Mion et al., 2006). Younger nurses seemed focused on becoming a better nurse, but also pursued opportunities to leave direct patient care after some years (Pool, Poell, & ten Cate, 2013). Moreover, it is noted that senior nurses tend to have higher levels of practice (Grönroos & Perälä, 2008). Thus, it seems that older nurses may have better skills and knowledge in providing nursing care for older people.

In summary, several previous studies reported that nurses' age differences may relate to nurses' commitment and their practice. Therefore, it is necessary to assess how age differences in nurses may influence care provision of hospitalized older people.

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4.2. Gender

Gender has been an important variable in the historical development of nursing and nurse role. It is widely assumed that caring comes naturally to women (Twigg, 2004). Nursing is generally regarded as a female-dominated profession. The concept of nursing as female work is influenced by society, politics and the economic system (Meadus, 2000; McMillian et al. 2006). In many Asian literatures, it is well known that in term of economic and social change, older people receive support from both sons and daughters. There is a particular emphasis that women or daughter take major roles in providing personal care for older people. Other studies have argued for the close relationship between nursing and womanhood and the "feminine' image of nurturing, caring and gentleness as opposed to masculine

attributes (Meadus, 2000; Harding, 2005; O'Lynn and Tranbarger, 2007). As the result, nursing has been perceived as the extension of the domestic role of women. Thus, it seems that female nurse may provide better nursing practice for hospitalized older people.

In contrast, men or son still considered as the breadwinner of the family, where they are encouraged to have higher ambitions for developing and advancing their careers. Male nurses tend to face more challenges during their education and clinical practice such as low acceptance from patients and fear of affecting their masculinity (Meadus, 2000). Compared with female nurses, male nurses behave more spontaneously, participate more actively in professional work, and have higher ambitions for developing and advancing their careers. They usually perceive higher expectations from their colleagues, which can motivate them to perform better than female nurses (Harrison, 2005).

Evidence noted that male nurses were also more likely to be involved in specialties that were considered less feminine such as critical care or psychiatric nursing (Simpson, 2004). It has been found that male nursing students preferred task-oriented manner to people-oriented care (Arvidsson et al., 2008; Pines et al., 2011). According to a qualitative study of five male nurses who work at geriatric ward, male nurses considered older people care has low status within health care systems, problematic and less priority in the allocation of health care resources (Nordam et al., 2005). It is reported that male nurses tend to gravitate towards managerial positions, psychiatric care and areas of high technology, whereas older people are likely less prioritized and deemed to be uninteresting patients especially at teaching hospital.

Currently, the gender roles have been changing, with women becoming increasingly involved in work, school and other obligations, making it more difficult for them to be the primary caregiver of an aged parent. In addition, other studies demonstrated that women felt burdened and emotionally stressed when providing care for older people than men as caregivers (Yee & Schulz, 2000; Pinquart & Sorensen, 2003). This condition may influence to female nurses interest in working with older people.

In summary, it is commonly believed that female is likely performed as the main care giver for older people. However, recent study argued that there still

inconclusive evidence whether nurse' gender may influence their practice toward hospitalized older people. Therefore, this study aims to explore the relationship between gender and nursing practice for hospitalized older people.

4.3. Education

Throughout the early part of the twentieth century nursing care was based on tradition of rules and principles that was passed along through form of education (Smith, 2010). Previous literature had attempted repeatedly to determine the differences in nurses' practice based on their educational background. However the results of these studies have been inconsistent.

The care of the old is regarded as a combination of social and health care in order to provide the old with not only sufficient health care but also to assure that their social needs are met. Nursing older people is recognized as a specialized field, and thus it is important that all entry-level nurses possess the knowledge and training necessary to care for older adults. It is reported that in order to effectively care for older people, nurses entering the workforce should adapt in managing complex conditions (including acute episodes or more chronic conditions), facilitating transitions in care, identifying real or potential risks, and gaps in care (National League for Nursing, 2011). Leaders in nursing education maintain strongly that baccalaureate nurses are prepared differently than nonbaccalaureate nurses and should be responsible for patients with more complex care.

Advanced nursing education has been subjected to play an important role in addressing the increasing health care demands of the aging population (McLeary, McGilton, Boscart, & Oudshoorn, 2009). A study showed that better educated nurses demonstrate better clinical judgment and professional behavior that lead to one's frame of reference in perception of quality and better patient outcomes (Aiken, Clarke, Cheung, Sloane & Silber, 2003). Similar findings also suggested that education may influence nurses in reframing their practice to patient outcomes (Doherty-King & Bowers, 2013). Nurses with a higher level of nursing education tend to have higher skills in assessing hospitalized older people care than nurses with a primary level of education (Eloranta et al., 2013).

Poole and Mott (2003) revealed that nurses who have chosen to pursue their careers in hospital settings might have little or no educational preparation for this new

role of Gerontological specialist. As the result nurses felt poorly prepared for meeting the particular needs of older adults. Studies revealed that all levels of nursing programs are likely lack adequate geriatric nursing content in the curricula (Mion, 2003). Similar finding also noted that there is a lack of integration of aged care nursing content into undergraduate nursing (Edward et al., 2004).

In 2010, a study conducted by Ironside and colleagues to assess how Gerontological care is taught in associate-degree nursing programs. An associate degree program is normally offered at a community college and can be completed in two years. The researcher found that an even number of programs offered integrated course (48%) and (48%) geriatric course with specific content to older people care. In contrast, the study demonstrated that 60% of faculty members who responded to surveys were not familiar with recent geriatric resources. Moreover, the study showed less than 25% of the integrated course was focused on geriatric content.

Previous studies argued that nursing education were associated for the negative perception nurses hold toward older people (Schwartz & Simmons, 2001; Smith, 2004). Other researcher revealed that education has consolidated rather than diminished the perception of older people (Williams & Nussbaum, 2001). Other studies reported that the popularity of working with older people actually declined during the education process (Happell, 2002). Nursing older people is ranked as the least preferred option for nursing students and only few of them rated working with older adults as their most desired area for the future (Happell & Brooker, 2001). A longitudinal study by Stevens (2011) indicates that Bachelor of Nursing program are less supporting in promoting older people care among nursing students. It is suggested that working with older people became less desirable as a result of education process (Brown et al., 2008).

Recent study by Wendel et al (2010) attempted to examine the geriatric educational needs of staff nurses, and evaluate the impact of the interventions on knowledge and satisfaction of staff nurses working at a large urban teaching hospital. The findings showed that nurses lacked knowledge in identifying, preventing, and managing sleep disorders, incontinence, and restraint use. Online surveys and educational interventions may positively contribute to nursing practice of working with older adults.

In Indonesia, the majority of nurses who accomplished the graduate degree are mostly working as nurse educators. Moreover, to the best of our knowledge, advanced nurse education focused on older people was limited in Indonesia. Most of Gerontological nursing content were taught under the scope of community nursing. Meanwhile, nurses who enter the real workforce are likely to deliver nursing practice based on what they were told or observed from the actual practice (Kadar, 2011). These situations require Indonesian nurses to improve their professional practice in providing care to older people.

In summary, existing evidence showed that nurse level of education would probably link with their practice of working with older people. However, there was inconsistent evidence of whether education background would relate to the practice of nurses working with hospitalized older people. Nursing education in Indonesia is reaching out to improve the nurse professional recognition and care provision for older persons. Therefore, this study is intended to examine the relationship between nurses' education and nursing practice for hospitalized older people.

4.4. Experience

According to Benner (2001), experience is defined as both time in practice and self-reflection that allows nurses to reflect and refine their moment-to-moment decision making at an unconscious, intuitive level preconceived notions and expectations to be confirmed, refined, or disconfirmed in real circumstances. It is believed that clinical expertise turns out to be highly influenced by experience with similar patient population. Experience enables nurses to make rapid decisions based upon concrete examples. It is suggested that what nurses actually do and think about when providing patient care, are influenced by the amount of clinical experience.

Experience is not the simple passage of time or longevity in a position. It refers to exposure to multi layered interactions and situations. It is an active process of refining and changing previous thoughts and ideas when confronted with actual situations. Nurse's interpretation of what it is like to provide care for a person arises from their own individual past experiences (Ellis, 1999). Through these experiences, nurse will be able to anticipate every clinical experience.

Kanai-Pak, Aiken, Sloane, and Poghosyan (2008) examined whether nurses' working experience was associated with the care delivery. A cross-sectional survey of

5,956 staff nurses on 302 units in 19 acute hospitals in Japan was conducted The findings showed that nurses with less than four years' experience were associated with poor-to-fair of care delivery. In a recent study of five hospitals, Bobay, Gentile, and Hagle (2009) assess the relationship of nurses' professional characteristics to levels of clinical nursing practice. The researcher found that years of experience were associated with their clinical practice

Benner (2001) argues that proficient performance can be found in nurses who have worked with similar patient population for approximately three to five years. In a study that used the patient care unit as the level of analysis, researchers found that a higher proportion of nurses with ≥ 5 years of experience were associated with fewer medication errors and lower patient fall rates (Blegen, Vaughn, & Goode, 2001). Current study found that nurses with more than 10 years of work experience in the geriatric wards have more awareness in making decision for older people care (Eloranta et al., 2013).

According to a qualitative study of 30 registered nurses who work in elderly care, nursing care for older people is considered complex, require advanced nursing skills and several years of previous experience in acute care settings (Carlson, Ramgard, Bolmsjo, & Bengtsson, 2013). It seems that nurses with longer work experience in hospital may perform higher skill in nursing care. In contrast, other studies reported that experience is a necessary but not sufficient condition for expertise, and not all experienced nurses are experts (Christensen & Hewitt-Taylor, 2006; Ericsson, Whyte, & Ward, 2007). Other study showed that nurse' years of professional experience did not influence their practice for older adults in the acute hospital (Wendel et al. 2010)

In summary, based on literature above, it can be assumed that experienced nurses provide better practice. However, given the increasing number of hospitalized older people and the complexity of their needs, little research has been reported whether experience would related to nursing practice for hospitalized older people in Bandung City, Indonesia.

4.5. Ageism

As the number and percentage of older persons, especially the frail and demented increased, the negative belief toward them also grew that they were burdens

to their families and society. It is believed that society has a negative view of older people, and they are perceived through a particular set of negative characteristics, which become locked into 'pictures in our head' (Carlsen, 1991).The term ageism was first proposed by Butler in 1969. The status of older persons and attitudes toward them has been rooted in historic and economic circumstances. Ageism has derived from deeply held human concerns and fears about the vulnerability inherent in the later years of life. Butler argued that myths, stereotypes and misunderstandings about older people society had developed within the society. Ageism is defined as a process of systematic stereotyping and discrimination against people because they are aged (Butler, 2006b).

Throughout western society, older people have been viewed as burdensome and it is suggested that society has grown ageist attitudes toward older people. People are socialized into believing these labels and they begin to think about their own aging as if the labels were true (Harris, 2005). Similar study indicates that when society accepts that individuals in a particular age group possess the specific characteristics, everyone in that group possesses those characteristics (Montepare, 2002). As the result, ageist attitudes are highly contagious and tend to propagate, becoming self-fulfilling prophecies.

Literature reported that there are three domains of ageism: the cognitive domain (beliefs and stereotypes about older people); the affective component (prejudicial attitudes towards older people); and a behavioral domain (direct and indirect discriminatory practices) (Nelson, 2002; Palmore, Branch & Harris, 2005). Ageism is not only exhibited explicitly but is also often manifested through implicit modes relating to thoughts, feelings and behavior that operate beyond an individual's awareness of control (Levy & Banaji, 2002). Ageist attitudes may result from a process in which elderly people are judged to have limited potential in the important realm of social exchange relationships (Kurzban & Leary, 2001; Cosmides & Tooby, 2005).

It is reported that ageism thrives in cultures and societies. For example: absence of comprehensive national health insurance and pension systems, limited of adequate lifelong continuing education and absence of an effective national health promotion and disease prevention program targeting for older people (Butler, 2006).

Other studies reported that some typical ageist beliefs include: older persons have limited sight and hearing, have limited cognitive abilities that include poor memory and are easily confused, depressed or are depressing to be around, non-productive and rely on “handouts” from the state, are repetitious and boring to interact with, lonely and isolated (Kaufman, 1994; Leibing, 2010).

It is widely known that many developing countries are characterized by filial piety and a strong sense of obligation towards parents. This belief confers high status on older people, requiring that they be treated with respect by those younger. Similarly in Indonesia there is still a strong tradition of family and community to respect and treat older people as in high status. However, when the older person is chronically ill and requires specialized care, this can lead to a significant drain of the family’s financial resources. As the result, hospitalized older people would be considered as a burden for their family and children.

It is suggested that ageism may occur on institutional and societal levels (McGuire, Klein, and Chen, 2008). Nurses are in an ideal position to lessen the impact of ageism on hospitalized older people because they work as health team coordinators and have the responsibility of educating patients, families, and other team members. Recognition of one’s own attitudes to aging and understanding of how these attitudes influence behavior is critical for developing a working relationship between nurse and older people (Angus & Reeve, 2002). However, as members of society, nurses are not immune from holding this ageist attitude, which may influence professional view of the care provision for older people. In many nursing literature, ageism in health care and in the nursing profession creates oppression for patients and for nurses (Hopkins & Pain, 2007, Moore 2009). Other researcher argued that the lack of understanding about the ageing process would lead to a negative influence within the care provision (Celick, Kapucu, Tuna & Akkus, 2010).

Tsuchiya et al. (2003) conducted an interview with adults of all ages to determine the order in which the subjects would treat hypothetical patients aged 5, 20, 35, 55, and 70 years, and the motivations behind their decisions. The researcher found that health care providers often favor younger people over older people when providing care because they are perceived as being more productive and as having greater potential to live longer and healthier lives (Tsuchiya et al., 2003).

Other studies by Peake, Thompson, Lowe, and Pearson (2003) demonstrate that hospitalized older people were less likely to receive active treatment of any sort. Similar findings also stated that care provision for older people would be demeaning when ageist attitudes persist among nurses (Plonczynski et al., 2007).

