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Knowledge, attitude, and practice of care of the elderly among health care workers of Dadin Kowa comprehensive hospital, Jos South, Plateau State, Nigeria

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Abstract

The health issues related to the senior population are on the rise in tandem with the worldwide trend toward an aging population, particularly in emerging nations like Nigeria. The goal of the study was to evaluate the knowledge, attitudes, and practices of healthcare professionals at Dakin Kowa Comprehensive Hospital in Jos, Nigeria, regarding the care of the elderly. The study used a cross-sectional descriptive study approach. The population comprises Doctors, Nurses, Dentists, and Physiotherapists in Dadin Kowa Comprehensive Hospital, Jos with 114 respondents. The sample size was 114, and the instrument for data collection questionnaires. Data analysis was done using frequency distributing tables and the mean rating table's instrument was face validated by my supervisor. According to the study's findings, 95% of healthcare professionals were knowledgeable on how to care for elderly people. The majority of the medical staff rated their attitudes as favorable on a scale of 2.5 or above. Care for older patients was modestly practiced by the medical staff. In conclusion, a qualified workforce of health professionals is crucial if healthcare workers are to be able to handle a more demanding role in the future and provide appropriate treatment for the seriously sick patient. The research made the recommendation that additional resources be made available and that staff members be trained in the field of aged care. In hospitals, specialized rooms or departments for the elderly should be established with qualified personnel.

Keywords: Attitude, elderly, health worker, knowledge, practice

Introduction

Early adulthood is the beginning of a long, ongoing process of natural change called aging. Many body processes start to gradually deteriorate in the early middle years. (2002) Stefanacci. It entails a multifaceted process of psychological, social, and physical transformation. While certain aspects of aging change and get larger with time, others become smaller. According to research, there are still opportunities for physical, mental, and social development even in later age. It is not an illness, but rather a stage of life where there is a biological process that slows down growth and development, which results in weakened coping mechanisms. All human cultures, including yours, depend on aging since it both reflects biological changes and cultural and societal norms.

Around 100,000 individuals every day globally pass away from age-related causes. The percentage of people 65 and older has grown globally from 6% in 1990 to 9% in 2019. In 2019, there were 703 million people worldwide who were 65 or older. In 2050, it is expected that there will be 1.5 billion senior people. 2019 World Population Aging The National Population Commission (NPC, 2018) estimates that 9.3 million of Nigeria's old population is over sixty. Nigeria has a large senior population, but little is known about treatments that may enhance their welfare.

Those 60 years of age and older are considered to be "elderly." (National Population Commission (NPC)

[Nigeria] and ICF International, 2013; Steptoe, Further classifications within these groups include the young old from the ages of 60 to 74, the elderly, from the ages of 75 and above, and the above.

The provision of aged care is the satisfaction of their particular needs and demands, which are particular to older individuals. It includes services including home care, hospice care, long-term care, adult day care, assisted living, and nursing facilities. Elderly care focuses on the social and personal needs of seniors who require some help with daily tasks and medical care yet want to age with dignity. Elderly care is multifaceted and includes social, spiritual, emotional, and physical care. The care of the elderly, which should be one of the components of basic health care programs in most developing countries, has not been highlighted despite improvements in primary healthcare with an emphasis on children illness prevention through vaccination.

A brief examination of how the federal government is putting the Millennium Development Goals (MDGs) into practice reveals that the elderly, a crucial demographic group, receives little to no attention. Additionally, the majority of health workforce training courses in Nigeria do not emphasize caring for the elderly.

Up to 90% of all home care for elderly people in Nigeria is provided by family members. In some developed nations, elderly care can be found in institutional settings or in private homes; however, this is uncommon in Nigeria. The

Federal Ministry of Social Welfare's 1989 Ageing Policy places a strong emphasis on family caregivers and medical professionals visiting elderly patients in their homes to offer emotional support. 2017 (Animasahun).

