

Evaluation Of Attitude Of Healthcare Professionals Towards Care Of The Aged Attending University Teaching Hospitals: Empirical Evidence In Nigeria

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ABSTRACT

Little is known about the implications of attitudes of Healthcare Professionals on socio-emotional care of aged patients in Nigeria. This study aimed to evaluate the attitude of healthcare professionals towards the aged patients seeking socio-emotional healthcare services at selected university teaching hospitals in south-eastern Nigeria. A cross-sectional descriptive survey research design using a sample of three hundred and twenty-two (322) healthcare professionals drawn from university teaching hospitals in south-eastern Nigeria was employed in the study. The instrument titled: Attitude of Health Care Professionals Questionnaire (AHCPQ) on a four-point Likert scale was used in collecting data. The instrument was faced validated by senior experts. The findings of the study revealed that healthcare professionals hold negative attitudes toward aged patients, which implicates them in the socio-emotional problems of the aged patients who seek healthcare services in university teaching hospitals in south-eastern Nigeria. The study recommends for prioritization of a positive attitude towards the aged by both healthcare professionals and their student counterparts in university teaching hospitals in Nigeria.

Key Words: Attitude, hospitals, healthcare professionals, aged

INTRODUCTION

Globally, one major concern identified by public health experts and healthcare managers is the implications of attitudes of healthcare professionals (HCPs) towards the aged that seek healthcare services in hospitals (Roohi, Mohamadi and Alipour, 2019; Subba, Subba, Poudyal, 2019). Healthcare Professionals comprise doctors, nurses, pharmacists, physiotherapists, community health extension

workers, health educators, counsellors, and medical laboratory scientists (Efiong, 2015). Despite competency and punctuality, healthcare professionals, who work in hospitals, possess either positive or negative attitudes toward patients (Heyman, Osman and Natan, 2020; Wyman, Ezra & Bengel, 2018; Yurtas and Sarikoca, 2018). Relatively, little is known about the attitude of HCPs towards the socio-emotional care of the aged in South East Nigeria (Efiong, 2015) are trained in the field of health to render specialized healthcare services to patients (Wyman, Ezra & Bengel, 2018; Oyetunde, Ojo & Ojewale, 2013; Park, 2007).

These professionals are saddled with the responsibility of disease prevention, biomedical treatment, and promotion of health and well-being, which usually take place at the health facilities (Monahan, 2020; Agu, 2019; Hassan, 2013; Okafor, 2010). World health organization (WHO, 2022), stated that the aged are more likely to experience several conditions, which are characterized by the emergence of complex health states commonly called geriatric syndromes. These conditions often include frailty, urinary incontinence, falls, hearing loss, cataracts, and refractive errors, back and neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia (WHO, 2021; Wicklin, 2020; Monahan, 2020; Scott, 2019). In Africa, and Nigeria in particular, the rapidly increasing population has also increased the number of aged patients with prevailing health conditions (Alamri. and Xiao, 2017; Kaur, et al, 2014). The aged also referred to as the elderly or older persons are those who have attained an advanced age of 60 and above, and who seek the services of HCPs in Hospitals (Agu, 2017).

Worldwide, in every country, most people are living longer, which increases the proportion of older persons in the population. As a result, WHO (2012) projected that between the years 2000 and 2050, the proportion of those over 60 years worldwide will double from about 11 per cent to 22 percent. The effective functionality of healthcare facilities and adequate availability of both well-trained healthcare professionals and material resources contribute efficiently to the promotion of healthy ageing (Agu, 2019). Naturally, the fact remains that in the line of discharging professional duties, the attitudes of HCPs are of essence for the healing and well-being of the aged, who seek socio-emotional care in the hospitals (Badrya, 2017; Negrin, 2015). Some socio-demographic variables such as age, marital status, and gender do influence the attitudes of HCPs towards the care of aged patients (Wicklin, 2020; Seah, 2019).

