

KNOWLEDGE, ATTITUDE AND PRACTICE OF CARE OF ELDERLY AMONG HEALTH WORKERS IN EKITI STATE TEACHING HOSPITAL, ADO EKITI, EKITI STATE, NIGERIA

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Abstract

The population of the elderly around the world is now on the increase like never before because of the improvement of quality of life made possible by advancements in technology. This means that the number of elderly people to be supported and cared for will grow significantly. Although, a country like Nigeria is yet to fully institute elderly welfare home into the system, hence, a great number of elderly today are at the mercy of the health workers to provide a holistic service which would involve caring for them physically, mentally, psychologically and emotionally. This underscores the need to assess the knowledge, attitude and practice of care of the elderly among health workers in Ekiti State Teaching Hospital, Ado Ekiti, Ekiti-State, Nigeria. A descriptive survey design was adopted for this study. With the aid of a multistage sampling technique, a total of 300 respondents were selected for the study. The health workers were stratified according to profession: Nurses, Doctors, Dentists and physiotherapies and Laboratory Scientists before adopting a lottery-simple random sampling at different stages before reaching the required sample. Data were collected with the use of a validated self-structured questionnaire with a reliability coefficient of 0.83. Data collected were analysed using descriptive statistics of charts and frequency distribution tables and inferential statistics of Pearson product moment correlational (PPMC). The result revealed a positively weak and significant relationship between health workers knowledge and their practices ($r=.200$; $pvalue=.007$); Also, there is a positively weak but non-significant correlation between workers attitude and practices ($r=.006$; $pvalue=.940$); Similarly, a test of correlation between knowledge about care of the elderly and attitude towards them revealed a positively weak but insignificant relationship ($r=.138$; $pvalue=.065$). This study showed that health workers in EKSUTH have positive perception and attitude towards older people and they also have good knowledge in essential clinical practice issues on ageing. More so, while knowledge is very crucial to good practices, attitude does not necessarily or directly influence the practice of the health workers in a significant way. Based on the findings of the study, the government of Ekiti State should embark upon gerontological training for health workers and gerontological studies be introduced into all medical cadres' curricula.

Introduction

Ageing is a global phenomenon that encompasses a multidimensional

process of physical, biological, mental, psychological and social change which affects all aspects of the aged person's life (Ye, Norman & While, 2013). For example, age can be defined by the social roles one occupies, by physical factors such as facial looks, mental factors such as mental alertness, by a person's level of physical ability such as mobility, by a subjective assessment of how old one feels, as well as their chronological years (Papalia, Sterns, Feldman, Camp, 2002). Most developed countries have generally accepted the chronological age of 65 years as the definition of the elderly (World Health Organisation (WHO), 2009). In Nigeria, according to National Population Commission (NPC), (2008), persons who are old enough to receive pension, who are between ages of 60-65 years are regarded as the elderly.

World widely, the population of old people according to the Africa Population Reference Bureau, (2011), is increasing at a very rapid rate and the most rapid increase is taking place in the developing countries. Like many developing countries in the world, according to Africa Population Reference Bureau, (2011), Nigeria is currently witnessing rapid ageing of its population. This growth has resulted to many physical, social, political and economic problems especially those problems associated with health in elderly people. It has been observed that as people advance in age, old age syndrome begins to

step in. It could come as diseases (heart problem, arthritis, hypertension), psychological (forgetfulness and loss of memory), or social (loneliness and social stigma), financial (retirement and unproductivity). This makes old age to be perceived as a "problematic" phase of life (Ye, Norman & While, 2013). Consequently, the number of the elderly people that will need health care, supported and cared for will grow significantly.

In developed nations, health care for the elderly is often being provided by the State as part of the social security for the elderly, in geriatric, nursing or charitable homes. This may be sequel to educated women working outside the home, geographical dispersion of families and increasing life expectancy of elderly people (Papalia, Cameron & Ruth, 1995). Traditionally, however, according to Ajomale, (2007), health care for the elderly in Sub-Saharan Africa has been the responsibility of family members, to provide food, shelter, clothing, medical care and other basic necessities. The author further reiterated that a crucial problem is the general assumption in Nigerian society that families should take care of their elderly and that this provision of care has always been adequate without recognizing that the extended family system is at the verge of collapse. On the other hand, according to Adio-Moses, (2011), this assumption is wrong, since the care

for the elderly from family members in most cases is inadequate probably because of increasing female employment to complement family income, unemployment, rural-urban migration as well as the government not making any major commitments to the elderly especially in healthcare. Data based literature review revealed the elderly needing care due to the natural ageing process, and marginalization of the elderly is very common. There is poor knowledge of elderly care by the health professional and negative attitude towards the elderly, in terms of practice, there are no special health services provided for them (Okoye & Asa, 2011).

