

# Knowledge, Attitude and Practice of Care of Elderly Among Health Workers in Tertiary Health Facilities in Uyo Metropolis

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**Abstract:** Elderly care emphasizes the social and personal requirements of senior citizens who need some assistance with daily activities and health care, but who desire to age with dignity. With increasing rate of elderly in the society, there have been insufficient healthcare services for the elderly. Most health workers have very poor knowledge of health conditions which are common with the elderly and this lack of adequate knowledge triggers negative attitude towards the care of the elderly likely to result in serious problems in our society in the near future. This study was conducted to examine the knowledge, attitude and practice of care of elderly among health workers in tertiary health facilities in Uyo Metropolis. Three specific objectives, three research questions and three null hypotheses guided the study. The study employed a cross-sectional descriptive research design. The population of study consisted of 394 health workers. The sample of 241 health workers comprising of 27 doctors, 190 nurses, 10 dentists and 14 Physiotherapist was determined using Taro Yamane and selected for the study using stratified sampling technique. The instrument used for data collection was questionnaire titled “Knowledge, Attitude and Practice of Care of Elderly Questionnaire (KAPCEQ)”. The instrument yielded the reliability coefficient of 0.84. The data were collected by the researcher and four trained research assistants. Frequency and percentage were used for the answering of the research questions while chi-square was used for testing of null hypotheses at .05 level of significance. Findings of the study indicated that health workers had adequate knowledge of care of elderly, exhibit good attitude toward care of elderly and sometimes practice care of the elderly in tertiary health facilities in Uyo Metropolis. Based on the findings of the study, the researcher recommended among others that Hospital Management Board should develop a system of periodical health workers evaluation to determine strategies of upgrading health workers knowledge and enhancing practice of care of the elderly. Furthermore, Professional bodies in the health sectors should develop a follow up courses and in-service training programmes to maintain efficient performance of individuals previously trained in the care of the elderly.

**Key Words:** Attitude, Care, Elderly, Knowledge, Practice Health

## I. INTRODUCTION

Ageing is one of the characteristics of humans which involve the accumulation of changes in a person over time. It involves a multidimensional process of physical, psychological and social change. Some dimensions of aging

grow and expand over time, while others decline. Hoyer and Roodin (2013) opined that ageing is not a disease; but phase of life where there is retrograde biological process in growth and development which leads to decreased powers for survival and adjustment. Aging is an important part of all human societies reflecting the biological changes that occur and also reflecting cultural and societal convention.

The World Health Organization has always designated as “Elderly” people aged 65 years and above. Older people make up an increasing proportion of the population in developed world and this demographic transition also affects some developing countries. Generally older people are at increased risk of disease, disability, social and financial deprivation compared to the younger generation in the same population (National Council on Ageing and older people (NCAOP), 2017). An increase in the number of older people may lead to increased demands on health and support services including aged care residential services and acute health service.

Care of the elderly is the fulfillment of the special needs and requirements that are unique to senior citizens. It covers such services as assisted living, adult day care, long term care, nursing homes, hospice care and home care. Elderly care emphasizes the social and personal requirements of senior citizens who need some assistance with daily activities and health care, but who desire to age with dignity. The care of the elderly is multidimensional and these include physical, emotional, spiritual and social care. According to Okoye and Asa (2011) providing care especially to the elderly, takes a huge toll, both physically and emotionally on the caregiver. With the population of the elderly growing in Nigeria, one of the emerging issues is the care and support of elderly persons in years to come. Few people are prepared for the responsibilities and tasks of caring for the aged because of the stress involved.

However, improvement in primary health care with focus on prevention of childhood diseases through immunization did not highlight the care of the elderly which should be one of the components of primary health care programme in most developing countries (Olise, 2011). A

cursory look at the implementation of Sustainable Development Goals (SDGs) by the federal government shows that there is little or no consideration of this very important segment of the population – the elderly. Also most curricula for training Health Manpower in Nigeria do not highlight the care of the elderly (Donatelle, 2018). Oyetunde, Ojo and Ojewale (2013) further asserted that in Nigeria, marginalization of the elderly especially in their care is a common episode. Those involved in the provision of health care have important roles to play in programmes relating to elderly care especially in screening and detecting abuse. Care of the elderly requires adequate knowledge of the ageing process, nutrition and daily needs of the elderly. 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). This is necessary because these needs must be met every day for the elderly to be able to live independently for as long as possible and Caretakers would be able to help the aged meet these needs without compromising their health and safety. These needs include personal Hygiene, mobility, nutrition, doctors' visit and prescription and physical activity (exercise). (Okoye and Asa, 2011). Topaz and Doran (2013) in a study has revealed insufficient knowledge on elderly person's clinical care among health workers.