Nurses play an integral role in facilitating the care received by patients in the health care setting. It is reported that ageism can be facilitated by healthcare staff in terms of considering health deterioration as part of the 'normal' ageing process which results in care given to older people (Nolan, 2003, Penson et al. 2004). A systematic review of nurse's attitude toward older people revealed that since 2000, the attitude of registered nurses and nursing student toward older people has been likely become less positive (Liu, Norman, & While, 2013). It has been found that nurses working in acute care setting have more negative stereotypical labeling to describe hospitalized older people than those working in aged care settings (McLafferty & Morrision, 2004). Other study argued that the stereotyping attitudes displayed by nurses may intervene the practice delivered to hospitalized older people (Majercsik, 2005).

According to a study by Choowattanapakorn, Nay & Fetherstonhaugh (2004), nurses who hold some negative views of older people tend to provide nursing care that overprotective which would harm the independence of older people. Similar finding reported that ageism in nursing profession contributes to poor health care for older adults and to workforce shortages through the exclusion of older nurses from many settings (Bongaarts, 2009, Cherubini et al., 2010).

In summary, it has been argued that ageism attitudes are likely pervasive in the health care system which would affect the care delivered to older persons (Wade, 2001; McLafferty & Morrison, 2004). However, there is limited evidence regarding to the persistence of ageist attitudes among nurses and the impact on nursing practice for hospitalized older people in Bandung City, Indonesia.

Measurements of ageism

There are many instruments can be used to measure ageism such as Kogan's Attitude Towards Old People scale, the Palmore's Facts on Ageing Quiz and Fraboni Scale of Ageism.

1) Kogan's Attitudes towards Older People Scale (KOP)

Attitude towards Old People Scale was developed by Kogan (1961). This instrument is a self-reported instrument used for measuring attitudes toward older people. The scale originally consisted of 34 "old people" items in the form of positive–negative pairs. That is, 17 items expressed negative statements about older people, for example: most old people get set in their ways and are unable to change, and 17 items expressed analogous statements written in the positive direction, such as: most old people are capable of new adjustments when the situation demands it. Participants responded to items using a Likert-type response scale that ranged from (strongly disagree) to 6 (strongly agree), with higher scores indicating less favorable attitudes. The internal consistency coefficient of KOP was .81 (Barzilai, 2004).

2) Facts on Ageing Quiz (FAQ1)

The Facts of Ageing Quiz (FAQ1) was developed by Palmore (1977) to measure knowledge of ageing. These items were developed in order to inspire students' interest in the topic of aging and to provide a short objective test on the subject. The quiz is designed to measure basic knowledge of physical, mental, and social facts about old age and aging as well as common misconceptions. The FAQ1 is a 25-item knowledge scale requiring a 'Yes, No, or Don't Know' response from participants to statements related to their knowledge of older people. The instrument has been widely used and found to be reliable and valid in a variety of populations (Palmore, 1977). The reliability reported for the instrument ranges from 0.50 to 0.80 (Kaempfer, Wellman, & Himburg, 2002; Cowan, Fitzpatrick, Roberts, & While, 2004).

3) Fraboni Scale of Ageism (FSA)

The Fraboni Scale of Ageism is derived from Butler's definition of ageism, which is designed to measure the affective component attitude (Fraboni, Salststone & Hughes, 1990). It consists of 29 items designed to assess both cognitive and affective components of ageism. Participants are responded to the items using a Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). The total scores that can be recorded on this scale range from 29–116, with higher scores illustrating higher levels of ageism.

The FSA's items were designed to measure three levels of prejudice as related to ageism: antilocution (e.g. many old people just live in the past), avoidance (e.g. I don't like it when old people try to make conversation with me), and discrimination (e.g. Most old people should not be trusted to take care of infants). The original study investigating the psychometric properties of the FSA was consisted of a total of 231 participants. Of these, 109 were university students (76% women, 24% men). The other participants were participants from disparate occupations (e.g., social workers, custodians, mechanics, sales, education). The reliability reported for the instrument ranges from .81 to .86 (Fraboni et al., 1990; Kutlu, Kucuk, & Findik, 2012).

In summary, literature reported various instruments have been used to measure attitudes toward older people. The FSA was developed to measure antagonistic, discriminatory attitudes and the tendency toward avoidance and thus it is likely represent a more complete measure of ageism (Rupp, Vodanovich, Crede, 2005). The definition of ageism in this study is derived from Butler concept of ageism, therefore, the Fraboni Scale Ageism is considered as an appropriate tool for ageism instrument.

4.6. Nurse' perception of older people care

Perception is defined as the way of a person thinks about or understands someone or something which involves both of the recognition of stimuli. The perceptual process is a sequence of steps that begin with the environment and lead to the perception of stimulus. According to Benner, nursing practice should be adjusted to the patient's perspective, and understanding the patient' health need provide the basis for nurses in elaborating care. It appears that nurse' belief and understanding on older people needs of physical, psychological and social wellbeing within the care process may support the practice of caring this group.

Older people care is generally refers to the management and care of the health of the elderly. A study of nurse's perception of older people care in five European countries revealed that nurses understanding of the patient need and values are important in care provision for this aged group (Leino-Kilpi et al., 2003). The researcher pointed out that nurses need to devote greater attention on older people care from the patient's perspective. Other study conducted in Portugal is attempted to

evaluate nurse's perception of care of older adults in acute care setting. The study indicated that nurse's higher perception of older people health needs was related to the delivery of better practice for older people (de Almeida Tavares et al., 2013). In other words, nurse's perception of older people care is likely associated with better nursing practice for hospitalized older people.

A literature review of nurses' perceptions of ethical issues in the care of older people noted that older people care involves more than catering for physical needs; it also requires an understanding of the psychological, sociological, cultural and ethnic needs of a person who has lived through loss and adversity as well as good times (Rees, King, & Schmitz, 2009). It is suggested that care provision for older people should be tailored with their health need. In similar way, understanding and adjusting to patient preference, which includes information to guide patient decision-making was important in older people care (Jacelon, 2004; Murphy, 2007).

Previous study by Manley and Garbett (2000) argued that older people prefer nurses who are sensitive to their needs as unique individuals and who demonstrate respect for their autonomy by conveying a sense of really being there with them. There was a particular concern that older people care lacked value and status within nursing and society (Murphy, 2000).

A cross-sectional descriptive study measuring 167 Finish nurses who work in geriatric care was conducted to explore their perceptions of care of older people (Eloranta et al., 2013). The researcher stated that taking the views of the patient and the patient's family members into account in decisions on older people care is a recognized value and a central objective in nursing. Older people care entails a shared understanding of older people health needs and treatment that is congruent with their value and preferences (Eloranta et al., 2013). The findings showed that about one-third of nurses did not respected the patient autonomy and tend to concentrate on family members when setting nursing care outcomes. In addition, the result indicated that the nurse perception of older people care is more challenging in the actual practice.

Previous studies showed that in their work of caring for older people, health care providers face ethical challenges when having to negotiate between older person's needs and organizational resources (Nordam et al., 2005). Other

study argued that in the actual practice a conflict of professional standards and the older person's will are likely to occur (Graneheim et al., 2005). Cooper and Mitchel (2004) noted that nurses who had high perception of older people health need can assist older patients in establishing hope and add meaning to their lives. On the other hand, nurses who had lack of understanding on older person need may be less responsive to the care of the patient which may cause the patient to experience negative outcomes during their hospitalization.

A descriptive study explored the differences between acute and long-term nurse in perceiving the quality of geriatric care was conducted by Barba, Hu and Efird in 2012. The study involved 298 registered nurses and licensed practical nurses from long-term care facilities and hospitals. The findings showed that nurse in acute care setting were less satisfied in providing older people care and perceived more obstacle than long-term care nurses. The researcher argued that most nurses in acute care did not commonly identify themselves as geriatric nurse, although they are engaged in geriatric nursing practice due to the large number of hospitalized older people.

Other evidences showed that there was a paradox between the conceptual perception and the actual nurse perception of older people care. A study of care for older people in nursing home revealed that perception of older people care and nursing practice for older people were frequently contradictory (Nay, 1998). Nurses expressed that the view of providing care for older people was sometimes determined by schedules rather than by older person needs (Rees, King, & Schmitz, 2009). Other studies argued that health staff working with older people had little time to devote in identifying their need and preferences (McCabe, Davidson, Mellor & George, 2009).

A growing research literature shows that the majority of nurse perceived older people care as responding to the physical needs (Isola, Backman, Voutilainen, Rautsiala, 2003); symptom management, medical procedures, time constraints, a heavy workload and everyday technical tasks (Kihlgren, Nilsson & Sorlie, 2005; Elaswarapu, 2007); the nature of the work as boring, unpleasant and frustrating (Happell & Brooker, 2001); and unattractive career choice (Hayes et al., 2006; Kloster et al., 2007). A social, ecological analysis of older people and hospital environments shows that nurses are likely to perceive older people care as simple, easy and anyone can do it (Parke & Chappell, 2010). Consequently, nurses were more

likely than other professionals to perceive that care provision for older people was associated with low self-esteem (Wells, Foreman, Gethin, & Petralia, 2004).

In summary, it appears that there was a paradox between the conceptual perception and the actual nurse perception of older people care. With a growing number of hospitalized older people, it is important to examine nurse perception of older people care and their relationship with nursing practice for hospitalized older people in Bandung City, Indonesia.

5. Conclusion

The complexity of the older people's needs and clinical presentation highlight the demands placed on hospital nurses to possess knowledge and skill in providing care for people. Nursing practice for hospitalized older people should focus to the particular person who is being cared for and the particular situation rather than task-oriented care.

Nurses are challenged to better understand and explore their own practice toward hospitalized older people and factors associated. However, there is a limited study that provides a clear description on nursing practice for hospitalized older people, particularly in Bandung City, Indonesia. To fill this gap, the study of nursing practice for hospitalized older people and factors associated are helpful in understanding a broad picture of care provision for hospitalized older people and contribute to the development of age specific nursing intervention for older people. Draws back from Benner's work From Novice to Expert and literature review, this study suggested that nursing practice for hospitalized older people may be influence by nurse's characteristics (age, gender, level of education, experience), belief toward the patient (ageism) and nurse' perception of older people care. The relationship between variables will be presented as the following conceptual framework.

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Conceptual Framework

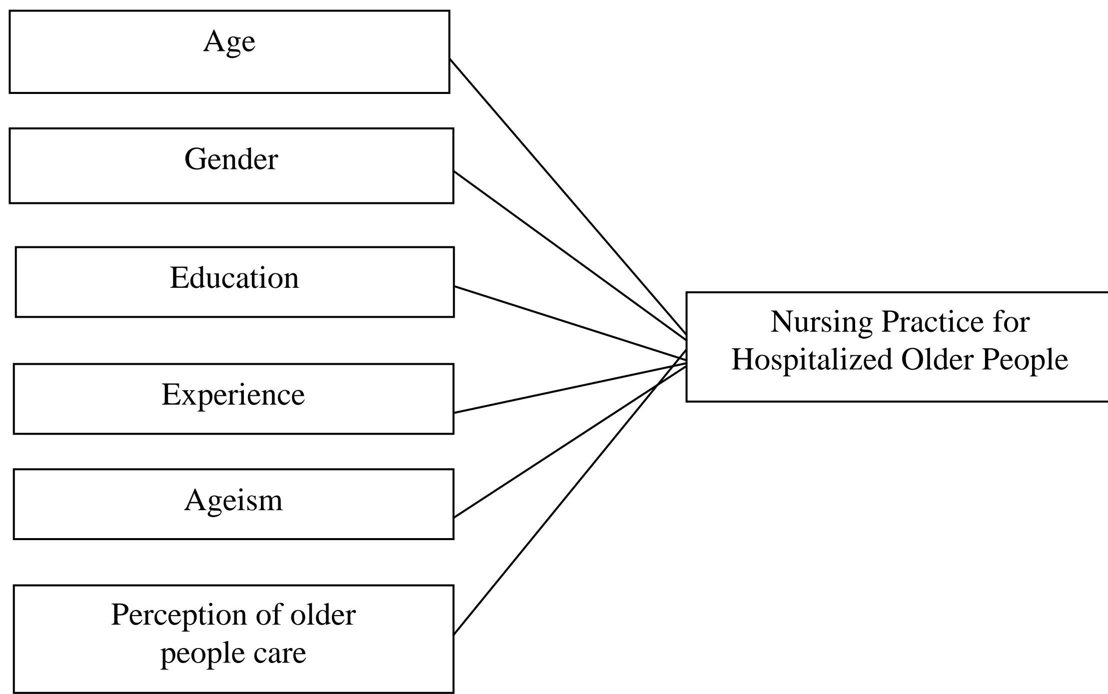

Figure 1 Research framework of the relationship between factors and nursing practice

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CHAPTER III
METHODOLOGY

This chapter describes the research design and methodology used in the present study. The research design, setting, population, sampling techniques, sample selection, the details of instruments, protection of human subjects, data collection, and data analysis procedure are included.

Research design

A descriptive correlational study was designed to explore the relationship among variables including nurses' characteristics (age, gender, educational background, and experience), ageism, and perception of older people care, and nursing practice for hospitalized older people.

Settings

Bandung City, as the capital of West Java, is one of the biggest growth centers in Indonesia and has various large hospitals with educational setting. In 2012, the population of Bandung stood at about 2.483.977 persons and, of these, about 231.957 was older people (BPS, 2014). This study conducted at two large private teaching hospitals locating in Bandung City: Immanuel Hospital and St. Borromeus Hospital.

The hospitals are classified for type B hospital based on Ministry of Health, Indonesia. Both hospitals offer comprehensive surgical, medical and emergency services supported by state-of-art diagnostic treatment facilities. They have a high number of inpatient wards, and also offer continual staff development and patient improvement in care through education and research

Population and Sample

Research Population

The population of study was nurses working full-time in the medical and surgical ward.

Sample

The sample was nurses working in medical and surgical ward from two hospitals, Immanuel Hospital and St. Borromeus Hospital, Bandung. The following criteria were used to select the participants.

1) Nurses who had at least one year experience of caring hospitalized older people
2) Worked at inpatient wards of the medical-surgical units
3) No limitation of communication in using Indonesian language
4) Willing to participate the study.

