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Knowledge of Health Professionals as Correlates of Care of Elderly in Nupeland, Nigeria

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Abstract:

The study investigated knowledge of health professionals as correlates of care of elderly in Nupeland. The descriptive research design of the survey type was used in this study. The population consisted of all health professionals and elderly people in Nupeland in Kwara, Kogi and Niger States. The sample size for this study consisted of 300 health professionals and 600 elderly people from Nupe tribe in Nupeland in Kwara, Kogi and Niger States. The sample was selected using multi stage sampling procedure. Knowledge of Care of the Elderly Questionnaire (KCEQ) and Care Received by Elderly People Questionnaire (CREPQ) were used to collect data for the study. The validity of the instruments was ensured through face, content and construct validity. The internal consistency of the items yielded a co-efficient value of 0.82 and 0.73 for KCEQ and CREPQ respectively. The data collected from the questionnaire were analyzed using descriptive and inferential statistics. The findings revealed that health professionals have high knowledge of the care of elderly in Nupeland. It was further revealed that there was no significant difference in the knowledge of health professionals about care of the elderly based on their educational status, religion and gender. It was recommended that healthcare professionals should continually update their knowledge on care of the elderly.

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Introduction

Every stage and age comes with wisdom and its peculiarities. One society may handle older people with utmost respect, while another sees them as a problem. Old age is a noteworthy stage in life and normally connected to life expectancy of given region, hence the conditions and the requirements of the elderly becomes essential. Preparation for old age cannot be over emphasized. Ageing can be observed as a steady blueprint of transformation that every human being pass through, commencing at a very slow rate at about age 30, and continuing at a more hasty rate beyond age 65 (Anionwu, 2006).

Ageing is the build up of modifications in a person over time (Bowen & Atwood 2004). It encompasses a multidimensional course of social, psychological and physical change. Some proportions of ageing grow and increase over time, while others decline. Nigeria is currently experiencing rapid ageing of its population like many other developing countries of the world. This growth came with economic, political and social burdens and those problems associated with health in elderly. This makes old age to be perceived as a "problematic" phase of life. In traditional African society, the elderly people are perceived to be the intermediaries between this world and the next, the representatives of the ancestors and makers and the custodians of the cultural traditions.

Older persons' lives are considered by growing shortage in customary/ family supports, communal interaction and non-existence of social defence focused on them in Nigeria. This appears to make them defenceless to poverty and diseases. It shows that an increase in the number of older persons unavoidably has caused an increase in the range and depth of their burdens especially social, emotional and knowledge aspects particularly with the gradual wear of extended family system in Nigeria and Africa at large.

Among the Nupe, the older people occupied a unique place in the heart of Nupe families and neighbourhoods. Like every other African culture, old age in Nupe had a sacred status. An older person was seen as moving nearer to the spiritual dimension, and therefore closely in touch with the origin of knowledge, greatness and judgment. He was seen as a representative of the ancestors who handles the family staff. He conversed with the ancestors and informed members of his family who was to be warned against any danger or for blessings. He has the final decision in the family in which no other member of the family can question his authority.

The researcher observed that there is an increasing demand for health workers to improve their knowledge and devotion to working with the elderly in the situation of a rapidly ageing population. The perception that the care of older people needs less skill and knowledge appears to cause poor quality care for elderly people.

The knowledge of health workers could go a long way to decide the quality care that will be given to elderly people. Health professionals as well as receivers are usually individuals with diverse backgrounds, values, norms, belief and different works of life. Variations in culture have vital roles to play in healthcare delivery. Subsequently, health workers have come to know it is important to understand the cultural values and lifestyle of different people. This is because the health care field is becoming highly multicultural. When treating people from different backgrounds, knowledge on their various cultural values and

lifestyle could help health workers give the best possible care, since such information is required in decisions and actions (Egwu, 2012).

