

A Study of Knowledge, Attitude and Practice among Clinical Faculty towards Senior Citizens Regarding Medical Care in a Medical College

*Dr (Colonel) Jai Prakash¹, Dr (AVM) M.V. Singh², Dr (Brig) H.R. Arvinda Prabhu³
Professor^{1,3}, Commandant Principal²,
Sri Siddhartha Medical College Tumkur, Karnataka^{1,3}; Command Hospital Air Force Bangalore²
Email: jprakash_aiimsonian@msn.com*

Abstract: In recent years there has been enormous expansion of the “graying population” all over the world and by 2025 it is expected to rise to more than 1.2 billion with 840 million of these in developing countries and about 50 million in the USA. In India population above 60 years age is 8% & is likely to rise to 19% by 2050. In the USA senior citizens above 65 years constitute 12% of population. The John A Hartford Foundation of New York City in partnership with Association of American Medical College started Geriatric & Gerontology education for physicians in 2000. Since the elderly population in India is increasing as well, it is important to focus on medical students’ knowledge and attitude towards the clinical and sub clinical problems of senior citizens. We often use stereotype negative statements about elderly patients like “lost case” or “dead investment”. We should put an end to such derogatory attitudes towards senior citizens when they really need moral support and care. *Material and Method:* All clinical faculty members available in medical college were interviewed in months of June and August 2016. A special performa has been prepared after reviewing literature and with the help of psychiatrist and divided into five sections having personal particulars, knowledge, attitude, practice and suggestions. *Results:* Total 77 clinical faculty members participated in the study. Most faculty members (53 out of 77) were found to be very knowledgeable and score varied from 50% to 75%, The response about practices of faculty was found 72% to 98%. Their attitude was analyzed across two groups based on experience & age and not found statistically significant. *Conclusion:* Almost all clinical faculty members comprising of 77 participated in the study and most of them scored good marks. They have very positive attitude, achieving 68-88% response in 6 out of 8 statements. Their practicing results were 72% to 94%. This type of study is needed to be conducted in clinical faculty of various other medical colleges as well to get a clearer picture.

Keywords: Faculty Members, KAP, Medical Care, Medical College, Senior Citizens

I. INTRODUCTION

In recent years there has been enormous expansion of the “graying population” all over the world and by 2025 it is expected to rise more than 1.2 Billion with 840 million of them in developing countries and about 50 million in the USA. In India population above 60 years age is 8% [1] and is likely to rise to 19% by 2050. In the USA senior citizens above 65 years constitute 12% of the population. Diseases

and senescence - those over 65 years in the USA spend on average three times as much on health care as those under 65 years [2]. Most recently Sir James Sterling Ross commented, “Promote it, you do not heal old age. You protect it; you extend it.”

Apparently healthy older adults need necessary care to protect them from unexpected sudden deterioration of their health and related preventable complications. Prevention at young age itself through healthy life style by regular physical exercise, healthy diet, avoidance of tobacco and alcohol are beneficial [3].

Aging is incurable and it begins at birth. The biology of senescence has functional, chemical, social, and psychological dimensions which include cellular aging, aging of organs and systems and age-associated diseases [4]. The John A Hartford Foundation of New York City in partnership with Association of American Medical College started Geriatric & Gerontology education for physicians in 2000. The 40 participating institution have created innovative ways to teach about care of older people and help students attain needed competences [5].

In- depth knowledge in medical gerontology with community exposure may help develop well-oriented medical graduates to take care of aging persons. There is an urgent need for radical change in medical teaching to introduce desired changes in medical students’ attitudes from the very beginning of their career. It is a Herculean job to accomplish though [6]. WHO predicts that by the year 2020 depression will be the leading illness associated with negative impact and disease-burden on human wellbeing, replacing communicable diseases and overtaking other conditions such as IHD, DM and neoplastic diseases [7]. Since population of elderly people is also increasing in India, it is important to focus on medical students’ knowledge and attitude towards the clinical and sub clinical problems of senior citizens and aged patients. There is also need to train physicians in gerontology to change their attitudes and practice towards treating elderly patients. We often use stereotype negative statements for elderly patients like “lost case”, or “dead investment”. We should put an end to such derogatory attitude towards senior citizens when they really need moral support and care. We have not come across any similar study conducted towards senior citizens so far though some survey have been carried out

about nursing students' attitude towards elderly patients. Therefore we have conducted this study.

Objectives: 1. To assess the knowledge and attitude among clinical faculty towards senior citizens. 2. To find out their practice while providing medical care to elderly patients. 3. To obtain suggestions of faculty members to improve quality of medical care to elderly patients.