Family caregivers sometimes overlook their own needs while attending to the needs of the elderly person, which might have negative health effects. They could be oblivious to or choose to ignore symptoms of disease, weariness, or sadness. Stress can have a bad effect on a caregiver's physical health or make them physically or verbally hostile toward the older person, which can result in elder abuse or neglect. Additionally, carers may experience a wave of emotions on a regular basis, including rage, anxiety, melancholy, decreased social activities, frustration, guilt, loneliness, unhappy marriages, or low self-esteem. This is progressively leading to elder abuse and neglect. Knowledge of the aging process, nutrition, and everyday requirements of the elderly is necessary for providing proper elder care. In Nigeria, neglecting the elderly, especially while providing for them, is a frequent occurrence. In programs pertaining to aged care, those involved in the delivery of healthcare have vital duties to play, particularly in screening and identifying abuse. Unfortunately, doctors do not identify abuse since it does not fall under their list of differential diagnoses because it is not a part of their official or professional training. By working as a professional in the development of the fundamentals of professional knowledge and having the capacity to transfer that information to others, the health worker plays significant roles in deciding and putting into practice ideal standards of health care. They frequently offer services intended to promote wellness and fend against disease. Research has also revealed that caregivers' attitudes about older persons have a significant impact on the quality of health care services offered to the elderly population. This emphasizes the necessity of evaluating the knowledge, attitude, and care-giving practices of health professionals at Dadin kowa Comprehensive Hospital in Jos South Plateau State.

According to the United Nations (2017), the senior population is growing quickly throughout the world, and emerging nations like Nigeria are seeing a faster rate of growth. Nigeria now has the largest percentage of old persons in Africa, estimated to be around 5% of the country's total population (African Academy of Science, 2020). The number of people who will need health care will surely increase as the population ages and grows. Donatelle (2015) asserted that the majority of health professional courses contain little to no information regarding the care of the elderly, demonstrating complete disregard in this area. According to McLafferty and Morrison (2016), the majority of health professionals have very limited knowledge of the mental health issues that are common in the elderly population. As a result, most health professionals arrive at their places of employment with ingrained, false, distorted, and superstitious beliefs about how to care for the elderly. Our society may experience major issues as a result of this inadequate understanding and unfavorable attitude about caring for the elderly in the near future. Oyetunde, Ojo, and Ojewale (2018) conducted a recent study on the elderly in Ibadan and found that there are attitudinal relationship gaps, which have a detrimental impact on patient outcomes. In my experience working as a nurse in various hospitals in

Plateau State, I frequently saw miscommunication between senior patients and medical professionals, especially the young ones. Based on this, the researcher wants to learn more about the knowledge, attitudes, and practices of health professionals at Dadin kowa comprehensive hospital in South Plateau State about the care of the elderly.

Research Objectives

1. To assess the degree of expertise among healthcare professionals in Jos South, Plateau State's Dadin Kowa Comprehensive Hospital, regarding the social, emotional, and physical care of the elderly.
2. To evaluate the health professionals' attitudes about caring for the elderly at Dadin Kowa Comprehensive Hospital in Jos South, Plateau State.
3. To determine the methods used by the medical staff at Dadin Kowa Comprehensive Hospital in Jos South, Plateau State, to care for the elderly.

Research Questions

1. What degree of expertise does the staff at Dadin Kowa Comprehensive Hospital in Jos South, Plateau State, have in providing care for the elderly?
2. What is the attitude of health personnel toward aged care in Dadin Kowa Comprehensive Hospital in Jos South, Plateau State?
3. What are the practices of health professionals in the provision of care to the aged at Dadin Kowa Comprehensive Hospital in Jos South, Plateau State?