Given the fact that in the university teaching hospitals in Nigeria, there is the availability of expert geriatric HCPs and national health insurance scheme coverage, which provides the elderly with the needed constant healthcare services. There is an indication that the aged also experience HCPs' different attitudes, which can be either positive or negative (Wicklin, 2020). Nevertheless, HCPs' attitudes towards aged patients seem to depend on perceptions of life, types of orientations received, and attitude inculcated during training (Migue, et al, 2022; Tegegne, et al., 2022). Attitudes are the opinions and feelings that people usually have about persons, situations, and something (Hassan, 2013; Okafor, 2010). However, every attitude, positive or negative, acceptable or unacceptable, is formed for a purpose, particularly when it translates to behaviour (Veronek, 2020; Ng et al, 2020). The present study, therefore, assessed and presented salient information on HCPs' attitudes towards the socio-emotional care of the aged patients attending university teaching hospitals in Southeastern Nigeria.

STATEMENT OF THE PROBLEM

The elderly stage is the expectation of every human being. As a result, the need for proper healthcare services for the aged remains the prevailing effort of healthcare personnel worldwide.

Consequently, the United Nations General Assembly declared 2021–2030 the Decade of Healthy Ageing and asked WHO to lead the implementation. Unfortunately, as the population of the elderly is rapidly increasing globally, old age is seen as a sick condition. Through literature, there are pieces of evidence that HCPs do not give older persons the supposed attention, as there are widespread stigmatizing and discriminatory attitudes towards the aged patients. Quite interesting also are the reports which stated that HCPs have developed stereotypes and misconceptions about old people, for the majority of HCPs preferred to attend to children and adult patients, while the Student counterparts were inclined with minimal interest to work at old people's wards. However, the attitude of HCPs working with university teaching hospitals in South East Nigeria was not known.

RESEARCH QUESTION

To better understand the attitudes of HCPs toward the socio-emotional healthcare of the aged in South-East Nigeria, the following research question and hypotheses were addressed in this study:

1. What are the attitudes of HCPs toward the socio-emotional healthcare of the aged?

HYPOTHESES

H₀₁: There is no significant difference in the attitudes of HCPs towards socio-emotional healthcare of the aged based on age.

H₀₂: There is no significant difference in the attitudes of HCPs towards socio-emotional healthcare of the aged based on marital status.

MATERIALS AND METHODS

The study adopted a descriptive cross-sectional survey research design. A descriptive survey research design is aimed at the appropriate collection of data, and a systematic description of the characteristics, features, or facts about a given population (Nworgu, 2015). However, the descriptive research design is deemed appropriate for this study, because of the peculiarity of the profession and the large population. The study was conducted at the University of Nigeria Teaching Hospital and Enugu State University Teaching Hospital in South East Nigeria, because of the availability of a large population of HCPs, and the majority of the aged from all South East Nigeria also attend the hospitals for geriatric healthcare services. Meanwhile, the majority of people in the region are civil servants, traders, and retirees, who were among the aged population. The approval for conducting the study was gotten by the authors from the Faculty of Education Research Ethics Committee, University of Nigeria Nsukka. The researchers upheld confidentiality by the avoidance of respondents' identity in the research instrument. The researchers also observed the ethical necessities for conducting research with human participants as stated according to the World Medical Association's Declaration of Helsinki. The population for the study comprised 2,018 Health Care Professionals (554 doctors, 1,134 nurses, 175 medical laboratory scientists, 33 physiotherapists, and 122 pharmacists). A sample size of 322 HCPs was drawn for the study through proportionate random sampling (Nworgu, 2015). This was used purposively because HCPs are experts and to achieve equal representation of all categories of HCPs (Dikken, et al., 2017). The instrument used for data collection was a 9-item structured Attitude of Health Care Professionals towards the Aged questionnaire (AHCPTAQ) on a four-point Likert scale. A Kogan Scale instrument modified to suite local situation (Alquwez, et al., 2018; Dikken, Hoogerduijn, Kruitwagen, Schuurmans, 2016)The questionnaire was subjected to face and content

validation by three (3) experts from the University of Nigeria Nsukka. The reliability of the instrument was ascertained using Cronbach Alpha with an index of 0.82. Statistical analyses were all carried out using IBM SPSS, version 22, mean and standard deviation. A criterion mean of 2.50 was used for making remarks on the results, while a t-test was used to test the hypotheses at 0.05 level of significance.