According to O'Neil and O'Keefe, (2011) ageism is the systematic, stereotyping of discrimination against people because they are old. This is perpetuated by the portrayal of older people as frail, ill, suffering mental deterioration, poor and dependent, and the alternative portrayal of living affluent life styles and scrounging off the welfare state. Health workers are at risk of developing ageist attitudes because they are exposed to a disproportionate percentage of ill or dependent older people (Mandy, Elizabeth and O'Neil, 2011). Also, Doherty Mitchel and Elisbeth (2011) opined that attribution of ill health to ageing, low economic status and negative attitude of health workers towards the care of the elderly are some of the factors associated with delay in seeking health care. In contrast, nurses that express negative attitude towards old people indicated that they prefer to work with younger patients. When caring for older patients, these nurses were more likely to use physical restrictions, to disrespect the patient's autonomy and dignity and discriminate against them.

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. Researchers such as Kaur, Kumar, Kaur, Rani, Ghai and Singla (2014) in India assessed the knowledge and attitude regarding care of the elderly among nursing students, a cross sectional study was undertaken on 267 undergraduate nursing students. Findings indicated that around two third (76.4) were in good category of knowledge score. Mean attitude score  $\pm$  SD was 60.38  $\pm$  8.95 with the range of 22 -78. 64.6% were in the positive category of attitude. Knowledge and attitude were positively correlated. According to Kaur *et al* (2014)

nurses need to be well equipped with knowledge and should also have positive attitude regarding elderly care.

Orit, Ntege, Nakayiwa, Nambooze and Olikira (2021) in study assessed knowledge, attitudes and treatment practices of medical doctors towards care for elderly persons accessing clinical care services at hospitals in Kampala using across sectional descriptive conducted between April and June 2019 at outpatient's clinics, inpatients wards and non-communicable disease clinics at selected hospitals in Kampala Capital City Authority Uganda. The Knowledge about Older Persons-Q (KOP-Q) scale and the Older People in Acute Care Survey-United States (OPACSUS) scale were utilized. Results indicated that among the 110 respondents, 73 (66.4%) medical doctors had suboptimal knowledge on clinical care of elderly patients, majority of medical doctors demonstrated a positive attitude towards care of elderly persons and over three quarters 82 (74.5%) of medical doctors did not routinely observe recommended treatment practices when caring for elderly patients. Factors found to be significantly associated with knowledge on clinical care of elderly persons were level of education of medical doctors and frequency of refresher trainings on geriatric care. Similarly, level of education of medical doctors and hospital affiliation were significantly associated with treatment practices when caring for elderly patients.

In another study conducted by Oyetunde, Ojo and Ojewale (2013) in Ibadan, Nigeria measuring the attitude of nurses towards the care of the elderly in two (2) selected hospitals in Ibadan, with 130 self-administered questionnaires were administered to nurses. Results showed that 73% of the respondents agreed that elderly are difficult to care for and over 80% agreed that effective care for the elderly requires special training and more than 90% believed that effective care of the elderly will require the hospital to provide a special geriatric ward for the elderly and their complications. The respondents in above study also showed positive attitude towards the care of the elderly and good knowledge of ageing process. According to Oyetunde, Ojo and Ojewale (2013) effective care of the elderly requires special training, provision of geriatric ward, adequate staffing to reduce stress and improved quality care.

Furthermore, Efiong (2015) assessed the level of knowledge, attitude and practice of care of the elderly patients among health workers in University of Calabar Teaching Hospital, Calabar, Cross River State using a cross sectional descriptive design. The population of the study was 1023 health workers, which was made up of 402 Doctors, 600 Nurses, 10 Dentists and 11 Physiotherapists that provided direct clinical care of elderly patients. The sample of 461 health workers was calculated using Taro-Yamane (1967) simplified formula The instrument for data collection was questionnaires. Results of the study revealed that 95% of the health workers had good knowledge of care of the elderly. Majority of the health workers had positive attitude above rating scale of 2.5. The health workers moderately practiced

care of the elderly. The factors that positively influenced health workers attitude to the care of the elderly were years of experience, age and mental state of the elderly. There was significant association ( $P < 0.05$ ) between attitude of Health Workers and mean years of experience. Workers with less years of experience had negative attitude, while those with more years of experience had positive attitude, towards the care of the elderly.