The health worker, according to Abdulrahem & Parakoyi (2005) are often the providers of services designed to maintain health and prevent illness. It is important for health workers to have adequate knowledge on the basic needs of the elderly than the rest of the population (Okoye and Asa, 2011). According to the authors, these needs include personal hygiene, mobility, nutrition, prescription and physical activity because of the portrayal of older people as frail, ill, suffering mental deterioration, poor and dependent. Lack of adequate knowledge may result into negative attitude towards the care of the elderly which may eventually lead to serious attitudinal relational gaps, resulting in negative patient outcome. Research has also shown that the quality of health care

service provided to older population is strongly influenced by care givers attitude towards older people (Gallagher, Bennet & Halford, 2006)

On attitude of health workers towards older people, Mandy, Elizabeth and O. Neil (2011) in a survey using the Kogan scale to assess the attitude of health care workers toward older people in a rural population revealed positive attitude of health care workers toward older people. Health workers are at risk of developing negative attitudes because they are exposed to a disproportionate percentage of ill or dependent older people (Mandy, Elizabeth and O'Neil, 2011). In a study that examined nurse's attitude towards older acute care patients in United States, it was revealed that nurses have positive attitude towards older patients in Geriatrics and surgical departments of various hospitals (Mclafferty, and Morisson 2004). Research has shown that the quality of health care services provided to older population is strongly influenced by care givers attitude towards older people (Gallagher, Bennet & Halford, 2006).

On the practice of care of the elderly, care given can be time consuming and emotionally, physically and psychologically draining and may expose the health worker to stress, risk of diseases, neglect of one self, poor health and depression. (Donatelle, 2011). According to the author, health

workers get easily irritated when taking care of the aged than when taking care of other age groups because of the daily task involved. Given the rising percentage of older people using hospital and community health services, it is important that the attitudes of healthcare workers towards older people are re-examined. Therefore, the purpose of the study is to examine health worker's knowledge of older people and ageing, their attitudes towards them and the factors that influence these attitudes on the care of the elderly among health workers in Ekiti State Teaching Hospital, Ado Ekiti.

The result of this study will help to provide basic information for designing programmes for the care of the elderly in the hospitals and in the community. It will also provide evidence-based information for health education on graceful ageing. It will serve as a reference material to other researchers in the field of health education and community health practice. The study will improve data base on elderly health nutrition and standard of living which will help for further research, advocacy, policy dialogue and programming.

Research Questions

The following questions were raised to guide the study:

- What is the level of knowledge of the care of the elderly

among health workers in Ekiti State Teaching Hospital, Ado Ekiti?

- What is the attitude of health workers towards care of the elderly in Ekiti State Teaching Hospital, Ado Ekiti?
- What are the health workers practices in the provision of care of the elderly in Ekiti State Teaching Hospital, Ado Ekiti?

Research Hypotheses

1. There is no significant correlation between health workers' knowledge and attitude
2. There is no significant correlation between health workers' knowledge and practices
3. There is no significant relationship between health workers' attitude and practices
4. There is no significant joint contributions of health workers' knowledge and attitude to the practice of elderly care.

Research Methods

A descriptive research design was used to determine the level of knowledge, attitude and practice of care of the elderly among health workers in Ekiti State Teaching Hospital, Ado Ekiti. The population of the study consisted of all health workers; Doctors, Nurses, Dentists,

Laboratory Scientists and Physiotherapists that provide direct clinical health care to elderly patients. The sample consisted of 70 doctors, 75 nurses, 5 dentists, 20 laboratory scientists and 10 physiotherapists. A multistage sampling technique was used to select respondents for the study. The health workers were stratified according to profession: Nurses, Doctors, Dentists, Laboratory Scientists and physiotherapists. Simple random sampling was used to select respondents from each stratum.

