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Relationship Between Attitude Towards Geriatric Care And Working Conditions Among Nairobi City County Clinical Officers

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Abstract:
Background*: Clinical officers have a unique role in shaping the provision of geriatric care. This makes an investigation of their perception of the working conditions and its relationship with their attitude towards geriatric care essential to the development of interventions that promise high quality hospital care to the elderly.*
Materials and Methods*: The study adopted survey research design. The study locale was Nairobi City County's 99 public health centers spread across the city. The sample entailed all 302 clinical officers working in the health centers. Data was collected using a structured questionnaire and analyzed using SPSS version 27, computing the means and standard deviations of item statistics as well as composite scores. Inferences were drawn using chi-square technique at $p<.05$.*
Results*: The overall rating of working conditions was moderately low ($\mu=2.97$, $\sigma=.475$). In total, 57.3% of the respondents rated working conditions as unconducive for geriatric care while 42.7% rated the working conditions as conducive. However, respondents' attitude towards geriatric care did not vary significantly by working conditions, $\chi^2(1) =.755$, $p>.05$.*
Conclusion: *Working conditions is a necessary but not sufficient factor for attitude change. The Nairobi City County healthcare facilities generally had poor working conditions, primarily due to inadequate staffing and a lack of dedicated geriatric care facilities within the facilities. Thus, a dedicated facility with adequate staff constitute the bare minimum for quality geriatric health care in Nairobi City County health centers.*
Key Word*: Attitude; Clinical Officers; Geriatric Care; Working Conditions*

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I. Introduction

The field of geriatric care is attracting more attention from academics, policymakers, and practitioners due to the rising number of elderly individuals worldwide. This interest is a consequence of advancements in healthcare and socioeconomic progress that have led to increased life expectancy (Bassah et al., 2018; Douglass, 2016). The aging of the population is a worldwide phenomenon, with almost every country experiencing an increase in both the overall number and proportion of elderly individuals (Muhsin et al., 2020). As of 2017, the global elderly population, defined as individuals aged 60 years and above, reached nearly 1 billion people. By 2020, the number of elderly individuals exceeded the population of children under the age of five (Mkondya, 2017; Ssensamba et al., 2019). According to a United Nations (UN) report, it is estimated that by 2050, the elderly will make up over 20 percent of the world's population, totaling at least 2 billion people (Bassah et al., 2018; Ssensamba et al., 2019). Japan currently has the highest known elderly population, with more than one-third of its total population being over the age of 65, while countries such as Italy, Greece, and Germany have at least a 20 percent elderly population (Ejdys & Halicka, 2018).

The increasing elderly population presents a challenge in providing adequate healthcare services (Alquwez, 2018). One crucial aspect of this challenge is the working conditions of healthcare workers, which can influence their attitude towards geriatric care. The existing body of literature on working conditions suggests various outcomes, including the formation of employee attitude (Davidescu et al., 2020). Geriatric healthcare work is often described as a profession that can be highly fulfilling, remarkable, and rewarding. However, it can also be frustrating, complex, and disheartening (Phurailatpam et al., 2019). For instance, Oshodi et al. (2019) conducted a content analysis of comments from 247 registered nurses in the United Kingdom regarding the nursing work environment and the quality of elderly care. The analysis revealed several themes, including inadequate staffing levels, increased workload, and high stress levels. Participants in the study highlighted the complexity of care needs among elderly patients, particularly those with mental health issues. These factors can

potentially impact the attitude that healthcare workers hold towards geriatric care. Thus, factors such as long and exhausting work hours and insufficient staffing, necessary to provide specialized attention to elderly patients, can contribute to the formation of a negative attitude (Abozeid, 2015). Additionally, healthcare professionals may show a lack of interest in working with elderly patients due to low wages and a lack of prestige associated with geriatric specialization (Inker, 2018). As a result, a considerable number of healthcare workers are leaving their profession to pursue careers in other clinical and non-clinical fields (Gizaw et al., 2018).

Huang et al. (2018) point out that the establishment and improvement of facilities with integrated medical and social services have been regarded as one of the important tasks in the health services for the elderly in China. However, in a report documented by Czuba et al. (2019) who conducted an interpretive descriptive study with ten support workers in Aukland, New Zealand, it was noted that as a consequence of staffing difficulties in geriatric healthcare facilities, many participants reported being asked to perform additional roles for which they were not trained, or asked to do a job that is not their job. Participants in the study felt stressed about this, particularly when asked to do things they did not feel competent in such as giving out medication. The picture that this finding paints is that geriatric facilities are characterized by poor working conditions and practices.