RESULTS

Table 1: Socio-Demographic variables of HCPs in University Teaching Hospitals

1. Marital Status	Single	Married	Divorced
	175	144	15
2. Age	21 – 30yrs	31 – 45yrs	46 – 60yrs
	162	117	55
3. Gender	Males	Females	
	105	229	

Table 1 shows the socio-demographic variables such as marital status, age, and gender of HCPs in University Teaching Hospitals in south-eastern Nigeria. In marital status, the single HCPs (175) were more in number, followed by married HCPs (144) and divorced HCPs (15). The table also indicates that as the age of HCPs differs, HCPs in the age bracket of 21 -30yrs old were 162 and more in number, followed by HCPs in age brackets of 31 – 45yrs and 46 – 60yrs were 117 and 55 respectively. Female HCPs (229) were more than their male counterparts (105).

Table 2: Means Analysis of Attitude of HCPs towards the Socio-Emotional Care of the Aged

S/N	Item Statement		Decision
1	Older people talk too much and I don't feel happy socializing with them	1.55	Negative
2	I can't socialize with the aged patients, because they constantly complain about nothing	1.70	Negative
3	I always feel that if old people expect to be liked, their first step is to try to get rid of their irritating faults	1.62	Negative
4	Most old people bore others by their insistence on talking about "the blameless old days"	2.01	Negative
5	I feel disappointed when most of the aged patients respond incoherently to questions during the consultation	1.87	Negative
6	I wish I would not attend to any older patients every day I come to work, because I don't like their troubles	2.41	Negative
7	I don't like attending to aged patients, because they are easily distracted, irritable and excitable	2.12	Negative
8	I feel embarrassed whenever I care for the aged who are neurotic, psychotic, and anti-social	1.93	Negative
9	I feel so angry whenever I am posted to the geriatrics ward because the elderly can often provoke their attendants	1.94	Negative

Overall Mean

1.90 Negative

Findings in Table 2 indicate that the attitude of HCPs towards the emotional care of the aged had an overall mean of 2.14, which was less than the criterion mean of 2.50. This implies that HCPs had a negative attitude toward the socio-emotional healthcare of the aged. The Table further indicates that all the individual item mean scores regarding the attitude of HCPs towards the socio-emotional care of the aged were all less than the criterion mean 2.50. This implies that HCPs indicated a negative attitude towards all the items.

Table 3: One Way ANOVA Testing the Null Hypothesis of no Significant Difference in the Attitude of HCPs towards Socio-emotional Healthcare of the Aged According to Marital Status of HCPs

Dimensions of Healthcare values	sum of between groups	square within groups	df groups	Mean between	F	P-
Socio-Emotional	7.672	3485.073	2	3.836	.364	.695**

Table 3 indicates that the f-values and their corresponding p-values for socio-emotional health care ($f = .364$, $p = .695 > .05$) at 2 and 333 degrees of freedom. The null hypothesis of no significant difference in the attitude of HCPs towards the aged according to the marital status of HCPs is, therefore, accepted. This implies that there is no difference in the attitude of HCPs towards the aged based on their marital status of HCPs.