The instrument used for data collection is a validated self-structured questionnaire. The questionnaires had four sections, section A covered socio demographic data, section B, C and D consisted of items which explored level of knowledge, attitude, practice of the care of the elderly. Face and content validity of the instrument was done by health educationists. Their observations were used to make necessary modifications before final approval and administration. Test re-test method was adopted to ascertain

the reliability of the instrument with a reliability coefficient of 0.83. Twenty copies of the questionnaire were administered to health workers in Federal Teaching Hospital, Ido-Ekiti, entirely outside the area of study setting with similar population characteristics. Eight copies of the questionnaires were administered to doctors, ten administered to nurses and 1 each was administered to a dentist, laboratory scientist and a physiotherapist. The researcher recruited two research assistants and trained them on the purpose of the study to ease data collection.

The data were collected by the researcher and two trained research assistants. The researcher and her assistants administered the questionnaires to the selected health workers at their work place between 2pm and 4pm when work in the ward was minimal. Data collected were analyzed using descriptive statistics of percentages, mean, standard deviation and inferential statistics of Pearson product moment correlation at 0.05 significance level.

Results

Section A: Socio-demographic characteristics of respondents

Table 1: Distribution of the respondents by socio-demographic characteristics.

Variables	Categories	Frequency	Percentages
		180	100.0
Sex	Male	89	49.4
	Female	91	50.6
Professional Status	Doctor	70	38.9
	Nurse	75	41.7
	Dentist	5	2.8
	Lab. Scientist	20	11.1
	Physiotherapist	10	5.6
Highest Academic Qualification	RPON		1.7
	RN		5.6
	PHD		5.6
	MWACP		2.2
	MSC		5.6
	MBBS		32.8
	BNSC		33.9

Table 1 above shows that female respondents constituted more than half (50.6%) of the sampled respondents and majority of the respondents (41.7%) affirmed that they are Nurses. This was closely followed by Doctors (38.9%), and then Laboratory Scientists (11.1%). In terms of highest academic qualification, majority of the

respondents (33.9%) stated that they hold a Bachelor of Nursing Science (BNSC) certification while 3 of every 10 respondents also confirmed that they hold a MBBS certification. This amounts to about 32.8% of the respondents. Summarily, BNSC and MBBS holders constitute the majority of the respondents in this study.

Section B: Knowledge of the health workers about the elderly

Table 2: Percentage distribution of the Knowledge of the respondents of the elderly.

Items	Strongly agree	Agree	Strongly disagree	Disagree
As people grow older, their intelligence decline significantly	33.3	39.4	20	7.2
Anxiety in the elderly can be reduced by maintaining calm, unhurried manner when interacting with them	47.8	47.8	4.4	0
Memorizing capability in the elderly is affected due to structural changes in the brain	38.9	57.2	2.8	1.1
Care can be rendered to the elderly with hearing impairment by nonverbal cues	36.1	59.4	4.4	0
Clinical depression occurs more frequently in older than younger people	31.1	51.7	13.9	3.3
Older adults have more trouble sleeping than younger adults do	32.2	50	15.6	2.2
The older the elderly the more demanding he/she becomes	27.8	56.1	14.4	1.7
As people live longer, they face more chronic health conditions	41.1	48.9	7.8	2.2
Elderly people need to eat regularly and properly	45	52.8	1.7	6
The elderly people need regular low impact exercise	36.1	59.4	3.9	6
Aging process will lead to anatomical and physiological changes	43.9	51.1	3.9	1.1

Table 2 shows the responses given by the subject regarding their level of knowledge of care of the elderly. For majority of the items more than 50% of the subjects gave the correct answers. Majority of the respondents (39.4%) agreed that as people grow older, their intelligence decline significantly, 33.3% strongly agreed in support of this submission.

47.8% strongly agreed that anxiety among the elderly can be reduced by maintaining calm and unhurried manner when interacting with them, 47.8% agreed to the same question.

As reported in table 2 above, 59.4% agreed that care can be rendered to the elderly with hearing impairment by nonverbal cues, 36.1% strongly agreed, and only 4.4% of the

respondents disagreed. 51.7% agreed that clinical depression occurs more frequently among older people than it is among the younger ones; this is supported by 31.1% of respondents who strongly agreed: in contrast, 3.9% disagreed, only 3.3% of the respondents strongly disagreed. While half of the respondents agreed that older adults have more trouble sleeping in comparison with younger adults, 32.2% strongly agreed, 15.6%, however, disagreed, supported by

only 2.2% respondents that strongly disagreed. As substantiated in table 2, more than half of the respondents (56.1%) agreed that the older the elderly the more demanding they become. 27.8% strongly agreed. 59.4% respondents agreed that the elderly people need regular low impact exercise, 36.1% strongly agreed. More than half of the respondents (51.1%) agreed that the aging process will lead to anatomical and physiological changes.