Empirical Review

In an investigation by Kaur, Kumar, Kaur, Rani, Ghai, & Singla (2020) in India, the knowledge and attitudes of nursing students about caring for the elderly were evaluated. A cross-sectional study of 267 undergraduate nursing students was conducted. The evaluation utilized a self-administered, pre-validated questionnaire. 28 multiple-choice questions with a single correct response made up the knowledge questionnaire. In accordance with the subject's score, the overall score was further divided into three categories: bad, average, and good. The attitude was evaluated using 16 items on a Likert five-point scale. According to the results, the overall score was further divided into three categories: negative, neutral, and favorable attitude. The majority of the participants (95.5%) were female. With a range of 19-48 years, the mean age (years) + SD was 22.61 + - 3.31, and the mean knowledge score + SD was 22.10 + - 2.91. Seventy-four percent (76.4) of the participants had good knowledge scores. 64.6% of respondents had an optimistic attitude, with a mean score + SD of 60.38 + 8.95 and a range of 22-78. Positive correlations existed between attitude and knowledge. According to Kaur *et al.* (2014), nurses should be knowledgeable in caring for the elderly and should also have a good attitude. The attitudes of nurses working in a multi-purpose health service (MPHS) toward elderly persons and their comprehension of gerontic care were examined in a research carried out in Australia by Mellor, Chew, and Greenhill (2006). The study employed a self-report questionnaire as part of a descriptive, non-experimental quantitative research approach. Participants in the research included a sample of 31 staff members from a

single MPH. There were several outcome measures employed. Using the Kogan's elderly persons scale, nurses' attitudes were evaluated (KOPs). The nurse's knowledge of elderly patients Quiz (NKEPQ), created by the study's authors, and Palmore's facts of aging Quiz (PFAQ) were used to assess nurses' knowledge. The main conclusions showed that, although having a very good attitude toward the elderly, the nurses in this MPH program had knowledge gaps in two critical clinical areas: geriatric nursing and socioeconomic awareness of Australia's aging population. The study's findings, which are crucial for the provision of high-quality, effective treatment, helped identify knowledge gaps and indicated areas for increased education.

According to Olayiwola, Olusanya, and Ketiku (2020), who conducted a research on undergraduate students at a Nigerian university's understanding of population-ageing nutrition? The findings indicated that while 70% strongly agreed with older health policy, only 50% knew that the biological age of the elderly begins at 60 years old and that life expectancy has improved in Nigeria. The study mentioned above found that individuals, particularly those with backgrounds in food science and nutrition, had extremely high levels of knowledge on the nutrition of the elderly, whereas those with very low scores lacked such backgrounds. Additionally, it was noted that knowledge of nutrition and understanding of the elderly had a very good association. There are still many unanswered questions regarding the health state and health-seeking habits of the elderly. The majority of acute care staff do not find caring for people with dementia to be unfulfilling or difficult, but they do not find that caring for patients with dementia gave them any job satisfaction, according to a survey on staff perception of patients with dementia that evaluated the education and training of staff in dementia.

130 nurses self-administered questionnaires as part of a research by Oyetunde, Ojo, and Ojewale (2018) in Ibadan, Nigeria, examining the attitude of nurses toward the care of the elderly in two (2) chosen hospitals in Ibadan. According to the findings, over 80% of respondents agreed that providing effective care for the elderly requires specialized training, and more than 90% thought that a hospital's geriatric ward would be necessary to accommodate the elderly and their complications. Additionally, 73% of respondents agreed that elderly people are difficult to care for. The study's responses exhibited a favorable attitude toward caring for the elderly as well as thorough understanding of the aging process. Oyetunde, Ojo, and Ojewale (2018) claim that in order to effectively care for the elderly, it is necessary to have specialized training, have a geriatric ward available, have enough employees to minimize stress, and provide enhanced quality care.