II. MATERIAL AND METHODS

All clinical faculty members available in medical college were enrolled and interviewed with prior appointment in months of June and August 2016. Kogan's attitude towards old people (KAOP) was not found appropriate to study attitude of faculty members towards senior citizens since it is old version and also contains Anglo orientation sub scale. A special Performa was prepared after reviewing literature and with the help of psychiatrist [8]. Performa was divided into five sections having personal particulars, knowledge, attitude, practice and suggestions. Thus a pre-tested Performa with Likert scale Performa was ready [9] it was given to each faculty member who consented to participate in study and ethical clearance was taken. Participants were asked about their beliefs, emotions, behavior tendencies and affects. They were briefed how to attend the questions and tick one of the most appropriate options for each statement/questions [9]. Data was analyzed with descriptive statistics in form of proportion, percentage and chi-square test.

III. RESULTS

Total 77 clinical faculty members participated in the study, out of them 34 were Professors, 14 Associate Professors, and 29 were Assistant Professors. Members were analyzed in two categories, based on age 40 and below (38) and above 40 yrs (39) and experience 10 yrs or less (37) and above 10 yrs (40).

Table 1: Frequency Distribution of scores of Faculty members

Score (%)	Frequency	Percent
33	08	10
42	07	09
50	14	18
58	17	22
67	13	17
75	09	12
83	06	08
92	03	04
Total	77	100%

Majority of the faculty members (53 out of 77) were found to be very knowledgeable and scores varied from 50% to 75%, 8 faculty members had poor knowledge i.e, 33% while the top 12 faculty members were graded excellent (83% to 92% score).

Table 2: Attitude of faculty members towards senior citizens showing association

	Statements	%
1.	Stereotype statement like "lost case" or "dead investment" should not be used	60
2.	Many physicians give less time & do not treat with seriousness	35
3.	Entitled to same respect and treatment as young patient	85
4.	Aging is normal process of human life& elderly are expected to tolerate their age	74
5.	Lack of interest by physician lead to missing of serious ailment	73
6.	A healthy elderly person can be as productive as middle age	68
7.	Older patient have different care-needs than their younger counter part	88
8.	If elderly accompanied by young care giver do you address patients only?	30

Positive response varied from 60% to 88% except statement No. 2 and 8.

Table 3: Attitude: Association between experience less than 10yrs and 10 yrs and more

Statement		Attitude				Total	P value
		Strongly agree	Agree	Strongly disagree	Disagree		
1	<10	15	07	05	10	37	0.749
	>=10	19	07	07	07		
2	<10	07	05	07	18	37	0.344
	>=10	11	10	06	13		
3	<10	28	06	00	03	37	0.446
	>=10	34	03	01	02		
4	<10	21	04	03	09	37	0.046
	>=10	29	07	02	02		
5	<10	22	06	02	07	37	0.600
	>=10	24	05	06	05		
6	<10	19	09	04	05	37	0.945
	>=10	23	09	04	04		
7	<10	31	04	01	01	37	0.700
	>=10	33	05	00	02		
8	<10	07	06	09	15	37	0.126
	>=10	09	01	16	14		

Comparison for statement no. 4 above was found to be statistically significant.

Table 4: Attitude: Association between age 40 & below and above 40

Statement		Agreement				Total	P value
		Strongly agree	Agree	Strongly disagree	Disagree		
1	<=40	14	08	07	09	38	0.630
	>40	20	06	05	08	39	
2	<=40	08	06	07	17	38	0.420
	>40	10	03	12	14	39	
3	<=40	29	06	-	03	38	0.650
	>40	33	04	-	02	39	
4	<=40	22	05	02	09	38	0.130
	>40	28	07	02	02	39	
5	<=40	23	07	03	05	38	0.700
	>40	23	08	01	07	39	
6	<=40	18	11	04	05	38	0.605
	>40	24	07	04	04	39	
7	<=40	32	04	01	01	38	0.689
	>40	32	05	00	02	39	
8	<=40	07	04	11	16	38	0.789
	>40	09	03	14	13	39	

Table 5: Practices: faculty members showing positive responses

Statements	Strongly agree/ Agree
One should interact with the older patient while providing medical care	85%
Older patient differ from younger ones in the medical care	82%
There is a need to behave differently towards older patients	72%
One should devote more time while treating elderly patients	92%
More learning from other specialties while interacting with the patients	89%
One should notice positive change as one gains more experience	90%
Colleagues develop better expertise while dealing with more elderly pt	94%
One should derive professional satisfaction while dealing with elderly pts	94%
Working with elderly patients is a professional challenge	81%
One feels emotionally satisfied while treating elderly patients	88%

The response about practices of clinical faculty was found very high i.e, from 72% to 94%.