Section C: Attitude of health care workers towards the elderly patient

Table 3: Percentage distribution of the respondents according to their attitude towards the elderly patient

Items	Strongly agree	Agree	Strongly disagree	Disagree
I get stressed up when taking care of the elderly	20	49.4	20.6	10
Time should not be wasted for elderly persons with terminal illnesses	15.6	8.3	39.4	16.7
Old age makes it more difficult to administer medication to the elderly	16.7	3.9	22.8	6.7
Most elderly are cheerful, agreeable, and good humoured to interact with.	20.6	51.7	22.3	5
I feel good taking care of the elderly.	18.9	56.7	23.3	1.1
I see the care of the elderly patients as an opportunity to touch the lives of the aged	31.7	58.3	7.2	2.8
Some elderly look untidy and dirty, and as such I do not like caring for them.	17.2	33.9	36.7	12.2
The elderly can often provoke the care-giver because they tend to complain more than other people	26.7	57.2	12.8	3.3
I would rather care for an elderly than a young patient	11.7	28.9	52.2	7.2
I prefer giving attention to younger patients than the elderly ones	17.8	46.7	27.8	7.8

From table 3 above, almost half of the respondents (49.4%) agreed that they get stressed up whenever they took care of the elderly. Surprisingly, majority of the

respondents disagreed (39.4%) that time should not be wasted on elderly persons with terminal illnesses, while 16.7% of the population simply disagreed. More than half of the

respondents (53.9%) agreed that old age makes it more difficult to administer medication to the elderly. While more than half of the respondents agreed that most of the elders are cheerful, agreeable, and good humoured to interact with, close to a quarter of the respondents disagreed. Majority of the respondents agreed that most elderly are very relaxing to be with, thus making caring for them enjoyable. More than half of the respondents agreed that they see the care of the elderly patients as an opportunity to touch the lives of the aged.

While majority of the respondents disagreed with the statement that some elderly look

untidy and dirty such that they do not like to care for them, more than 3 out of 10, however, agreed with the statement. More than half of the respondents agreed with the statement that the elderly often provoke the care giver because they tend to complain more than the way other people do. While more than half of the respondents disagreed that they would rather care for an elderly than a young patient, more than a quarter of the respondents agreed. While majority of the respondents agreed that they prefer giving attention to younger patients than the elderly ones, more than a quarter of the respondents disagreed.

Section D: Practice of the care of the elderly

Table 4: Percentage distribution of the respondents according to their practice of the care of the elderly

Items	Always	Sometimes	Never
I promptly administer medication to the elderly	53.3	44.4	2.2
I attach titles to the names of the elderly while taking care of them to create relationship	50.0	43.9	6.1
I give prompt attention to the elderly patients even when there is no emergency	61.7	35.6	2.8
I engage the elderly in low impact exercises	66.1	28.9	5.0
I encourage sound sleep in the elderly by restricting visitors during rest periods	47.8	46.7	5.6
I encourage the elderly to practice oral hygiene	66.1	30.6	3.3
I neglect myself and concentrate only on the aged when taking care of them.	68.3	26.7	5.0

Flowing from table 4 above, more than half of the respondents (53.3%) confirmed that they always administer medication to the elderly promptly, 44.4% responded that they sometimes do and just 2.2% indicated

never. While 50% said that they always attach titles to the names of the elderly while taking care of them in order to form relationship with them, 43.9% responded that they sometimes do, 6.1% indicated never.

While more than half of the respondents said they always give prompt attention to the elderly patients even when there is no emergency, more than a quarter of the respondents said they sometimes do, and this is against 2.8% who indicated never.

As shown in table 4 above, while majority of the respondents said that they always engage the elderly in low impact exercise, more than 4 out of 10 said they sometimes do, and this is against just 5% of the respondents who responded never to the

statement. Additionally, two-third of the respondents said that they always encourage sound sleep among the elderly by restricting visitors from them during their rest periods, and this was followed by 28.7% respondents who said they sometimes do, and only 5.6% of the respondents responded never to the statement. Interestingly, while majority of the respondents said that they never neglected themselves in order to concentrate on taking care of the aged, more than a quarter of the respondents said they sometimes do.