A greater degree of education boosts a health worker's understanding of caring for the old, according to a research conducted by Mandy, Mitchel, and O' Niel (2018) on 109 health professionals in Ireland to identify and assess attitude and knowledge of health workers towards the elderly. Various cadres of health professionals, including ward managers, registered staff nurses, health care assistants, public health nurses, and student nurses, were the subject of additional research in a rural nation. The study's goal was to discover how these healthcare professionals felt about elderly persons living in rural areas. The entire range of

scores was divided into six equal groups to indicate the variance in attitude intensity. This revealed that healthcare personnel had good attitudes toward older persons; in fact, 97.3% of the scores fell within the slightly positive to highly positive score range. An independent T-test was used to compare KOP scores between those who had earned a university degree, higher diploma, or M. sc. and those who had not. Graduates from universities scored significantly higher ($M = 149.34$, $S. D = 15.4$) than non-graduates ($M = 144.88$, $S. D = 12.45$), according to $t(161) = 202$, $P = 0.044$. The study's findings showed that the great majority of participants had an optimistic mindset. Additionally, it was shown that higher education tends to mitigate toward having a more optimistic outlook, which is a significant result given the trend towards nursing as an entirely graduate-level profession. Research has demonstrated that caregivers' attitudes toward older persons have a significant impact on the quality of health care services offered to the elderly population. The cheerful outlooks of nurses have an impact on the health of elderly patients. It has been seen that nurses who have a positive attitude toward elderly patients listen intently, form strong bonds with their patients, offer polite assistance, and maintain cordial connections with them. However, in a research "on the attitude towards older persons among Swedish health care students and health professionals working in eldercare," Engstrom and Fagerberg (2018) The study comprised 928 health care students as well as three groups of university-educated professional health care providers and licensed nursing assistants who were chosen for the study in various Swedish healthcare settings using a simple sampling approach. According to the analysis of the Kogan scale's results, the statement received scores ranging from 17 to 85. The positive and negative scores of the three trained caregivers varied significantly from one another. The lowest negative score and greatest positive score were both achieved by registered nurses. Students studying health care in the first semester had the most negative attitudes toward seniors, whereas those in the second semester had the most positive attitudes. When compared to nurses without an academic degree, registered nurses had a higher positive and a lower negative score. It has also been observed that intellectual advancement helps people's attitudes about the elderly change.

Caregiving, especially for the elderly, is extremely taxing on the caregiver's body and mind, according to Okoye and Asa (2014). The care and assistance of senior people in the next years is one of the new challenges as the elderly population in Nigeria rises. Due to the stress involved, few people are ready for the duties and obligations of caring for the elderly. Okoye and Asa (2014) looked at the experiences of those who care for elderly relatives in Nsukka, Enugu State. 330 respondents completed questionnaires, and the results indicate a substantial correlation between caregiver age and stress level ($P = 0.001$). The amount of stress is strongly correlated with the sex of the care recipient, the carers' education level, and the care recipient's education level.

Theoretical Framework

For this investigation, the notion of planned conduct was applied. It assumes that people are driven to change based on their perception of norms, attitudes, and control over actions. It is a derivation of the idea of reasoned action.

Each of these elements has the potential to either strengthen or weaken a person's desire to alter their behavior. These value expectation theories incorporate a number of significant dimensions, according to the theory, including attitude, subjective norm, perceived behavioral control, intention, and conduct. The theory of planned behavior describes how attitude toward behavior, subjective standards, and perceived behavioral control impact attitude toward behavior, which in turn influences behavioral intention. The idea contends that attitudes about conduct are influenced by perceptions regarding the demands of engaging in the behavior as well as its results. Subjective norms are influenced by social standards beliefs and compliance motivation. Perceived behavioral control is influenced by the existence or absence of factors that will make it simpler or more difficult to do the actions. As a result, a series of attitudes, intentions, and beliefs influence behavior. Depending on the population and the particular issue being investigated, the strength of the link between the first three constructs, attitude, intention, and conduct, varies. According to this idea, background influences include demographic characteristics, values, and variables. It is assumed that these variables affect normative and control beliefs, as well as intention and conduct. This study will presuppose that factors such as cultural values, religion, social experiences, education, and others have an impact on how health practitioners intend to treat the elderly.