Ssensamba et al. (2019) undertook a cross-sectional study to determine health systems readiness to provide geriatric friendly care services in Uganda. A cross section of 18 randomly selected health centers from four districts with a dense population of the elderly were visited and assessed for availability of key items deemed important for provision of geriatric friendly service. They found that low readiness was due to poor scores with regard to leadership, financing, human resources and health management information systems. However, they did not analyze the relationship between these dimensions of working conditions and attitude of staff towards geriatric care. Another study conducted in East Africa was reported by Mkondya (2017) who examined the factors influencing health services delivery to elderly people in Songea Rural District, Tanzania amongst 109 community members in a mixed method research. Findings from focus group discussions, in-depth interviews and social survey revealed that the main factors influencing health services delivery to elderly people were shortage of qualified staff, insufficient financial resources and inadequate access to health insurance.

In Kenya, clinical officers are among the primary healthcare providers who play a crucial role in delivering healthcare to patients, including the elderly. They are often regarded as the backbone of healthcare and frontline managers of patient care in both rural and urban settings. Clinical officers are healthcare professionals who are legally authorized and trained to provide curative, preventive, and rehabilitative healthcare services (KCOA, 2021). They have significant responsibilities in the day-to-day delivery of health services, which include preserving lives and conducting research on critical health issues and emerging trends (Revised Scheme of Service for Clinical Personnel, 2020). Clinical officers are employed in nearly all healthcare facilities in Kenya, both public and private, as the primary clinical care providers. Nairobi City County has the highest concentration of clinical officers due to the numerous healthcare institutions present, including those operated by the government, county government, religious organizations, and the private sector (Health Sector-HRS 2014-2018).

In terms of policy, Kenya's Vision 2030, which aims to enhance the quality of life for all individuals through universal healthcare, initially focused on addressing the health needs of vulnerable groups such as children, women, and youth (Government of the Republic of Kenya, 2007). However, there was a notable absence of a specific agenda addressing the concerns of the elderly. It was only after Kenya adopted The Madrid International Plan of Action on Ageing that the Ministry of Labor, Social Security and Services developed a national policy on elderly persons and aging in 2014. This policy stated that the government would collaborate with other stakeholders to ensure access to geriatric services for the elderly (Republic of Kenya, 2014). The elderly were also included as a demographic group in Kenya's National Health Sector Strategic Plan (2008-2012) and the Kenya Health Strategic and Investment Plan (2013-2017) (Mutisya et al., 2017). However, the policy developments do not adequately appreciate the important role of clinical officers at the intersection of quality of life of the elderly. A study by Waruinge (2018) conducted on 113 Clinical Officers working in Nairobi City County health centers revealed that Clinical Officers are treated as a substitute to physicians and the perception towards the work these COs' perform is not highly regarded.

This paper argues that given their influential position in the healthcare system, clinical officers have a unique role in shaping the provision of geriatric care in Kenya. This makes an investigation of their perception of the working conditions and its relationship with their attitude towards geriatric care essential to the development of interventions that promise high quality hospital care to the elderly in Kenya. The existing literature consistently indicates that geriatric working conditions are generally unfavorable worldwide. However, there is a lack of studies that specifically investigate the impact of these working conditions on the attitudes of clinical officers towards geriatric care. The present study aimed to contribute to contextual knowledge on geriatric care provision in Kenya by examining the relationship between working conditions and attitude of clinical officers towards geriatric care.

II. Material and Methods

Study design: The study adopted the survey research design.
Study location: The locale of the study was Nairobi City County public health centers spread across the city. These health centers in the 17 sub counties have been clustered amongst the 10 administrative sub counties created by the Nairobi City County and are homogenous in nature.
Study duration: February to March 2023.
Sample size: The sample entailed all 302 clinical officers working in the 99 health centers in Nairobi City County. The researchers obtained a list of clinical officers in each sub-county from the clinical officers in charge of the respective health centers.
Inclusion criteria: All clinical officers of health centers in the study locale.
Exclusion criteria: Clinical officers working in other facilities in the study locale.

Procedure methodology

A questionnaire developed by the researcher was administered to the clinical officers. In order to establish the validity of the instrument, various items were employed to measure different aspects of the variables being studied, thereby capturing the underlying concept. Using SPSS version 27, the researchers verified the questionnaire's reliability by computing Cronbach's alpha coefficient which was .709 for the working conditions variables.

