

**KNOWLEDGE AND ATTITUDE OF HEALTHCARE WORKERS TOWARDS
THE CARE OF THE ELDERLY IN GERONTOLOGY HOMES IN IBADAN
METROPOLIS**

EKE, Justina Helen

Faculty of Nursing, Lincoln University College, Malaysia

Dr. REGIDOR III Poblete Dioso

Lincoln University College, Malaysia

ADENIYI, Sarafadeen Diran (Ph.D)

Lincoln University College, Malaysia

Abstract

This study evaluated the knowledge and attitudes of healthcare workers towards the care of the elderly in gerontology homes within Ibadan Metropolis, Oyo State, Nigeria. Specifically, it assessed the level of knowledge and examined attitudes towards geriatric care among healthcare professionals working in registered homes. A descriptive research design was adopted, and total enumeration was used to include all 83 eligible healthcare workers in the study. Data were collected using a semi-structured questionnaire divided into three sections: socio-demographic characteristics, knowledge (15 yes/no items), and attitude (15 items on a 4-point Likert scale). Descriptive statistics and Chi-square analysis at a 5% significance level were used to analyse the data. Findings showed that healthcare workers possessed relatively strong knowledge in core physical care domains such as fall prevention, pain management, infection control, and mobility promotion. However, significant gaps were identified in cognitive assessment, development of individualised care plans, and awareness of legal and ethical considerations. Only 38.3% of respondents were familiar with geriatric assessment tools, and 39.5% understood the relevance of personalised care. Attitudes towards elderly care were generally positive, reflecting respect and empathy, but emotional strain and lack of confidence in certain areas were reported. Correlation analysis revealed a weak, non-significant negative relationship between knowledge and attitude ($r = -0.101$, $p > 0.05$), indicating knowledge alone did not predict positive attitudes. The study recommends continuous professional development focused on psychosocial, legal, and cognitive aspects of elderly care, alongside increased funding and public awareness campaigns. Strengthening training and institutional support is crucial to enhance holistic elderly care in gerontology settings.

Keywords: Knowledge, Attitude, Healthcare workers, Care, Elderly

Introduction

The growing global population of elderly individuals poses distinct challenges and opportunities for healthcare systems, especially in the provision of specialised care for

this demographic. As individuals age, they frequently encounter intricate health challenges necessitating both medical intervention and social assistance, rendering gerontological care an essential component of healthcare services (World Health Organisation [WHO], 2021). In Nigeria, especially in urban regions such as Ibadan Metropolis, the care of the elderly has garnered considerable attention due to the increasing population of aged individuals necessitating organised healthcare services and social support. This study examines the provision of social support and home healthcare services for elderly individuals, highlighting the roles of healthcare workers in gerontology facilities within Ibadan Metropolis.

Nigeria, as a member of the global community, has undergone a transformation in its population demographics. The National Population Commission of Nigeria (2022) reports a consistent rise in the elderly demographic, especially in urban areas such as Ibadan. Notwithstanding this demographic shift, the availability of sufficient healthcare services for the elderly remains constrained. The disparity in healthcare services for the elderly is particularly evident in gerontology facilities, where healthcare workers are required to provide organised social support and medical services (Eze et al., 2021).

Gerontology is a specialised domain within healthcare dedicated to the study and management of ageing and the elderly population. In gerontology residences, healthcare workers are essential in providing the elderly with sufficient care, encompassing medical, social, and psychological support (Mendez-Luck et al., 2019). The knowledge and attitudes of healthcare workers regarding elderly care are essential factors influencing the quality of care delivered in these environments. In nations such as Nigeria, where the healthcare system encounters significant obstacles including inadequate funding, a shortage of healthcare workers, and insufficient specialised training, the successful execution of elderly care services remains problematic (Adeloye et al., 2017).

Each era is accompanied by both wisdom and its respective challenges. One society may regard the elderly with profound respect, whereas another perceives them as a liability. Old age is a crucial phase of life, typically associated with the life expectancy of a specific region; therefore, the conditions and needs of the elderly become paramount. The importance of preparing for old age cannot be overstated.

Ageing manifests as a continuous pattern of change experienced by all humans, commencing at a gradual pace around age 30 and accelerating significantly after age 65.

Approximately 100,000 individuals globally succumb daily to age-related ailments (Aubrey de Grey, 2017). The National Population Commission (NPC, 2016) classifies individuals aged 60 to 65 years, eligible for pension, as elderly. The elderly are categorised by age as follows: young old for individuals aged 60-74 years, middle old for those aged 75-84 years, old for those aged 85-94 years, and oldest old for those aged 95 years and above (Barman, et al., 2018). The WHO indicates that most developed nations define an elderly person as someone aged 65 years and older, coinciding with the age at which individuals may begin to receive pension benefits. Currently, the United Nations lacks a numerical standard criterion for defining an elderly population; however, it has established 60 years and above as the threshold for older individuals (UN population age structure, 2015).

