

**Preliminary scientific report on the implementation of the project  
AGEISM AND SOCIO-COGNITIVE FACTORS IN THE ETHICAL DECISION-MAKING  
OF PRACTICING NURSES AND NURSES IN TRAINING, acronym  
AASCFITEDMOPNANIT**

**Project type: PN-III-P1-1.1-PD-2019-0982, within PNCDI III  
Contract number: PD 21 / 2020, during September-December 2020**

The general aim of our project is to investigate the influence of ageism and other socio-cognitive factors on the processes of ethical decision-making in practicing nurses and nurses in training from Romania. During the first stage of our research, from September 1, 2020 to December 31, 2020, we set out to carry out two pilot studies which aim to explore ageism, moral dilemmas and the social representations (SRs) of ageing, the elderly and elderly patients in our populations of interest: nurses in training and practicing nurses in contact with elderly patients from Romania. Concerning the latter category, according to previous studies conducted elsewhere, our objective was to investigate such socio-cognitive factors in both nurses who predominantly work with older patients as well as in nurses who generally work with patients of all ages. Our first pilot study aimed to explore the content and structure of the SRs of ageing, the elderly and elderly patients through verbal associations task in 20 practicing nurses and 20 nurses in training; we updated the number of participants needed to 200 upon reviewing more recent publications of methodological interest. Our second pilot study aimed to deepen the findings of our first study by also investigating ageist practices in the Romanian healthcare system in an exploration of the sources of moral distress of practicing nurses through 20 episodic interviews. Our activities during this time involved updating our bibliographical references, designing the research instruments for the two proposed studies, contacting relevant stakeholders in healthcare for access to practicing nurses and nurses in training, contacting potential participants and scheduling phone interviews, carrying out the interviews and collecting answers to the free associations techniques and data analysis. The greatest challenge we faced was contacting participants, due to the prohibited physical access to hospitals during the COVID-19 pandemic. In spite of this, we managed to collect sufficient data for both our studies to meet our initial objectives and exceed them in terms of sample size. We expect the data analysis to be finished by the end of the year; based on preliminary findings, the investigated SRs have a negative attitudinal valence, with positive ageism elements in terms of content. As scheduled, we participated to an International Conference with a presentation, the proceedings of which are submitted for ISI indexation.

### **Pilot Study 1**

#### ***A. Main objective***

The purpose of this study was to explore the content and the structure of the SRs of ageing, the elderly and elderly patients in practicing nurses and nurses in training from Romania.

#### ***B. Specific objectives and activities***

##### *B1. Verbal associations techniques – hierarchical evocations tasks*

We conducted a literature search and review to update our bibliographic sources with more recent publications on the topic of ageing and the elderly in healthcare, as well as on methodological developments on the theory of social representations. Based on our search, we added to our initial plan the investigation of the SRs of older patients and we aimed to increase our number of participants from the initial 40 to 200, due to concerns regarding data heterogeneity and restrictive data analysis techniques associated with smaller samples.

##### *B2. Data collection*

Given the enlarged sample needed, we chose to widen our scope to include practicing nurses from various medical specialties, based on the amount of time spent caring for elderly patients, which we measured through self-report. For the purpose of this study, we used the snowballing technique to gather our sample of participants and purposive sampling, having posted links to our research instruments online, on Facebook communities of Romanian nurses and, respectively, nurses in

training. We received a total of 218 answers. Our final sample comprised 200 participants, 100 nurses in training and 100 medical nurses who had worked with elderly patients for a minimum of 6 months at the time of the data collection. 11 practicing nurses and 7 nurses in training were eliminated from the study due to incomplete answers. The practicing nurses were ages 21 to 57 ( $M = 37.9$ ,  $SD = 8.06$ ), and were currently working in Emergency Care Units ( $N = 11$ ), Intensive Care Units ( $N = 10$ ), Surgery ( $N = 10$ ), Oncology ( $N = 10$ ), Pneumatology ( $N = 7$ ), Neurology ( $N = 6$ ), Infectious Disease ( $N = 6$ ), Acute care Internal Medicine ( $N = 5$ ), Chronic care Internal Medicine ( $N = 5$ ), Radiology ( $N = 4$ ), Psychiatry ( $N = 4$ ), Obstetrics ( $N = 3$ ), Hematology ( $N = 2$ ), Gastroenterology ( $N = 2$ ), Dental Medicine ( $N = 1$ ). The nurses in training were ages 20 to 41 ( $M = 23.7$ ,  $SD = 4.2$ ).

### *B.3. Results*

We are currently preparing the data for lexical and statistical analyses by reducing the dimensionality of our data corpus. To begin with, the evocations are being lemmatized, based on word roots and semantic concerns (e.g. plural forms to singular forms, masculine to feminine). Then, we will also reduce our data based on synonymy relations between the evocations, established based on two criteria – the semantic contextualization provided by the participants themselves and semantic proximity for words with low frequency (less than or equal to 2). Preliminary results of frequency analyses reveal that both practicing nurses and nurses in training have negative SRs of ageing, the elderly and elderly patients. In terms of content, the highest frequencies were for social issues, such as poverty and abandonment, and for physical and psychological decline.