Participants were notified through a shared WhatsApp group that a researcher and an assistant would be providing them with a questionnaire. The research assistant received basic training on how to administer the questionnaire. Each sub--county was assigned a specific week during which time the researcher and the assistant reached out to the clinical officers and after the respondents were informed on consent and confidentiality issues, they filled out the questionnaire and returned it to the researcher or the assistant. Some clinical officers requested to be allowed to fill the questionnaire at a later time due to their workload. On appointment, the researcher or research assistant would return to the site and the clinical officers would then fill out the questionnaire. However, despite multiple visits by the researcher and the assistant, some of the clinical officers did not manage to fill the questionnaires. All collected questionnaires were stored in a box under the researcher's possession until all sub-counties had been visited and the maximum number of questionnaires had been collected within the two-month period. Data was analyzed using SPSS version 27. The researchers computed the means and standard deviations of item statistics as well as composite scores. Inferences were drawn using chi-square technique at $p<.05$.

The researcher upheld ethical principles to ensure adherence to research standards. These principles encompassed voluntary participation, respect for the participants, guarantee of confidentiality and anonymity, and preventing any harm resulting from their involvement in the study. The researcher and the assistant provided clear explanations to the participants regarding the research purpose, enabling them to make an informed decision about their participation. Subsequently, institutional permission was obtained from the Nairobi City County Director of Health Services through the Nairobi City County Research Ethics Committee. Furthermore, the Nairobi City County Chief Clinical Officer provided a list of ten sub-county clinical officers, who then supplied the researcher with a list of their respective members in the sub-county health centers, facilitating access to potential participants. Informed consent forms were provided to these members, outlining the protective measures implemented by the researcher to safeguard their confidentiality, anonymity, and rights. This included a confidentiality clause, signed by the researcher, demonstrating their commitment to non-disclosure.

III. Result

A total of 185 clinical officers participated successfully in the study, which yielded a response rate of 61%, deemed sufficient for analysis. Among the respondents, 57.8% were female clinical officers, while the remaining 42.2% were male. The average age of male respondents (mean = 36.8, standard deviation = 7.263) was slightly higher than that of female respondents (mean = 35.86, standard deviation = 7.646). The age range for females ranged from 22 to 58 years, while for males it was between 25 and 59 years. Respondents with 1-5 years of experience in geriatric care were the majority accounting for 37.3%, followed by those with 6-10 years of experience (27%). Approximately 22.7% of the respondents had over 10 years of experience, while around 13% had less than 1 year of experience in geriatric care. On average, the respondents treated approximately 8 elderly patients per day (mean = 8.39, standard deviation = 7.112), with the number of patients treated daily ranging from 0 to 35. Table 1 presents the minimum (Min), maximum (Max), mean (μ) and standard deviation (σ) scores for each item on a 5-point scale.

Table 1: Descriptive Statistics for Working Condition Items

Item	N	Min	Max	μ	σ
Geriatric care is characterized by long and tiring working hours	185	1	5	2.69	1.088
There are insufficient number of staff with elderly healthcare experience where I work	185	1	5	3.68	1.101
Geriatric caregivers are underpaid	185	1	5	3.43	1.022
I do not mind being a geriatric clinician as it gives me professional status	185	1	5	3.73	1.159
Adding elderly health care to the duties of clinical officers will lead to work overload	185	1	5	2.64	1.223
The role of clinical officer in geriatric care is not clearly defined	185	1	5	3.07	1.158
Working only with the elderly in the hospital is prestigious	185	1	5	2.74	1.058
Geriatric care has no status	185	1	5	2.62	1.115
There are no adequate qualified staff to attend to elderly patients in the hospital	185	1	5	3.55	1.191
Lack of geriatric care facilities in the hospital makes treating elderly patients quite a physically demanding task	185	1	5	3.87	.992
Geriatric care does not allow for as much time off as other specialties	185	1	5	2.87	1.074
I am generally satisfied with my work despite the difficulty and complexity of caring for geriatric patients	185	1	5	3.61	.999

Respondents were asked whether geriatric care is characterized by long and tiring working hours. A moderately low mean score was computed on a 5-point scale for this statement (N=185, μ=2.69, σ=1.088), suggesting that most of the respondents disagreed; geriatric care is not characterized by long and tiring working hours.