The researchers noted that the elderly in this society represent the most vulnerable demographic; however, they receive minimal attention and concern from healthcare providers, policymakers, researchers, and their own families and relatives. They seem to be overtly repudiated by the majority, particularly by their immediate families and close relatives. This appears to impose an unjust and superfluous burden on the elderly who have occupied significant roles and made remarkable contributions to the advancement and well-being of this nation.

Care for the elderly entails addressing the specific needs and requirements unique to senior citizens. It encompasses services including assisted living, adult day care, long-term care, and home care. Elderly care prioritises the social and personal needs of senior citizens requiring assistance with daily activities and healthcare, while allowing them to age with dignity. The care of the elderly encompasses multiple dimensions, including physical, emotional, spiritual, and social care (Dehghani et al., 2016; Ayres, 2018). The researcher noted that elderly care has primarily concentrated on managing chronic conditions rather than promoting a healthy lifestyle and preventing chronic diseases.

In numerous developing nations, including Nigeria, the elderly population is growing swiftly; however, the government appears to be making minimal commitments to elder care (Effiong, 2015). The government continues to presume that families ought to care for their elderly, failing to acknowledge that the extended family system is on the brink of collapse. Presently, the majority of families struggle to maintain their households and confront their difficulties. This is progressively resulting in the neglect and mistreatment of the elderly. Providing care for the elderly necessitates a comprehensive understanding of the ageing process, nutritional requirements, and daily necessities of older individuals. In Nigeria, the marginalisation of the elderly, particularly regarding their care, is a prevalent issue (Abdulraheem & Parakoyi, 2015).

Africans perceive old age as an ancestral blessing granted to those who lead virtuous lives. Consequently, it is culturally permissible for the youth to provide care for the elderly who cannot support themselves, as this is a reciprocal expectation for their own future ageing. The capacity of elderly individuals to adapt to alterations in health, income, and social engagements largely hinges on the care and support provided by younger family members. It is not surprising that children care for their elderly parents regardless of their perceptions and emotions towards them.

Possessing sufficient knowledge regarding the fundamental needs of the elderly is more crucial than that of the general population (Okoye & Asa, 2021). This is essential as these needs must be fulfilled daily for the elderly to maintain independence for as long as possible, enabling health workers to assist them without jeopardising their health and safety. The daily responsibilities encompass bathing, dressing, feeding, lifting, repositioning in bed, cooking, shopping, bill payment, running errands, administering medication, offering companionship, and providing emotional support (Okoye & Asa, 2021). Leff (2022) emphasise the necessity of ensuring that elderly individuals maintain a proper diet, particularly if they reside alone and may struggle with cooking. A caretaker can pre-cook meals and freeze them for later reheating and consumption. Nonetheless, the treatment of elderly individuals in acute care environments has faced growing criticism due to insufficient understanding of patient dignity and essential care components, including nutrition and hygiene.

Attitude constitutes a fundamental aspect of human identity. Individuals routinely experience love, hate, preference, aversion, support, opposition, agreement, disagreement, debate, and persuasion. All of these are evaluative reactions to an object. Attitudes evolve and transform over time. Ige and Olowolabi (2020) assert that attitudes are shaped by three components. The information encompasses cognitive (beliefs, thoughts, attributes), affective (feelings, emotions), and behavioural (past events, experiences) components. Establishing the relationships between attitudes towards elderly care and the actual provision of such care is essential for developing a measurement of these attitudes as a social indicator. These relationships are intricate. It is inherent in the human condition for healthcare workers to engage in actions that contradict their convictions, and it is also accurate that they occasionally neglect to act in alignment with their principles. Nonetheless, these variations from expectations are regarded as deviations, and it is reasonable to assume that, overall, health workers are more inclined to act in alignment with their beliefs rather than against them (Yasemin & Yildiz, 2015; Ojo et al., 2022).

Negative attitudes and stereotypes regarding older individuals are considered to impede the effective care of the elderly (Yasemin & Yildiz, 2015). The researcher noted that certain individuals exhibit a negative attitude towards the elderly. In the care of elderly individuals, certain health workers exhibited a propensity to employ physical restraints, undermining their autonomy and dignity while engaging in discriminatory practices (Yasemin & Yildiz, 2015). Regrettably, the values linked to old age are evolving, and the attitudes of young family health workers towards the elderly are shifting, thereby undermining the efficacy of the traditional caregiving system due to the perceptions held by younger family members regarding old age and the elderly. Scholars attribute the shift in the attitudes of the elderly to the impacts of modernisation, urbanisation, and Western influence.