Table 4: One Way ANOVA Testing the Null Hypothesis of no Significant Difference in the Attitude of HCPs towards the Socio-emotional healthcare of the aged According to the Age difference of HCPs

Dimensions of Healthcare	sum of between groups	square within groups	df groups	Mean between	F	P-values
Socio-Emotional	7.100	3485.646	2	10.530	.337	.714**

Table 4 shows the f-values and their corresponding p-values for socio-emotional health care ($f = .337$, $p = .714 > .05$) at 2 and 337 degrees of freedom. The null hypothesis of no significant difference in the attitude of HCPs towards the aged based on the age differences of HCPs is therefore accepted. This implies that there is no difference in the attitude of HCPs towards the socio-emotional healthcare of the aged based on the age differences of HCPs

DISCUSSION

This study aimed to evaluate the attitude of Health care professionals towards the socio-emotional care of the aged patients attending university teaching hospitals in South East Nigeria within a cross-sectional design-based questionnaire for data collection. The result in Table 1 indicates the socio-demographic variables associated with HCPs, which include marital status, age, and gender. The

majority of HCPs were singles, in the age bracket between 21 – 30yrs old. This is contrary to an earlier finding that majority of HCPs were married (Agu, 2019; WHO, 2018).

The result in Table 2 shows that the attitude of HCPs towards the socio-emotional health care of the aged was negative. This finding was not expected and therefore was surprising to the researcher. Though, the finding was in line with that of (Mannheim, 2021; Okafor, 2009) who acknowledged that people's attitudes towards ageing and the aged have been so negative that people who pray for long life receive it, but reject the features of the answered prayer, such as dying of gray hairs or physically pulling them out, loss of teeth replaced by artificial ones, wrinkling of skin suppressed with plastic surgery, and so on.

The finding also aligned with the findings, which reported that HCPs hold a negative attitude toward patients, including the aged (Scott, 2019; Okafor, 2010)). Ageism attitude among the young in HCPs has become a global public health issue that demands urgent attention, hence in some contemporary societies, following the discovery of information technology, the elderly people, especially the sick ones are less revered giving rise to ageism (WHO, 2012). Health Care Professionals, especially young ones prefer attending to younger patients than the elderly who attend the hospitals. The finding was also in line with (Scott, 2019; Kapungwe, et al., 2011; WHO, 2018), who reported that there are widespread stigmatizing and discriminatory attitudes among health care professionals towards patients, especially the aged whose population is rapidly increasing globally.

Contrarily, the finding agreed with the report that the aged encountered many psychosociological problems which manifest in people's attitudes and behaviours (Tegegne., et al., 2022; Muhsin, Munyogwa, Kibusi and Seif, 2020; Igbo, 2009). This could be attributed to the aged's low self-esteem, withdrawal from social lifestyle, self-hatred, and poor attitudes toward themselves, and others, including HCPs. Seah, (2019) and Yun-E, et al. (2012) revealed that health professionals' attitudes towards older patients range from neutral to positive. The findings from the data presented in Table 3 show that the P-Value is greater than the f-values, and therefore the null hypothesis was accepted. This implies that there is no difference in the attitude of HCPs toward the aged based on their marital status of HCPs. Studies have shown that no significant differences were found between the attitudes and marital status of HCPs (Alamri & Xiao 2017; Polat, et al, 2014).

The results in Table 4 indicate that the P-Value is greater than the f-values, and therefore the null hypothesis is accepted. This implies that there is no difference in the attitude of HCPs towards the aged based on the age of HCPs. In contrast, older physicians held more positive attitudes toward the socio-emotional care of older people than younger physicians (Alamri & Xiao, 2017). Even though socio-emotional care contributes immensely to improving and promoting the health and well-being of the aged, it also gives the aged confidence, as it boosts psychical and physiological healing. HCPs attitudes toward aged patients determine the level of socio-emotional attention given to the aged in university teaching hospitals. Attitude is a meaningful relationship through appropriate emotional and social dispositions among humans in different professions (Susan & Carstensen, 2012). Health care professionals' socio-emotional care while attending to the aged is determined by attitude. The attitudes of HCPs towards the aged patients are of concern throughout the world, for as the population is ageing globally, the older people are also more likely to have chronic diseases and disabilities, and therefore would have constant contact with the HCPs working in hospitals (Lee, 2012; Ng, 2020).