The caregivers do care for elderly people from diverse cultural backgrounds. Awareness and knowledge of the values and norms of people as well as their behaviour tied to cultural issues could help care givers not deliberately do things that will upset the elderly's core believes. Caring for elderly clients with diversified cultural setting as well as working with people from varied cultural background that is not one's own could be quite uneasy. This comes as a result of the fact that, rules of fitting behavior varies both in and across cultures (Kaur, Kumar, Kaur, Ghai & Singla, 2014).

It is of great importance for health professionals to understand the culture, traditions, and beliefs of elderly clients as far as healthcare delivery is concerned. Knowledge gained about how they believe and view healthcare will act as a tool to help health workers respect and honour those views and believes, as well as ease its combination into professional care, thereby delivering a comprehensive care.

It is essential to have adequate knowledge on the basic needs of the elderly than the rest of the population (Okoye & Asa, 2011). This is necessary because these needs must be met every day for the older persons to be able to live independently for as long as possible and health workers would be able to help the elderly meet these needs without affecting their health and safety. The daily tasks involved include lifting, turning him or her in bed, running errands, giving medicine cooking, grooming, dressing, feeding shopping, paying of bills, keeping him or her company, providing emotional support (Okoye & Asa, 2011).

According to Less, et al., (2008), it is vital to make sure an older person continues to eat proper diets, especially if he stays alone and may find it uneasy to cook. A caretaker can cook food in advance and freeze the meals to be reheated before consumption. However, the care of the older people in acute care facilities has been largely criticized for inadequate knowledge on patient's dignity and the fundamental aspects of care such as nutrition and hygiene.

This study therefore assessed knowledge of health professionals as correlates of care of elderly in Nupeland. The study specifically examined:

i. the level of knowledge of health professionals towards the care of the elderly in Nupeland;
ii. the relationship between the knowledge of health professionals and care received by the elderly; and
iii. the difference in the knowledge of health professionals towards care of the elderly based on their educational status, religion and gender.

Research Question

This research question will be raised to guide the study:

1. What is the level of knowledge of health professionals towards the care of the elderly in Nupeland?

Research Hypotheses

The following null hypotheses were formulated for this study:

1. There is no significant relationship between the knowledge of health professionals and care received by the elderly in Nupeland

2. There is no significant difference in the knowledge of health professionals towards care of the elderly based on their educational status.
3. There is no significant difference in the knowledge of health professionals towards care of the elderly based on their religion.
4. There is no significant difference in the knowledge of health professionals towards care of the elderly based on their gender.

Methodology

The descriptive research design of the survey type was used in this study. The design was considered appropriate because this approach allows information to be obtained from a representative sample of the population in the actual situation as they exist. The population consisted of all health professionals and elderly people in Nupeland in Kwara, Kogi and Niger States. The sample size for this study consisted of 300 health professionals and 600 elderly people from Nupe tribe in Nupeland in Kwara, Kogi and Niger States. The sample was selected using multi stage sampling procedure.

In stage one, five Local Government Areas where Nupe tribe is concentrated were purposively selected from the three States under study namely Kwara, Kogi and Niger States. In stage two, 20 health professionals comprising of Nurse, health educators, and medical doctors were selected from each of the Local Government Areas using stratified random sampling technique. In stage three, 40 elderly people above 65 years old from Nupe tribe were selected from each of the Local Government Areas using simple random sampling technique. In all, 300 health professionals and 600 elderly people above 65 years old from Nupe tribe were selected from 15 Local Government Areas where Nupe people were concentrated in Kwara, Kogi and Niger States.

"Knowledge of Care of the Elderly Questionnaire (KCEQ)" and "Care Received by Elderly People Questionnaire (CREPQ)" were used to collect data for the study. The KCEQ was administered on the health professionals. *Section A* sought for bio-data of the respondents while *Section B* consisted of 15 items to elicit information on knowledge on the care of the elderly. The CREPQ consisted of two sections namely Section A and Section B. *Section A* sought for bio-data of the respondents while *Section B* consisted of 20 items to elicit information on the extent of care received by the elderly people. The instruments adopted 4 point scale of Likert type as follows: Strongly Agree (SA) - 4, Agree (A) - 3, Disagree (D) - 2 and Strongly Disagree (SD) - 1.