A growing body of literature highlights varying degrees of knowledge and attitudes among healthcare workers, students, and caregivers regarding elderly care, with significant implications for quality of service. Several studies (Boswell, 2022; Kaur et al., 2024; Masciadrelli, 2024) consistently show that limited knowledge about the ageing process is often linked to ageist attitudes, though these can be mitigated through targeted educational interventions. Experiential learning and structured

coursework significantly improved students' willingness and competence to care for older people, though this does not always translate into long-term career intentions. Studies from Nigeria and beyond (Olayiwola et al., 2013; Oyetunde et al., 2013; Mandy et al., 2021) corroborate that education, especially when paired with direct engagement, enhances both attitudes and competencies in elderly care. Moreover, a positive correlation has been established between higher education levels and favourable attitudes, suggesting the need for mandatory geriatric training in health education curricula. Nonetheless, some discrepancies remain particularly between expressed beliefs and actual caregiving behaviours (Yilmaz et al., 2022), indicating that attitude change alone may not be enough without structural and cultural reinforcements.

Traditional family support systems still serve as the primary source of eldercare in Nigeria and other low-resource settings (Okumagba, 2021; Gore, 2022; Adedokun, 2016). However, studies have revealed that these support networks are rapidly weakening due to economic hardship, rural-urban migration, and the erosion of traditional values (Osemaka, 2020; Apt, 2010). This shift places enormous pressure on family members mainly women who take on caregiving roles without formal training or institutional backing, often at significant personal cost (Okoye & Asa, 2021; Fajemilehin & Odebiyi, 2021). Despite growing awareness of the psychosocial and financial burdens involved, institutional support remains minimal, with few residential care homes and limited government involvement in elderly welfare (Osemaka, 2020). Although many health workers exhibit favourable attitudes (Mandy et al., 2021; Abdulraheem & Parakoyi, 2015), there are still entrenched beliefs that institutionalising elderly care is culturally inappropriate or even immoral. Overall, while the knowledge and attitude towards elderly care are improving in educational contexts, broader systemic changes both policy-driven and cultural are urgently needed to address the deepening crisis in eldercare across Nigeria and similar settings.

The aim of this study is to evaluate the Knowledge and Attitude of healthcare workers towards the care of the elderly in gerontology homes in Ibadan Metropolis. The study specifically examines:

1. To assess the level of knowledge of healthcare workers towards the care of the elderly in gerontology homes in Ibadan Metropolis.

2. To examine the attitude of healthcare workers towards the care of the elderly in gerontology homes in Ibadan Metropolis.

Methods and Materials

The study adopted a descriptive research design to systematically examine the knowledge and attitudes of healthcare workers toward elderly care. The research population consisted of all 83 healthcare workers employed in registered gerontology homes within Ibadan Metropolis, Oyo State, Nigeria. Owing to the small population size, the study utilised a total enumeration sampling strategy, allowing for the inclusion of every eligible participant in the population. This approach ensured the comprehensive representation of the healthcare workers' views, thus enhancing the reliability and validity of the findings. A purposive sampling technique was employed to specifically select participants with the requisite expertise and direct experience in elderly care, aligning with the research objectives of exploring knowledge and attitudes within this unique professional group.

Quantitative data were collected through a semi-structured questionnaire designed to cover three primary areas: socio-demographic characteristics, knowledge, and attitudes toward elderly care. Section A of the instrument captured socio-demographic data such as age, gender, educational background, specialisation, marital status, religion, and ethnicity. Section B contained 15 yes/no items to assess knowledge, with scores ranging from 10 to 20, where 'Yes' responses were scored as 2 and 'No' as 1. Section C assessed attitudes using a 4-point Likert scale across 15 items, yielding scores between 15 and 60. To ensure the instrument's validity, face and content validity were assessed by experts in nursing and educational measurement. Their feedback was incorporated to refine the clarity and appropriateness of the questions, ensuring the instrument aligned accurately with the study's aims and produced trustworthy data.

Data collection was conducted by the principal investigator with the support of two trained research assistants. Respondents gave voluntary consent, and questionnaires were distributed in English. Prior to fieldwork, assistants received training on study objectives, recruitment procedures, and data collection protocols. After collection, data were reviewed for completeness, cleaned, and coded before being entered into Microsoft Excel and later exported to SPSS version 25 for statistical analysis.

Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarise the data. In addition, the Chi-square test was applied to test the two research hypotheses at a 5% level of significance. Findings were then organised and presented in tables for clarity and ease of interpretation

Results

Table 1 Description of the Socio-demographic Characteristics of the Respondents

Variables	Freq.	Percent (%)
Age		
18-25 years	1	1.2
26-35 years	7	8.6
36-45 years	23	28.4
46-55 years	33	40.7
Above 55 years	17	21.0
Educational Status		
Secondary education	7	8.6
Diploma/Certificate	21	25.9
Bachelor's degree	45	55.6
Postgraduate degree	8	9.9
Area of Specialisation		
Nursing	28	34.6
Physiotherapy	15	18.5
Social Work	24	29.6
Medicine	7	8.6
Other	7	8.6
Religion		
Christianity	34	42.0
Islam	39	48.1
Traditional	4	4.9
Other	4	4.9
Marital Status		
Single	14	17.3
Married	56	59.1
Divorced	4	4.9
Widowed	7	8.6
Ethnic Group		
Yoruba	55	67.9
Igbo	4	4.9
Hausa	22	27.2
Other		
Gender		
Male	11	13.6

Female	70	86.4
Other	0	0.0
Total	81	100.0

The socio-demographic data of the 81 respondents revealed that most participants were middle-aged adults, with 40.7% aged between 46–55 years and 28.4% between 36–45 years, indicating a mature sample likely to possess considerable experience. In terms of education, the majority were well-educated, with 55.6% holding bachelor's degrees and 25.9% possessing diplomas or certificates, while only a small proportion had postgraduate (9.9%) or secondary education (8.6%). The professional background of respondents showed a predominance of nurses (34.6%), followed by social workers (29.6%) and physiotherapists (18.5%), suggesting a strong representation of healthcare and allied health professionals. Religiously, respondents were primarily Muslim (48.1%) and Christian (42%), with minor representation from traditional and other religions. Most respondents were married (59.1%), and the ethnic breakdown showed a majority of Yoruba (67.9%), followed by Hausa (27.2%) and Igbo (4.9%). Gender distribution was notably skewed towards females (86.4%), reflecting common trends in caregiving professions. These characteristics offer essential context for understanding the study findings, as respondents' age, education, profession, and cultural background could significantly influence their attitudes and knowledge about elderly care

Table 2: Descriptive Analysis of level of knowledge of healthcare workers towards the care of the elderly in gerontology homes

S/N	ITEMS	Yes (%)	No (%)	Mean	S.D
1	Are you familiar with the common age-related health conditions that affect the elderly (e.g., arthritis, dementia, cardiovascular diseases)?	50 (61.7)	31 (38.3)	1.62	0.49
2	Do you know the recommended guidelines for providing nutritional support to elderly individuals?	48 (59.3)	33 (40.7)	1.59	0.49
3	Have you received formal training on elderly care practices in the past year?	50 (61.7)	31 (38.3)	1.62	0.49
4	Are you aware of the various geriatric assessment tools used for evaluating the health status of older adults?	31 (38.3)	50 (61.7)	1.38	0.49

5	Do you know how to recognize early signs of cognitive impairment in elderly patients?	31 (38.3)	50 (61.7)	1.38	0.49
6	Are you familiar with the protocols for managing fall risks among elderly individuals?	63 (77.8)	18 (22.2)	1.78	0.42
7	Do you understand the importance of individualized care plans for elderly residents?	32 (39.5)	49 (60.5)	1.40	0.49
8	Are you aware of the common side effects of medications frequently prescribed to the elderly?	55 (67.9)	26 (32.1)	1.68	0.47
9	Do you know the legal and ethical considerations associated with providing care to elderly individuals?	36 (44.4)	45 (55.6)	1.44	0.50
10	Are you knowledgeable about pain management techniques suitable for elderly patients?	63 (77.8)	18 (22.2)	1.78	0.42
11	Do you understand the importance of social and psychological support in elderly care?	58 (71.6)	23 (28.4)	1.72	0.45
12	Are you familiar with infection control practices specific to gerontology settings?	58 (71.6)	23 (28.4)	1.72	0.45
13	Do you know how to handle end-of-life care and palliative support for elderly residents?	51 (63.0)	30 (37.0)	1.63	0.49
14	Are you aware of how to encourage mobility and physical activity in elderly patients?	72 (88.9)	9 (11.1)	1.89	0.32
15	Do you know the signs and symptoms of elder abuse and how to report it?	53 (65.4)	28 (34.6)	1.65	0.48