Table 6: Suggestions

Suggestions	%
More Gerontology should be included in UGs curriculum	96%
Geriatrics specialty should be included in all medical colleges	95%
Medical college hospital should have a special ward for older patients	88%
Special training is required for physician to treat senior citizens at this juncture	88%

IV. DISCUSSION

Aging is inescapable and we all understand that in future we all practicing doctors will gradually join the queue of elderly patients in various hospital/ clinics and our students will take care of us in some geriatrics ward. If we personalize the problem like this, we may feel the burning end of issue right on our table for discussion.

Most of the faculty members had good to excellent knowledge about gerontology except very few. Faculty members' attitudes varied from 60%-88% which may be the effect of upbringing particularly inculcation of a value system in childhood that elders have to be respected and cared for. The oriental cultures like those of India and the socio-religious setting in our country may also be responsible for this. This may be because of Indian cultural, social and religious background and Indians demonstrate greater respect to elders. Attitude was analyzed by dividing faculty into two groups based on experience (less than 10 yrs or more than 10 yrs) and it was not found statistically significant except for statement 4 whereas less experienced members not agreeing with the statement "aged persons should tolerate their age and they should be treated" means that aged person should also be treated. Other two groups based on age i.e. 40 or less and more than 40 yrs did not show any significant change. Thus faculty members had positive attitudes towards senior citizens. This is in contravention of western countries as brought by BMJ [3]. To infuse changes in the medical students' attitudes we need to change our negative attitudes to be positive role models for the future doctors. More targeted experiences with generally healthy older people as patients may be needed to significantly improve students' attitudes toward older patients [10]. As far as practice is concerned, response to questions was overwhelming i.e. 72 to 94%. Most (85.6%) of the faculty members belonged to joint family and have elderly persons in family.

Nazia Khan found in her comparative study of 88 participants, students who had cared for older adults, reporting a more positive attitude [11]. Mehta et al has also shown in their social work that the offspring of adult take responsibility to provide for the needs of their parents and parents frequently help their children to establish their own families [12]. Medical students in Singapore have positive attitude towards the elderly. It is important that their medical curriculum continues to have an increasing geriatric component in view of increasing aging population [13]. In

India National Institute of Society Defense of Ministry of Social Empowerment runs 1 yr PG diploma in Geriatric Care and other courses in old age care providers [14].

V. CONCLUSION

Almost all clinical faculty members comprising of 77 participated in our study. Most of them scored 50-70 % marks and top 12 got excellent grading. Their attitude was very positive achieving 68-88% response in 6 out of 8 statements. No change was notable in attitude of faculty based on their experience and age. Their practicing results were 72% to 94 % as most of the clinicians have senior citizens in their families. We have some limitation as such there was not sufficient existing research on doctors' attitude towards older patient from cultural perspective. This type of study needs to be carried out on clinical faculty of various other medical college to get real assessment.

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- [14] National Institute of Social Defense, Ministry of social Science and Empowerment, Govt of India.

First Author



DR COLONEL JAI PRAKASH, PROFESSOR COMMUNITY MEDICINE, Sri Siddhartha Medical College, Tumkur 572107, Karnataka, India
(Mobile: 9611251492, jprakash_aaimsonian@msn.com)

EDUCATION:

MBBS (AIIMS)
MD – PSM
DHA (NIHFW)

PROFESSIONAL MEMBERSHIP:

1. Member Indian Public Health Association
2. Karnataka Association of Community Health.

RESEARCH AND PUBLICATIONS

1. A KAP Study & Survey of eating habits among faculty of Med College. The Indian Journal Of Nutrition and Dietetics. ISSN0022-3174,
2. A Survey on practicing Healthy lifestyle by BCC through E-mail. Journal of Evolution of Medical and Dental Sciences. ISSN2278-4748 pISSN2278-4802
3. A Study on Depression among Medical Students of Private Medical College. JEMDS ISSN 2278-4748 pISSN2278-4802
4. The pattern of Consumption of fruits and vegetable among medical students. Journal of Science eISSN2277-3290
5. Booklet: "Healthy life Style" available on internet and also e-mailed to about 1500 people of all section of society including medical professionals and which has been further disseminated by them benefitting others. Author has received appreciation. He is educating needy person to adopt healthy life style by delivering lectures and demo in various forum including medical fraternity.
6. Blog: <https://www.mtatva.com/en/author/dr-jai-prakash/> written articles on general well being, health, environment, nutrition etc

AWARDS:

- a) Awarded Certificate towards success of small pox eradication WHO 1977 by Regional Director WHO and Union Health Minister of India.
- b) Awarded Senior Scientist award in Second International Workshop on Micro nutrients and Child Health at All India Institute of Medical Sciences-2014 New Delhi.
- c) Awarded Scholarship in Second International workshop, held at All India Institute of Medical Sciences New Delhi to give feedback on Scientific paper presented by various speakers.

