

INTERNATIONAL JOURNAL OF
EDUCATION, PSYCHOLOGY
AND COUNSELLING
(IJEPC)

www.ijepec.com



RELATIONSHIP BETWEEN SOCIALIZATION AND ATTITUDE
TOWARDS GERIATRIC CARE AMONG CLINICAL OFFICERS
IN NAIROBI CITY COUNTY HEALTH CENTERS, KENYA

Dorothy Wanjiku Mwaura^{1*}, Ruthie C. Rono², Josephine N. Musau³

¹ Department of Psychology, United States International University, Africa.
Email: wanjikudot98@gmail.com

² Department of Psychology, United States International University, Africa.
Email: rrono@usiu.ac.ke

³ Department of Psychology, United States International University, Africa.
Email: jnmusau@usiu.ac.ke

* Corresponding Author

Article Info:

Article history:

Received date: 17.07.2023

Revised date: 31.07.2023

Accepted date: 23.08.2023

Published date: 15.09.2023

To cite this document:

Mwaura, D. W., Rono, R. C., & Musau, J. N. (2023). Relationship Between Socialization And Attitude Towards Geriatric Care Among Clinical Officers In Nairobi City County Health Centers, Kenya. *International Journal of Education, Psychology and Counseling*, 8 (51), 206-218.

DOI: 10.35631/IJEPC.851014

This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)



Abstract:

The rapid growth of the elderly population in Africa poses significant healthcare challenges due to scarcity of geriatric care workers. The scarcity can be partially attributed to the attitude towards elderly care. This current study was conducted in Nairobi, Kenya to investigate the attitude of clinical officers towards geriatric care and explore the relationship between their attitude and their socialization. Using a cross-sectional research design, the study involved 302 clinical officers working in 99 health centres across Nairobi City County. Data was collected using a structured questionnaire and subjected to descriptive statistical analysis and the chi-square test. The findings indicated that 58% of the respondents held a positive attitude towards elderly patients, while 42% displayed a negative attitude. Notably, socialization was found to be significantly associated with attitude towards geriatric care $\chi^2(1) = 10.204$, $p < .05$. The study's results underscore the crucial role of socialization in shaping and influencing the attitude of clinical officers towards geriatric care in Nairobi's healthcare facilities. By leveraging on clinical officers as socialisation agents, healthcare systems can strive to provide better care for the expanding pool of geriatric caregivers in the country.

Keywords:

Attitude, Clinical Officers, Geriatric Care, Socialization

Introduction

The elderly population is growing at a comparatively faster rate in Africa than the global average (Muhsin et al., 2020). Predictions by the World Health Organization (WHO) suggest that more than 63 percent of the elderly population will reside in Africa (Bassah et al., 2018). This phenomenon of the aging population has become one of the biggest economic, social, and health challenge in the 21st century particularly in regions experiencing a surge (Abozeid, 2015). Increased rates, severity and complexity of health problems and impaired functional abilities associated with aging lead to an increase in the elderly adults' health care needs (Mkondya, 2017).

Research has established that attitude towards geriatric care has been one of the factors behind the phenomenal scarcity of geriatric healthcare workforce (Inker, 2018; Johnson et al., 2019; Mutisya et al., 2017). Attitude of healthcare professionals toward elderly patients has been found to be complex, multidimensional, and mixed in terms of positive and negative reactivity (Inker, 2018). This attitude of healthcare professionals directly influences the quality of health care services they provide to elderly people (Alquwez, 2018). A study by Cheng (2021) augments this by stating that willingness to take care of geriatric patients is influenced by attitude and change in attitude affects behavioural intention.

In Kenya, majority of the formal caregivers at the primary level are clinical officers. These clinical officers are among the key health workers who provide the first line of healthcare for patients including elderly patients in Kenya. Clinical officers, referred to as the backbone of healthcare and frontline patient managers in both rural and urban settings, are healthcare practitioners trained and authorized by law to perform curative, preventive and rehabilitative health care (KCOA, 2021). They play important and distinct roles in the day-to-day delivery of health services; their primary role is preservation of life but they also have the secondary function of researching on critical health issues and emerging trends (Revised Scheme of Service for Clinical Personnel, 2020). Thus their attitude towards geriatric care is of importance as they are the first point of contact of the elderly sick patient in most health centres in the country.