Methodology

A cross-sectional descriptive design was used for the investigation. The study's population consisted of 270 health professionals who gave senior patients direct clinical treatment, including 50 doctors, 200 nurses, 10 dentists, and 10 physiotherapists. 114 healthcare professionals made up the sample, which was determined using the Taro-Yamane simplified formula for finite population. A reliability co-efficient of 0.91 was achieved after utilizing the test-retest procedure to assess the reliability of the questionnaire used to gather the data. The questionnaire was divided into four sections: A covered sociodemographic information, B, C, and D contained questions on knowledge level. Information on the variables impacting the treatment of elderly patients was elicited via attitude and practice. Simple statistics were used to examine the completed questionnaire. Data analysis employed descriptive statistics including percentage, mean, and standard deviation. Also applied was the criteria mean of 2.5.

The study area

The research was carried out in Dadin Kowa Comprehensive Hospital, Jos. Dadin Kowa Comprehensive Hospital is a secondary health institution, located along Jos Bukuru express way, last gate Dadin Kowa Jos South Local Government Area of Plateau State. The Hospital was commissioned by her Excellency Hon. Justice Fati Ladi Abubakar, First Lady of Federal Republic of Nigeria on Tuesday 18th May, 1999.

The Hospital is surrounded by Kufang Community by the North, Zarmaganda by the South, Bukuru by the East and New Abuja/Kanga by the West. The Hospital is made up of a total of 72 workers, 8 pharmacists, 4 doctors, 8 nurses, 8 attendance, and 8 medical laboratory scientists. It comprises of four major wards merged together, male/pediatric ward and the theatre. There are 23 bed capacity were curative and preventive services are rendered. Documentation, investigation, maternal and child welfare sureness admission and discharge of patients are also rendered.

Results and Discussion

Data analysis was done based on the objectives of the study. A total of 124 copies of questionnaires were administered and 113 of the total questionnaire were properly filled and return, making a return rate of 96%.

Table 1: Socio-Demographic characteristics of the Health care workers in Dadin Kowa Comprehensive Hospital Jos-South Plateau State

| Variables | Options | Frequency | Percentage |
|--|-------------------|-----------|------------|
| Age category | 20-29 | 168 | 37% |
| | 30-39 | 186 | 40% |
| | 40- 49 | 86 | 19% |
| | > 50 | 20 | 4% |
| Gender | Male | 43 | 38% |
| | Female | 70 | 62% |
| Professional status | Doctor | 50 | 44/0 |
| | Nurse | 59 | 52% |
| | Dentist | 3 | 2% |
| | Physiotherapy | 3 | 2% |
| Years of experience | 1-6 | 61 | 54% |
| | 9-16 | 30 | 27% |
| | 17-24 | 13 | 12% |
| | 25-32 | 5 | 5% |
| | 33 and above | 2 | 25 |
| Marital status | Single | 74 | 64.7% |
| | Married | 37 | 32.6% |
| | Widow | 2 | 1.5% |
| | Divorce | 1 | 0.6% |
| Educational status | Primary | 0 | 0 |
| | Secondary | 113 | 0 |
| | Tertiary | | 100% |
| By gender, list the types of patients you like to treat. | Male | 60 | 58% |
| | Female | 40 | 35.3% |
| | All of the above | 5 | 5% |
| | None of the above | 0 | 0 |

The respondents' age varied from 20 to 50 years, with a mean age of 34 years and a standard deviation of 4.8 being greater, according to data analysis of their sociodemographic features (Table 1). In terms of gender distribution, 62% of respondents were female, and 113 (100%) of the health workers had tertiary degree or above. 74 (64.7%) of the respondents were single, compared to 37 (32.6%) who were married. Most responders (58%) would prefer to care for male patients than female patients (35.3%), both patients (5%) and none (0%), respectively.

