

Knowledge Attitude and Practice Toward Geriatric Health Care Among General Practitioners Working In Primary Health Care Centers At Al-Karkh/ Baghdad

Qais Ajam *

College of Medicine, Ministry of Higher Education and Scientific Research, Babylon University, Hillah, Iraq

ABSTRACT

Objective: Number of persons 65years of age and older continue to increase dramatically in the world. Health maintenance screening of this population is becoming an important task for primary health physicians. There is a widespread lack of interest in and negative attitude toward the elderly among medical professionals and the elderly are often viewed as sick, dependent, unproductive, unattractive, and unpleasant people.

Method: Cross-sectional study was conducted in the primary health care centers which belong to the Al-Karkh sector in Baghdad city during the period between (February to May2016). A sample of 200 doctors was included in the study, the response rate (90.0%). The questionnaire was filled by the studied sample. Demographic and professional data about doctors were collected.

Result: The proportion of doctors who had fair to good knowledge toward geriatric healthcare was (57.8%), attitude and practice were found to be(77.8%,72.8%)respectively. About (66.7%) of the studied doctors had the positive attitude toward the need for improvement only (38.9%)of the doctors does complete history and physical examination for every elderly patient. Regarding screening, about less than half of the answers were correct. Regarding counseling, most of the sample studied had a good practice in counseling their patient about smoking cessation, physical activity promotion, healthful diet and polypharmacy.

Conclusion: This study may reflect some weaknesses in the area of geriatric care especially in the knowledge part by general practitioners working in primary health care centers which call for conduction of geriatric care training programs.

Keywords: Knowledge; Attitude; Practice; Geriatric health care; General practitioner primary health care

INTRODUCTION

Geriatrics is the branch of medicine concerned with the diagnosis, treatment and prevention of disease in older people and the problems specific to ageing, from the Greek "Geron" meaning "old man" + "iatreia" meaning "the treatment of disease"[1]. Gerontology is the study of ageing and older adults; it is concerned with physical, mental, and social aspects and implications of ageing. Geriatrics age cluster is difficult to be defined exactly. "Older people" is occasionally favorite and define as > 65 is the age. The dramatic increase in life expectancy in the World is the result of improved medical care and prevention efforts, in 2006, person's age 65 years or older numbered 37.3 million and represented 12.4%of the World population, about one in every eight persons. The population

age65 years and over increased from 35 million in 2000 to about 40 million in 2010, a 15% increase, and then will increase to 55 million in 2020, a36% increase for that decade. By 2030 there will be about 71.5 million older persons, more than twice their number in 2000 and about 20% of the World population.

One of the greatest hard enquiries for health organizers and politicians trying to assign coffers, as well as for the individuals and community themselves is whether augmented lifespan means more health or simply more years of illness. This is an area that is significantly under-researched, yet the question is supposing ever better importance. Large progresses in medicine, public health science, and machinery have permitted today's elder Americans to live longer and in good health than prior generations. Older adults need to stay well and self-governing at

Correspondence to: Dr. Qais Ajam, College of Medicine, Ministry of Higher Education and Scientific Research, Babylon University, Hillah, Iraq. E-mail:qaisajam1981@gmail.com

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home in their societies. Society require to decrease the health care economic prices related with an increasingly elder people. Geriatrics medicine shows that chronic disease and disability are not unavoidable so health encouragement and disease avoidance actions and plans are an increasing main concern for elder adults, their families, and the health care scheme. The role of the primary health care doctors in implementing, supporting and practicing geriatric medicine was emphasized as early as 1980 and henceforth. Health maintenance of geriatric patients is an integral part of daily medical practice for most family physicians.

The idea of “adding life to years” mean that people must have the chance to develop and consume their health potential to live publicly and economically pleasing lives. Improved class of life for older people will encourage their health class and increase their possible to continue to contribute to society. The prominence should not be on their weaknesses and deficiencies, but on their awareness, practice and healthy regimes. The importance of early surveillance of the health needs of elderly is more than emphasized; governments may be able to establish specialized geriatric care facilities with the aim of improving the quality of life of the elderly [2]. Historically medical research related to the elderly has been limited. Geriatric care in the Middle East is not prominent service so far, and in this sense awareness of doctors about geriatric medicine may be questionable. This study aims to assess the pattern of knowledge, attitude and practice of general practitioners working in primary health care centers in Al karkh/Baghdad toward geriatrics health care.