The population of the elderly in the world is increasing rapidly and the rate of increase is higher in developing societies including Uyo Metropolis. With this increase in the growth of the aging population, the number of people that will need health care will undoubtedly increase. It is obvious that most curricula for health professionals, little or nothing is indicated about the care of the elderly showing absolute neglect in this area. The researcher has observed that most health workers have very poor knowledge of mental health conditions which are common with 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 and negative attitude towards the care of the elderly may result in serious problems in our society in the near future.

The knowledge and attitudinal relational gaps in the care of the elderly are likely to result in negative patient outcome. The researcher observed that there are usually frequent misunderstandings between elderly patients and health care providers especially the young ones. Based on these, the researcher seeks to find out the knowledge, attitude and practice of care of the elderly among health workers in the tertiary health facility in Uyo Metropolis.

The theory of planned behaviour was proposed by Icek Ajzen (1985). The theory of planned behavior, postulates that people are motivated to change based on their perception of norms, attitudes, and control over behaviors. Each of these factors can either increase or decrease a person's intent to change his or her behavior. The theory shows several important constructs that are involved in these value expectancy theories: attitude, subjective norm, perceived behavioral control, intention, and behaviour. The theory of planned behavior explains how behavioral intention determines behavior, and how attitude toward behavior, subjective norms, and perceived behavioral control influence behavioral intention. According to the theory, attitudes toward behavior are shaped by beliefs about what is entailed in performing the behavior and outcomes of the behaviour.

This theory is applicable in this study in that the health workers intention and their beliefs are what influence their behavior and attitudes. The demographic factors and there sources available have a role to play in the outcome which is the result of the health workers care towards the elderly. Health workers perception of norms and beliefs that is knowledge of the health worker on the care of the elderly build-up his intention and this is what influences the health workers attitude and practice of care towards the elderly.

Thus, the theory of planned behavior views attitude, subjective norms and perceived behavioral control as contributing to the formation of behavioral intention, based on the assumptions that human behaviour is often reasoned than illogical.

## II. RESEARCH METHODOLOGY

The study employed a cross-sectional descriptive research design. A descriptive survey research design is a design in which a group of people or items is studied by collecting and analyzing data from a few people or items considered to be representative of the entire group. The design is considered appropriate for this study since it obtained relevant data using questionnaire with the intention of generalizing the results. The area of study was tertiary health facilities in Uyo Metropolis. Uyo metropolis houses basically two prominent health facilities that care for the elderly which are St. Luke Hospital Anua-Offot and University of Uyo Teaching Hospital. The population of study consisted of 77 health workers of St. Luke Hospital comprising of 10 doctors, 62 nurses, 2 dentist and 4 physiotherapists; and 317 health workers of UUTH comprising of (20) doctors, (302) nurses, (8) dentists and (11) physiotherapists that provide direct clinical health care to elderly patients making up a total of three hundred and ninety four health workers. The sample size of 242 health workers comprised of 27 doctors, 190 nurses, 10 dentists and 14 Physiotherapist was used for the study. The sample size was determined through the use of the Taro Yamane formula. A stratified sampling technique was used to select respondents for the study. The health workers were stratified according to profession (Nurses, Doctors, Dentists and physiotherapies).

The instrument used for data collection was questionnaire titled "Knowledge, Attitude and Practice of Care of Elderly Questionnaire (KAPCEQ)". Face and content validity of the instrument was done by a Community Health Specialist and two others who are experts in measurement and evaluation. Their observations were used to make necessary modifications before final approval and administration. test retest method was adopted for reliability test and yielded the reliability coefficient of 0.84 using Pearson Product Moment Correlation. The data were collected by the researcher and four trained research assistants. The collected data were analyzed and interpreted on Statistical Package for Social Sciences (SPSS) version 23.0 according to objectives of the study. Frequency, percentage and mean were used for the answering of the research questions while chi-square was used for testing of null hypotheses at .05 level of significance.

## III. RESULTS

### *Research Question 1*

What is the level of knowledge of care of elderly among health workers in Uyo Metropolis?