Attitude held towards geriatric care is believed to be a function of how the caregiver is socialized – that is, the process of learning the values, norms and rules of behaviour in society (Crisogen, 2015). According to Richards (2015), the process of socialization provides insights into understanding the ways in which clinical officers may have been socialized at an early stage in their lives into care-giving roles, predisposing them to desire to be clinicians and through the relevant training are now fulfilling their desired roles. The clinical officers earlier interactions with the elderly in their families when they were young may be socially constructed and contextually bound in a healthcare setting. Probably the clinical officers got attracted to, prepared for and entered into healthcare roles and the study seeks to find how they view their role and the attitude they have as clinical officers providing geriatric care.

Given contextual differences in socialization, attitude towards geriatric care may differ from one cultural context to another (Czuba et al., 2019; Pharr et al., 2014). However, whereas vast empirical literature exists on determinants of attitude towards elderly people, there is limited empirical study focusing on the role of socialization in the attitude of clinical officers towards geriatric care within a developing country scenario. This study investigated the attitude of

clinical officers towards geriatric care in Kenya and whether a relationship exists between the clinical officers' attitude and the psychosocial determinant socialization.

Literature Review

Literature on socialization identifies socialization as an influential factor in the formation of attitude (Albert & Trommsdorff, 2014; Aboh, 2020; Czuba et al., 2019; Kimamo & Kariuki, 2018; Pharr et al., 2014; Taares et al., 2017). Socialization is depicted as an interactive engagement that involves both individual development and personal influences as the individual receives and interprets social messages (Pescaru, 2019). Socialization is defined by Lila (2014) as a continuing process whereby an individual learns the norms, values, behaviours and social skills appropriate for his or her social position along the life cycle. In keeping with this notion, Chalari (2017) highlights that if individuals fail to play their expected roles or behave strangely, then this means that the socialization process that they have experienced is probably incomplete or inadequate. Socialization continues throughout one's life, going through different stages, in an upward direction (Pescaru, 2019).

Saldana (2013) points out that culture is transmitted within various institutions such as family, school, religion, mass media and peer groups, and further argues that contemporary society has developed and established three main agents of socialization that have served to perpetuate it. The three traditional agents that have consistently perpetuated society have been the family, the church, and the school. These traditional institutions support continuity of thought, morals, values, and other tenets the culture considers important. In the Thai culture for instance, the elderly form a central part of their rituals; their children and grandchildren demonstrate love and respect towards them, they receive support from their families which is expressed through financial care and provision of food and clothing. The elders are also honoured in village festivals (Taares et al., 2017).

Crisogen (2015) classified socialization into primary and secondary socialization. He explained that primary socialization involves learning the rules of behaviour, norms and values that can be learnt at an early age and that is informational. He contrasted this to secondary socialization which he associated with the period in which a child begins to interact strongly with other social environments different from the family. This type of socialization takes place within educational institutions and professional or formal structures of various groups, amid a climate of progressive emotional neutrality, as the person grows and matures. Pescaru (2019) posits that in the education process, the subject becomes aware of social relations, assimilating the norms and roles that will allow them to integrate into society.

According to Pescaru (2019), the main purpose of socialization is the acquisition of ability to obey the demands of social norms and ideals materialized in the cultural values of the group to which one belongs. For instance, Albert and Trommsdorff (2014) observe that certain cultures pay a high degree of respect to the elderly who are perceived as possessing legitimate authority and wisdom, and who are supposed to be taken care of by the younger generation. They contrast this to many modern urbanized societies where the nuclear family prevails and independence is highly valued. In the latter case, the elderly prefer to be independent or to rely on their own resources and/or the social welfare system.

Chalari (2017) points out that upbringing can be seen as the most crucial time of socialization. An American qualitative phenomenological research on the experience of adult children caregiving for aging parents undertaken by Conway (2018) where six daughters and one daughter-in-law were interviewed revealed that their upbringing influenced their caregiving behaviour. Upbringing was expressed by the participants in Conway's (2018) study in terms of how they grew up seeing their parents' caregiving for other older relatives, caring for their siblings, or by seeing how their parents showed respect to elders through caregiving. Conway reported that one participant recounted how she grew up seeing her father regularly go and visit his sick mother. This research signifies the importance of socialization and suggests that the influence of upbringing on geriatric care is a key source of socialization that has later implications on attitude towards the elderly.

Empirical research on the potential link between socialization and attitude towards geriatric care is growing (Aboh, 2020; Bassah et al., 2018; Czuba et al., 2019; Johnson et al., 2019). The research stream thus far has made a distinction between individualistic (western) societies and collectivist (non-western) societies and has dwelt largely on the collectivist cultures.