Table 2a: Level of Knowledge of Care of the Elderly among Health Workers

| | Yes | No | Mean correct answer |
|---|-----------|-----------|---------------------|
| The elderly require frequent exercise. | 109 (96%) | 5 (4%) | 96 |
| The elderly have a basic requirement for proper dental care. | 110 (97%) | 3 (3%) | 97 |
| Physiological and anatomical changes result with aging. | 111 (98%) | 2 (2%) | 98 |
| As we become older, our lung capacity begins to decline. | 104 (91%) | 10 (9%) | 91 |
| Using railings and non-slip surfaces can assist older people keep their balance and avoid falling. | 107 (94%) | 6 (6%) | 94 |
| Elderly individuals must eat consistently and appropriately. | 107 (94%) | 6 (6%) | 94 |
| When talking with the patient, keep your cool, don't be in a rush, and behave with confidence to lessen their dread and anxiety associated to their incapacity to execute typical responsibilities. | 110 (97%) | 3 (3%) | 97 |
| By limiting visits during rest hours and offering group care, you can help the elderly get better sleep. | 114(100%) | 0 (0%) | 100 |
| Maintaining clean, dry skin and wrinkle-free, dry bed sheets helps avoid bedsores in senior people. | 110 (97%) | 3 (3%) | 97 |
| Age-related brain structural changes have an impact on a person's ability to remember things. | 111 (98%) | 2 (2%) | 98 |
| Reducing background noise, speaking slowly and loudly, and using nonverbal clues when necessary can help provide care for older people with impaired sensory perception. | 108 (95%) | 6 (5%) | 95 |
| Compared to people under 60 years old, the elderly's sleep habits gradually improve. | 3 (2%) | 111 (98%) | 98 |
| In Nigeria, the vast majority of old people are not in poverty. | 3 (3%) | 110 (97%) | 97 |
| When compared to younger workers, older workers have the greatest absence rates. | 106 (93%) | 8 (7%) | 93 |
| Compared to younger individuals, the majority of the elderly are better at adapting to change. | 10 (9%) | 104 (91%) | 91 |
| When a healthy individual reaches old age, their level of voluntary involvement in organizations often declines. | 104 (91%) | 10 (9%) | 91 |
| Empty nest syndrome is a common complaint among older people in Nigeria whose children have left home. | 102 (90%) | 11 (10%) | 90 |
| Compared to younger people, the elderly fear crime more. | 112 (99%) | 1 (1%) | 99 |

Table 2a: Demonstrates the subject's replies to questions about their level of expertise in geriatric care. More than 90% of the individuals correctly answered the majority of the questions.

percent of the participants had strong understanding about caring for the elderly, 4.3% had moderate knowledge, and 0.70 percent of the subjects had poor knowledge. The range of 01-18 was covered by a mean knowledge score of 16.2 SD-1.4.

Table 2b: Shows categorization of knowledge score regarding the care of the elderly

| Score classification for knowledge | Mean± | N % |
|------------------------------------|-------------|-----------|
| Poor 01-8 | | 1 (0.7%) |
| Average 9-14 | 16.2 ±1.4 | 5 (4.3%) |
| Good 9-14 | Range 01-18 | 108 (95%) |

Table 2b: demonstrates the classification of knowledge scores for senior care (maximum attainable score 18) 95

Table 2c: Proportion of health workers and their level of knowledge on the care of the elderly patients

| Health Workers | Poor | Average | Good | Total |
|------------------|---------|---------|----------|-------|
| Nurse | 1 (0.1) | 3 (3%) | 80 (96%) | 84 |
| Dentist | 1 (10) | 1 (20%) | 2 (70%) | 4 |
| Physiotherapists | 1 | 1 (20%) | 2 (70%) | 4 |
| Doctor | 0(0) | 1 (4%) | 21 (96%) | 22 |

Research Question 2: What is the attitude of health workers towards the care of the elderly?