Sample Size

The sample size was calculated based on the formula from Thorndike (1978) follows:

$N \geq 10(k) + 50$

N is sample size

k is the number of variables

This study has 7 variables (6 dependent variables and 1 independent variable)

$N \geq 10x7 + 50$

$N \geq 120$

The sample in this study was 120 nursing staff who works at the medical and surgical ward at two hospitals, Bandung City, Indonesia.

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Sampling procedures

The researcher collected data from September, 2014 to November, 2014 until 120 nurses were collected. The target population for this study was nursing staff who worked in Bandung hospitals. Two hospitals were selected using simple random sampling. From two hospitals, the researcher gathered an even number of sample: 60 nurses from Immanuel hospital and the rest from Borromeus hospital.

The researcher and the nursing managers developed a list of selected wards and potential nurses' participants. The researcher went to each ward on a scheduled day to explain the study, procedures, and distributed the questionnaire to the staff nurses.

Research instruments

Data collected using four questionnaires. The questionnaires included Nurse Demographic Form, the Professional Development of Registered Nurse questionnaire (PDRS), the Fraboni Scale of Ageism (FSA), and the Nurse' Perception of Care questionnaire. This section explains the instruments description used in the study

Demographic characteristics

The first section of the questionnaire requested respondents to provide demographic data including age, gender, education level and experience.

Nursing practice: The Professional Development of Registered Nurses (PDRS)

The need for an instrument to effectively evaluate nursing practice for hospitalized older people is becoming an emerging theme within Gerontological nursing research. There was limited existing questionnaire that measure the contemporary description of nursing practice older people. Hunter (2004) developed the Professional Development of Registered Nurse (PDRS) to measure the practice of nurse in managing the daily care of older people in a contemporary context.

The PDRS questionnaire was developed using standard protocols for instrument development and was framed in consideration of the literature. Further study by Hunter and Levett-Jones (2010) argued that nursing practice items in PDRS questionnaire was generated based on the Competency standards for Gerontological Registered Nurse and international literature. The principles of PDRS questionnaire consist of several elements: individualized assessments, an enabling model of care, establishing equity of health service access, therapeutic interventions, innovative evidence-based practice and partnering with multidisciplinary and multi-agency care.

The questionnaire was designed to measure two different constructs: (a) the performance of nursing activities and (b) learning needs. It consists of four parts. The first part was used to gather information about the frequency of performance of specified activity. The second part was intended to measure perception of learning needs. The third and fourth parts collected demographic profiles and asked for additional comments regarding to knowledge required. A panel of five independent experts undertook the examination of content relevance and representativeness of the questionnaire.

The first part of the questionnaire is a self-rated scale asking the participants to measure their practice of working with hospitalized older people. It used a Likert scale format and contained 28 closed-ended questions. Participants were required to rate the frequencies of performance of the nursing practice using a standard five point scale. The scores meaning are as follow:

1=never

2=seldom

3= sometimes

4=often

5= always

The total mean score of nursing practice ranged from 1-5. The mean score was divided into four levels using the class interval formula $\bar{x} = (\bar{x}_{max} - \bar{x}_{min}) / k$. In order to keep the intervals from overlap, 0.01 was added to each subsequent lower limit (Polit, 1996). Therefore, the criteria to interpret the mean scores are as follows:

Mean score	**Interpretation**
1.00 - 2.00	low performance nursing practice
2.01 - 3.00	low to moderate practice
3.01 - 4.00	moderate-high practice
4.01 - 5.00	high practice

The higher mean score represent higher frequencies of nursing practice for hospitalized older people. According to previous study, the means score above 4.0 indicated high practice (Hunter, McMillan, & Conway, 2007).

In contrast, lower mean score referred to the least performed nursing practice. Cronbach's alpha coefficient of the PDRS was 0.917 (Hunter & Levett-Jones, 2010).

The Fraboni Scale of Ageism (FSA)

The Fraboni Scale of Ageism (FSA) was used to measure the level of negative attitudes on older people. FSA was developed by Frabonie, et al (1999). The questionnaire composes of three levels of prejudices: antilocution, avoidance, and discrimination. Antilocution is designed to elicit expression of antagonism fueled by misinformation about older people. For example "Teenage suicide is more tragic than suicide among the old". Avoidance was intended to represent preferences which would indicate the respondent's withdrawal from social contact with older people. The discrimination was described as a more active prejudice which included discriminatory opinions regarding the political rights, segregation, and activities of older persons. For example: "Elderly people should find friends their own age".

The FSA items consist of 23 negative statements on older people and six positive statements (item no. 8, 14, and 21-24). The respondent required to rate their attitude toward older people using four-point Likert scale:

1 = strongly disagree

2 = disagree

3 = agree

4 = strongly agree

The six positive statements of older people are reversed-score. A total score was obtained by summing the responses of the 29 items. Possible scores of FSA ranged from 29–116. The total score of ageism ranged was divided into three levels using the class interval formula $\bar{x} = (\bar{x}_{\text{max}} - \bar{x}_{\text{min}}) / \text{k}$.

Therefore, the criteria to interpret the mean scores are as follows:

Mean score	**Interpretation**
29 - 58	low level of ageism
59 - 88	moderate level of ageism
89 - 116	higher level of ageism

The higher scores represent more negative attitudes towards older people. Fraboni et al. (1990) found that the FSA scores have adequate internal-consistency reliability with a Cronbach's alpha coefficient of .86. Other studies that have utilized the FSA questionnaire had consistently shown reliability values similar to the original work. A Turkish study used the FSA to examine the attitudes toward the elderly in Turkish society. The study showed that the Turkish version of the FSA was 0.74 for the pilot study and 0.80 for the main study, indicating a high degree of internal consistency (Kutlu, Kucuk & Findik, 2012).

The Nurse' Perception of Care

The nurse' perception of care questionnaire was used to measure nurses' belief and understanding on older people needs of physical, psychological and social wellbeing within the care process. The original questionnaire was developed by Routasalo in 2002. It was tested and used in Finland and Denmark (Routasalo, Wagner, Bayer, & Virtanen, 2003). The recent version of nurse' perception of care questionnaire was used to explore nurses' perception of older people care (Eloranta et al., 2013). The questionnaire was developed based on Gerontological nursing literature and the views of a panel of experts consist of two university-based researchers and four registered nurses with expertise in older people care. The questionnaire composed of 52 statements that grouped under seven dimensions:

1) Nurses' professional attitude in nursing of an older patient has 8 items.
2) Assessment of older patient's functional activity has 7 items.
3) Assessment of need of care has 6 items.
4) Goal of older patient's care has 8 items
5) Nursing of an older patient has 6 items.
6) Evaluation of care has 6 items.
7) The meaning of patient-centered in nursing has 11 items.

Since the concept of patient-centered in nursing has not adopted in most hospital in Indonesia, the Indonesian version used in the study consisted of 41 items.

Respondents were required to rate their perception of older people care using a five-point Likert scale. The scores meaning are as follow:

1= strongly agree

2= agree

3= neither agree or disagree

4= disagree

5= strongly disagree

For data analysis, these were reverse-scored. The responses strongly agree and agree were collapsed into 'agree' categories. Other responses 'neither agree nor disagree', disagree' and 'fully disagree' were included into disagree categories. The score was assessed by averaging the scores of the constituent items.

The mean score of nurse' perception of older people care ranged from 1-5. The score interpretation was divided into two groups, as follows:

Mean score	**Interpretation**
1.00 - 3.00	low perception of older people care
3.01 – 5.00	high perception of older people care

The higher mean score represent higher understanding of older people care. The reliability of the nurses' perception of care was measured with an Estonian sample consist of 270 nurses working in long-term care departments (Kumm, et al., 2010). A Cronbach's alpha reliability coefficient consistently greater than .70 was estimated in their study. Moreover, further study showed a range of good internal consistency (Chronbach's alpha: .661 to .869) (Eloranta et al., 2013).

Instruments translation

The PDRS, the FSA, and the Nurse's Perception of care were translated into Indonesian language by two bilingual experts: a professional translator who works at a language school, and a staff nurse who works at General Hospital, Qatar. Next, the researcher and one nursing instructor at Immanuel School of Nursing reviewed the agreed Indonesian translation. The accepted instruments of Indonesian version then back-translated to English by another professional translator who has been working at the Language Center. The researcher then compared the original version and the back

translated version in order to validate the accuracy of the translation process. The instruments were approved without changes. Later, the Indonesian versions were tested to ensure the understanding of the language with three Indonesian staff nurses. It was found that all instruments were appropriate to use in the study.

Reliability of the instruments

According to Burn and Grove (2009) the acceptable level of Cronbach alpha for newly developed psychosocial instruments is of .70 and is of .80 for a well-developed instrument. A pilot study was carried out with 30 nurses who were not the participants of the main study. Cronbach' alpha coefficients of the Performance of Nursing Activities questionnaire, the Fraboni Scale of Ageism (FSA), and The Nurse' Perception of Care questionnaire were .86, .76, .84, respectively.

Content validation of the instruments

Content validation of the Professional Development of Registered Nurse (PDRS), the Fraboni Scale of Ageism (FSA), and the Nurse' perception of care questionnaire was tested for content validity. The validity is checked by five experts who are experts in Gerontological field. The accepted content validity is proposed at .80 (Polit & Beck, 2008). In this study, the CVI of PDRS, FSA, and the Nurse' Perception of Care scored were .83, .96, .95, respectively.

Some items in the Nurses' Perception of care questionnaire were eliminated following the expert's recommendation and the advisor's suggestion. Since the concept of patient-centered in nursing had not adopted in most hospital in Indonesia, the dimension of the meaning patient-centered in nursing was not used in the present study. Furthermore, the Indonesian version of Nurse' Perception of care questionnaire composed of 41 items.

Ethical consideration

The proposal of this research was submitted for the approval by the ethical committee of Immanuel Hospital and Borromeus Hospital, Bandung. There was no intervention in this study and no for-seeable risks for the respondent. Each potential participant was given a written explanation of the study purpose, the extent of involvement and participation, and procedures to protect confidentiality. Prior to data collection, all participants were informed by researcher that the study had not any effect to them. They participated voluntary in the study. They can refuse to participate or withdraw from the study at any time without punishment or losing benefits. Participants who agree to participate in the study would have been signed a consent form. Furthermore, information provided by nurse was used only for the purposed of the study and remained confidential

Data Collection Procedures

Data collection was conducted after the ethic approval was obtained from both hospitals. The steps involved in data collection were as follows:

1. A letter asking for permission to collect data was sent to Directors of Immanuel hospital and St. Borromeus hospitals.

2. After the permission was granted, the researcher explained and clarified the study objective, data collection procedures, and expected benefits of the study to Director of Nursing and nurses' manager.

3. A list of selected wards was provided by the nursing manager.

4. The researcher and the head nurse of the selected ward listed the participants who met the inclusion criteria

5. During morning and afternoon nurse turnover, the researcher informed and explained about the purposed and benefits of the study to nurses. The participants were guaranteed about voluntary and confidentiality when they joined the study. When they agreed to participate, they signed an agreement sheet.

6. The questionnaires included the demographic characteristics, the PDRS, the FSA, and the Nurse' Perception of Care was distributed to participants.

7. Data collection was carried out from September to November, 2014
8. After finishing data collection, the questionnaires were immediately checked and completed. Data were input into a computer spreadsheet for data analysis.

Data Analysis

Data were entered into the Statistical Package for Social Sciences (SPSS) version 17. Both descriptive and inferential statistics were used for data analysis. Descriptive measures of means, standard deviation, and frequencies were used to provide an overview of the study sample and to check each variable for missing data, out-of-range values, and potential outliers. A preliminary analysis was performed to assure no violation of the assumption of normality.

The relationships between variable were analyzed used the Spearman non-parametric correlation and Pearson correlation. The independent t-test was conducted to compare mean score for nursing practice among male and female. The one way ANOVA was conducted to compare mean score for nursing practice for hospitalized older people among working experience.

CHAPTER IV
RESULTS

The purpose of this study was to explore the relationships on nursing characteristics (age, gender, education, and experience), ageism, and perception of older people care, and nursing practice for hospitalized older people. The sample consisted of nurses from two hospitals in Bandung City, West Java. The results of this study were presented 3 parts as follows:

Part 1 : The demographic characteristics of the sample

Part 2 : Descriptive data of nursing practice for hospitalized older people, level of ageism and perception of older people care

Part 3 : Relationships between age, gender, education, experience, ageism, perception of older people care and nursing practice for hospitalized older people

The demographic characteristics of the sample

The characteristics of the sample were classified into four categories: age, gender, education and experience. Both hospitals shared a steady number of participants in which 60 nurses were from Immanuel hospital and the rest from St. Borromeus hospital. The results of demographic characteristics were presented in Table 1.

Table 1 Frequency and percentage of demographic characteristics of the sample (n=120)

Demographic characteristics	Total (n=120)	
	Number	**Percentage**
Age (years)		
≤ 30	42	35.0
31-44	70	58.3
≥ 45	8	6.7
(Mean= 33.94, SD= 5.16, Range= 26-48)		
Gender		
Male	21	17.5
Female	99	82.5
Education		
SPK	4	3.3
Diploma	83	69.2
Bachelor	33	27.5
Experience		
1-3 years	21	17.5
4 -5 years	21	17.5
>5 years	78	65.0

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The results demonstrated the mean age of the sample was 33.94 (range 26-48 years). The majority of nurses were under the middle aged group (70%). There was more female (82.5%) than male nurses (17.5%). Most nursing staff obtained a Diploma degree (69%), 27% of them had a Baccalaureate degree and only small percentage was SPK (3%). Up to two-third of nurses had more than 5 years' working experience (65%), while other remaining groups shared the same percentage.

Descriptive data of nursing practice for hospitalized older people, level of ageism, and perception of older people care

The results of nursing practice for hospitalized older people, level of ageism and perception of older people care were presented by mean, standard deviation (SD), and possible range in Table 2.