As pertains to whether there were insufficient number of staff with elderly healthcare experience where they worked, the mean score computed was moderately high (N=185, μ=3.68, σ=1.101). This finding suggests that most of the respondents agreed that the number of staff who has experience in geriatric care were inadequate in their place of work.

Regarding whether geriatric caregivers were underpaid, the mean score on a 5-point scale was moderate (N=185, μ=3.43, σ=1.022), signifying that respondents agreed that caregivers were not underpaid.

Respondents' opinion was sought concerning whether they did not mind being geriatric clinicians as it gives them professional status. The mean score computed on a 5-point scale was moderately high (N=185, μ=3.73, σ=1.159), meaning that most of the respondents did not mind being geriatric clinicians as it gave them status.

As concerns whether adding elderly health care to the duties of clinical officers will lead to work overload, a moderately low mean score was generated (N=185, μ=2.64, σ=1.223). This implies that most of the respondents disagreed that adding elderly health care to their duties would overload them with work.

With regards to whether the role of a clinical officer in geriatric care was not clearly defined, the mean score computed was moderate (N=185, μ=3.07, σ=1.158). This finding is an indication that only slightly more than half of the respondents agreed that their role in geriatric care was not clearly defined.

With regards to whether working only with the elderly in the hospital is prestigious, a moderately low mean score was obtained on a 5-point scale (N=185, μ=2.74, σ=1.058) which means that most of the respondents did not hold the view that working only with the elderly in the hospital was prestigious. However, they also disagreed with the statement that geriatric care has no status as indicated by the moderately low mean score on a scale of 1 to 5 (N=185, μ=2.62, σ=1.115).

As pertains to whether there were no adequate qualified staff to attend to elderly patients in the hospital, the mean score computed was moderately high (N=185, μ=3.55, σ=1.191). This means that most of the respondents observed that there was understaffing with respect to geriatric care in their health centers.

Respondents were asked whether lack of geriatric care facilities in the hospital made treating elderly patients quite a physically demanding task. On a scale of 1 to 5, the mean score was moderately high (N=185, μ=3.87, σ=.992), implying that most of the respondents agreed with the observation.

Concerning whether geriatric care did not allow for as much time off as other specialties, the mean score computed was moderately low (N=185, μ=2.87, σ=1.074). This finding means that most of the respondents disagreed that they did not enjoy as much time off from geriatric care as they did from other specialties.

As pertains to whether respondents were generally satisfied with work despite the difficulty and complexity of caring for geriatric patients, a moderately high mean score was generated (N=185, μ=3.61, σ=.999). This means that overall, most of the respondents expressed satisfaction with work despite the challenges of providing geriatric care.

Table 2 presents the descriptive statistics for the composite score of working conditions.

Table 2: Descriptive Statistics for Working Condition Composite Score

			Statistic	Std. Error
Working Condition Composite Score	Mean		2.97	.035
	95% Confidence Interval for Mean	Lower Bound	2.90	
		Upper Bound	3.04	
	5% Trimmed Mean		2.96	
	Median		3.00	
	Variance		.225	
	Std. Deviation		.475	
	Minimum		2	
	Maximum		5	
	Range		3	
	Interquartile Range		1	
	Skewness		.463	.179
	Kurtosis		1.113	.356

The table shows that the overall rating of working conditions was moderately low (μ=2.97, σ=.475). The scores ranged from a minimum of 2 and a maximum 5. The distribution had a positive skewness of .463, implying that for most of the respondents, the working conditions scored a low rating.

The working conditions composite score was transformed into a binary form whereby scores equivalent to or less than 3 denoted unconducive working conditions and scores above 3 denoted conducive working conditions. This was in order to establish the percentage distribution by this dichotomization. Table 3 shows how respondents were distributed.

Table 3: Distribution of Respondents by Overall Rating of Working Condition

Rating		Frequency	Percent
	Working condition unconducive	106	57.3
	Working condition conducive	79	42.7
	Total	185	100.0

Table 3 shows that 57.3% of the respondents rated working condition overall as unconducive for geriatric care while 42.7% rated the working condition as conducive. Therefore, most of the respondents rated the current working conditions poorly.

Cross-tabulation analysis was run to establish how attitude towards geriatric care was distributed by respondents rating of working conditions. The statistical output is displayed in table 4.