Hypothesis Testing

A Pearson Product Moment Correlational (PPMC) Analysis showing the relationship among Health workers’ knowledge, attitude and practices towards elderly care

Correlations				
		Health Workers’ Practice	Health Workers’ Knowledge	Health Workers’ Attitude
Health Workers’ Practice	Pearson Correlation	1	.200**	.006
	Sig. (2-tailed)		.007	.940
	N	180	180	180
Health Workers’ Knowledge	Pearson Correlation	.200**	1	.077
	Sig. (2-tailed)	.007		.303
	N	180	180	180
Health Workers’ Attitude	Pearson Correlation	.006	.077	1
	Sig. (2-tailed)	.940	.303	
	N	180	180	180
**. Correlation is significant at the 0.05 level (2-tailed).				

Hypothesis 1: There is no a correlation between knowledge and attitude towards elderly care.

The correlation table above revealed that there is a positively weak relationship (but not significant)

between health workers’ knowledge about care of the elderly and their attitude towards elderly care in Ekiti state University Teaching Hospital (r=.07; pvalue = .303). As shown in the figure above, there is evidence that the

higher the knowledge about elderly care, the better the attitude towards the elderly but the relationship was not flagged significant at 0.05. Accordingly, H_0 is accepted while H_1 is rejected. Hence, there is a correlation between knowledge and attitude towards elderly care.

Hypothesis 2: There is no significant correlation between health workers’ knowledge and practices

After running the correlation to test the relationship between health workers’ knowledge and practice, the result revealed a positively weak and significant relationship at 0.05 level of significance ($r=.200$; $pvalue=.007$). Therefore, the null hypothesis is rejected while the alternate hypothesis is accepted.

This implies that knowledge is very crucial to good practices as the result showed that the higher the knowledge of health worker, the

better their practices towards the care of the elderly.

Hypothesis 3: There is no significant relationship between health workers’ attitude and practices

The result from the correlational analysis was also used to examine the relationship between workers’ attitude and practices towards elderly care. As presented in the table above, the correlation was found to be positively weak but not significant ($r=.006$; $pvalue=.940$). Therefore, null hypothesis is accepted while the alternate hypothesis is rejected. This implies that attitude do not necessarily or directly influence the practice of the health workers in a significant way.

Hypothesis 4: There is no significant joint contribution of health workers’ knowledge and attitude to the practice of elderly care

Pearson Product Moment Correlation Analysis testing the relationship between the joint contributions of workers’ knowledge/attitude and Practices towards elderly care

		Practices towards elderly care
Joint contribution of knowledge and attitude	Pearson correlation value	.138
	Pvalue	.065

	N	180
Remarks	Not significant	

The researcher attempted to combine knowledge and attitude as one variable so that it can be tested against the practices of health workers. The correlational analysis revealed a positively weak but insignificant relationship ($r=.138$; $pvalue=.065$). Therefore, the null hypothesis is accepted while the alternate hypothesis is rejected. Hence, there is no significant joint contribution of health workers' knowledge and attitude to the practice of elderly care.

Discussion of Findings

The findings of the study established that the knowledge of the respondents of the elderly was above average. This may be because all the health workers have tertiary education. This is in line with the finding of Okoye and Asa (2011) that knowledge on the basic needs of the elderly will help care givers to assist the elderly to meet their needs without compromising their health and safety. It is also in agreement with Mandy, Mitehell and Oneil, (2011) that higher level of education increases health workers knowledge of care of the elderly. However, in contrast to this finding, Mclafferly and Morrison (2004) stated that most health workers have very poor knowledge of mental health conditions which are common with the elderly because

most curricula of health professionals have little or nothing to do about the elderly and as such health workers come to service with deep seated, negative, diluted and superstitious belief about caring for the elderly. This lack of adequate knowledge may result into negative attitude towards the care of the elderly which may eventually lead to serious attitudinal relational gaps, resulting in negative patient outcome.