Table 2 Mean, standard deviation, and range of nursing practice for hospitalized older people, level of ageism, and perception of older people care (n=120)

Variables	Mean	SD	Range	Level
Nursing Practice for hospitalized older people	4.07	.49	1-5	High
Ageism (FSA)	66.61	6.00	50-81	Moderate
Perception of older people care	3.61	.42	1-5	High

It was showed that the mean score for nursing practice for hospitalized older people score was 4.07 (SD= .49) on a scale of 1 to 5. The total score of level of ageism for nursing staff was 66.61 (SD=6.0) with scores ranging from 50 to 81 from a possible range from 29 to 116. The mean score of nurse perception of older people care was 3.61 (SD= .42) on a scale of 1 to 5. The complete description of nursing practice and perception of older people care can be seen in the Appendices I, page 159.

Relationship between age, gender, education, experience, ageism, perception of older people care and nursing practice for hospitalized older people

Analyses of correlation coefficients were conducted to investigate potential relationships between age, gender, education, experience, ageism, and perception of older people care as independent variables and nursing practice for hospitalized older people as dependent variable. The assumption testing of Pearson correlation coefficient was examined. The results indicated that ageism, nurse' perception of

older people care and nursing practice variables were normally distributed (Appendices I, page 154).

Nurses' characteristics variable was not normally distributed; therefore, the Spearman Rho correlation was used to examine the relationships between age, gender, education, experience and nursing practice (Table 3). The relationships between nursing practice for hospitalized older people, ageism and perception of older people care were presented using Pearson Product Moment correlation (Table 4).

Table 3 Spearman rho correlations between nurses' characteristics and nursing

Variables	**Correlation Coefficient (πho)**	**p-value**
Age	0.182	0.047*
Gender	0.243	0.008*
Education	-0.086	0.348
Experience	0.300	0.001*

* significant at the 0.05 level

It was found that there was a positive relationship between age, gender and nursing practice ($r= 0.182$, $p < .05$; $r= 0.243$, $p < .05$, respectively). Level of experience had positive relationships with nursing practice ($r = 0.300$, $p < .05$).

Table 4 Pearson correlations coefficients between nursing practice for hospitalized older people with ageism and the perception of older people care (n=120)

Variables	**Correlation Coefficient (r)**	**p-value**
Ageism	-0.286	0.002*
Perception of older people care	0.099	0.283

* significant at the 0.05 level

It was revealed that ageism had negative correlation with nursing practice for hospitalized older people ($r = -0.286$. $p < .05$). There was no correlation between perception of older people care and nursing practice for hospitalized older people.

Independent t-test was used to examine the difference of nursing practice for hospitalized older people among gender (Table 5). One way ANOVA and Least Significant Difference (LSD) test were used to analysis the difference of nursing practice for hospitalized older people among experience group (Table 6-7).

Table 5 Comparison of the mean score of nursing practice between male and female nurses (n=120)

	Mean	S.D	t	df	p-value
Gender					
Male	3.84	0.46	2.461	118	0.015*
Female	4.12	0.49			

p-value from Independent t-test, * significant at the 0.05 level

It was found that the mean score of nursing practice in female and male nurses were significantly different, the female nurses would have higher mean (Mean = 4.12; SD= 0.49) compare to male nurses (Mean = 3.84; SD = 0.46). The finding supported the second hypothesis, that there was a correlation between gender and nursing practice for hospitalized older people.

Table 6 Comparison of the mean score of nursing practice by working experience groups (n=120)

Source of variation	df	SS	MS	F	p-value
Experience					
Between Groups	2	2.743	1.372	6.089	0.003*
Within Groups	117	26.356	0.225		
Total	119	29.099			

p-value from One-way ANOVA, * significant at the 0.05 level

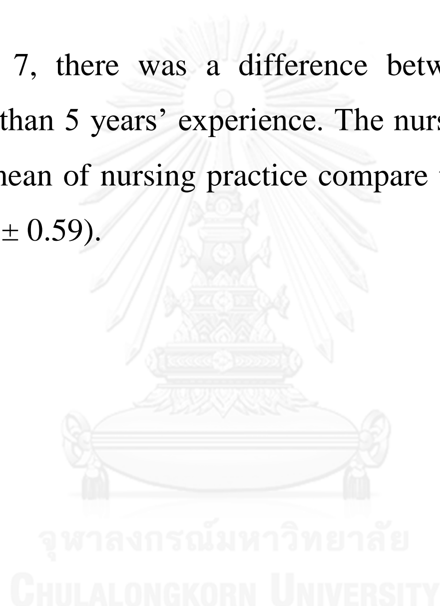
Table 6 showed that there was a significant difference exists among group of experience and therefore it reject the null hypothesis of equality of three level of experience means score (f= 6.089; p<.05). Further, the researchers compared the pairwise differences in experience group means by Least Significant Difference (LSD) test (Table 7).

Table 7 Comparison of the mean scores of nursing practice among work experience groups (n=120)

Experience	Mean	SD	Significance		
			1-3 years	4-5 years	>5 years
1-3 years	3.78	0.59	-	0.22	0.40*
4-5 years	3.99	0.43	-	-	0.18
>5 years	4.17	0.45	-	-	-

* significant $p < 0.05$

As showed in table 7, there was a difference between nurses with 1-3 years' experience and more than 5 years' experience. The nurse with five years' experience had higher score of mean of nursing practice compare to those with 1-3 years group (4.17 ± 0.45 and 3.78 ± 0.59).



CHAPTER V
DISCUSSION AND RECOMMENDATION

This descriptive correlational study was conducted to explore nursing practice for hospitalized older people and the relationships among variables include nurses' characteristics (age, gender, educational background, and experience), ageism, and perception of older people care. This chapter presents a summary of research findings, discussion and recommendation for future research.

Summary

The objectives of this research were to identify and to explore the relationships between nursing practice for hospitalized older people and selected variables among nursing staff at two private Hospitals. The samples consisted of 120 nurses who were randomly selected from adult and medical ward at two private hospitals in Bandung, Indonesia. The instruments used in the study included the Demographic characteristics form, the Professional Development of Registered Nurse (PDRS), the Fraboni Scale of Ageism (FSA), and the Nurse' Perception of Care questionnaire. Five experts in Gerontological nursing evaluated the content validity of the instruments. The CVI results for the PDRS, FSA, and the Nurse' Perception of Care were .83, .96, .95, respectively. The Cronbach's alpha coefficients of PDRS, FSA and the Nurse perception of care questionnaire were .80, .76, and .84. Data were collected from September, 2014 to November, 2014.

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The statistical method used in this study consists of descriptive method, the Spearman non-parametric correlation, and the Pearson correlation coefficients. The findings of this study showed that:

1. Characteristics of sample

The average age of the participants was 33.94 (range 26-48 years). The majority of them were female (82.5%), and held Diploma background (69.2%), which was similar to the current condition of nursing workforce in Indonesia. Moreover, nearly 70% of the participants had more than five years' experience.

2. Level of Ageism among nursing staff

The research results showed that the total score of ageism was 66.61 (SD = 6.0). This result indicates that the nurses had moderate level of ageism.

3. Nurse' perception of older people care

The findings revealed that nurses had a high perception of older people care ($\overline{X}$ = 3.61, SD = .42). The result implied that older people needs of physical, psychological and social wellbeing should be the central objective in older people care. Looking into each dimension, it is seen that nurses gave higher agreement with the dimension of "evaluation of older patient's care" ($\overline{X}$ = 4.01, SD = .60); while the lowest perception was assessment older patient's need of care ($\overline{X}$ = 2.41, SD = .74). (Appendices J, page 159).

4. Nursing practice for hospitalized older people

The research findings revealed that the mean score of nursing practice for hospitalized older people was 4.07 (SD = .49). This result demonstrated that nursing practice for hospitalized older people has a high performance on aging. Considering "establishing mutual relationship with older people family and their care giver" ($\overline{X}$ = 4.58, SD = .58) and "collaborating with other nursing staff in delivering nursing care for older people ($\overline{X}$ = 4.50, SD = .79). While the lowest mean score was "developing policies in response to changes in legislation or clinical practice" ($\overline{X}$ = 3.46, SD = .88) and "introducing appropriate research findings into practice" ($\overline{X}$ = 3.52; SD = 1.0) (Appendices J, page 159).

5. The relationships between nurses' characteristics (age, gender, education, and experience), ageism, and perception of older people care, and nursing practice for hospitalized older people.

The findings showed that age had a weak positive correlation with nursing practice ($r = 0.182$, $p < 0.05$). On the similar way, gender and experience showed weak correlations with nursing practice for hospitalized older people ($r = 0.243$, $p < .05$; $r = 0.300$, $p < .05$, respectively). Ageism was negatively related to nursing practice for hospitalized older people ($r = -0.286$, $p < .05$). However, education and perception of older people care were not related to nursing practice for hospitalized older people.

Discussion

The findings of the study were organized into two parts according to the objectives of the study

Nursing practice for hospitalized older people

This study demonstrated that nursing practice for hospitalized older people was highly performed with the mean score 4.07 and standard deviation of .49. The increasing number of hospitalized older people combines with multiple health problems would lead to the risk of longer length of stay and increase dependency on health care providers. At the same time, Indonesian older people prefer to care at the hospital setting rather being institutionalized in aged care facilities. Subsequently, the majority of nursing practice at the hospital will focus on providing care for older people.

The demographic characteristics of nursing staff in this study were dominated by female nurses, belong to the middle-aged group, had a Diploma background, and work more than five years. This condition is similar to the contemporary condition of nursing workforce in Indonesia. The finding showed that nursing practice for hospitalized older people is likely performed by female nurses than male nurse. Moreover, the results revealed that nurses with longer working experience (more than five years) had a higher mean score of nursing practice. This finding was aligned with Benner from Novice to Expert theory.

According to Benner theory, nursing staff who worked in a clinical environment for over five years was regarded as expert nurses. They are associated with skilled practice, and their knowledge of patients was mostly automatic, enabling them to provide thorough and specific explanations for their actions. In other words, experience was associated with nursing practice for hospitalized older people. Nursing practice for older people should be carried out in accordance with standards developed by the profession of nursing. It is reported that nursing practice for older people includes several aspects: person-centred care and an enabling model of care, establishing equity of access to health care services, therapeutic interventions, incorporation of evidence into practice, integration of research into policy and practice, provide feedback about older person’ responses and

working collaboratively with health professionals and agencies (Hunter & Levett-Jones, 2010).

The findings in this study showed that nurses had higher mean score in "establishing relationships with older people family" ($\overline{X}$ = 4.58, SD = .58) and "collaborating with other nursing staff compare to other nursing practice" ($\overline{X}$ = 4.50, SD = .58). These findings were incongruent with the previous research by Hunter and Levett-Jones (2010). They reported that "organizing nursing care for older people" and "devising an individualized plan of care" had the highest scoring practice.

The results of this study were backed by the social value of Indonesian people and the socio demographic of the respondents. Older people in Indonesia are strongly attached to the value that family members should take the main responsibility for caring. Hospitalized older people often linked to physical disability, cognitive impairment, other functional limitation which made them considered as a vulnerable group in the clinical setting. The family members as the primary health care support for older people are considered more reliable in providing data for nursing care. On the other hand, the majority of respondents who were middle-aged with more than five year experiences were considered matures and had previous experience of working collaboration. This might explained why establishing relationship with older people family and collaboration with other nursing staff had higher mean score.

Furthermore, the finding in this study demonstrated similar evidence to the earlier study that policy development and introducing appropriate evidence based practice had the lowest practice compare to other activities. This might be explained that the respondents in this study were staff nurses, who had limited authority in the policy development, compare to nurses in the managerial position. In addition, the Diploma curriculum in Indonesia was merely focused on the technical skill oriented rather than evidence based practice. It is therefore the limited educational qualifications held by the staff nurses in this study may contribute to this finding.

Relationships between age, gender, education, experience, ageism, perception of older people care, and nursing practice for hospitalized older people

The study finding showed that age differences, gender and working experience had weak positive correlation with nursing practice for hospitalized older people.

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Gender variable demonstrated weak correlation with nursing practice. Ageism showed a negative relationship with nursing practice for hospitalized older people. On the other hand, educational background and perception of older people care showed no correlation with nursing practice for hospitalized older people. The discussions of hypothesis testing are presented as follows

Hypothesis 1: There is a positive correlation between age, education, experience, perception of older people care and nursing practice for hospitalized older people in Bandung City, Indonesia

Age and Experience. The average age of the participants was 33.94, considering as a middle-aged nurses (de Lange et al. 2010). More than 60% of the participants had Diploma background which means that they have been working in the clinical setting for more than five years. In other words, the majority of participants were middle aged nurse with more than five years experiences, which is considered as the expert level (Benner, 2001).

The finding showed that age differences had relationship with nursing practice to older people ($r = 0.182, p < .05$). Middle age group are considered more mature and had several years of experience. Previous literature argued that middle-aged nurses tend to have high level of mastery and more focused on continuous learning and skill development (de Lange et al., 2010) compare to younger nurse who express concerns in many areas of their practice, especially about their inability to interpret nursing assessment properly and their lack of confidence in their decision-making abilities (Ethridge, 2008; Morrow, 2009). Other study by Grönroos & Perälä (2008) demonstrated similar findings that age differences of staff nurses linked to higher levels of practice. It is therefore, the study indicated that age difference was positively related to nursing practice for hospitalized older people.

The result revealed that working experience had positive relationships with nursing practice ($r = 0.300, p = 0.001$). The analysis comparing the mean score of nursing practice between experience group revealed that nurse with five years' experience had higher score of mean of nursing practice ($\overline{X} = 4.17$, SD = 0.45) compare to those with 1-3 years experiences ($\overline{X} = 3.78$, SD = 0.59). According to Benner, experts nurses, with their extensive experience (more than five years, are

flexible in performing their skills and focus on holistic care rather than fragmented. The expert nurses are prepared with the complexity of nursing practice for older people. At the same time, nursing practice for older people require advanced nursing skills and several years of previous experience in acute care settings (Carlson et al., 2013). This study indicated that working experience was positively related to the practice of nurses working with hospitalized older people. Other research by Blegen et al (2010) is partially supported the finding. They argued that nurses with more than 5 years of experiences were associated with fewer medication errors and lower patient fall rates.

Education The result of the study showed that education background had no correlation with nursing practice. Previous evidences argued that advanced nursing education play an important role in addressing the increasing health care demands of the aging population (McLeary et al., 2009). Nurses with a higher level of nursing education tend to have higher skills in assessing hospitalized older people care than nurses with a primary level of education (Eloranta et al., 2013). Nursing schools must be equipped with the resources and curriculum so that the student was prepared to care for older person in a competent and caring manner (Kassalainen et al., 2006).