The validity of the instruments was ensured through face, content and construct validity. The items in the Questionnaire were presented to experts in the Faculty of Education, such as experts in the fields of Health Education, and Tests and Measurement. The experts took time to check the extent to which items of the instruments represented the adequacy and suitability of the items being measured.

To ensure construct validity, the researcher administered the instruments (KCEQ and CREPQ) and standardized instruments on care of the elderly on 20 health professionals and 20 elderly people outside the sampled area. Convergent Construct Validity between standardized instrument and KCEQ yielded r= 0.782 while between standardized instrument and CREPQ yielded r = 0.813 using Pearson Product Moment Correlation Coefficient. KCEQ and CREPQ did not deviate from measure of knowledge and attitude towards care of the

elderly and care received by elderly people. Based on this finding, KCEQ and CREPQ were recommended for use.

The reliability of the instruments (KCEQ and CREPQ) was determined by finding the internal consistency. The internal consistency of the items yielded a co-efficient value of 0.82 and 0.73 for KCEQ and CREPQ respectively. These values were considered adequate for the study. The data collected from the questionnaire were analyzed using descriptive and inferential statistics. The research question was answered using frequency count, percentages, mean, standard deviation and chart. The hypotheses were tested using inferential statistics involving Pearson Product Moment Correlation, one – way Analysis of Variance and t – test at 0.05 level of significance.

Results

Research Question 1: What is the level of knowledge of health professionals towards the care of the elderly in Nupeland?

In answering this question, data on knowledge of care of the elderly were collected from the responses of the respondents to items under Section B of KCEQ (items 1 – 20) in the questionnaire. Level of knowledge of care of the elderly was presented in table 1

Table 1: Level of knowledge of health professionals towards the care of the elderly

Levels of knowledge of care of the elderly	No of Respondents	Percentage
Low (0 – 9)	28	9.5
Moderate (10 – 14)	97	33.0
High (15 – 20)	169	57.5
Total	**294**	**100**

Table 1 revealed the level of knowledge of the elderly among the respondents. The low level of care of the elderly were those who scored less than 50% of the 20 items which ranges from 0 to 9. The moderate level were those who scored between 50% and 75% of the 20 items and it ranges from 10 to 14. The high level of care of the elderly were those who scored above 75% of the 20 items which ranges from 15 to 20.

Out of 294 respondents, 28 (9.5%) respondents had low level of knowledge of care of the elderly while 97 (33.0%) respondents had moderate level of care of the elderly and 169 (57.5%) respondents had high level of knowledge of care of the elderly. The findings showed that the level of knowledge of care of the elderly was high. Figure i further revealed the level of care of the elderly at a glance