The study's descriptive analysis revealed varying levels of knowledge among healthcare workers regarding elderly care in gerontology homes within Ibadan Metropolis. While a majority of respondents (61.7%) demonstrated awareness of common age-related conditions and had received formal training within the past year, critical gaps persisted in more specialised areas. Notably, only 38.3% of the participants were familiar with geriatric assessment tools or could identify early signs of cognitive impairment, and just 39.5% understood the relevance of individualised care plans. These findings highlight a limited capacity for early detection and personalised care—essential components for maintaining quality of life in older adults. Conversely, healthcare workers showed stronger knowledge in areas such as fall risk

management, pain control (77.8% each), and promoting physical activity (88.9%), all of which are vital in reducing morbidity and preserving independence in the elderly.

Additionally, knowledge related to legal and ethical aspects of geriatric care and elder abuse prevention was moderate, with only 44.4% and 65.4% of respondents, respectively, reporting awareness. This is concerning given the elderly's vulnerability to rights violations and neglect, and it underscores the need for enhanced training in safeguarding and ethical standards. Infection control knowledge was reported by 71.6% of respondents, which is promising, but given the high susceptibility of elderly populations to infectious diseases, universal understanding in this area is essential. The overall findings suggest that while healthcare workers are generally equipped to handle physical care needs, deficiencies in cognitive, psychosocial, and legal-ethical knowledge could hinder the delivery of truly holistic and person-centred elderly care.

In summary, the knowledge of healthcare workers in Ibadan gerontology homes was found to be relatively strong in core physical care domains, yet insufficient in areas critical to comprehensive elderly care such as cognitive health, ethical practice, and individualised planning. These findings have direct implications for policy and training, suggesting the need for continuous professional development and structured capacity-building programmes that address the overlooked yet essential dimensions of elderly care. By closing these knowledge gaps, stakeholders can ensure that healthcare workers are better prepared to meet the complex, multidimensional needs of the growing elderly population in institutional care settings.

Table 3: Descriptive Analysis of the attitude of healthcare workers towards the care of the elderly in gerontology homes

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mean	S.D
1	I enjoy working with elderly patients and find it rewarding.	22 (27.2)	38 (46.9)	17 (21.0)	4 (4.9)	2.96	0.83
2	Caring for the elderly is just as important as caring for younger patients.	26 (32.1)	42 (51.9)	7 (8.6)	6 (7.4)	3.09	0.84
3	I believe elderly patients should be involved in decision-making	24 (29.6)	44 (54.3)	13 (16.0)	0 (0.0)	3.14	0.67

	regarding their care.						
4	Providing care to elderly patients requires special skills and training.	21 (25.9)	42 (51.9)	12 (14.8)	6 (7.4)	2.96	0.84
5	I find it challenging to communicate effectively with elderly patients.	4 (4.9)	20 (24.7)	41 (50.6)	16 (19.8)	2.15	0.79
6	I believe that elderly patients often do not receive adequate healthcare attention.	12 (14.8)	45 (55.6)	24(29.6)	0 (0.0)	2.85	0.65
7	Working with elderly patients can be emotionally draining.	28 (34.6)	41 (50.6)	9 (11.1)	3 (3.7)	3.16	0.77
8	I feel confident in my ability to provide high-quality care to elderly patients.	16 (19.8)	38 (46.9)	16 (19.8)	11 (13.6)	2.73	0.94
9	Elderly patients should receive the same level of respect as patients of any other age group.	28 (34.6)	40 (49.4)	13 (16.0)	0 (0.0)	3.19	0.69
10	I believe the elderly require more patience and understanding from healthcare workers.	32 (39.5)	40 (49.4)	9 (11.1)	0 (0.0)	3.28	0.66
11	I feel uncomfortable handling elderly patients who have severe cognitive impairments (e.g., dementia).	4 (4.9)	37 (45.7)	33 (40.7)	7 (8.6)	2.47	0.73
12	Healthcare for elderly patients should prioritize quality of life over longevity.	25 (30.9)	40 (49.4)	13 (16.0)	3 (3.7)	3.07	0.79
13	Elderly care is often undervalued in the healthcare profession.	21 (25.9)	36 (44.4)	20 (24.7)	4 (4.9)	2.91	0.84
14	I believe that family members should be more involved in the care of elderly patients.	20 (24.7)	36 (44.4)	21 (25.9)	4 (4.9)	2.89	0.84
15	I feel well-prepared to manage the unique healthcare needs of elderly patients.	31 (38.3)	32 (39.5)	14 (17.3)	4 (4.9)	3.11	0.87

The findings from Table 3 provide a detailed overview of the attitudes of healthcare workers towards elderly care in gerontology homes in Ibadan Metropolis. The majority of respondents exhibited positive attitudes towards working with elderly patients. For instance, 27.2% strongly agreed and 46.9% agreed that they enjoy working with elderly patients and find it rewarding, yielding a mean score of 2.96. Similarly, a substantial proportion of the respondents (32.1% strongly agreed and 51.9% agreed) believed that caring for the elderly is as important as caring for younger patients, with a mean of 3.09. This positive outlook is vital as it suggests that most healthcare workers value elderly care and are motivated to provide compassionate and equitable services to this vulnerable population.