The finding in this study implied that all levels of nursing programs in Indonesia are likely lack of adequate geriatric nursing content in the curriculum. Indonesian nursing curriculum is still dominated by the bio-medical concept which focused on disease processes and the curative treatment. However, with a small percentage of SPK nurses (3.3%), the finding must be interpreted with caution, as this might not reflect the overall of education background.

Researcher from around the world have identified that nursing education did not include the necessary content of older people care (King, 2004, Gilje et al., 2007, Xiao et al., 2008, Deschodt et al., 2010). Other studies argued that the amount of nursing faculty with the expertise of Gerontological teaching was still insufficient (Maas et al., 2010). In addition, study showed that the practice of working with older people became less desirable as a result of education process (Brown et al., 2008).

At the same time, over half of the respondents held Diploma background (69.2%), which was similar to the current condition of nursing workforce in Indonesia. Recent study revealed that around 58% of nurses working in clinical areas

were Diploma qualification, 34% were SPK, and only 4.5% had Bachelor background (Sekarsari, 2013). The Indonesian government has worked towards enhancing the quality of the nursing workforce by improving the standard of nursing education and providing scholarship for continuing education among health professions. However, nursing practice for older people still largely overlooked, and there is no advanced Gerontological nursing program in Indonesia. From these reasons, the result of this study indicated that education had no relationship with nursing practice for hospitalized older people.

Perception of Older People Care The findings revealed that nurses had a high perception of older people care ($\overline{X}$ = 3.61, SD = .42). Nurses believed that older people care entails a shared understanding of older people health needs and their family members. The result on each dimension of perception showed various ratings. Overall, nurses gave higher agreement with the item on perception of evaluation of care ($\overline{X}$ = 4.01, SD = .60). In contrast, nurse' perceived less attention on the dimension of assessment of older patient's need of care ($\overline{X}$ = 2.41, SD = .74).

The study showed that only 53.3% of nurses believed that they are capable in decision making for nursing care of older patients (Appendices J, page 161). It appears that nurses have less confidence of their own knowledge about ageing process and health care needs of older people. Considering the limited content of nursing older people within the education process, nursing staff might perceive themselves as not prepared or taught for aged care. Subsequently, this might influence their perception on decision making of nursing older people care and may explain why nurses had low perception on assessment of older patient's need of care. This finding is partially supported by an earlier stud y showing that most nurses in acute care did not commonly identify themselves as geriatric nurse (Barba et al., 2012). Cooper and Mitchel (2004) argued that nurses who had lack of understanding on older person need seemed less responsive to the care of the patient.

The finding revealed that there was no relationship between nurses' perception of older people care and the practice of working with older people. The finding of this study was contrast to de Almeida Tavares et al (2013) study which argued that nurse who had high perception of older people care was related to the delivery of better

practice for older people. This might be due to fact that nurses were practicing in situations where there was a difference perception between the patient's needs and the demands of the organization (Institute of Medicine report, 2011). Previous study by Nay (1998) suggested that nurse perception of older people care and nursing practice for older people was frequently contradictory. Indonesian nurses who enter the real workforce are likely to deliver nursing practice based on what they were told or observed from the actual practice (Kandar, 2011). As the result, the actual situation of nursing practice with older people was likely delivered based on nurse' previous observation or traditional nursing practice. This might explain why nurse' perception of older people care was not related to nursing practice for hospitalized older people.

Hypothesis 2: There is a correlation between gender and nursing practice for hospitalized older people in Bandung City, Indonesia

Similar with the global condition, the majority of the respondents were female nurse. This study found that gender had a weak correlation ($r = 0.243$, $p < .05$) with nursing practice for older people. Looking into the details, the analysis comparing mean score of nursing practice between genders revealed that female nurses had a higher mean score ($\overline{X} = 4.12$; SD = 0.49; $p < .05$) than male nurses.

This finding reflected the differences characteristic of gender in care provision for older people. Women are guided into the realm of caregiving for the other based on beliefs about maternal instincts, their gender experiences, and job prospect differences for women and men (Cancian & Oliker, 2000). Nursing as the extension of the domestic role of women, are considered as the "feminine' image of nurturing, caring and gentleness as opposed to masculine attributes (Meadus, 2000; Harding, 2005; O'Lynn and Tranbarger, 2007). In contrast, men or son still considered as the breadwinner of the family, where they are encouraged to have higher ambitions for developing and advancing their careers. Consequently, they generally prefer the managerial positions, psychiatric care and areas of high technology such as critical care than care for older people who usually have chronic care (Nordam et al., 2005). Thus, it appears that female nurses have higher practice when working with older people compare to male nurses who have limited experience in providing care for older people.

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In Indonesian research, as in most studies of Ageing in Southeast Asia, there is a particular emphasis that women or daughter take major roles in providing personal care for older people (Schröder-Butterfill, 2005; Van Eeuwijk, 2006). However, the gender roles have been changing, with women becoming increasingly involved in work, school and other obligations, making it more difficult for them to be the primary caregiver of an aged parent. In addition, other studies demonstrated that women felt burdened and emotionally stressed when providing care for older people than men as caregivers (Yee & Schulz, 2000; Pinquart & Sorensen, 2003). For these reasons, the finding in this study indicated that gender was related with nursing practice for older people.

Hypothesis 3: There is a negative correlation between ageism and nursing practice for hospitalized older people in Bandung City, Indonesia

Regarding to stereotypical labeling toward older people or generally known as ageism, the result of this study showed that ageism had negative correlation with nursing practice for hospitalized older people ($r = -0.286$. $p < .05$). According to Phelan (2011), the stereotyping attitude toward older people arises from the social construction of the value of this aged group in the society.

Researcher argued that nursing practice for older people might be influenced by the societal perceptions (Ford & McCormack, 2000). Ageist attitude would legitimize the way a particular group is treated. As members of society, the stereotyping attitude toward older people in the society may have been transmitted into nurses' belief and attitude.

At the same time, lack of nursing older people content in nursing education program would lead to limited knowledge of ageing process. This may also accelerated the stereotyping attitude toward the ageing population among nurses. Other studies showed that ageism might be facilitated by healthcare staff in terms of considering health deterioration as part of the 'normal' ageing process which results in care given to older people (Nolan, 2003, Penson et al., 2004).

According to a study by Celick et al (2010), limited knowledge about the ageing process would negatively influence the care provision. This was supported by the evidence that health care providers often favor younger people over older people when providing care because they are perceived as being more productive and had

greater potential to live longer and healthier lives (Tsuchiya et al., 2003). Other studies showed that stereotypical attitudes often serve as a barrier to form an effective therapeutic relationship with older adults (Krout & McKernan, 2007). According to Hanson (2014), ageist attitudes toward older person negatively affect the care provision for this group. Therefore, congruent with previous literature, this study demonstrated that moderate level of ageism was negatively related with nursing practice for hospitalized older people.

Conclusion

The result of this study confirms that the practice of nurses in clinical setting was considerably high performed on aging population. Recognition of the practice of working toward older people supports the description of nursing older people in Indonesia. The data showed that nursing practice for hospitalized older people was related to age, gender, experience and ageism of nursing staff. In contrast, education background and perception of older people care showed no relationships with the practice of nurses working with older people. This means that the expanding practice of nursing older people require continued development and further exploration.

Limitation of the study

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The present study has a few limitations. First, the data presented in this study were gathered from two hospitals in Indonesia. Therefore, the finding might not generalize for the broader of Indonesian nurses. Second, nurse responses to ageism and perception of care questionnaire might be affected by their life experience with older person, and the organization policy. Nursing staff who believes that their institutions are supportive in providing care for older people would probably have a positive attitude on older people and their care provision.

Implication and recommendations

The following section provides suggestions for how the findings from this study can be implemented into nursing practice, education, administration, and nursing research.

Nursing practice

The result of this study revealed that nursing practice was highly performed on aging group. Moreover, the study demonstrated that nurses showed high perception of older people care, yet there was no correlation on nursing practice

The practice of working toward hospitalized older people appears to become frequent for nurses working in clinical setting. In addition, the majority of hospitalized older people is admitted to the same adult ward and there still limited number of geriatric ward provided in Indonesia. Based on the study findings, nurses and other health care staff need to pay closer attention to professional development of nursing practice for older people.

Hospitalized older people have their own specifics of health assessment and needs, which could not equalize with other adult patient. Further awareness and gaining new evidence based practice for older people care would help nurses and other health profession to enhance the practice of caring older people and their family. In addition, it is recommended that older people needs of physical, psychological and social wellbeing should be the central objective in older people care.

Nursing education

The study finding indicated that education background had no correlation with nursing practice. On the other hand, nurses with longer working experience were more likely to have better practice in working with older people. This could be meant that years of experience at clinical setting would influence the practice of working with older people rather to the education level. Care provision for older people will dominate the practice of nurses in clinical setting, yet, nurses showed a moderate level of ageism. It is therefore, nursing education of ageing process and the nature of aged care should be improved. It can be beneficial for nurses' staff to discuss the need of training and continuing education on older people care with the managerial and education staff at their hospitals.

Nurse educators are suggested to evaluate the nursing older people content in the learning process in order to promote positive attitude toward older people and their care provision. Since, there is a lack of advanced Gerontological nursing program in Indonesia; it is suggested for nursing faculty to encourage their staff to pursue advanced education focused on older people. In order to prepare future nurses for aged care, nurse educators in the academic and clinical setting need to work together in establishing Gerontological nursing curriculum that encompasses older people need and also their family.

Nursing administration

This study demonstrated contemporary description of the practice of nurses working with older people. Based on the findings, several significant implications for nursing practice can be proposed as follows:

1) Nursing administrators may use the information given from the listed nursing practice to compare and evaluate the standard practice of working with hospitalized older people. The evaluation would help nursing management to design specific Gerontological training or program which enhance nursing knowledge of aging and their skill of caring older people.

2) The study showed the application of new evidence based practice into the practice was not often performed by nurses. Nursing administrators are suggested to improve their evidence-based guideline to assist nurse in providing care that promotes the best practice for older people care. A continuous effort to promote innovative evidence on older people care is required to encourage nurse' interest of evidence based practice.

3) The finding indicated that ageism was negatively related to nursing practice. The level of ageism was found moderate among nurses, thus, it is important for nursing management to provide appropriate information about aging process, as well the stereotyping attitude toward older people.

4) The study revealed the complexity of older people care and the actual practice. Nurses and health administrators are recommended to consider the importance of preparing a specialized unit or geriatric ward that involve collaboration with other health profession, which focused on contemporary practice for older people.

5) Nursing administrators are suggested to create educational opportunities for the staff nurses, which focused on advanced Gerontological nursing. This may increase nurse' interests of older people care and also enhance their skills.

Nursing research

The current study would be the first study in Indonesia to explore the practice of nurses working with hospitalized older people and the relationship with nurse' characteristics, ageism and perception of older people care. Based on the result, some suggested recommendations would be beneficial to conduct further study as follows:

1) The finding showed that age and experience were associated with the practice of nurses working with older people. Further study with more focus in developing program or intervention to support younger and less experience nurses in older people care are recommended

2) Since the education background of nurse was dominated by Diploma nurses and small number of SPK nurses, this might influence to relationship result. It is suggested for further study to involve more equal distribution of the education background among staff nurses.

3) The finding showed that nurses had moderate level of ageism. Further studies that focus in developing a program to prevent stereotyping attitude are recommended.

4) The study indicated that older person need, values and preference which include their family should be integrated in older people care. However, this study only focused from the nurses' perception side. Thus, further study from older people and their family perception are recommended, to acknowledge the gap between health profession and older patient.

5) The present study used nurse population from two hospitals in Bandung, Indonesia. Therefore, the findings cannot be generalized within Indonesian nursing practice. Further investigations carried out in other provinces are warranted.

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APPENDIX

APPENDIX A
APPROVAL OF THESIS PROPOSAL

Announcement

Faculty of Nursing, Chulalongkorn University

Proposal Approved in the academic year 2013

ID	5577201436
Name	Miss Stephanie Melia
Academic Program	Master of Nursing Science Program in Nursing Science
Chairperson	Assoc. Prof. Dr. Jirapon Ketpichayawattana
Major-advisor	Asst. Prof. Dr. Tassana Choowattanapakorn
External Examiner	Dr. Choosak Khampalikit
Title of Thesis	THE RELATIONSHIP BETWEEN NURSES' CHARACTERISTICS, AGEISM, PERCEPTION OF OLDER PEOPLE CARE AND NURSING PRACTICE FOR HOSPITALIZED OLDER PEOPLE

Approval by Faculty Board No. 8/2014, May 14, 2014.

Announce date May 16, 2014

(Sureeporn Thanasilp, D.N.S.)

Associate Professor and Dean, Faculty of Nursing

APPENDIX B
INSTRUMENT OF RESEARCH

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

Instrument (English Version)

Section 1: Demographic Data

Instructions:

This questionnaire is presented in four sections. Please do not write your name or the name of institutions you are employed by on the questionnaire. Please complete each page of the questionnaire.

Section A asks you to provide demographic information.

Section B seeks your description of the practice of nurses working with older people

Section C seeks your feelings toward elderly

Section D seeks your perception of older people care

Sociodemographic information

Instructions: Please read each questions carefully. Thick the place provided which best indicates your situation

1. Age: _____ years

2. Gender

   ___ Male ___ Female

3. Education

   ___ SPK (a three year basic nursing course at senior high school level)

   ___ Diploma of Nursing

   ___ Bachelor of Nursing

4. Experience

   ___ more than 1 but less than 3 years

   ___ more than 4 years but less than 5 years

   ___ more than > 5 years

Section 2: The Practice of nurses working with older people questionnaire

Instructions:

For each of the following statements, please circle the number which most likely describe your practice for hospitalized older people

No.	When nursing older people, my practice includes	Never	Seldom	Some times	Often	Always
1.	Establishing a relationship with them	1	2	3	4	5
2.	Collaborating with other nursing staff in delivering nursing care for older people.	1	2	3	4	5
3.	Acting as a role model to less experienced team member	1	2	3	4	5
4.	Understanding how to intervene when care is compromised by unsafe practice	1	2	3	4	5
	………………					
27.	Having an understanding of other services the aged can access	1	2	3	4	5
28.	Interpreting results from investigations and assessment and then making changes to care	1	2	3	4	5

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Section 3: Fraboni Scale of Ageism

Instructions:

Circle the number that most accurately represents your personal level of agreement with the statement on the left. There are 29 items on this survey.