The study found that both positive and negative attitudes are held by respondents while vast majority of the participants had positive attitude towards the care of old people. Rush, Hickey, Epps & Janke, (2017) in agreement submitted that nurses hold both positive and negative attitudes towards older adult care. In line with this submission, Mandy, Elizabeth and O. Neil (2011) in a survey using the Kogan scale to assess the attitude of health care workers toward older people in a rural population revealed positive attitude of health care workers toward older people. The authors suggest that quality aged care requires positive attitude towards empowering elderly patients to take active part in maintaining their health. The positive attitude of health workers towards the care of the elderly in the study is probably due to high level of education and well-trained health

workers. This is in accordance with Ye, Norman & While (2013) who concluded that trained health workers are more likely to develop positive attitude to the care of the elderly.

Findings from the study also disclosed that more than half of the respondents agreed that most of the elders are cheerful, agreeable, and good humoured to interact with. In agreement, majority of the respondents also agreed that most elderly are very relaxing to be with, they feel good whenever they are taking care of the elderly and they see the care of the elderly patients as an opportunity to touch the lives of the aged, thus making caring for them enjoyable. This agrees with the findings of Ye, Norman & While (2013) who considered this as a positive attitude by the health workers towards the care of the elderly. It was also revealed in the study that almost half of the respondents agreed that they get stressed up whenever they are taking care of the elderly. Indeed, this situation in itself has been a major bone of contention between the caregiver and the elderly as supported by Alsenany, (2009) who submitted that old age makes an individual dependent in several ways. A significant number of the respondents submitted that time should not be wasted on the elderly with terminal illnesses. Seeing the care of terminally ill especially old people as a waste of time is a poor attitude. This could be

because taking care of the elderly is time consuming and stressful. This agrees with Lee, (2007) that reported that health workers show negative attitude towards the elderly by using physical restrictions to disrespect the patient autonomy and dignity and discriminate against them.

The findings revealed that majority of health workers provided adequate care for the elderly. The practices included practice oral hygiene, prompt administration of medication, nutritional assessment, calling patient by name and creating a relationship. These findings are due to the high level of education and specialization of the health workers. This is in accordance with Lecovich (2008) that concluded that calling patient by their name is one of the good behavioral practices of care of the elderly. It is also in line with Oyetunde, Ojo and Ojewale (2013) that also concluded that nutritional assessment is an integral part of clinical assessment for the elderly. This is in contrast with the study Donatelle (2011) that health workers get easily irritated when taking care of the aged than when taking care of other age groups because of the daily task involved and the care given can be time consuming and emotionally, physically and psychologically draining and may expose the health worker to stress, risk of diseases, neglect of one self, poor health and depression.

It was revealed that there is a positively weak relationship between health workers' knowledge about care of the elderly and their attitude towards elderly care, consequently, there is evidence that the higher the knowledge about elderly care, the better the attitude towards the elderly. It was revealed from the findings that attitude does not necessarily or directly influence the practice of the health workers in a significant way. This study strongly disagreed with the study of Alsenany, 2009 which have constantly lauded the influence of attitude when it comes to practices of health workers. However, most of the respondents in this study showed that attitude is personal and does not have to interfere with profession.

The findings also showed a positively weak and significant relationship between knowledge and practice of care of the elderly, hence, the higher the knowledge of health worker, the better their practices towards the care of the elderly. This finding is in congruence with Lambrinou, Sourtzi, Kalokerinou, & Lemonidou, (2009) who reported a direct correlation between knowledge and practice. It also vindicated the findings of Adebusoye, Ladipo, Owoaje & Ogunbode, (2011) whose study on the changing morbidity pattern of the elderly proposed that knowledge is key to managing demographic trends. The findings of the study also revealed that attitude do not necessarily or

directly influence the practice of the health workers in a significant way and there is no significant joint contribution of health workers' knowledge and attitude to the practice of elderly care.

Conclusion and Recommendations

This study has shown that the majority of participants reported positive attitude towards older people and they have good knowledge in essential clinical practices on ageing. In addition to that, it was also shown that the higher the knowledge of individuals, the better their attitudes towards the elderly patients at the teaching hospital. While knowledge is very crucial to good practices, attitude does not necessarily or directly influence the practice of the health workers in a significant way; and when viewed jointly, both knowledge and attitude on the practices of care of the elderly, there is a positive correlation but not statistically significant. The positive attributes demonstrated by respondents in this study could be improved upon by introducing gerontological training into all medical cadres' curricula and geriatric wards be established in all hospitals with well trained staff in the geriatric medicine. There is need to provide more resources and also training of personnel in area of gerontology. The researcher also suggested that the government should develop a health policy for the elderly

that will incorporate the care of the elderly.

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