Table 1: Level of Knowledge of Care of the Elderly among Health Workers

S/N	Items	Yes (%)	No (%)
1	The elderly people need regular exercise.	240(99.2)	2(0.8)
2	Proper body care is a basic need for the elderly	241(99.6)	1(0.4)
3	Elderly people need to eat regularly and properly	238(98.3)	4(1.7)
4	Railing and nonslip can help maintain balance and prevent falls in old age	239(98.8)	3(1.2)
5	Sound sleep in the elderly is very vital	240(99.2)	2(0.8)
6	Memorizing capability in the elderly person is affected due to structural changes in the brain	235(97.1)	7(2.9)
7	Majority of the elders whose children have left home suffer from empty nest syndrome	240(99.2)	2(0.8)
8	Most of the elderly in Nigeria live below the poverty level	124(51.2)	118(48.8)
	<b>Total</b>	<b>1797(92.8)</b>	<b>139(17.2)</b>

Table 1 shows the responses given by the subject regarding their level of knowledge of care of the elderly. For majority of the items more than 90% of the subjects gave the correct answers. This implies that health workers are aware that elderly people need regular exercise (99.2%), Proper body care (99.6%), regular and proper nutrition (98.3%), railing and nonslip to maintain balance (98.8%) and sound sleep (99.2%). Health workers are equally aware that memory capability of the elder is weak(97.1%), elderly persons suffers from empty nest syndrome (99.2%) and most of them live below poverty level (51.2%).

*Research Question 2*

What is the attitude of health workers towards care of elderly in health facility in Uyo Metropolis?

Table 2: Mean Score showing the attitude of health workers towards care of elderly in health facility in Uyo Metropolis

S/N	Items	Mean	SD	Decision
1	I feel good taking care of the elderly	2.64	0.55	Positive
2	I get stressed up when taking care of the elderly	2.33	.082	Negative
3	I see the care of the elderly patients as being time consuming.	2.28	0.60	Negative
4	Some elderly look untidy and dirty, as such I do like caring for them	2.90	0.71	Positive
5	The elderly can often provoke the care giver	2.52	0.49	Positive
6	I prefer giving attention to younger patients than the elderly ones.	2.74	0.65	Negative
7	I try meeting the demands of older patient in my units.	2.80	0.56	Positive
	<b>Grand Mean</b>	<b>2.60</b>	<b>.63</b>	<b>Positive</b>

Table 3 above indicates the attitude of health workers on the care of the elderly. It shows that out of the seven items, the mean of four items were above 2.50 while the mean of three items were below 2.50. This implies that health workers exhibit positive and negative attitude towards care of the

elderly. However, the grand mean of 2.60 indicates that health workers generally, have positive attitude towards care of elderly in health facilities in Uyo Metropolis.

*Research Question 3*

What are health workers’ practices of care of elderly in Uyo Metropolis?

Table 3: Frequency Distribution showing health workers practices of care of elderly in Uyo Metropolis

S/N	Items	Always (%)	Sometimes (%)	Never (%)
1	I encourage the elderly to eat adequately and at times assists in feeding them	50(20.7)	153(63.2)	39(16.1)
2	I give prompt attention to elderly patients even in emergency	40(16.5)	144(59.5)	58(24)
3	I assess and evaluate the hygienic needs for elderly persons	10(4.1)	156(64.5)	76(31.4)
4	I assist the aged to take their drugs in time.	69(28.5)	267(69)	6(2.5)
5	I help elderly to exercise properly	39(16.1)	166(68.6)	37(15.3)
6	I engage the elderly in lively discussion to help them stay socially stable	54(22.3)	90(37.2)	98(40.5)

Table 3 above shows health workers practices of care of the elderly, 50 (20.7%) and 153 (63.2%) respectively accepted that they always and sometimes encourage the elderly to eat adequately and at times assists in feeding them. 40(16.5%) and 144 (59.5%) respondents accepted respectively that they always and sometimes give prompt attention to the elderly even in emergency. 10(4.1%) and 156(64.5%) accepted that they always and sometimes assess and evaluate the hygienic needs for elderly persons while 69(28.5%) and 267(69%) opined they accepted that they always and sometimes assist the aged to take their drugs in time. In helping the elderly to exercise properly 39(16.1%) and 166(68.6%) respectively accepted that they always and sometime carrying it out. Furthermore, 54(22.3%) and 90(37.2%) respectively accept that they engage the elderly in lively discussion to help them stay socially stable. This implies that most of the health workers sometimes practice care of the elderly in health facilities in Uyo Metropolis.