## **Pilot Study 2**

### **A. Main objective**

For our second pilot study, we set out to investigate the SRs of ageing and the elderly, alongside ageist practices and moral dilemmas among nurses working predominantly with elderly patients as well as nurses working with patients of all ages. For an increased accuracy of our data, we chose to employ episodic interviews, which invite participants to provide real narrative accounts of specific incidents related to the topics of study. Episodic interviews also provide us with the opportunity to assess moral stress and its sources.

### **B. Specific objectives and activities**

#### *B.1. Drafting the interview guide*

We conducted a literature search and review in order to update the set of studies used as bibliographic material for our initial project proposal, by including the publications issued after August 2019. We analyzed these publications in terms of the latest thematic areas of interest in the field of nursing and ethical decision-making concerning elderly patients. We found that the vast majority of works published in 2020 so far focus on the social and psychological effects of the COVID-19 pandemic on the activities and well-being of nurses and we addressed these issues in our interviews accordingly. We devised an interview guide for episodic interviews, in accordance with the delineated plan. The interview guide comprised 11 thematic sections (Informed consent, demographic data, conceptualization of the issue and biographic experiences, first experiences, relevant experiences, day to day life impact, episodic memories – communication, episodic memories – autonomy, episodic memories – ethical dilemmas, conclusions and imagined solutions, evaluation and small talk) and 50 questions. The first two interviews were also employed for pilot-testing our interview guide, according to the recommendations of Flick (2000). While one of our participants answered freely to all of the 50 questions, the other one declined to answer questions touching upon ageist practices at her workplace out of professional solidarity concerns. We kept the original form of the guide and subsequently adjusted our questions thematically according to the participants' wishes (i.e. if the participant declined to comment on a specific thematic area, we excluded all the questions pertaining to it).

#### *B.2. Data collection*

Initially, we set out to interview 20 nurses, 10 of whom working in emergency care units and 10 – in geriatrics. The main difference between these two populations was their degree of contact with elderly patients (high versus medium contact). Due to the legal restrictions imposed due to the COVID-

19 pandemic, our access to medical institutions through official channels was prohibited. Thus, we proceeded to contact practicing nurses through snowballing sampling, trying to select participants according to their degree of contact with elderly patients, thus fulfilling our initial projections for the purposes of our research. We ended up interviewing 25 participants, exceeding our initial objective. We had 2 male and 23 female participants, with ages ranging from 26 to 57. 10 of them are currently working almost exclusively with elderly patients due to the nature of their respective specialties (e.g. Pneumatology, Palliative Care, Nursing Homes, Orthopedics), while the other 15 currently work with patients of all ages (e.g. Oncology, Hematology, Surgery). All the interviews were conducted over the phone. The participants agreed to being audio recorded for the purposes of the transcription of the interviews, under the ethical obligation of the researcher to preserve their anonymity and ensure the confidentiality of their data. The duration of the interviews ranged from 20 minutes to an hour and a half. The data collection phase for this study ended on November 25, 2020.

### *B.3. Results*

At the end of each interview, we filled in a form for each participant, with notes and impressions about the conversations, a step specific to episodic interviews. Based on these notes, our results reveal positive ageism towards elderly patients, likened to children by the majority of our participants and treated accordingly. We also found a high degree of professional solidarity among our participants, which precluded some of them from relaying incidents of negative ageist practices in their institutions. Interestingly, they were more willing to talk about such occurrences either in other healthcare institutions or in their own families, when they acted as caregivers to an elderly relative rather than in their professional role as nurses. At the time when this report is being drafted, December 4, 2020, we have entered the stage of transcribing the interviews verbatim for data analysis. We expect to finish this stage by the end of December 2020.

The results of these two studies will be compared and contrasted for the purposes of their scientific dissemination in an ISI indexed journal during the second stage of our project, as initially planned. We expect the article to be submitted for publication by February 2021, in *Nursing Ethics*.

### **Dissemination activities**

Our objective for this stage was to have a conference presentation at an international event with ISI indexed proceedings. We fulfilled this objective by participating online to the 6<sup>th</sup> Edition of the International Scientific Conference *Communication, Context, Interdisciplinarity*, October 24-25, 2020. Our paper was based on the critical synthesis of the studies already published in the field of ageism in nursing, and on the research designs we proposed in the project. The proceedings of the event will be published online on December 7, 2020 and subsequently sent to Clarivate Analytics for ISI indexation: Conference Proceedings Citation Index (CPCI) – Web of Science.

Gherman, M.A. (2020). Ageism and moral distress in medical nurses and nurses in training: an integrative socio-psychological approach. In I. Boldea, C. Sigmirean and D. Buda (Eds.), *Paths of communication in postmodernity* (pp. 309-318). Tîrgu Mureş, Romania: Arhipelag XXI Press. ISBN 978-606-8624-00-6

**Project director,**  
GHERMAN Mihaela-Alexandra