ACHIEVEMENTS

1. Participated and contributed in National level workshop on "Clinical management of Malaria" at Directorate of National Anti Malaria Programme, Government of India Delhi.
2. Organized and celebrated World Red Cross Day with the theme "Indiscrimination" at MH Belgaum
3. Chairman of various Scientific Paper Presentation during XXV, XXVI, XXVII, XXVIII Annual Conferences held by Karnataka Association of Community Health in Karnataka
4. Participated as speaker in First Mysore international Conference on topic "Healthy Life Style". Chaired scientific session on Non Communicable Diseases and Presented a study conducted on "Depression among Medical Students in Private Medical College of South India" in the same conference
5. Presented KAP study among clinical faculty while providing medical care to senior citizens in medical college. in 4th International Congress on healthy aging.

ARMY EXPERIENCE

Army Medical Officer, Second-in-Command, Senior Registrar, Commanding Officers and retired as Commanding Officer, Colonel, Military Hospital, Gwalior-MP in 2010.

Second Author



AVM (Dr) MV Singh, Commandant, Command Hospital Air Force Bangalore.

EDUCATION:

MBBS (MLN Medical College Allahabad) 1980
MD Community Medicine (AFMC, Pune) 1990

RESEARCH WORK & PUBLICATIONS

1. Published a paper titled "Epidemiology of Burn Injuries" in Medical Journal Armed Forces India, Oct 1994.
2. Published a paper as third author on Stress Injuries among trainees in the Journal of the Indian Society of Aerospace Medicine in 2004.
3. Presented a paper on Epidemiology of H1N1 influenza in India at the South Pacific Seminar on H1N1 Influenza at Honolulu, Hawaii (USA), on 31 Jan-01 Feb 2010.
4. Actively involved in operational research on family welfare programme, National Malaria Control Programme and other vertical health programmes.
5. Published health education booklets on subjects of common public health interest.

ACHIEVEMENTS

He has worked as Malariologist and is specialist in Chemical Biological Radiation And Nuclear Defence, and Epidemiology. He has been on the faculty of Army College of Medical Sciences, Delhi. Currently he is Principal and Commandant of Command Hospital Air Force, Bangalore.

Third Author



Dr HR Aravinda Prabhu MBBS, MD (Psy),
Professor of Psychiatry Sree Siddhartha Medical College & Hospital, Agalakote,

ARMED FORCES SERVICE

Served in Army for 35 years Was Prof & HOD Psychiatry at Armed Forces Medical College, Pune In 2008-9. Retired in 2013.

EDUCATION:

MBBS (1976) (Mysore)
MD (Psychiatry) (1986) (AFMC Pune)
Postdoctoral certificate In Neuropsychiatry (NIMHANS) (1993-95) Bangalore

PROFESSIONAL MEMBERSHIP

Life fellow of Indian Psychiatric Society

PUBLICATIONS

In National Journals

1. Study of Stressful life events in relation to psychiatric illness in Armed Forces personnel AFMRC Project DGAFMS, Min of Def GOI 1991
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Prabhu HRA, Srivastava K, Bhat PS: Manual of Hospital safety published by, AFMC Pune (India) (2009)

4. Research projects done

1. Study of Stressful life events in relation to psychiatric illness in Armed Forces personnel (AFMRC PROJECT) -1991

2. Violent Behaviour in Psychiatric In patients. 1994published in Medical Journal Armed Forces India 1994
3. Psychiatric evaluation of Human Immuno deficiency Virus seropositives in Armed Forces. 1994.
4. Study of Psychiatric morbidity in Armed Forces personnel taking part in a high intensity military conflict. 2002.
5. Study of life events in serving personnel and its association with psychopathology in their children: A multicentric study. (AFMRC PROJECT No 3353/2005) 2005.
6. Epidemiological profile of psychiatric morbidity of school going adolescent children of Armed Forces personnel and civilian personnel in Delhi. 2005-6.