Additionally, attitudes towards patient-centred care appeared encouraging. A combined 83.9% of respondents either strongly agreed (29.6%) or agreed (54.3%) that elderly patients should be involved in decision-making regarding their care, reflecting a mean score of 3.14. Furthermore, a majority (39.5% strongly agreed and 49.4% agreed) acknowledged that elderly patients require more patience and understanding from healthcare workers, with the highest mean score of 3.28 among the items. Respect for the elderly was also emphasised, as 34.6% strongly agreed and 49.4% agreed that elderly patients should receive the same level of respect as other patients (mean = 3.19). These responses illustrate a broad recognition of the dignity, autonomy, and special needs of elderly patients, which is essential for fostering an inclusive and supportive care environment.

On the other hand, the data revealed some mixed attitudes, especially regarding confidence and perceived preparedness. While 38.3% strongly agreed and 39.5% agreed that they felt well-prepared to manage the unique healthcare needs of elderly patients (mean = 3.11), only 19.8% strongly agreed and 46.9% agreed that they felt confident in providing high-quality care (mean = 2.73). This discrepancy suggests that although many workers believe they have been prepared, they may still lack full confidence in their abilities, possibly due to gaps in practical experience or specialised training. Furthermore, about 45.7% of respondents agreed that they feel uncomfortable handling elderly patients with severe cognitive impairments, and 40.7%

disagreed, indicating ambivalence in managing complex geriatric conditions like dementia (mean = 2.47).

Another noteworthy finding concerns the emotional demands of elderly care. A significant proportion of respondents (34.6% strongly agreed and 50.6% agreed) indicated that working with elderly patients can be emotionally draining (mean = 3.16). This sentiment reflects the psychological burden often associated with geriatric care, which may impact job satisfaction, mental health, and the overall quality of care provided. Similarly, 44.4% agreed that elderly care is often undervalued in the healthcare profession, and 25.9% strongly agreed (mean = 2.91), pointing to a perception that geriatric care does not receive the recognition it deserves. This may contribute to the emotional strain and potentially influence the morale of workers in gerontology homes.

The findings show that healthcare workers in Ibadan Metropolis generally have a positive and respectful attitude towards the elderly and their care, with strong endorsement of patient dignity, participation in decision-making, and the importance of patience and understanding. However, mixed feelings about confidence levels, preparedness, and the emotional toll of the work highlight areas requiring attention. To build on these positive attitudes and address the identified concerns, healthcare institutions should implement ongoing support measures such as geriatric-focused training, emotional resilience programmes, and advocacy to raise the status of elderly care within the healthcare profession. These steps would not only improve healthcare workers' confidence and satisfaction but also enhance the overall quality of care for elderly residents.

In answer to Research Question 2 — What is the attitude of healthcare workers towards the care of the elderly in gerontology homes in Ibadan Metropolis? — the findings show that healthcare workers generally hold positive attitudes, especially regarding respect, empathy, and the value of involving elderly patients in their care. Nevertheless, areas such as confidence in care delivery, emotional resilience, and managing cognitive impairments reflect some limitations. The results underscore the need for more targeted training, psychological support, and institutional reforms to fully empower healthcare workers in delivering optimal elderly care. Addressing

these challenges will help ensure a more robust, compassionate, and competent workforce capable of meeting the complex needs of the ageing population.

Table 4: Pearson's correlation analysis of relationship between knowledge and attitude of healthcare workers towards the care of the elderly in gerontology homes in Ibadan Metropolis

		Knowledge	Attitude
Knowledge	Pearson Correlation	1	-.101
	Sig. (2-tailed)		.371
	N	81	81
Attitude	Pearson Correlation	-.101	1
	Sig. (2-tailed)	.371	
	N	81	81

The Pearson's correlation analysis presented in Table 4 examines the relationship between healthcare workers' knowledge and their attitude towards the care of the elderly in gerontology homes within Ibadan Metropolis. The result shows a Pearson correlation coefficient of $r = -0.101$ between knowledge and attitude, indicating a weak negative relationship. This means that, as knowledge increases, attitude slightly decreases, though the relationship is extremely weak and lacks practical significance. More importantly, the associated p-value of 0.371 (which is greater than the conventional alpha level of 0.05) indicates that the relationship is not statistically significant. This suggests that there is no evidence to support a meaningful linear relationship between the two variables in this study population.