No.	Statements	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	Teenage suicide is more tragic than suicide among the old	1	2	3	4
2.	There should be special clubs set aside within sports facilities so that old people can compete at their own level.	1	2	3	4
3.	Many old people are stingy and hoard their money and possessions.	1	2	3	4
4.	Many old people are not interested in making new friends, preferring instead the circle of friends they have had for years.	1	2	3	4
	………………				
28.	Old people complain more than other people do.	1	2	3	4
29.	Old people do not need much money to meet their needs.	1	2	3	4

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Section 4: Perception of Older People Care

Instruction:

Circle in the items below the item, which **from your opinion best corresponds to the practice in your own working environment**. The response categories:

1 = Strongly Agree (SA)　　　4 = Disagree (D)

2 = Agree (A)　　　5 = Strongly Disagree (SD)

3 = Uncertain (U)

Perception Statements	SA	A	U	D	SD
Nurses' professional attitude in nursing of an aged patient 1. Nurses always make themselves as a decision maker for older patients	1	2	3	4	5
2. In order to improve nursing care for an older patient, it is wise to leave the nursing decision to nurses.	1	2	3	4	5
3. With authority attitude nurses preserve credibility in nursing of older patients	1	2	3	4	5
………………………					
38. Nurses always discuss with an older patient about the change of the goal of nursing.	1	2	3	4	5
39. Nurses always discuss with the family member of an older patient about the change of the goal of the patient's nursing.	1	2	3	4	5
40. Nurses regularly evaluate an older patient's functional activity together with the patient.	1	2	3	4	5
41. Nurses evaluate supporting resources of older patient's family before discharge planning.	1	2	3	4	5

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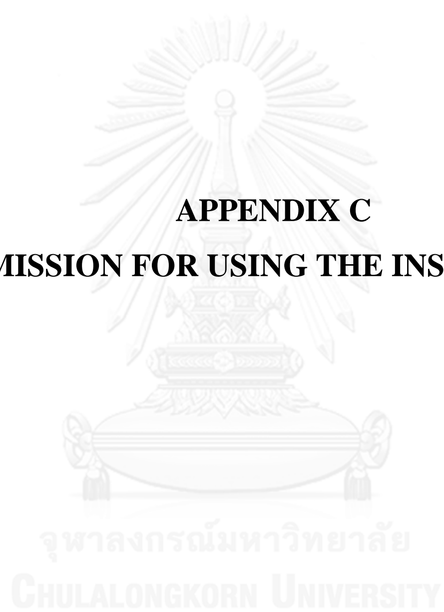

APPENDIX C
PERMISSION FOR USING THE INSTRUMENTS

Permission Letter for the Professional Development of Registered Nurses (PDRS) questionnaire

>>> Stephanie Melia <berticaron@ymail.com> 24/10/2013 4:05 am >>>
Dear
Sharyn Hunter, PhD, RN
Lecturer, Research Academic, School of Nursing and
Midwifery
The University of Newcastle, Callaghan

My name is Stephanie Melia, I am from Indonesia. Currently, I am an International graduate student at Faculty of Nursing, Chulalongkorn University, Thailand. My subject is Gerontological Nursing and I am in the process of my Master's Degree thesis. Aging population in Indonesia is ranked number 5 biggest in the world, yet Gerontological Nursing still rarely a main interest for nursing in Indonesia. Furthermore, I intend to study Nurse' attitudes toward older people and nurse' practice working with older people in acute care, particularly for Indonesian nurses.

With due respect, I find your study 'The practice of nurses working with older people in long term care: an Australian perspective' is likely applicable to my research. Therefore, I would like to ask your permission to use the questionnaire from the article. I am hoping with your permission, I could use and translate the questionnaire into Indonesian language and then distribute to nursing staff.

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Chulalongkorn University

I would be pleased to include a full citation to your work and other acknowledgement as you might request. I would greatly appreciate your permission. If you require further information, or if there are any conditions that would facilitate the permissions process, please do not hesitate to contact me at berticaron@ymail.com Thank you for considering my request. I look forward to your response.

Sincerely,
Stephanie Melia
Student of International Program
Master in Nursing Science
Faculty of Nursing Chulalongkorn University
Bangkok, Thailand

On Thursday, October 24, 2013 11:04 AM, Sharyn Hunter
<Sharyn.Hunter@newcastle.edu.au> wrote:

Thank-you Stephanie for your request.

Can you remind me which questionnaire it was? Do you need a copy?

regards

sharyn

Sharyn Hunter

To me

Nov 13, 2013

My apologies Stephanie,

I have been very busy marking and finalising my undergraduate course in the BN program about nursing older people. A huge job with 300 students.

I also found i did not have a digital copy of the questionnaire and had to go searching!!

Finally found a copy which i have scanned and attached. Could you please keep in contact as i would like to know what you find.

good luck with your research,

regards

sharyn

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RN questionnaire from Sharyn Hunter's PhD thesis .pdf

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Pirkko Routasalo

To

Sini Eloranta me

Feb 28, 2014

Dear Stephanie,

Enclosed you can find the questionnaire for your use. Be critical with it because it is not valid. You can change it if you will.

Best wishes

Pirkko Routasalo

2014-02-21 8:37 GMT+02:00 Sini Eloranta <sinelo@utu.fi>:

Pirkko hei,

Katsotko ystävällisesti alla olevan Stephanien viestin, jossa hän pyytää mittariisi käyttölupaa. Haluatko itse vastata hänelle vai mitä vastaan?

Ystävällisesti

Sini

Lähetetty iPhonesta

Välitetty viesti:

Lähettäjä: Stephanie Melia <berticaron@ymail.com>

Päiväys: 20. helmikuuta 2014 22.54.25 UTC+2

Vastaanottaja: "sinelo@utu.fi" <sinelo@utu.fi>

Aihe: request permission for research

Vastaus: Stephanie Melia <berticaron@ymail.com>

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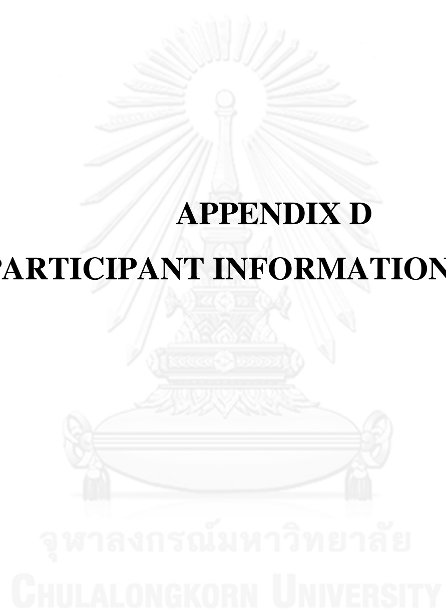
Chulalongkorn University



APPENDIX D
PARTICIPANT INFORMATION SHEET

Form of Patient/Participant Information Sheet

Instruction:

Need to use simple/lay language, avoid technical terms. (If used, give explanation in lay language)

Do not copy content of research proposal/thesis as information for participant.

The information must be consequently arranged as follows.

Title of research project The relationships between nurse' characteristics, ageism, perception of older people care and nursing practice for hospitalized older people

Principle researcher's name Stephanie Melia **Position** Lecture staff

Office address STIK Immanuel, Kopo St. No 161, Bandung

Home address Balap Sepeda St. V No. 34, East Jakarta, DKI Jakarta

Telephone (office) +62 22 5215236 **Telephone (home)** –

Cell phone +62 812 192 15896 **Email:** berticaron@ymail.com

1. You are being invited to take part in a research project. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and do not hesitate to ask if anything is unclear or if you would like more information.
2. As the fourth most populated country in the world, ageing population in Indonesia has been growing for many decades. A large number of ageing group are becoming the major customer in health care service. Hospitalized older people are more likely have a long length of stay and their age-related physiological changes make their needs become complicated. As the formal caregiver for older people and the largest health care provider in Indonesia, it is imperative for nurses to fully understand their expanding practice to ensure recognition from nurses and others of their contribution in caring for older

people. Indonesian nurses apparently tend to provide similar care for older people as in adult nursing. There is limited evidence regarding to nursing practice for hospitalized older people in Indonesia. Therefore, it is suggested that there is an urgent need to explore the practice of nurses working with hospitalized older people and associated factors.

3. Objective (s) of the project
   a. To identify nursing practice for hospitalized older people in Bandung City, Indonesia
   b. To examine the relationship between nurses' characteristics (age, gender, education, experience) and nursing practice for hospitalized older people in Bandung City, Indonesia
   c. To examine the relationship between ageism and nursing practice for hospitalized older people in Bandung City, Indonesia.
   d. To explore the relationship between nurses' perception of older people care and nursing practice for hospitalized older people in Bandung City, Indonesia.
4. Details of participant

   The population for the study is nurses who are work in inpatient ward from several hospitals in Bandung, West Java, Indonesia during the period of the study. The samples in this study will be nurses who work in inpatient ward of two private hospitals (Immanuel Hospital and St. Borromeus Hospital), Bandung, West Java, Indonesia. Sample will be recruited with several criteria, those are: 1) Full time nurses, 2) Working in medical and surgical ward, 3) Willing to participate in this study, and 4) Having experience for caring older patient at least one year. The sample size will be calculated based on the formula from Thorndike (1978) follows: this study has 7 variables (6 dependent variables and 1 independent variable), the sample resulted in this study are120 nurses.
5. Procedure upon participants

   After Ethic Research Committee of Immanuel Hospital, Bandung approved the study, the researcher visit Nurse Director who responsible in both hospitals. The first process is doing ward selection by explaning the aim of the

research to the nurse Director and asks them to select the participant candidate based on the inclusion criteria. After getting the a list of participant candidate from the nurse manager, the researcher will visit the selected ward and ask the head nurses for the permission to distribute the instruments among nursing staff. If the candidate agrees to be the participant in this research, the researcher will explain the purpose of the study and give the opportunity for the subjects to ask questions. Then researcher will make an appointment for gathering data.

6. The researcher explains the way to answer the questionnaires. When the subjects understand the method, the subject will answer all the questionnaires by themselves. When the questionnaires are handed back, the researcher will check that all the information will be completed. If any item are incomplete, the researcher will ask the subject to fill out the missing items.
7. There will be no harm for the participants in this study.
8. For benefit of the project, the researcher wants study in this topic with the expectance of the result may lead to provide some information related to factors that correlate with nursing practice for hospitalized older people and can be used as guidance for developing age specific nursing intervention for older people.
9. Protect the right of the individuals who volunteered as subjects by having each sign a consent form, which includes an explanation of the purpose of the research, assurance of confidentiality, informs about the questionnaire destruction when finishing the study as well as the option to withdraw from this study at any time with no consequence at all.
10. Information will include 'if you have any question or would like to obtain more information, the researcher can be reached at all time. If the researcher has new information regarding benefit on risk/harm, participants will be informed as soon as possible.' This practice will provide an opportunity for participants to decide whether to stay/not stay within the project. (**Exception**, in case of one time interview and unable to re-contact participants.)

11. Information will include "Information related directly to you will be kept **confidential.** Results of the study will be reported as total picture. Any information which could be able to identify you will not appear in the report.
12. State explicitly whether there is any compensation for time loss/inconveniences transportation fee, etc. The amount should be appropriate, not too high as if to "buy" or not to low as to take advantage of participants.
13. State that if researcher does not perform upon participants as indicated in the information, the participants can report the incident to the Ethics Review Committee for Research Immanuel Hospital. Kopo Street 161, Bandung, Telp: 22 5201656.

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Chulalongkorn University

Formulir Lembar Informasi Peserta
(Indonesian version)

Judul proyek penelitian: Hubungan karakteristik perawat, ageism, persepsi perawatan lanjut usia terhadap praktik keperawatan pada pasien lanjut usia

Nama Peneliti: Stephanie Melia **Posisi:** staf pengajar
Alamat Kantor STIK Immanuel, Jln. Kopo 161, Bandung, Jawa Barat
Alamat Rumah Jln. Balap Sepeda V No. 34, Jakarta Timur, DKI Jakarta
Telephone (kantor) +62 22 5215236 **Telephone (rumah)** –
HP +62 812 192 15896 **Email:** berticaron@ymail.com

1. Anda diundang untuk berpartisipasi dalam proyek penelitian. Sebelum Anda memutuskan untuk berpartisipasi penting bagi anda untuk memahami latar belakang penelitian dan apa yang akan dilakukan. Luangkan waktu untuk membaca informasi berikut dengan seksama dan jangan ragu untuk bertanya jika terdapat informasi yang tidak jelas atau jika Anda ingin informasi lebih lanjut.
2. Jumlah penduduk lanjut usia di Indonesia telah meningkat selama beberapa dekade. Perubahan biopsikososial serta resiko penyakit degeneratif mempengaruhi sebagian besar kelompok lanjut usia untuk menjadi mayoritas pengguna pelayanan kesehatan khususnya di rumah sakit. Pasien lanjut usia beresiko dirawat dengan waktu yang lebih lama dan memiliki kebutuhan yang lebih kompleks dibanding kelompok usia lain. Perawat sebagai salah satu unsur penting di rumah sakit yang memberikan pelayanan profesional, merupakan bagian integral yang tidak dapat dipisahkan dalam memberikan pelayanan kesehatan bagi pasien lanjut usia. Beberapa penelitian melaporkan bahwa praktik keperawatan yang diberikan kepada pasien lanjut usia masih disamakan dengan kelompok usia dewasa dan kurang menjadi perhatian utama bagi perawat. Berdasarkan kondisi tersebut, penelitian terkait praktik keperawatan pada pasien lanjut usia dan faktor-faktor terkait merupakan hal dibutuhkan pada saat ini.
3. Tujuan proyek
   a. Mengidentifikasi praktik keperawatan pada pasien lanjut usia

b. Mengeksplorasi hubungan antara karakteristik perawat (usia, jenis kelamin, pendidikan, pengalaman) dan praktik keperawatan pada pasien lanjut usia.

c. Mengeksplorasi hubungan antara 'ageism' dan praktik keperawatan pada pasien lanjut usia

d. Mengeksplorasi hubungan antara persepsi perawat terhadap perawatan lanjut usia dan praktik keperawatan pada pasien lanjut usia.