Table 4: Attitude towards Geriatric Care and Working Condition Cross-tabulation

			Working Condition of Clinical Officers		Total
			Unconducive	Conducive	
Attitude Towards Old People	Negative attitude	Count	47	30	77
		% within count	44.3%	38.0%	41.6%
	Positive attitude	Count	59	49	108
		% within count	55.7%	62.0%	58.4%
Total		Count	106	79	185
		% within count	100.0%	100.0%	100.0%

Table 4 reveals that a slightly higher proportion of respondents with a positive attitude (62.0%) rated the working conditions of clinical officers as conducive whereas 55.7% of the respondents with a positive attitude rated the working conditions as unconducive. The results suggest that attitude of clinical officers towards geriatric care potentially varied by the working conditions.

In order to test whether this difference in distribution of the respondents was statistically significant, a chi-square test was conducted. Table 5 shows the output of chi-square test.

Table 5: Chi-square test between Attitude and Working Condition

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.755[a]	1	.385
Likelihood Ratio	.515	1	.473
Linear-by-Linear Association	.757	1	.384
N of Valid Cases	185		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 32.88			

As per the test statistics presented, respondents' attitude towards geriatric care did not vary significantly by working conditions, $\chi^2(1) = .755$, $p > .05$. This finding suggests that the clinical officer's attitude towards geriatric care did not significantly vary with the working conditions.

IV. Discussion

This research obtained a moderately low mean score as pertains to whether respondents perceived geriatric care as characterized by long and tiring working hours. The low mean score is an indication that respondents were of the contrary opinion, which is in contrast to the viewpoint of Abozeid (2015) that long and tiring working hours are required to provide the special attention to elderly patients, which potentially lead to the development of negative attitude towards geriatric care. This difference in research findings may be due to other factors such as socialization in favor of geriatric care, which may alter any perceived feelings of caregiving to elderly patients as tiring.

The study established that geriatric care at the health centers were challenged by staffing inadequacies, going by the moderately high mean score obtained with respect to the observation that there were insufficient number of staff with elderly healthcare experience where respondents worked. This means that the healthcare facilities in respondents' workplace were understaffed in relation to geriatric care, implying that understaffing in healthcare facilities is an enduring issue. The finding is consistent with the results of a study by Mkondya (2017) on the factors influencing health service delivery to elderly people in Tanzania which reported that shortage of qualified staff was a main constraint.

Findings with respect to clinical officers' perception of remuneration of geriatric care professionals indicated that slightly more than half of the respondents agreed that caregivers were underpaid. This is in contrast to the claim by Ben-Harush et al. (2020) that most geriatric care workers are underpaid. This finding may be explained by a general lack of information about compensation of geriatric care workers, given that majority of the research participants in this study were not geriatric care professionals.

Descriptive analysis conducted in this study showed that most of the respondents were of the contrary opinion regarding the statement that adding elderly health care to the duties of clinical officers will lead to work overload. It means that the average clinical officer did not perceive that adding elderly health care to their duties would overload them with work. This finding contradicts the report of a study by Oshodi et al. (2019) among registered nurses in the United Kingdom which established that increased workload was among the challenges the nurses experienced in geriatric care work. An explanation for this disparity in research results may be due to the fact that unlike clinical officers who comparatively have limited contact hours with geriatric patients as they work in outpatient facilities, nurses potentially experienced long exposure to geriatric challenges because of their primary care work in the wards. This perspective has implications on theorizing attitude towards geriatric care, and underscores the place of eldercare responsibilities in the equation of attitude formation.

A contrary opinion was also established with respect to whether respondents perceived that geriatric care has no status as reflected in the low score on a 5-point scale. This finding does not support the argument by Inker (2018) that lack of prestige of geriatric specialties explained lack of interest among healthcare professionals in working with elderly patients. These differences in research findings may be due to the meaning that respondents derived in prestige, given that majority of the respondents in this study were socialized to regard eldercare as a noble duty. In this case, it may be that the upbringing of clinical officers in Kenya socialized them to value elderly people. This is in line with the assertion by Johnson et al. (2019) that when geriatric care is recognized and valued by society then it will be considered prestigious. This means that value differences were potentially at play. This is in keeping with Carpenter's (2012) value-expressive typology of attitude function which states that if taking care of or esteeming the elderly is a moral duty, then such an individuals' attitude towards geriatric care would be positive irrespective of environmental conditions.