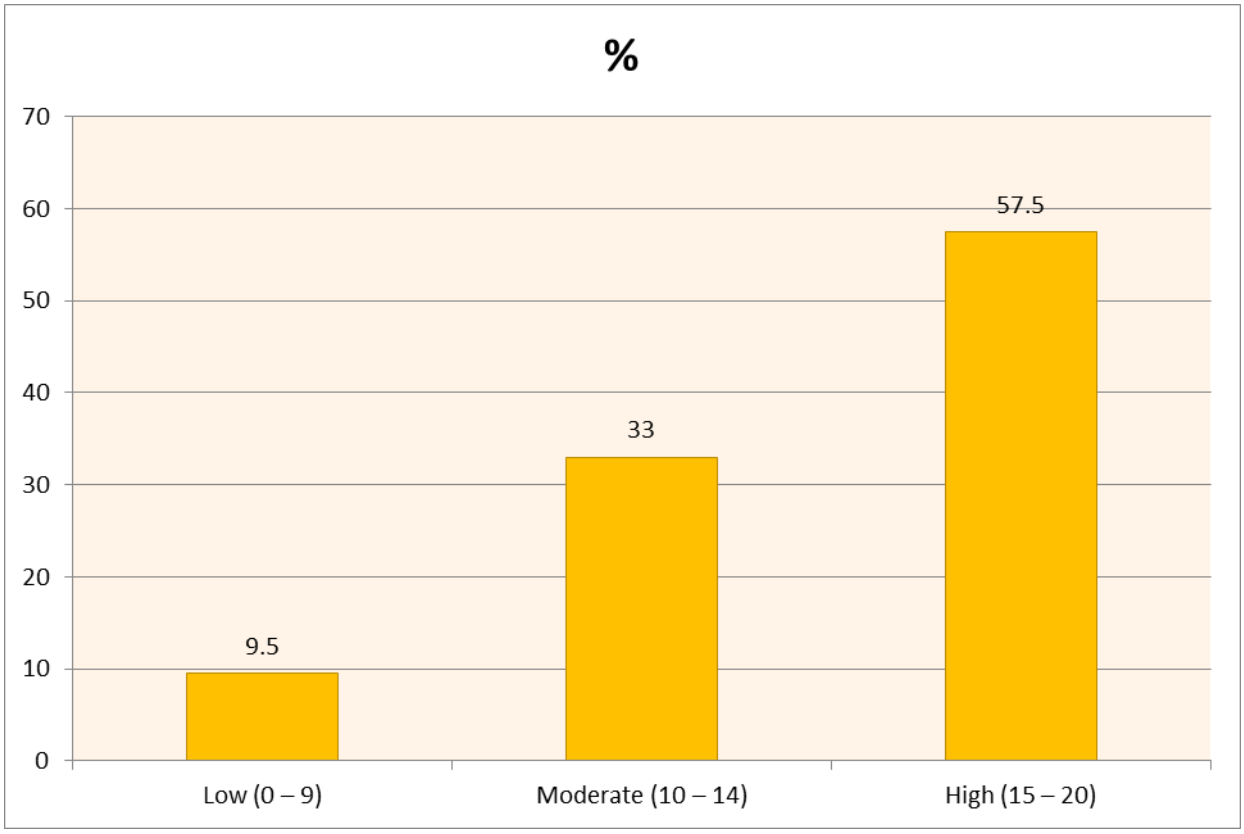

Figure i: Bar Chart showing level of knowledge of health professionals towards the care of the elderly

Testing of Hypotheses

Hypothesis 1: There is no significant relationship between the knowledge of health professionals and care received by the elderly in Nupeland

In testing this hypothesis, data on knowledge of care of the elderly were collected from the responses of the respondents to items under Section B of KCEQ (items 1 – 20) in the questionnaire. Data on care received by the elderly were collected from the responses of the respondents to items under Section C of CREPQ (items 1 – 20) in the questionnaire. Both were compared for statistical significance using Pearson Product Moment Correlation at 0.05 levels. The result is presented in table 2.

Table 2: Relationship between the knowledge of health professionals and care received by the elderly

Variables	N	Mean	Stand Dev	r-cal	P-value
Knowledge of care of the elderly	294	17.60	1.79	0.630*	0.000
Care received by the elderly	581	53.74	4.69		

*P<0.05

Table 5 showed a positive relationship between the knowledge of health professionals and care received by the elderly. The r-calculated value of 0.630 is significant at 0.05 level ($r = 0.630$, $p<0.05$). This indicated that there was a significant positive relationship between the knowledge of health professionals and care received by the elderly. The null hypothesis was rejected. This implies that knowledge of care of elderly increases is moderately related to the care received by the elderly.