Pharr et al. (2014) studied how cultural values and norms influence caregiver experiences by conducting an interpretative, phenomenological and qualitative analysis. His study sample was of focus group transcripts from four groups in Nevada (African American, Asian American, Hispanic American, and European American) for cultural influences on caregiving. They recruited caregivers who had provided at least 10 hours a week of uncompensated care to an elderly person 60 years of age or older for at least 6 months at senior residential centres and geriatric facilities. Results showed that caregiving was so embedded in the life experience of some of the groups that the decision to care or not to care was irrelevant and as such, caregiving was just something that was done without question. The researchers found that for some of the groups, provision of care to the elderly in one's community was deeply rooted in the cultural sub-consciousness, arising without conscious thought. They found that for all of the Asian American caregivers, saying no to the caregiving responsibility was considered culturally unacceptable. This study indicates that the Asian American research participants were socialized to care of older people as a societal obligation, which influenced their attitude towards geriatric care.

The findings of the study by Pharr et al. (2014) were later corroborated in a qualitative study amongst ten support workers in elderly residential homes by Czuba et al. (2019) in New Zealand which found that cultural background appeared to play an important role in how caregivers perceived their relationship with care recipients. The study provided a contrast between the Western individualistic culture and the Indian collectivist culture from the experience of a respondent who was born and raised in India. She commented that the relationship between a health care professional and a care recipient in New Zealand was very different as she was used to a more authoritative relationship and she felt that the people she cared for did not have respect for her. This means that her world view of and attitude towards geriatric care was informed by how she was socialized and borrowing from this, the current research seeks to establish whether there is a relationship between the attitude of Kenyan geriatric care givers; the clinical officers and their socialization given that they are from a collectivist culture.

The narrative in the Arab world is not any different. Johnson et al. (2019) studied the growing landscape of elder care in Qatar and found that by virtue of culture and religious teachings, most students have elderly family members either residing or in close contact with them. These agents of socialization may extend influence even on the attitude held towards geriatric care by individuals who share the same socialization background.

In keeping with the observations in other collectivist cultures, the cross-sectional study by Bassah et al. (2018) conducted in Buea, Cameroon on 126 primary family caregivers identified that family caregiving is a common phenomenon in sub-Saharan Africa where the younger wife (in polygamous families), children or grandchildren have the obligation of caring for their elderly family members. According to these scholars, the family caregivers are expected to assist their elderly relatives with performing activities of daily living and, preventing falls and elderly abuse as well as play a role in the elderly family relatives' physical, emotional and psychosocial well-being. The above expectation is linked to the younger family members' socialization as they are being brought up. This study sought to establish if there is a relationship between the socialization of Kenyan clinical officers and their attitude towards geriatric care.

In another African study, changing trends in socialization have been observed, although with limited attention to its implications on attitude towards geriatric care. Such changes are depicted in a mixed methods study by Aboh (2020) which explored Ghanaian nurses' willingness to work in assisted living institutions for the aged. They administered the research questionnaires to 248 respondents from four different health institutions in a metropolitan region. Results showed that the nurses appreciated the increase in the number of the aged in their communities. The study concluded that the community members prepared towards their aging by using their children as a future source of care thus socializing them towards the goal of taking care of the elderly in the future.

Similar trends have been noted in Kenya by Kimamo and Kariuki (2018) who recounted that in the traditional society, old people were highly respected and taking care of them was a noble duty. In their discourse, they inferred that values on the care of the elderly in a family are changing in Kenya, with more households focusing on the nuclear family, leading to the neglect of the elderly. However, these studies have not empirically investigated the relationship between these changing socialization trends and clinical officers' attitude towards geriatric care in Kenya.

Methodology

This study applied cross-sectional research design, giving a snapshot of the attitude clinical officers have towards geriatric care at the time of the research as well as the relationship between this attitude and socialization. The locale of the study was Nairobi City County public health centres spread across the city. These health centres in the 17 sub counties were clustered amongst the 10 administrative sub counties created by the Nairobi City County and are homogenous in nature. The target population was 302 clinical officers working in 99 health centres in Nairobi City County. The census sampling technique was employed since the population of clinical officers in the health centres was small. Accordingly, this entailed targeting all the 302 clinical officers serving in health centres throughout Nairobi City County. Since a census was conducted, all the 302 clinical officers were recruited into the study, representing 100 percent of the target population.