4. Rincian peserta

Populasi dalam penelitian ini adalah staf perawat yang bekerja di ruang rawat inap dari beberapa rumah sakit di Kota Bandung, Jawa Barat. Sampel penelitian ini adalah perawat yang bekerja di ruang rawat inap khusus penyakit dalam dan medikal bedah di dua rumah sakit swasta (RS. Immanuel dan RS Santo Borromeus) di Kota Bandung, Jawa Barat. Kriteria sampel meliputi: 1) perawat yang bekerja penuh, 2) bekerja di ruang rawat inap area penyakit dalam dan medikal bedah, 3) bersedia untuk berpartisipasi dalam penelitian, dan 4) memiliki pengalaman merawat pasien lanjut usia minimal satu tahun. Berdasarkan formula dari Thorndike (1978) dimana dalam penelitian ini terdapat 6 variable independen dan 1 variabel dependen, jumlah sampel yang diperlukan berjumlah 120 perawat.

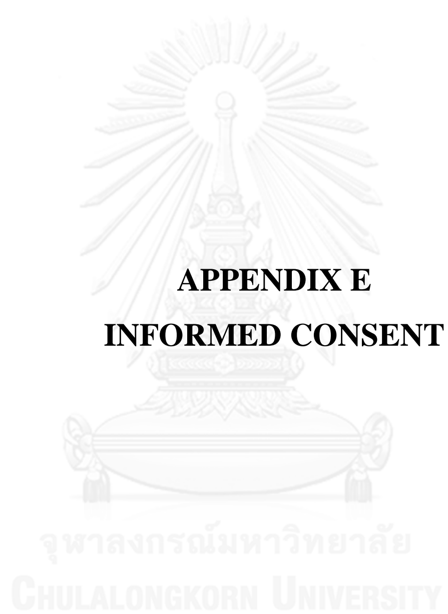
5. Prosedur pengumpulan data

Peneliti akan berdiskusi dengan kepala bidang keperawatan di rumah sakit yang menjadi tempat penelitian terkait pemilihan ruangan dan kandidat peserta yang memenuhi kriteria inklusi. Setelah mendapatkan ijin dari kepala ruangan, peneliti akan memperkenalkan diri kepada subjek dan menjelaskan tujuan penelitian dan memberikan kesempatan bagi peserta untuk mengajukan pertanyaan. Peneliti akan mengunjungi ruangan pada saat dinas pagi dan sore untuk membagikan instrumen penelitian. Ketika subjek setuju untuk berpartipasi, peneliti akan memastikan bahwa hak partisipan akan dilindungi sepenuhnya.

6. Peneliti menjelaskan cara untuk menjawab kuesioner. Ketika subyek memahami metode, subyek akan menjawab semua kuesioner sendiri. Tidak ada batas waktu akan ditetapkan. Ketika kuesioner diserahkan kembali, peneliti akan memeriksa bahwa semua informasi akan selesai. Peneliti akan meminta partisipan untuk mengisi item yang belum lengkap.

7. Tidak akan ada tindakan merugikan kepada partisipan dalam penelitian ini

8. Untuk kepentingan penelitian, peneliti mengharapkan hasil studi di topik ini dapat mengeksplorasi pelaksanaan praktik keperawatan pada pasien lanjut usia serta faktor-faktor yang berhubungan. Peneliti berharap bahwa hasil penelitian ini dapat menjadi sumber informasi dalam mengembangkan praktik keperawatan pada pasien lanjut usia dan menumbuhkan minat perawat pada keperawatan Gerontik.
9. Perlindungan terhadap hak individu yang sukarela sebagai subjek dengan masing-masing menandatangani formulir persetujuan yang mencakup penjelasan tentang tujuan penelitian, jaminan kerahasiaan, menginformasikan tentang penghancuran kuesioner ketika menyelesaikan studi serta pilihan untuk menarik diri dari penelitian ini kapan saja tanpa konsekuensi sama sekali.
10. Informasi akan mencakup ‘jika Anda memiliki pertanyaan atau ingin memperoleh informasi lebih lanjut, peneliti dapat dihubungi di sepanjang waktu. Jika peneliti memiliki informasi baru mengenai manfaat/resiko/bahaya, peserta akan diinformasikan secepatnya. Hal ini akan memberikan kesempatan bagi partisipan untuk memutuskan apakah akan tetap/tidak dalam proyek (pengecualian, dalam kasus ketika partisipan kesulitan untuk dikontak kembali).
11. Informasi akan mencakup ‘informasi terkait langsung dengan anda **akan dijaga kerahasiaanya**. Hasil penelitian akan dilaporkan sebagai gambaran keseluruhan. Setiap informasi yang dapat mengidentifikasi Anda tidak akan muncul dalam laporan.
12. Jelaskan secara eksplisit apakah ada kompensasi untuk biaya kehilangan waktu/ketidaknyamanan transportasi dll. Jumlahnya harus tepat, tidak terlalu tinggi seolah-olah untuk “membeli’ atau tidak terlalu rendah untuk mengambil keuntungan dari peserta.
13. Jika peneliti tidak medemonstrasikan hal yang telah direncanakan seperti pada lembar informasi pada peserta, para peserta dapat melaporkan kejadian tersebut kepada Komite Etik Penelitian RS Immanuel, Jln. Kopo 161, Bandung, Telepon: 62 22 5201656.



APPENDIX E
INFORMED CONSENT

Informed Consent Form

Address …………………………………

Date …………………………………......

Code number of participant …………………………………………………

I who have signed here below agree to participate in this research project
Title The relationships between nurse' characteristics, ageism, perception of older people care and nursing practice for hospitalized older people
Principle researcher's name Stephanie Melia
Cell phone +62 812 192 15896 **Email:** berticaron@ymail.com

I have **(read or been informed)** about rationale and objective(s) of the project, what I will be engaged with in details, risk/ham and benefit of this project. The researcher has explained to me and I **clearly understand with satisfaction.**

I willingly **agree** to participate in this project and consent the researcher to (indicate what will be performed upon participant)**:** Response to questionnaires for 25-30 minute.

I have **the right** to withdraw from this research project at any time as I wish with no need to **give any reason**. This withdrawal **will not have any negative impact upon me (eg: still receive the usual services).**

Researcher has guaranteed that procedure(s) acted upon me would be exactly the same as indicated in the information. Any of my personal information will be **kept confidential.** Results of the study will be reported as total picture. Any of personal information which could be able to identify me will not appear in the report.

If I am not treated as indicated in the information sheet, I can report to the Ethics Review Committee for Research Immanuel Hospital. Kopo Street 161, Bandung. I also have received a copy of information sheet and informed consent form.

Sign	Sign	Sign
(Stephanie Melia)	(..............................)	(..............................)
Researcher	Participant	Witness

Informed Consent (Indonesian version)

Alamat
Tanggal

Nomor kode peserta :

Saya yang telah menandatangani di bawah ini setuju untuk berpartisipasi dalam proyek penelitian ini
Judul: Hubungan antara karakteristik perawat, ageism, persepsi perawatan pada lanjut usia dan praktik keperawatan pada pasien lanjut usia.
Nama peneliti: Stephanie Melia
Alamat Kontak : Balap Sepeda V No 34, Jakarta Timur
Alamat Kantor : STIK Immanuel, Jln. Kopo 161, Bandung
Telepon: 081219215896

Saya telah (membaca atau dijelaskan) tentang alasan dan tujuan dari proyek penelitian, bagaimana saya akan terlibat, resiko dan manfaat dari proyek ini. Peneliti telah menjelaskan kepada saya dan saya mengerti dengan jelas.

Saya bersedia untuk berpartisipasi dalam proyek ini dan setuju untuk **menjawab kueisoner** yang diberikan. Pengisian kuesioner tersebut diberikan rentang waktu selama 25-30 menit. Setelah selesai data pribadi akan dihapus. Jika akan disimpan untuk studi masa depan, harus dinyatakan dalam Formulir Informed Consent.

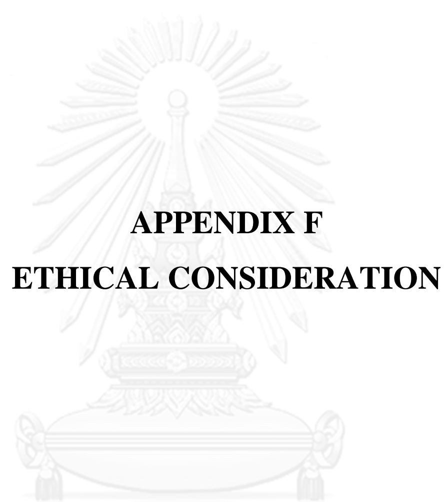
Saya **memiliki hak** untuk menarik diri dari proyek penelitian ini setiap saat tanpa perlu memberikan alasan apapun. Penarikan ini tidak akan memiliki dampak negatif pada saya (misalnya: masih menerima layanan biasa).

Peneliti menjamin bahwa prosedur tindakan atas saya akan sama persis seperti yang ditunjukan dalam informasi. Setiap informasi pribadi saya akan **dijaga kerahasiaanya**. Hasil penelitian akan dilaporkan sebagai gambaran keseluruhan. Setiap informasi pribadi yang dapat mengidentifikasi saya tidak akan muncul dalam laporan.

Jika saya tidak diberikan lembar informasi, saya dapat melaporkan kepada Komite Etik Penelitian RS Immanuel, Jln. Kopo 161, Bandung, Telepon: 62 22 5201656. Saya juga telah menerima salinan lembar informasi dan formulir informed consent.

Tanda tangan	Tanda tangan	Tanda tangan
(Stephanie Melia)	(...............................)	(...............................)
Peneliti	Responden	Saksi

CHULALONGKORN UNIVERSITY



APPENDIX F
ETHICAL CONSIDERATION

YAYASAN BADAN RUMAH SAKIT GEREJA KRISTEN PASUNDAN

RUMAH SAKIT IMMANUEL

Jalan Kopo No. 161 Telp. (022) 5201656 - 5201672, 5224214-21 - Fax. (022) 5224219 Bandung - 40234
e-mail : info@rsimmanuel.com

No : 914/Dirut/VI/2014
Subject : Access Request for Research

To
Director Immanuel School of Health Sciences
Kopo St. No. 161
Bandung

Based on the Letter No. 14/STIKI/LP2M/V/2014 on May 30, 2014 concerning Access Request for Research. We hereby inform that the staff below:

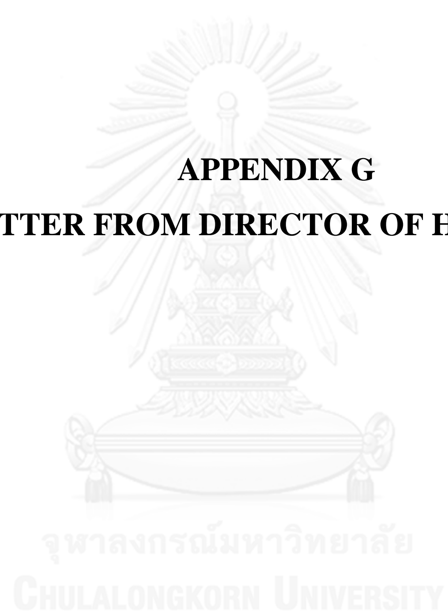
Name	:	Stephanie Melia
Research Title	:	The Relationship between Nurse' Characteristics, Ageism, Perception of Older People Care and Nursing Practice for Hospitalized Older People

In principle, we approve the research to be carried out in Lukas ward, Immanuel Hospital, since **July 1 to October 15, 2014**. Further instruction and administration should contact the DIKLIT Section, Immanuel Hospital.

Please note, if the researcher has completed the activities, she obliged to submit final report to DIKLIT Section, Immanuel Hospital.
Please be advised

Bandung, 26 Juni 2014

dr. Bena Miguna, MM-BAT
Hospital Director



APPENDIX G
LETTER FROM DIRECTOR OF HOSPITAL

PERKUMPULAN "PERHIMPUNAN SANTO BORROMEUS"
RUMAH SAKIT SANTO BORROMEUS
BIRO PENGEMBANGAN DAN PEMBELAJARAN

No : 439/P2/XI/2014
Hal : Surat Balasan Izin Penelitian

Kepada Yth.
Ketua STIK Immanuel
Jl. K.H. Wahid Hasyim / Kopo No. 161
Bandung - 40234

Dengan hormat,

Menindaklanjuti surat No. 1/STIKI/LP2M/X/2014 perihal Izin Penelitian, maka kami sampaikan bahwa pada prinsipnya kami tidak keberatan dan dapat menerima permohonan tersebut.

Adapun nama yang dapat diberikan Izin untuk melakukan penelitian, sbb :

No	Nama Mahasiswa	Topik Bahasan	Waktu	Tempat
1.	Stephanie Melia	*The Relationship between Nurses Characteristics, Ageism, Pperception of Older People Care and Nursing Practice for Hospitalized Older People"*	November	Direktorat Keperawatan

Peserta dimohon untuk memenuhi persyaratan administrasi sbb :

a. Dapat mengumpulkan photo berukuran 3 x 4 (berwarna) sebanyak 2 buah per orang.
b. Dapat memenuhi biaya kegiatan sebesar:
   - Rp. 250.000/topik/orang
c. Melengkapi biodata di Seksi P2SP

Untuk informasi lebih lanjut mengenai pelaksanaan kegiatan, mohon dapat menghubungi *Contact Person* kami :

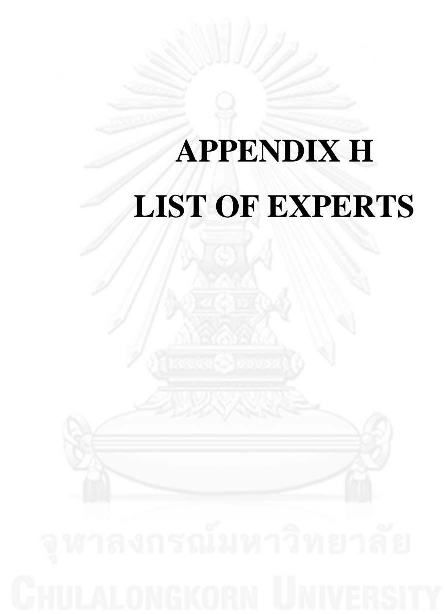
Sdri. Sara Putri di Seksi P2SP Rumah Sakit Santo Borromeus
Telp : 022-2552227 - Telp / Fax 022-2552155

Demikian kami sampaikan, atas perhatiannya kami ucapkan terima kasih.