Hypothesis 2: There is no significant difference in the knowledge of health professionals towards care of the elderly based on their educational status

Table 3: Analysis of Variance for difference in knowledge of health professionals towards care of the elderly based on their educational status

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.975	2	3.988	1.252	.287
Within Groups	926.664	291	3.184		
Total	**934.639**	**293**			

P > 0.05

The result presented in Table 3 showed that F_{cal} value of 1.252 was not significant because the P value (0.287) > 0.05 at 0.05 level of significance. Hence, the null hypothesis was not rejected. This implies that there was no significant difference in the knowledge of health professionals towards care of the elderly based on their educational status.

Hypothesis 3: There is no significant difference in the knowledge of health professionals towards care of the elderly based on their religion

Table 4: Analysis of Variance for difference in knowledge of health professionals towards care of the elderly based on their religion

Groups	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.757	2	.378	0.118	.889
Within Groups	933.883	291	3.209		
Total	**934.639**	**293**			

P > 0.05

The result presented in Table 4 showed that F_{cal} value of 0.118 was not significant because the P value (0.889) > 0.05 at 0.05 level of significance. Hence, the null hypothesis was not rejected. This implies that there was no significant difference in the knowledge of health professionals towards care of the elderly based on their religion.

Hypothesis 4: There is no significant difference in the knowledge of health professionals towards care of the elderly based on their gender.

Table 5: Difference in knowledge of health professionals towards care of the elderly based on their gender

Variations	N	Mean	SD	df	t_{cal}	P
Male	109	17.83	1.62	292	1.678	0.094
Female	185	17.46	1.87			

P>0.05

Table 5 shows that the t-cal value of 1.678 was not significant because the P value (0.094) > 0.05. This implies that null hypothesis was not rejected. Hence, there was no significant difference in the knowledge of health professionals towards care of the elderly based on their gender.

Discussion

The level of knowledge of health professionals towards the care of the elderly in Nupeland was high. The probable reason for this finding might be because of health professionals' exposure to basic training on care of the elderly. Mandy, Mitchel and O' Niel (2011) reported that higher level of education increases the professional health workers knowledge of care of the elderly. Okumagba (2011) and Masciadrelli (2014) also submitted that health professionals have adequate knowledge of care of the elderly

The findings also revealed that there was significant relationship between the knowledge of health professionals and care received by the elderly in Nupeland. This implies that the level of knowledge of health professionals will determine the care received by the elderly. In line with this finding, Boswell (2012) and Masciadrelli (2014) concluded that the care received by an elderly person will depend on the knowledge of the health professional.

The findings however revealed that there was no significant difference in the knowledge of health professionals towards care of the elderly based on their educational status. The probable reason for this finding might be due to the category of respondents used in the study who were believed to have at least basic healthcare knowledge and certification. Caring for the elderly is often considered basic activity that can be handled by health professionals with least qualification. This implies that the knowledge of health professionals towards care of the elderly was almost of the same level.

The study further revealed that there was no significant difference in the knowledge of health professionals towards care of the elderly based on their religion. The probable reason for this finding could be because it is quite hard to ascertain people's religious beliefs regards to how it affects their knowledge of the care of the elderly. This finding is in consonance with the finding of Jimada (2005) who concluded that religion has no influence on knowledge of caregivers about care of the elderly.

The findings of the study further revealed that there was no significant difference in the knowledge of health professionals about care of the elderly based on their gender. This implies that both male and female health professionals have almost the same level of knowledge of care of the elderly. This finding however is not in consonance with the findings of Herdman (2002) and Cicirelli (2003) who concluded that gender influences the knowledge of care of the elderly.

Conclusion and Recommendations

Sequel to the findings of this study, it is concluded that health professionals have high knowledge of the care of elderly in Nupeland. It is further concluded that there was no difference in the knowledge of health professionals about care of the elderly based on their educational status, religion and gender. It is recommended that healthcare professionals should continually update their knowledge on care of the elderly.

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