*Test of Hypotheses*

*Research Hypothesis 1*

There is no significant difference in the knowledge of care of elderly among health workers in Uyo Metropolis.

Table 4: Chi-square Analysis showing Knowledge of care of elderly among health workers in Uyo Metropolis

S/N	Items	Yes (%)	No (%)	P-value	Decision
1	The elderly people need regular exercise.	240(99.2)	2(0.8)	.000	S
2	Proper body care is a basic need for the elderly	241(99.6)	1(0.4)	.000	S

3	Elderly people need to eat regularly and properly	238(98.3)	4(1.7)	.000	S
4	Railing and nonslip can help maintain balance and prevent falls in old age	239(98.8)	3(1.2)	.000	S
5	Sound sleep in the elderly is very vital	240(99.2)	2(0.8)	.000	S
6	Memorizing capability in the elderly person is affected due to structural changes in the brain	235(97.1)	7(2.9)	.000	S
7	Majority of the elders whose children have left home suffer from empty nest syndrome	240(99.2)	2(0.8)	.000	S
8	Most of the elderly in Nigeria live above the poverty level	124(51.2)	118(48.8)	.700	NS

S = Significant; NS = Not Significant at .05 level of significance

Table 4 shows the difference in the level of knowledge of care of elderly among health workers in Uyo Metropolis. It indicates that p-value for seven items were less than the 0.05 significance level, thus were significant while p-value for one item was greater than the 0.05 significance level thus was rated not significant. This implies that the high knowledge of care of elderly among health care workers was significant. Thus, most of the health workers have quality knowledge of care of aged patients.

**Research Hypothesis 2**

There is no significant difference in the attitude health workers in Uyo Metropolis towards the care of elderly.

Table 5: Chi-square Analysis showing difference attitude health workers in Uyo Metropolis towards the care of elderly

S/N	Items	Mean	SD	P-value	Decision
1	I feel good taking care of the elderly	2.64	0.55	.000	S
2	I get stressed up when taking care of the elderly	2.33	.082	.000	S
3	I see the care of the elderly patients as being time consuming.	2.28	0.60	.000	S
4	Some elderly look untidy and dirty, as such I do like caring for them	2.90	0.71	.000	S
5	The elderly can often provoke the care giver	2.52	0.49	.000	S
6	I prefer giving attention to younger patients than the elderly ones.	2.74	0.65	.000	S
7	I try meeting the demands of older patient in my units.	2.80	0.56	.000	S

S = Significant at .05 level of significance

Table 5 shows the difference in the attitude of health workers towards care of elderly in Uyo Metropolis. It indicates that p-value of all the seven items were less than the

0.05 significance level, thus were significant. This implies that the positive attitude health care workers have concerning care of elderly is significant. Thus, most of the health workers have positive attitude towards care of aged patients.

**Research Hypothesis 3**

There is no significant difference in the practices of care of elderly among health workers in Uyo Metropolis.

Table 6: Chi-square Analysis showing difference in the practices of care of elderly among health workers in Uyo Metropolis.

S/N	Items	Always (%)	Sometimes (%)	Never (%)	P-value	Decision
1	I encourage the elderly to eat adequately and at times assists in feeding them	50(20.7)	153(63.2)	39(16.1)	.000	S
2	I give prompt attention to elderly patients even in emergency	40(16.5)	144(59.5)	58(24)	.000	S
3	I assess and evaluate the hygienic needs for elderly persons	10(4.1)	156(64.5)	76(31.4)	.000	S
4	I assist the aged to take their drugs in time.	69(28.5)	267(69)	6(2.5)	.000	S
5	I help elderly to exercise properly	39(16.1)	166(68.6)	37(15.3)	.000	S
6	I engage the elderly in lively discussion to help them stay socially stable	54(22.3)	90(37.2)	98(40.5)	.000	S

S = Significant at .05 level of Significance

Table 6 shows the difference in the practice of care of elderly among health workers in Uyo Metropolis. It indicates that p-value of all the seven items were less than the 0.05 significance level, thus were significant. This implies that the high level of practice of care of elderly among health care workers is significant. Thus, most of the health workers practices care of aged patients in health facilities in Uyo Metropolis.