SUBJECTS AND METHODS

A study design: Descriptive cross-sectional study of 200 general practitioners working in primary health centers, the response rate was 180. The study was directed in 20 primary health centers randomly chosen and the sample included 200 general practitioners who were conveniently selected from those working in primary health centers [3]. Inclusion criteria: General practitioners who work in primary health centers were included in the sample. Exclusion criteria:

The senior physician was excluded from the research.

Doctors who refuse to fill the questionnaire.

Doctors who were not presents in the centers for the purpose of vaccination campaigns or any training programs (Table 1).

		No	%
Age (years)	≤ 34	68	37.8
	35~39	58	32.2
	40~44	34	18.9
	≥ 60	20	11.1
Gender	Female	103	57.2

	Male	77	42.8
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Table 1: Distribution of the studied general practitioners working in primary health centers by age and gender.

Data collection

Data were collected using a specially designed questionnaire and the general practitioners working in primary health care centers at the time of the study were asked to complete this questionnaire [4].

Data analysis

The scoring system of KAP was categorized according to quartile, before the second quartile (50%) considered poor, above the second quartile toward the third quartile (75%) considered fair and above the third quartile considered good.

Data investigation was carried out *via* (SPSS 22). All data were briefed and awarded in figures or tables. The chi-square test was rummage-sale for the test of association between variables, percentage and frequency and were rummage-sale for variables and. P-Value≤0.05 was revealed as significant through data investigation.

Pilot study

The preliminary pilot study was carried out on a small group of 20 doctors who were working in primary health centers (this group of doctors were excluded from the study sample) to

Assess the practicality of the questions and time needed to conduct it.

To detect any difficulties might be faced during the data collection.

Adjustment of the questionnaire to gain training. Ethical consecration

Appointments were done to get agreements from the Decision-making Agency of the Arab Board of Health Specialization and oral agreement were got from all applicant doctors, The determination of the study was described to all doctors.

RESULTS

A total of (200) doctor who had received the questionnaire, the response rate was 180(90.0%). The distribution of the studied general practitioners working in primary health centers was according to (age and gender) [5]. Regarding the knowledge of the studied sample 2(1.1%) have a good knowledge toward geriatrics health care, 76(42.2%) have poor knowledge and 102(56.7%) were within the fair range as shown in (chart 1). Regarding the attitude of the studied sample 45(25.0%) have a good attitude toward geriatrics health care, 40(22.2%) have a poor attitude and 95(52.8%) were within the fair range as shown in (chart 2). Regarding the practice of the studied sample, 124(68.9%) were within the fair range, 49(27.2%) have a poor score and only 7(3.9%) have a good practice as shown in (chart 3).

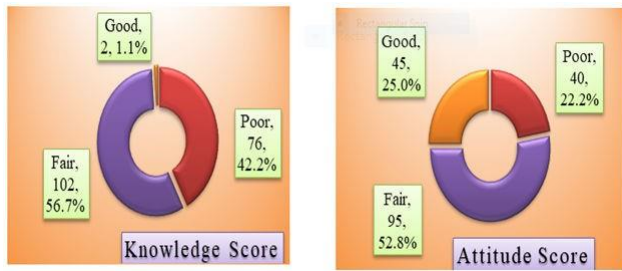


Chart 1: Total knowledge score of the studied sample of general practitioners working in primary health centers. **Chart 2:** Attitudescores of the studied sample of general practitioners working in primary health centers.



Chart 3: Practice scores of the studied sample of general practitioners working in primary health centers.

In the distribution of the studied sample according to age and (knowledge, attitude, practice): In knowledge score, the proportion of poor, fair and good knowledge was approximately equal in all age groups. In attitude score, the proportion of poor attitude was slightly higher in(35-39)years 15(25.9%)while the proportion of fair and good attitude was higher in(28-34)age group 35(51.5%)19(27.9%)respectively. In practice score, the proportion of poor practice was slightly higher in(40-44)age group 17(50.0%)while the proportion of fair and good practice was higher in(28-34)age group 49(72.1%), 5(7.4%)respectively [6]. In total score, the proportion of poor total score was little higher in(35-39)age group 20(34.5%), the proportion of fair total score was higher in(28-34)age group 49 (72.1%) and the proportion of good total score was equaled between(28-34)and(35-39)age group 1(1.5%),1 (1.7%) respectively.