Table 3: Attitude of Health workers towards the care of the elderly

| Items | Strongly Agree | Agree (%) | Disagree (%) | Strongly Disagree (%) | Mean | Standard deviation | Remark |
|---|----------------|-------------|--------------|-----------------------|------|--------------------|-----------|
| I feel good taking care of the elderly | 31 27% | 68 (60%) | 11 (10%) | 3 (3%) | 3.0 | 0.75 | Agreed |
| I think taking care of the elderly takes a lot of time. | 30 (29.6%) | 68 (39.6%) | 11 (26%) | 3 (3%) | 2.7 | 0.68 | Agreed |
| As opposed to older patients, I like to focus on younger patients. | 18 (16%) | 38 (33%) | 44 (39%) | 13 (12%) | 2.3 | 0.57 | Disagreed |
| The elderly grow increasingly demanding as they age. | 59 (48%) | 43 (38%) | 13 (12%) | 2 (2%) | 3.2 | 0.8 | Agreed |
| It's challenging to care for the elderly. Time shouldn't be wasted | 30 (27.1%) | 53 (46.70%) | 25 (22.7%) | 4 (3.5%) | 2.8 | 0.7 | Agreed |
| It's challenging to care for the elderly. Time shouldn't be wasted | 4 (3.9%) | 16 (14.8%) | 54 (47.4%) | 38 (33.9%) | 3 | 0.45 | Disagreed |
| The care that medical personnel provide for the elderly is not appropriate. | 3 (2.6%) | 14 (12.6%) | 40 (35.2%) | 56 (49.6%) | 1.8 | 0.45 | Disagreed |
| Some elderly look untidy and dirty. And as such I do not like caring for them Some elderly look untidy and dirty. And as such I do not like caring for them | 9 (7.8%) | 24 (20.9%) | 49 (43%) | 32 (28.3%) | 2.0 | 0.5 | Disagreed |
| The elderly can often provoke the care giver | 24 (21.3%) | 58 (51.7%) | 24 (21.3%) | 10 (9.6%) | 2.7 | 0.67 | Agreed |
| Older people have senility. | 10 (9.6%) | 57 (50%) | 39 (34%) | 8 (7.40/0) | 2.3 | 0.57 | Disagreed |
| Taking care of the elderly makes me anxious. | 22 (20%) | 54 (48%) | 32 (28%) | 5 (4%) | 2.6 | 0.65 | Agreed |
| The attention that healthcare professionals offer to the elderly is not appropriate. | 59 (51.7%) | 41 (36.5%) | 10 (9.1%) | 3 (2.6%) | 3.3 | 0.82 | Agreed |

Table 3 above indicates the attitude of health workers on the care of the elderly. 60% of respondents said they felt good about taking care of the elderly, 27% strongly agreed, 3% and 10% strongly disagreed, and the mean response was 3. Regarding the statement that taking care of the elderly takes time, 39.6% of respondents and 29.6% of highly agreed respondents agreed that it does. In response to the question on whether older people deserve the care they receive, 49.6% strongly disagreed and 35.2% disagreed, with a mean score of 1.8. Elderly is messy and unclean had a mean of 2.0 out of 43% disagrees and 28.3% strongly disagrees, while

7.8% strongly agreed and 20.9% agreed. When asked whether older people are senile, 50% of the health professionals said yes, while 34% said no. With a mean score of 2.6, almost 48% of health professionals agreed that caring for the elderly makes them stressed out, whereas 28% disagreed, 20% strongly agreed, and 4% strongly disagreed. Regarding calling patients by name, almost 51.70/0 and 36.5% of healthcare professionals highly agreed and agreed, respectively, whereas 2.6% strongly disagreed with a mean score of 3.3.

Research Question 3: What are the health workers practices of care of the elderly?