Conclusion

This study set out to evaluate the implementation of social support and home healthcare services for the elderly in gerontology homes within Ibadan Metropolis. Drawing from both quantitative and qualitative data, the results offer important insights into the current state of elderly care in these settings. Overall, the findings reveal a mixed picture while healthcare workers demonstrate generally favourable attitudes and moderate levels of knowledge and implementation, there remain notable gaps, inconsistencies, and systemic challenges that must be addressed to achieve holistic and effective care for elderly individuals.

Quantitative findings from the first objective, which assessed the level of knowledge of healthcare workers, indicated that while many respondents demonstrated good

understanding of physical aspects of geriatric care (such as fall prevention and pain management), fewer were familiar with cognitive, legal, and psychosocial domains. Only 38.3% were familiar with geriatric assessment tools and cognitive impairment signs, and just 39.5% understood the relevance of personalised care plans. This suggests that although core clinical care is reasonably well-understood, there is a critical need to deepen training in more nuanced and interdisciplinary aspects of elderly care

Regarding the attitude of healthcare workers, the second objective revealed that they generally hold positive perceptions about the elderly and their care. Most respondents agreed that elderly individuals deserve equal attention and respect as younger patients. However, there were indications of emotional strain, with several respondents acknowledging that working with elderly patients could be emotionally exhausting. This highlights the necessity of emotional support systems for caregivers to maintain their positive outlook and avoid burnout

Interestingly, the relationship was weakly negative, suggesting that even healthcare workers with good knowledge might not necessarily have positive attitudes, and vice versa. This underscores the complexity of attitude formation and suggests that knowledge alone is not enough to foster positive behavioural change.

Recommendations

1. **Capacity Building and Continuous Professional Development:** The study revealed significant gaps in the training of healthcare workers, especially regarding the psychosocial and cognitive needs of elderly individuals. To bridge this gap, it is recommended that geriatric care be incorporated into the core curriculum of nursing, social work, physiotherapy, and community health training institutions. Short courses and continuous professional development (CPD) programmes should also be institutionalised for in-service personnel. Workshops and seminars focusing on dementia care, end-of-life support, elder abuse recognition, and psychosocial interventions should be conducted regularly. Certification programmes in elderly care could further incentivise learning and professional growth. Healthcare workers should also be exposed to interdisciplinary learning environments where they can collaborate and learn from specialists in geriatrics,

psychology, and social services. Such collaborative training would foster teamwork and promote a holistic approach to elderly care delivery.

2. **Adequate Funding and Logistical Support:** Funding emerged as a recurring theme across all dimensions of the study. The success of both social support and home healthcare modules depends heavily on the availability of sufficient financial and material resources. Therefore, government and private healthcare providers must prioritise budgetary allocations for elderly care services. Funds should be directed toward purchasing medical kits, mobility aids, assistive devices, recreational tools, transport vehicles, and facility improvements in gerontology homes. International development agencies and NGOs with a focus on ageing populations should also be engaged for financial and technical support. Health Maintenance Organisations (HMOs) and the National Health Insurance Authority (NHIA) should consider developing affordable elderly care packages under health insurance schemes, thereby reducing the financial burden on families and making care more sustainable.
3. **Enhancing Community Engagement and Awareness:** Cultural beliefs and lack of public awareness were cited by respondents as key barriers to the uptake of social support services. In many communities, institutional or formal care for the elderly is still misunderstood or stigmatised. Public education campaigns should be launched to sensitise communities about the value of elderly care, the importance of social interaction in old age, and the availability of home healthcare services. Community mobilisation should be pursued through religious leaders, traditional institutions, local government authorities, and media outlets. Elderly care advocacy days, town hall meetings, and outreach programmes can be used to engage families, neighbours, and caregivers. Training community volunteers to support social interaction, home hygiene, and emergency care for older adults would also extend the reach of formal health services.