Data was collected using the combination of a structured questionnaire. Socialization items comprised of 10 items on a 5-point Likert scale from 1=strongly disagree to 5=strongly agree. Examples of items included: “Respect and care for the elderly have always been part of our cultural value and belief system”; “In my community, elderly people are highly respected and taking care of them is a noble duty”; “I was brought up knowing that it is my responsibility to take care of the elderly”; “I have been raised up knowing that I should always attend to the elderly when they are sick”; “In my family, the younger generation are expected to take care of their elderly counterparts” and; “Elderly care is promoted by my religious values and beliefs”. Composite mean scores were generated on a 5-point scale where high scores (above 3.0) were interpreted to mean high levels of socialization and low scores (≤ 3.0) denoted low levels of socialization.

The last section (Section E) measured the clinical officers’ attitude towards geriatric care. The dependent variable – attitude –was measured using Kogan’s Attitude Towards Older People Scale (KAOP Scale) which was constructed in 1961 by Kogan to measure the attitude of healthcare givers towards elderly patients and, has been extensively used, been translated into different languages and has high reliability and validity ratings. KAOP is a 34-item questionnaire on a 5-point scale from strongly disagree to strongly agree (Muhsin et al., 2020). The questionnaire contains 17 positively worded statements and 17 negatively worded statements referring to specific fields revolving around geriatrics such as place of abode, diversification of their needs, individual features, intergenerational relationships, dependency and cognitive functioning. The positive item examples include: “Most elderly people are really no different from anybody else, they are as easy to understand as younger people”, “most elderly people are capable of making new adjustments when the situation demands it”, “most elderly people seem quite clean and neat in their personal appearances”. Examples of negative items include; “most elderly people are set in their ways and are unable to change”, “most elderly people are irritable, grouchy and unpleasant”, “most elderly people make excessive demands for love and reassurance more than anyone else”. The tool is scored by generating total scores after reverse-coding negatively worded items and adding with positively worded scores: The scores range from 34 -170 (Muhsin et al., 2020). Less than or equal to 102 indicates negative attitude while higher than 102 indicates a positive attitude; the higher the score, the more positive the attitude of the respondents towards elderly care.

To determine the questionnaire’s reliability, Cronbach’s alpha coefficient was calculated to measure internal consistency. Cronbach’s alpha is hailed as the most appropriate measure for Likert scale items (Taherdoost, 2016). The coefficient is expressed as a value between 0 and 1, whereby a coefficient of 0.7 or more provides assurance of instrument reliability (Tappen, 2010). In this study, Cronbach’s alpha coefficients was computed using the Statistical Package for the Social Sciences (SPSS) version 27 for socialization variable and a coefficient of 0.7 was used as the acceptable reliability threshold. Socialization’s Cronbach’s alpha coefficient was .700.

For the attitude variable, the reliability of Kogan’s Attitude Towards Older People Scale (KAOP) has been evaluated in various studies: among Persian health workers Cronbach’s alpha coefficient was between 0.79-0.87 (Gholmzadeh, 2018); among Hong Kong health workers, the Cronbach’s alpha coefficient was 0.82 (Cheng, 2021), among Saudi Arabia health workers it was 0.89 (Alquwez et. al.2018) and amongst Zanzibar health workers, it was 0.81(Muhsin et al, 2020). The consistency with which the Cronbach’s alpha coefficient is

greater than the acceptable reliability threshold of 0.7 in the variety of studies allows for its use in this Kenyan study.

Composite scores for socialization were generated using SPSS Transform command. In order to determine the relationship between the variables, the researcher applied chi-square technique.

Results

The scores on Kogan's Attitude towards Older People scale were aggregated and the mean aggregate score computed as shown in Table 1. The scores range from 34 -170, whereby scores that are less than or equal to 102 denote negative attitude while scores above 102 denote positive attitude (Muhsin et al., 2020). Table 1 shows the descriptive statistics for the total scores of attitude towards geriatric care.

Table 1: Descriptive Statistics for Attitude Total Score

	Statistic	Std. Error
Attitude Aggregate Score Mean	102.99	1.054
95% Confidence Interval Lower Bound for Mean	100.91	
Upper Bound	105.07	
5% Trimmed Mean	104.27	
Median	105.00	
Variance	205.467	
Std. Deviation	14.334	
Minimum	21	
Maximum	130	
Range	109	
Interquartile Range	14	
Skewness	-2.448	.179
Kurtosis	11.055	.355

The results in table 1 indicate that the mean of aggregate attitude score was about 103 on a range from 34 to 170 ($\mu=102.99$ $\sigma=14.334$) with a negative skewness (-2.448). The finding implies that the attitude of clinical officers towards geriatric care was positive and that more respondents expressed a positive attitude than those who expressed a negative attitude. Further dichotomization of the total score for respondents' attitude towards geriatric care was undertaken by classifying attitude into positive or negative. Figure 2.2 shows how respondents were distributed.