Bandung, 1 November 2014
Rumah Sakit Santo Borromeus

Arselina Daryanti Goban
Pjs. Kepala Biro P2

Tembusan:
1. Yth., Direktur Keperawatan
2. Yth., Ketua Komite Keperawatan



APPENDIX H
LIST OF EXPERTS

จุฬาลงกรณ์มหาวิทยาลัย
Chulalongkorn University

List of Expert for Content Validity

1. Hartiah Haroen, S.Kp. M.Kes. M.Ng
   Community Nursing Department, Faculty of Nursing, Padjadjaran University
2. Neti Juniarti, S.Kp. M.Kes. M.Nurs.
   Community Nursing Department, Faculty of Nursing, Padjadjaran University
3. Raini Diah Susanti, S.Kp. M.Ng
   Community Nursing Department, Faculty of Nursing, Padjadjaran University
4. Rita Hadi W, S.Kp. M.Kep. Sp.Kom
   Community Nursing Department*, School of Nursing* of the Faculty of Medicine, *Diponegoro University*
5. Windy Asih, S.Kep. Ns. MNg
   Nursing Department, Immanuel School of Health Sciences

จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

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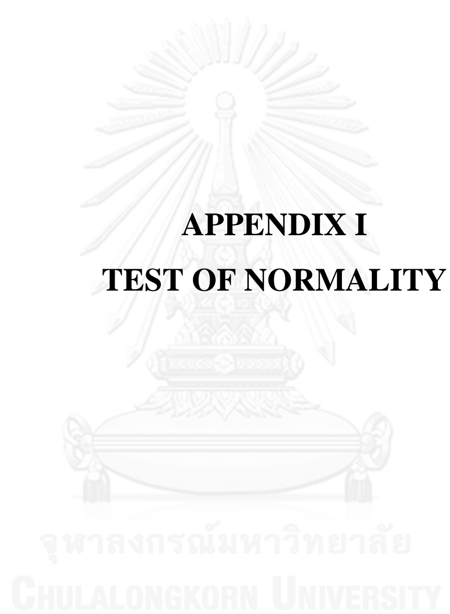


APPENDIX I
TEST OF NORMALITY

Test of Normality Nursing Practice for Hospitalized Older People
EXAMINE VARIABLES=SumP1_28 /PLOT BOXPLOT STEMLEAF NPPLOT /COMPARE GROUP /STATISTICS DESCRIPTIVES /CINTERVAL 95 /MISSING LISTWISE /NOTOTAL.

Explore

[DataSet1] D:\stevy\Stephanie\Stephanie MSN\data spss New stevy MSN3-3-58.sav

Case Processing Summary

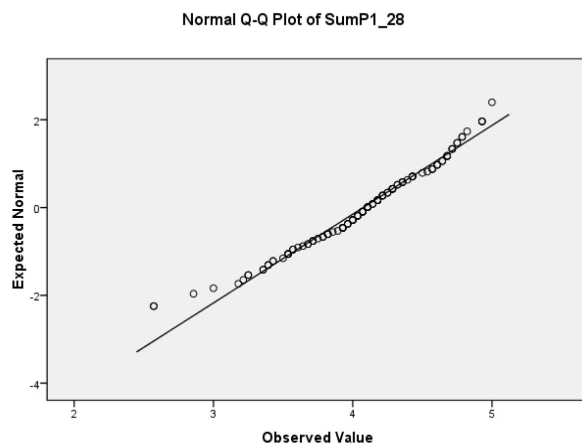
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
SumP1_28	120	100.0%	0	.0%	120	100.0%

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
SumP1_28	.084	120	.038	.974	120	.019

a. Lilliefors Significance Correction

Nursing practice for hospitalized older people



Test of Normality Ageism

[DataSet1] D:\stevy\Stephanie\Stephanie MSN\data spss New stevy MSN3-3-58.sav

Case Processing Summary

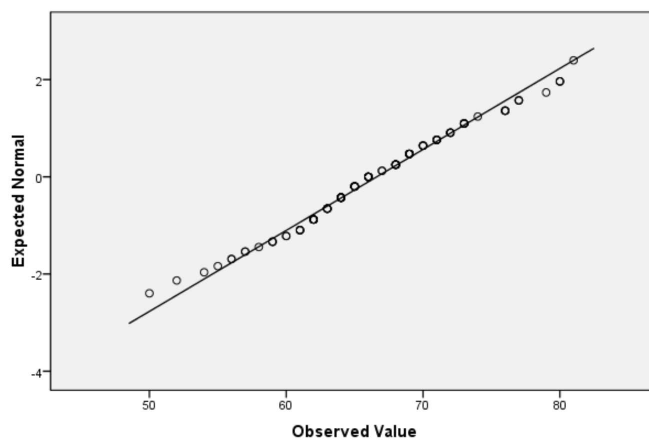
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
ageism	120	100.0%	0	.0%	120	100.0%

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
ageism	.083	120	.043	.986	120	.268

a. Lilliefors Significance Correction

ageism



Test of Normality Perception of Older People Care

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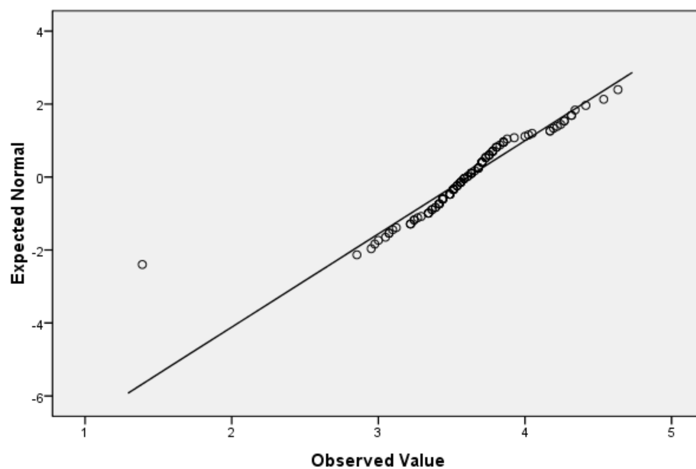
Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
POC	120	100.0%	0	.0%	120	100.0%

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
POC	.118	120	.000	.893	120	.000

a. Lilliefors Significance Correction



APPENDIX J
DESCRIPTIVE OF NURSING PRACTICE AND PERCEPTION OF OLDER PEOPLE CARE

Table 8 The means and standard deviations of nursing practice for hospitalized older people from lowest to highest ((n=120)

No.	Nursing Practice	Mean	SD
22.	Developing policies in response to changes in legislation or clinical practice	3.46	.88
26.	Introducing appropriate research findings into practice	3.52	1.00
27.	Having an understanding of other services the aged can access	3.71	1.01
28.	Interpreting results from investigations and assessment and then making changes to care	3.72	.99
25.	Identifying situations where ethical conflicts can occurs	3.74	.93
23.	Participating in Gerontological nursing course or training.	3.76	.83
8.	Devising an individualized plan of care	3.77	1.03
16.	Facilitating the learning needs of the care team	3.82	.98
19.	Appraising my own and other nursing staffs' performance	3.85	.99
14.	Making clinical decisions based on prior experience	3.86	.99
3.	Acting as a role model to less experienced team member	3.92	.87
24.	Incorporating other professionals' assessment data into care delivery	3.99	.85
7.	Providing comprehensive feedback on their responses to other health professionals	4.07	.89
18.	Providing assistance for them to make informed decisions	4.08	.74
10.	Organizing nursing care for older people	4.09	.83
6.	Giving advice to older people and their careers regarding their rights	4.19	.79
17.	Deciding the best use of available resources	4.22	.69
21.	Assessing their social needs	4.22	.70

Table 8 (continued)

No.	Nursing Practice	Mean	SD
15.	Providing information about health and social care services that meet their needs	4.26	.77
11.	Understanding the effects of ageing on the physical body and behavior	4.27	.68
4.	Understanding how to intervene when care is compromised by unsafe practice	4.28	.74
12.	Collaborating with other professionals and agencies to achieve care outcomes	4.38	.83
9.	Participating in quality improvement	4.42	.63
1.	Establishing a relationship with them	4.46	.66
13.	Performing a clinical assessment to determine older people needs	4.46	.60
20.	Knowing the limitations of my practice	4.49	.68
2.	Collaborating with other nursing staff in delivering nursing care for older people.	4.50	.79
5.	Establishing mutual relationship with older people family and their care giver.	4.58	.58

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Chulalongkorn University

Table 9 The means and standard deviations of nursing practice for hospitalized older people from lowest to highest ((n=120)

Perception Statements	%		Mean	SD
	Agree	Disagree		
Nurses' professional attitude in nursing of an aged patient			**3.62**	**.53**
1. Nurses always make themselves as a decision maker for older patients	53.3	46.7	2.73	1.47
2. In order to improve nursing care for an older patient, it is wise to leave the nursing decision to nurses.	53.3	46.7	2.75	1.48
3. With authority attitude nurses preserve credibility in nursing of older patients	90.8	8.2	3.94	.83
4. Nurses need to discuss with older patient when they need nursing care	94.2	5.8	3.96	.74
5. In making nursing decision nurses respect the autonomy of an older patient, although the patient is not always able to assess his own situation	93.3	6.7	3.97	.75
6. Nurses treat all older patients with equal.	67.5	32.5	3.29	1.56
7. Nurses involve older patient's family like partners in cooperation.	95.8	4.2	4.18	.71
8. Nurses always have the responsibility for the results of nursing practice.	95	5	4.19	.71
Assessment of older patient's functional activity			**3.96**	**.52**
9. In mapping the functional activity of an older patient, nurse's take into account the patient's own view from his/her functional activity.	89.1	18.9	3.84	.87
10. Nurses ask an older patient's own estimation of his/her own physical functional state.	95.9	14.1	4.03	.57
11. Nurses ask an older patient's own estimation of his/her own mental functional activity	88.4	11.6	3.86	.83
12. Nurses ask an older patient's own estimation of his own cognitive functional activity.	92.5	7.5	3.97	.72
13. Nurses ask an older patient's own estimation of his/her own social functional activity.	99.2	0.8	4.12	.45
14. Nurses ask patient's family members for their view of patient's functional activity.	95.8	4.2	4.07	.60
15. Nurses write older patient's view from his/her own functional activity to the records of the patient.	86.7	13.3	3.86	.94

Table 9 (continued)

Perception Statements	%		Mean	SD
	Agree	Disagree		
Assessment older patient's need of care			**2.41**	**.74**
16. It is only the physician, who assesses the need of older patient	4.2	95.8	1.16	.66
17. Only nurse in charge who can do nursing assessment to older patients	18.3	81.7	1.62	1.22
18. Nurses conduct assessment to older patients	82.5	7.5	3.98	.83
19. When the views of an older patient and nurses from the patient's need of care are inconsistent with each other's, the nurses decide the patient's need of care.	43.4	56.6	2.52	1.47
20. When the views of nurses and family members from the patient's need of care are inconsistent with each other's, the nurses decide the patient's need of care.	45.9	54.1	2.53	1.44
21. When there is differences between nurses and family member regarding the need of older patients then nurses will decide the need of older patients	50	50	2.70	1.44
Goal of older patients' care			**3.79**	**.45**
22. Nurses together with older patient specify the goal of his care.	90.9	9.1	3.85	.85
23. The physician specifies the goal of older patients care	43.4	56.4	2.78	1.44
24. The goal of a patient's care is specified in a working group to which also the patient participates.	96.7	3.3	4.03	.57
25. Nurse ask older patient regarding his/her goal of care.	78.4	21.6	3.52	1.13
26. Nurses always tell older patients about the goal of their care.	95.8	4.2	4.08	.65
27. Nurses tell the goal of older patient's care to their family member.	97.5	2.5	4.14	.56
28. Nurses always make sure, that older patients understood the goal of their plan of care.	88.3	11.7	3.93	.85
29. Nurses make sure that patient's family member approves the goal of the patient's care.	94.2	5.8	4.04	.66

Table 9 (continued)

Perception Statements	%		Means	SD
	Agree	Disagree		
Nursing of an older patient			**3.71**	**.57**
30. Nurses develop plan of care together with an older patient	83.4	16.6	3.70	1.05
31. Nursing care plan for older patient has to be able to be read by patient and his/her family	60.8	39.2	3.03	1.39
32. Nurses encourage older patients to make their own decision making in their care.	77.5	22.5	3.48	1.17
33. Nurses always pay attention on older patient's hope to their care.	97.5	2.5	4.10	.58
34. Nurses ask an older patient's view of the discharge before making the discharge planning	95.9	4.1	4.01	.64
35. Nurses develop the discharge planning together with older patients and their family	93.4	6.4	3.99	.70
Evaluation of older patient's care			**4.01**	**.60**
36. Nurses evaluate the success of the nursing care together with the patient.	91.7	9.3	4.03	.85
37. Nurses evaluate the success of the nursing care together with the patient and his/her family member.	95	5	4.10	.66
38. Nurses always discuss with an older patient about the change of the goal of nursing.	87.5	15.5	3.85	.85
39. Nurses always discuss with the family member of an older patient about the change of the goal of the patient's nursing.	92.5	7.5	3.99	.73
40. Nurses regularly evaluate an older patient's functional activity together with the patient.	95	5	4.0	.61
41. Nurses evaluate supporting resources of older patient's family before discharge planning.	96.7	3.3	4.1	.58

VITA

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