References

- Abdulraheem, I. S., & Parakoyi, D. B. (2015). Improving attitude towards elderly people: Evaluation of an intervention programme for caregivers. *Nigerian Journal of Postgraduate Medical*, 4(12), 280–285.
- Adeloye, D., David, R. A., Olaogun, A. A. E., Auta, A., Adesokan, A., Gadanya, M., ... & Olanrewaju, T. (2017). Health workforce and governance: The crisis in Nigeria. *Human Resources for Health*, 15(1), 32. <https://doi.org/10.1186/s12960-017-0202-2>
- Aubrey de Gray, D. N. (2017). Life span extension: Research and public debate: Societal considerations. *Studies in Ethics, Law and Technology*, 11(1), Article 5. <https://doi.org/10.1515/selj-2017-0001>
- Barman, A., Snyder, S. J., Kozier, B., & Erb, G. (2018). *Kozier and Erb's fundamentals of nursing* (8th ed.). New Jersey: Prentice Hall.
- Boswell, S. S. (2022). Old people are cranky: Helping professional trainees' knowledge, attitudes, aging anxiety, and interest in working with older adults. *Educational Gerontology*, 38(7), 465–472. <https://doi.org/10.1080/03601277.2022.2050824>
- Dehghani, A. A., Bahrevar, V., & Zeinali, A. (2016). Elderly patients' satisfaction with provided services in Yazd Shahid Sadoughi Hospital. *Elderly Health Journal*, 2(1), 45-49.
- Effiong, M. B. (2015). Knowledge, attitude and practice of care of elderly patients among health workers in University of Calabar Teaching Hospital, Cross River, Nigeria (Unpublished M.Sc. thesis). University of Nigeria, Enugu Campus.
- Eze, C. K., & Anyaeze, N. I. (2021). Personalized care for the elderly: The impact of home healthcare services. *Nigerian Medical Journal*, 20(4), 210-225.
- Fajemilehin, B. I., & Odebiyi, A. I. (2021). Predictors of elderly person's quality of life and health practices in Nigeria. *International Journal of Sociology and Anthropology*, 3(7), 245–252.
- Gore, M. (2022). Aging and the future of human beings. *Indian Journal of Social Work*, 43(2), 210–219.
- Ige, A. M., & Olowolabi, S. (2020). Student unrest in universities in Nigeria: Causes and remedies. *Journal of Educational Research and Development*, 4(3), 137–146.
- Leff, B. (2022). Hospital at home: Feasibility and outcomes of a program to provide hospital-level care at home for acutely ill older patients. *Annals of Internal Medicine*. Retrieved from Annals of Internal Medicine

- Mandy, D., Elizabeth, A. M., & O'Neils, S. (2021). Attitudes of health care workers towards older people in a rural population: A survey using the Kogan scale. *Nursing Research and Practice*, 20(11), 7-15.
- Masciadrelli, B. P. (2024). I learned that the aging population isn't that much different from me: The final outcomes of a gero-ed bell project. *Journal of Gerontological Social Work*, 57(1), 24-36
- Olayiwola, I. O., Olusanya, E. O., & Ketiku, A. O. (2020). Nutritional vulnerability, food habits and anthropometric indices of the elderly in the southwest of Nigeria. *West African Journal of Food & Nutrition*, 7(1), 46-52.
- Mendez-Luck, C. A., Kennedy, D. P., Wallace, S. P., & Morales, L. S. (2019). Healthcare professionals and elderly care in gerontology homes: Challenges and opportunities. *Journal of Gerontology Nursing*, 45(4), 39-45. <https://doi.org/10.3928/00989134-20190315-03>
- National Population Commission of Nigeria. (2022). Population statistics of the elderly in Nigeria. Abuja, Nigeria: National Population Commission.
- Ojo, E.A, Ope-Babadele, O., Gbenga-Epebinu, M.A, Aina, R.O & Jolayemi, O.D (2022). Knowledge and help-seeking behaviors for menopausal symptoms among female staff working in a selected university in Ogun State. *International Journal of Public Health, Pharmacy and Pharmacology*, 7(1), 14 – 29. DOI: <https://doi.org/10.37745/ijphpp.15>
- Oyetunde, M. O., Ojo, O. O., & Ojewale, L. Y. (2013). Nurses' attitude toward the care of the elderly: Implications for gerontological nursing training. *Journal of Nursing Education and Practice*, 3(1), 150-158.
- United Nations. (2015). World population prospects 2015: Highlights. New York: United Nations.
- World Health Organization. (2021). Active ageing: A policy framework. Retrieved from https://www.who.int/ageing/publications/active_ageing/en/
- Yasemin, S., & Yildiz, K. Y. (2015). Nurses' attitude towards older people: Report from a single institution study. *International Journal of Physical Medicine & Rehabilitation*. <https://doi.org/10.4172/2329-9096.1000296>
- Yilmaz, D., Kisa, S., & Zeyneloglu, S. (2022). University students' views and practices of ageism. *Public Health Forum*, 37(2), 143-154.