In general, no significant difference in proportions was found among age groups which mean that all groups have nearly the same (knowledge, attitude and practice)toward geriatrics health care as shown in Table 2.

Age (years)	Age (years)	Age (years)	Age (years)
28-34	35-39	40-44	45-63
No	%	No	%
No	%	No	%

Knowledge score	Poor (<84)	27	39.7	25	43.1	41.1	1.5	5.0
	Fair (84-104)	40	58.8	32	55.2	58.0	1.8	5.0
	Good (= >105)	1	1.5	1	1.7	0.0	0.0	0.0
P value		0.956						
Attitude score	Poor (<14)	14	20.6	15	25.8	23.3	3.1	5.5
	Fair (14-17)	35	51.5	30	51.7	55.9	1.9	5.5
	Good (= >18)	19	27.9	13	22.4	20.6	6.3	0.0
P value		0.929						
Practice score	Poor (<32)	14	20.6	11	19.7	50.7	7.5	3.5
	Fair (32-39)	49	72.1	45	77.6	50.7	1.3	6.5
	Good (= >40)	5	7.4	2	3.4	0.0	0.0	0.0
P value		0.013*						
Total score	Poor (<130)	18	26.5	20	34.5	35.9	9.4	5.5
	Fair (130-162)	49	72.1	37	63.8	64.7	1.5	5.5
	Good (= >163)	1	1.5	1	1.7	0.0	0.0	0.0
P value		0.741						

*Significant difference in proportions using Pearson Chi-square test at 0.05 level.

Table 2: Distribution of the studied sample by age and (knowledge, attitude, practice, total) scores.

In the distribution of the studied sample according to gender and (knowledge, attitude, practice): In knowledge score, the proportions of all scores (poor, fair, good)are higher in female gender 44(42.7%), 57(55.3%), 2(1.9%) respectively. In attitude score, also the proportions of female gender are slightly higher in all scores (poor, fair, good) than male 26(25.2%), 51(49.5%), 26(25.2%) respectively.

In practice score, the poor and fair score is slightly higher in female gender 26(25.2%), 74(71.8%) respectively, only the good score is higher in male gender 4(5.2%). In the total score, all the three proportions of scores (poor, fair, good) are slightly higher in female gender 32(31.1%), 69(67.0%), 2(1.9%) respectively as shown in Table 3. From the above proportions, we can observe that there is no significant variance between female and male gender in (knowledge, attitude and practice).

		Gender			
		Female		Male	
		No	%	No	%
Knowledge score	Poor (<84)	44	42.7	32	41.6
	Fair (84~104)	57	55.3	45	58.4
	Good (=>105)	2	1.9	0	0
Attitude score	P value	0.453			
	Poor (<14)	26	25.2	14	18.2
	Fair (14~17)	51	49.5	44	57.1
	Good (=>18)	26	25.2	19	24.7
	P value	0.477			
Practice score	Poor (<32)	26	25.2	23	29.9
	Fair (32~39)	74	71.8	50	64.9
	Good (=>40)	3	2.9	4	5.2
	P value	0.537			
Total score	Poor (<130)	32	31.1	27	35.1
	Fair (130~162)	69	67	50	64.9
	Good (=>163)	2	1.9	0	0
	P value	0.419			

*Significant difference in proportions using Pearson Chi-square test at 0.05 level.

Table 3: Distribution of the studied sample by gender and (knowledge, attitude, practice, total) scores.