The present study established that respondents associated working conditions in geriatric care with understaffing, as signified by the moderately high mean score obtained with respect to whether there were no

adequate qualified staff to attend to elderly patients in the hospital. This finding is consistent with a report by Hodgkin et al.'s (2016) that highlighted staff shortages as a negative factor impacting on their geriatric workers' workload stresses. This issue of understaffing may be due to the general deficit in geriatric professionals, which has implications on the discharge of quality geriatric care services to elderly patients.

The current study also established that lack of geriatric care facilities in the hospital made treating elderly patients quite a physically demanding task as indicated by a moderately high mean score on a 5-point scale. This finding means that most healthcare facilities in Nairobi City County were not set up to cater for elderly patients. This finding may be explained by the economic constraints, given the observation by Andrade (2016) that elderly people are among the most vulnerable and most expensive to care for of all populations. It is instructive to note that without adequate facilities, elderly patients may not receive the appropriate care and attention they need, which can lead to recurrent visits to health centers, longer hospital stays, increased risk of falls and other complications, and greater physical strain on healthcare professionals. The lack of appropriate equipment and facilities can also make it difficult for healthcare professionals to assist elderly patients with mobility, medication, and other daily activities. This is in line with extant literature that assert that impaired functional abilities associated with aging lead to an increase in the elderly adults' health care needs (Abozeid, 2015; Bassah et al., 2018; Mkondya, 2017). It is common knowledge that aging often results in reduced mobility and physical strength, making elderly patients more prone to falls, fractures, and other injuries and hence require extra safety measures in healthcare facilities.

The study established that most of the clinical officers were generally satisfied with work despite the difficulty and complexity of caring for geriatric patients as indicated by a moderately high mean score on a 5-point scale. This finding agrees with the observation by Phurailatpam et al. (2019) that geriatric healthcare work can be very gratifying, remarkable and rewarding. The results are also in line with past research by Paskaleva and Tufkova (2019) about motivation to work with hospitalized geriatric patients among nursing practitioners in Bulgaria. As has also been established in the present research, their findings showed that the majority of these medical professionals were satisfied with their work despite the difficulty and complexity of caring for geriatric patients.

Primarily, the present research established that 57.3% of the respondents rated their working condition overall as unconducive, suggesting that most of the respondents rated their working conditions poorly. However, a non-statistically significant association was obtained between working conditions in healthcare facilities and attitude towards geriatric care ($p>.05$), implying that whereas attitude may improve with better working conditions, the potential impact of working conditions on attitude towards geriatric care was minimal. It can also be inferred from the finding that in as much as the importance of working conditions in enhancing the quality of geriatric care cannot be overemphasized, working conditions were a small part of a wider spectrum of factors potentially explaining the attitude of clinical officers towards geriatric care. Accordingly, while working conditions certainly play a role in shaping perceptions and attitudes, it is crucial to consider the broader context and recognize that multiple interrelated factors can influence attitudes towards geriatric care.

V. Conclusion

The lack of correlation between working conditions and attitude towards geriatric care findings in this research suggests that working conditions is a necessary but not sufficient condition for attitude change. The healthcare facilities in Nairobi City County generally had poor working conditions, primarily due to inadequate staffing and a lack of dedicated geriatric care facilities within the health centers. This implies that the implementation of geriatric care units and the presence of specialized staff are necessary not only to foster a positive attitude among clinical officers towards elderly patients but also to enhance the overall quality of geriatric care in healthcare facilities. Improved working conditions, for example, can positively impact the physical and emotional well-being of geriatric care workers, enabling them to provide more effective and compassionate care, ultimately leading to increased productivity.

In order to enhance the working conditions for geriatric care, medical facilities should consider two approaches: firstly, hiring more geriatric care professionals and/or providing training and development opportunities for existing clinical officers to specialize in geriatric care. By having a team of specialized professionals who possess the necessary knowledge and skills in geriatric care, employees will experience increased confidence and job satisfaction, enabling them to deliver high-quality care to elderly patients. Given the high number of elderly patients handled by clinical officers, this can result in improved productivity, efficiency, and a reduced risk of employee burnout and turnover. Moreover, having a dedicated team of geriatric care specialists allows for effective task delegation, enhanced collaboration, and improved communication among clinical officers. Secondly, the setting up of specific areas within the health centers to facilitate optimal geriatric care facilities can be considered. Implementation of these two approaches can enhance the overall functioning of the healthcare facility and lead to improved outcomes for elderly patients.

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