LIMITATIONS

The limitations of the present study cannot be overlooked. The HCPs gender was not considered a puzzling factor, even when it might be a determining factor of the attitude of HCPs. Among the HCPs, those working in other public and private hospitals could be found with positive attitudes toward aged patients. Most importantly, HCPs in rural areas, especially those working with primary healthcare centers in different communities could be found to have positive attitudes towards aged patients. However, the aged patients might as well have negative attitudes toward HCPs. This calls for further prospective studies, which could use interviews to ascertain the attitude of the aged patients towards HCPs that attend them in university teaching hospitals.

IMPLICATIONS FOR BEHAVIOURAL HEALTH

Despite these limitations, the study provides impactful information on the essence of attitudes of HCPs towards the aged. Negative attitudes of HCPs towards the aged call for attitudinal and behavioural modifications. It is attributed to the low self-esteem of the aged, withdrawal from social lifestyle, self-hatred, and poor attitudes toward themselves, and others, including the HCPs (Seah, 2019; De Almeida, et al., 2015). Positive attitudes of the HCPs toward the aged will boost psychical and physiological healing. Major step aimed at voluntarily change of the attitudes of HCPs towards the aged which will promote confidence and self-esteem among the aged. Socio-emotional care encompasses HCPs' qualitative relationship with the aged, and the level of influence that the relationship wields on the mood, attitude, and lifestyles of the aged population attending hospitals.

Interestingly, this study provides useful information about attitudes of HCPs towards socio-emotional care of the aged which is important in the United Nation's goal for healthy ageing. The United Nations General Assembly declared 2021–2030 the Decade of Healthy Ageing, and asked WHO to lead the implementation. Applicably, the Decade of Healthy Ageing has become a global collaboration bringing together governments, international agencies, and professionals, academia for 10 years of concerted, catalytic, and collaborative action to foster longer and healthier lives through appropriate socio-emotional care (WHO, 2021). This study becomes important for public health experts and healthcare managers to adopt essential measures recommended aimed at improving the attitudes of HCPs towards the socio-emotional care of the aged attending hospitals. Likewise, students-HCPs will as well improve and develop positive attitudes in dealings with the aged in the hospitals, an act that will extend throughout professional engagements. The Decade of Healthy Ageing (2021–2030) seeks to reduce health inequities and improve the lives of older people, their families, and communities through collective action in four areas: changing how we think, feel and act towards age and ageism; developing communities in ways that foster the abilities of older people; delivering person-centered integrated care and primary health services responsive to older people; and providing older people who need it with access to quality long-term care.

CONCLUSION

The increasing concerns of public health experts and healthcare managers on the implications of the attitudes of HCPs, call for constant assessment of the attitudes of HCPs. The finding of this study implicates that HCPs held negative attitudes toward the aged patients, who attended university teaching hospitals in South-Eastern Nigeria, irrespective of age differences and marital status. Therefore, it can be concluded that it is a result of perceptions of life, types of orientations received, and attitudes

inculcated during professional preparations of HCPs. As such, both public health experts and healthcare managers keep engaging HCPs on the implications of holding positive attitudes towards the elderly. As a convenient and possibly effective intervention, further study on attitudes of healthcare professionals is needed in other African countries.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. A positive attitude towards the elderly should be well-inculcated into all students in healthcare professional preparations.
2. The benefits of a positive attitude towards aged patients should be integrated into the curriculum of healthcare professionals since there were no significant differences noticed between attitude and demographic variables (marital status and age of HCPs).
3. Demonstration of a positive attitude towards the aged patients should be a prerequisite for employment for HCPs in university teaching hospitals. This could be achieved through critical and pragmatic re-orientation of HCPs before permanent employment in health facilities.

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Competing Interests

The authors declare no competing interests.

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