Attitudes of Health Care Workers towards Elderly Depression in Kubau, Nigeria

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Abstract Primary health workers have been shown to write off depressed patients and most have the perception that depression cannot be managed. Data on attitudes towards elderly depression and care options at primary health care level especially in Nigeria and rural Africa is lacking. This study assessed the attitudes of primary health care workers towards elderly depression in Kubau, Nigeria. Materials and Methods: It was a cross sectional descriptive study carried out in June 2012, of the total health workers directly involved in patient care in Kubau. Information on the socio-demographics of the respondents, knowledge, attitudes and care options were obtained using a modified Depression Attitude Questionnaire, interviewer - administered. The collected data was cleaned and entered into SPSS version 16 and the results presented as tables and charts with statistical significance set at $p < 0.05$. Results: Most health workers had a good attitude towards depression and most (70%) thought elderly depressed patients could be managed, 88.3 % were willing to take time to detect and diagnose depressed patients. Conclusion: The study revealed a good attitude towards depression in the elderly among healthcare workers in Kubau, Nigeria.

Keywords: *attitudes, depression, primary healthcare, Kubau, Nigeria*

1. Introduction

Mood is a sustained subjective feeling of a person about his/her inner state (emotion) over a time period [1]. Affect is an outward manifestation of emotion at a particular point in time [1]. Major depressive disorder, or as it is often called, "major depression," is characterized by the presence of one or more depressive episodes during the patient's lifetime [1].

Depression has been described as a mood disorder that presents with at least two weeks history of low mood, low energy, and loss of interest in pleasurable activities as well as anehedonia [2].

Though surveys on attitudes towards mental illness have been conducted among health care workers most of these have focused largely on attitudes towards psychotic illnesses [3,4,5,6].

Primary health care (PHC) entails providing essential health care which is universally accessible to individuals and families in the community and provided as close as possible to where people live and work. It refers to care which is based on the needs of the population [7]. Integrating specialized health services - such as mental health services - into PHC is one of WHO's most fundamental health care recommendations [8].

Studies to determine the effectiveness of the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT), collaborative care management of late-life depression in primary healthcare settings in the USA, over a period of 3years showed that it was more effective than the usual care for depression in many respects [9]. Another protocol which combines both pharmacotherapy and psychotherapy is in progress and shows much promise, the Prevention of Suicide in Primary Care Elderly Collaborative Trial (PROSPECT) [10].

The concept of community psychiatry, which was first suggested by Prof. Thomas A Lambo in Aro, Abeokuta, where he tried treating patients in milieus that were as close as possible to their normal home environment. This meant that the transition from care back into the community after care was no longer as anxiety laden as from custodial care to the community. It was possible to reduce stigma and the administrative overhead if care was provided in hospital [11]. However this has not been successfully implemented because the new generation of psychiatrists favour hospital based care as opposed to community based care.

This study assed the attitudes of primary health care workers in Kubau towards elderly depression

2. Materials and Method

2.1. Study Area

Kubau local government area is one of the 23 local government areas of Kaduna State Nigeria, located in the

northern part of the state. Its headquarters is located Anchau. It has a population of 282,045 at the 2006 census. It is a rural settlement with mostly Hausa and Fulani populations of mainly farmers, traders, nomadic cattle herders and civil servants [12,13].

The health facilities in the local government area are mainly government owned facilities with few privately run primary care facilities. The major facility being the General Hospital, Pambegua with about ten primary health care centres located in major towns within reach of the people in the immediate area and also those in the remote areas who can get access to them. The total number of health professionals who are directly involved in patient care in Kubau local government area is 91.

2.1.1. Study Design

It was a cross-sectional descriptive study carried out in June 2012.

2.1.2. Study Population

The study population comprised of health care professionals working in primary health care facilities in Kubau local government area of Kaduna state, Nigeria.