**IV. DISCUSSION OF THE FINDINGS**

The findings in this study indicate that majority of the health workers had adequate knowledge on the basic needs and care of the elderly. The findings also revealed that health workers in health facilities in Uyo Metropolis do not differ in the knowledge of care of elderly. The explanation for this may be because all the health workers have tertiary education and are already in specialized areas. This finding is in-line with the findings of Orit, Ntege, Nakayiwa, Nambooze and Olikira (2021) who reported that majority of medical doctors had suboptimal knowledge on clinical care of elderly patients and factors found to be significantly associated with knowledge on clinical care of elderly persons were level of education of medical doctors and frequency of refresher trainings on geriatric care. This finding is in agreement with the findings

of Muhsin, Munyogwa, Kibusi and Seif, (2020) who observed that past experience with an elderly person can help in influencing good knowledge and shaping positive attitudes towards elderly care.

The study reveals that the positive attitude of the health workers was higher than the negative attitude that they like taking care of the elderly; they called the patient by name and created a relationship with the elderly. The positive attitude exhibited by health workers may be due to high level of education and experience. Generally, healthcare workers have attended pre-service training in tertiary institutions where they obtain prerequisite knowledge of care of the elderly. Also, some in the course of their services have attended various seminars, conferences, courses and symposium of care services for the aged which have equipped them with relevant knowledge of care of the elderly. It is obvious that intern health workers may lack some of this knowledge due to their low level of education and experiences. 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 the findings of Orit, Ntege, Nakayiwa, Nambooze and Olikira (2021) who concluded that majority of medical doctors demonstrated a positive attitude towards care of elderly persons and this attribute is fostered by the education and training received by health personnel. The finding aligns with the finding of Elebiary, Elshenewy and Abulazm (2018) who submitted that the nurses showed a favorable and positive attitude towards elderly people.

Findings of this study revealed that most health workers sometimes practice care of elderly in health facilities in Uyo Metropolis. More so, there is no significant difference in the practice of care of elderly among health workers in health facilities in Uyo Metropolis. The moderate practice of care of aged patients by health workers may be attributed to the time constraints, shortage of health workers in most health facilities resulting in high patient to health workers ratio and stress involve in caring for the elderly. This finding is in tandem with the finding of Efiong (2015) who in a study reported that health workers moderately practiced care of the elderly.

#### *Implications to Healthcare Service*

The findings of the study have implications on the education of health workers and support for the elderly. No population of any society is void of the dependent group of which the aged belong. On like the children, attention for the aged is given less premises in healthcare programmes. Thus, information on health status of aged, healthcare practices for the aged, among others are rarely accessible. Furthermore, variation in the practice of care of elderly points to a gap in the professional etiquette of health workers and inadequate skills development. Provision of in-service training geared towards care of the elderly for health care givers may be lacking. It is pertinent to reiterate that the prevalence of lack of emotional inclinations that foster care for elderly patient

among health workers would in no small measure raise the morbidity and mortality rate of the elderly in the society. Elderly are likely to develop phobia for visiting health facilities with the notion that they will not be given keen attention. Therefore, organizing training for health workers on care of the elderly is a potent approach to educating and transforming the health care system.

Obviously, many elderly persons die for lack of access to quality healthcare service due to financial constraint as care for aged person is becoming financial intensive. Funding of healthcare service for the age by government and non-governmental organizations would therefore culminate into free health care services for the aged among others. This would facilitate recruitment of more proficient healthcare workers, training of health workers, reduced cost of health care services and motivation of the aged to attend and visit health facility for health care.

#### V. CONCLUSION

In conclusion, health care professionals need to have the right skills to manage a more demanding role in the future. In order to offer effective services for the elderly patients, a skilled workforce of health professionals is therefore very necessary. On the basis of the finding, it is therefore concluded that health workers in health facilities in Uyo Metropolis possess adequate knowledge of and good attitude towards the care of elderly as well as sometimes practice care of elderly.

#### VI. RECOMMENDATIONS

Based on the findings of the study and conclusion drawn the following are recommended:

1. Government should provide more resources and also training of health personnel in area of elderly care.
2. Management of health facilities should create Special wards / department for the elderly in the hospitals with well trained staff in the area of specialization.
3. State government should develop a health policy for the elderly that will capture the care of the elderly.
4. Hospital Management Board should develop a system of periodical health workers evaluation to determine strategies of upgrading health workers knowledge and enhancing practice of care of the elderly.
5. Professional bodies in the health sectors should develop a follow up courses and in-service training programmes to maintain efficient performance of individuals previously trained in the care of the elderly.

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