Table 4a: Health workers practice of care of the elderly

| Items | Always | Sometimes | Never |
|--|------------|------------|------------|
| I enjoy caring for the elderly. | 30 (27%) | 68 (60%) | 15 (13%) |
| While providing care for the elderly, I give them titles in order to establish relationships. | 14 (36.5%) | 59 (51.7%) | 13 (11.7%) |
| Elderly nutritional evaluation is encouraged, and I also motivate the elderly to consume enough food and occasionally help them eat. | 59 (63%) | 39 (34%) | 16 (4%) |
| Even in emergency situations, older individuals receive prompt care. | 62 (54%) | 51 (45%) | 1 (1%) |
| Effective care for the elderly requires assessment and evaluation. | 58 (51%) | 51 (45%) | 5 (4%) |
| Aging and sickness frequently cause mental decline in patients, which affects how they respond to treatment. | 49 (43%) | 59 (52%) | 5 (4.4%) |
| When I'm caring for the elderly, I become very anxious. | 23 (20%) | 55 (48%) | 36 (32%) |
| The task of caring for the elderly takes a lot of time. | 33 (29.6%) | 45 (39.6%) | 35 (30.8%) |
| I put others before myself while I'm taking care of the elderly. | 10 (8.7%) | 26 (23%) | 78 (68.3%) |

Table 4a. As seen above, 246 (54%) and 208 (45%) of health professionals stated that they always and occasionally attend to the elderly promptly, even in an emergency. 14 (3%) respondents disagreed, whereas 236 (51%) and 206 (45%) agreed that they always and occasionally do

assessments and evaluations for successful treatment, respectively. Regarding the significance of nutritional evaluation, 288 (63%) agreed that it should be performed consistently, 156 (34%) occasionally, and 16 (4%) never.

Table 4b: Score Categorization for practice

| Score categorization for practice | | N % |
|-----------------------------------|------------------|----------|
| Lower (never) 01-8 | Mean \pm SD | 22 (19%) |
| Moderate (sometimes) 09-14 | 12.02 \pm 4.27 | 50 (44%) |
| High (always) 15-18 | Range 01-18 | 41 (36%) |

Table 4b: The classification of respondents' replies about their practice of caring for the elderly is shown above. Care for the elderly was strongly practiced (always) by 170

(36.9%), moderately practiced (sometimes) by 203 (44.1%), and never practiced (never) by 87 (19%). With a range of 01–18, the mean practice score was 12.02 SD 4.27.

Table 4c: Proportion of health workers and their practice of care of the elderly patients

| Health Workers | Low | Moderate | High | Total |
|-----------------|----------|----------|----------|------------|
| Doctors | 4 (20%) | 11 (50) | 7 (30%) | 22 (100) |
| Nurses | 13 (16) | 35 (42) | 35(42) | 84(100) |
| Dentists | 1 (30) | 1 (20) | 2 (50) | 4 (100) |
| Physiotherapist | 2 (40) | 0 (10) | 2 (50) | 4 (100) |
| Total | 20 (18%) | 47 (41%) | 46 (40%) | 114 (100%) |

Conclusion

Health care providers will need to have the necessary abilities to handle a more demanding position in the future, according to the findings described above. A qualified staff of health professionals is thus very important in order to provide efficient care for older people. The study's findings and the criteria mean of 2.5 indicated that 95% of the healthcare professionals were knowledgeable about how to care for elderly people. The majority of the medical staff rated their attitudes as favorable on a scale of 2.5 or above. Care for older patients was modestly practiced by the medical staff.

Recommendations

1. Despite the study's results showing health professionals are well-versed in caring for the elderly, the relationship between the health professionals' attitudes and their mean years of experience was statistically significant, indicating that experience levels and attitudes are related. More resources must be made available, and staff members must also receive training in the field of aged care.
2. In hospitals, specialized wards or departments for the elderly should be established, staffed by professionals.
3. The study also recommended that the government

create an aged health policy that will cover their treatment.

4. Create a mechanism for routinely evaluating health professionals to identify ways to advance their training and improve their job.
5. To sustain the effective performance of those who have received training in the care of the elderly, follow-up training programs and in-service training programs should be developed.
6. Promoting the attendance of health professionals in national and international congresses, symposiums, seminars, and workshops on older citizen's care.

Conflict of Interest

Not available

Financial Support

Not available

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