2.1.3. Inclusion Criteria

All healthcare professionals working within kubau local government area of kaduna state, who are directly involved in patient care

2.1.4. Exclusion Criteria

All medical laboratory technologists, administrative staffs, ward attendants and workers not directly involved in patient care including those that refused consent

2.1.5. Sample Size Determination

The sample size was calculated using the formula:

$$n = \left\{ Z^2 p\, q\, /\, d^2 \right\} \text{ [13]}$$

where:
n= minimum sample size
Z= the value of normal curve corresponding to the level of confidence 95% = standard deviation of 1.96
p= prevalence of depression in elderly from a previous study= 42% = 0.42. [14]

$$q = 1 - p = 1 - 0.42 = 0.58$$

d= a precision level at 5% was used = 0.05
Therefore

$$n = \left(1.96^2 \text{ x } 0.42 \text{ x } 0.58\right) \div 0.05^2$$

$$n = 0.936 \div 0.0025 = 374.4$$

n = calculated sample size =374.
N= study population= total number of health care professionals in Kubau Local Government area = 91 , this was obtained from a list of all the healthcare professionals directly involved in patient care from the Primary Health care department of the Kubau local government.

Since calculated sample size is greater than study population

$$nf = n\, /\left[1\, + \, n\, /\, N\right] = 374\, /\left[1 + 374\, /\, 91\right]$$

nf = 73.3 approximately 73
adjusting for non- response

ns = n × expected non-response rate
where expected non-response rate = 10%
then ns = 73 × 10/100 = 7.3 approximately 7
Therefore n = 73 + 7 = 80
However 87 health workers participated in the study.

2.1.6. Sampling Technique

The whole population of healthcare professionals directly involved in patient care in the primary health care facilities in Kubau, Nigeria was sampled, using a list obtained from the Primary health care department of Kubau Local Government area. The list contained the names of the health care professionals and addresses of their respective Primary Health care facilities, a total of ten PHCs were involved in the study.

2.2. Instruments for Data Collection

A semi-structured, open and closed-ended interviewer-administered questionnaire was administered to health workers at their respective primary health care facilities. This was modified from the Depression Attitude Questionnaire [16]. Eighty seven questionnaires were administered as four people did not respond.

The questionnaire was pre-tested among health workers at the Primary Health Care centre Ikara, Nigeria, in order to fine tune it for easy understanding.

2.3. Data Analysis

The data was cleaned, sorted, coded and analysis was done using the statistical package software for social sciences (SPSS®) version 16.0. The results were presented as frequency tables and charts. The attitude was scored as follows; those who gave four or more positive responses were scored with a good attitude, those who had positive responses to two or three questions were scored with fair attitude, while those who gave only one positive response were scored with poor knowledge.

Ethical approval for this study was sought and obtained from the Head of Department, Community Medicine Ahmadu Bello University, Zaria. Consent was also sought from the Director of the Primary Health Care in Kubau local government, the Chief Medical Director of General Hospital Pambeguwa and from the In-Charges of all Primary health care facilities. In addition, informed consents were obtained from the respondents and assurance was given that the information obtained was solely for research purposes and they were also assured of strict confidentiality.
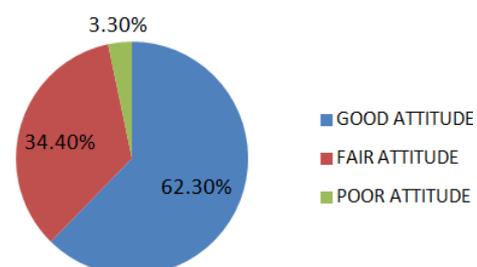
3. Results

Figure 1. Attitude score for depression care among health care professionals in Kubau Local government area.

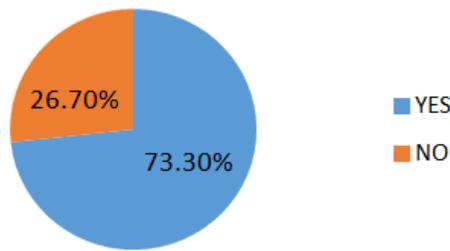Most respondents (62.30%) had a good attitude towards depression care

Figure 2. Healthcare professionals in PHCs in Kubau local government area would be comfortable treating depressed patients.

The majority of the respondents (73.3%) were comfortable treating depressed patients.

4. Discussions

A majority of the respondents (73.3%) were comfortable treating depressed patients, over two thirds of them were willing to take time out to detect and diagnose depressed patients (Figure 2), and also a majority of the respondents had a good attitude score towards depression (Figure 1). A study among Primary health care workers in Tanzania and General practitioners in Benin City in Nigeria also showed similar willingness, hence depression lacked stigma attached to other mental disorders such as psychosis [16,17].

5. Conclusion

The health workers surveyed showed a generally positive attitude towards elderly depressed patients and were willing to manage them at primary health care level.

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