DISCUSSION

Demographic data of the studied sample

In this study the sample was general practitioners working in primary health care centers, the response rate was (90.0%) which was higher than that reported in other studies that carried out in Iraq and Saudi Arabia that showed a response rate of (81.6%)(75.0%)of the total study sample(9) and(5)respectively, this may be caused by chance because the studied sample has been chosen conveniently. According to gender, male proportion(42.8%) was lower than female(57.2%), similar finding was found in another study done in Iraq which shows that(60.0%)of the studied sample were females(9), in the other two studies done in Saudi Arabia shows that(46.0%) (36.5%) of the studied sample were females (10)and(5)respectively. The present finding may reflect the sex distribution of the studied doctors since the Ministry of Health data showed that female doctors represent about (59.0%)of primary health care doctors. According to age, the highest percentage of doctors who participate in this study were between (28-34) and (35-39) while the lowest proportion were (45-63)a similar finding was shown in the previous study done in Iraq which show that the highest percentage was between(30-34)and(35-39), this may be related to the retirement of some of the doctors above 45 years of age and their work in the private clinics [7].

Doctors' knowledge

In this study the proportion of doctors with fair to good knowledge in geriatrics was(57.8%), approximately similar proportion was reported by the other study done in Iraq which showed that(58.5%)of the studied sample had good knowledge score(≥60)in geriatrics health care(9), higher proportion was reported in Al-Saudi Arabia(5)which show that(73.0%)of the studied sample have good knowledge toward geriatrics. This may be related to the little number of educational programs for the primary health physicians specific for geriatrics in Iraq. According to age groups, the frequency of fair to good knowledge scores was nearly the same in all age groups and this is similar in the other study. According to gender, it was slightly higher in females than in males (58.4%, 57.3%) respectively. This finding agree with what had been found by other study which showed that the frequency of fair to good knowledge score was slightly higher in females than males and disagree with what had been found in another study which showed that the frequency of good knowledge score was slightly higher in males than females. No significant association between gender and knowledge score was found in this study and in the other two studies [8].

Doctors' attitudes

The proportion of doctors with fair to good attitude score toward geriatrics found in this study was relatively good(77.8%), it was lower than that found in other study which was(92.1%)and higher than the other two studies(9)(10)which were(73.5%)(65%)respectively. In this study, the proportion of doctors who prefer giving care to geriatric patients seems fair

(51.1%) however, this proportion was approximately similar to the other research done in Iraq which showed that 44% of the studied sample prefer giving care for geriatric patient (9), another survey done in USA (8) showed that only (0.2%) of responding physician, indicated that care of geriatric patients as one of their possible area of emphasis in their practice.

This may be attributed to intimate family relation in our country. In this study, the proportion of doctors with good attitudes toward questions related to the prescription of the problem to the patients is about (65.0%); this is lower than that reported in another study (87.3%) (81.0%) (5) and (9) respectively. This is related to the lack of educational programs that are specialized in how to deal with older patients, what meaning to be old and associated physiological changes related to ageing and concentrate only on scientific material [9].

A research done in the USA include 27 studies to assess the attitude of medical students and doctors toward geriatrics health care, the results show that enabling doctors to interact with older adults or consider how it may feel to be an older adult may be more likely to result in positive attitude change than an educational intervention, even if that intervention is designed to make them more knowledgeable with regard to older patient care. It should be noted here a large proportion of the studied sample (66.7%) have a good attitude toward the need for improving medical staff education in geriatric medicine. It means that continuous medical education program that involves this area will be encouraged by doctors working in primary health care centers. A similar finding was reported by other two studies which showed that (92.5%) (95.7%) of the studied doctors have a good attitude toward such programs respectively.

Doctors' practice

According to the doctor's practice, in this study, the results showed that the frequency of doctors with fair to good practice score was (72.8%) which considered being relatively good [10]. This score was higher than the other two studies which showed that (49.5%) (22.2%) of doctors respectively had satisfactory practice in geriatrics health care, this improvement is related to the formation of age-friendly primary health centers concerned with old age group in Baghdad and making these centers suitable by taking all the preventive measures to ensure their safety and appropriate management.

CONCLUSION

About half of the studied sample showed fair knowledge toward geriatric health care. The studied sample had better knowledge

toward normal physiological changes, atypical presentation of diseases in elderly and sensory changes than seen in common diseases in the elderly. About half of the studied sample had a fair attitude. More than half of the studied sample (6.9%) was lying within the fair range in the practice and only (3.9%) had a good practice score. Less than half of the studied sample have good practice toward screening in geriatric health care, about 1/4 of them had good practice toward vaccination and half of them had good practice toward counseling.

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CONFLICTS OF INTEREST

No conflicts of Interest.

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