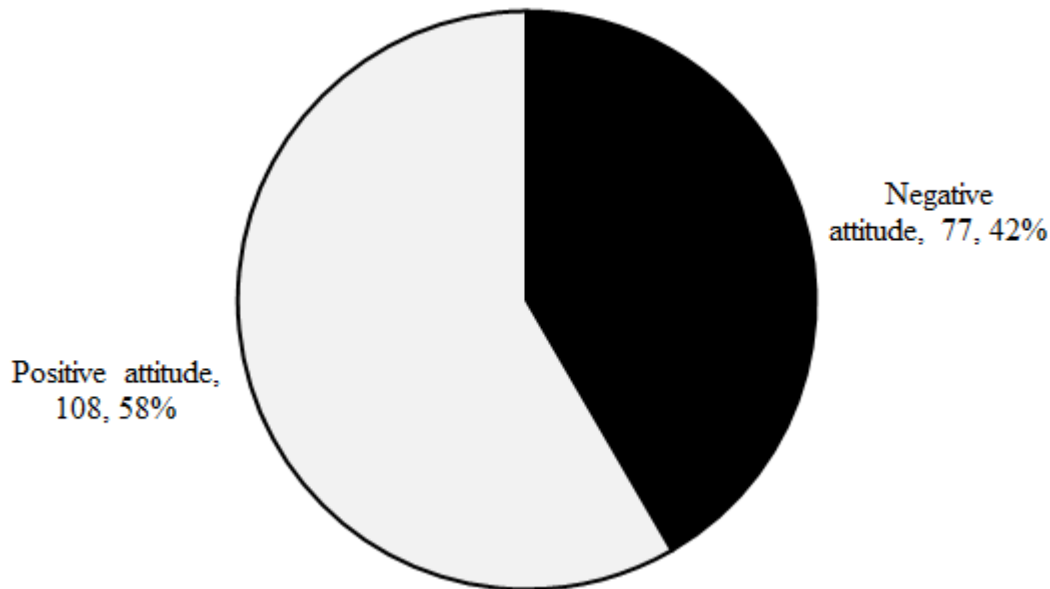


Figure 1: Distribution of Respondents by Attitude towards Geriatric Care

Figure 1 shows that respondents with a positive attitude towards elderly patients accounted for 58% of the sample while 42% of the respondents had a negative attitude towards them.

Respondents were then asked to rate the extent to which they agreed or disagreed with various socialization statements on a 5-point scale from strongly disagree to strongly agree.

A composite score for socialization was computed and the descriptive statistics generated as shown in table 2.

Table 1: Descriptive Statistics for Socialization Composite Score

	Statistic	Std. Error
Mean	3.94	.039
95% Confidence Interval for Mean	Lower Bound Upper Bound	3.86 4.01
5% Trimmed Mean	3.95	
Median	4.00	
Variance	.276	
Std. Deviation	.525	
Minimum	2	
Maximum	5	
Range	3	
Interquartile Range	1	
Skewness	-.591	.179
Kurtosis	1.198	.355

The table shows that on a 5-point scale, the composite mean was high ($\mu=3.94$, $\sigma=.525$) with a skewness of $-.591$. The minimum score was 2 and maximum score was 5. The finding suggests that the level of socialization towards geriatric care was generally high for most of the respondents. Non-parametric analysis was performed on the data by converting the composite

scores into binary form whereby scores above 3 on a 5-point scale denoted high socialization and scores less than or equal to 3 denoted low socialization. Table 3 shows how attitude towards geriatric care was distributed by level of socialization.

Table 3: Cross-tabulation between Socialization and Attitude towards Old People

		Level of Socialization towards Geriatric Care		
		Low socialization	High socialization	Total
Attitude Towards Geriatric Care	Count	7	70	77
	Negative attitude	100.0%	39.3%	41.6%
	% within Socialization Level of Geriatric Care			
	Count	0	108	108
Total	Positive attitude	0.0%	60.7%	58.4%
	% within Socialization Level of Geriatric Care			
	Count	7	178	185
	% within Socialization Level of Geriatric Care	100.0%	100.0%	100.0%

The results in table 3 indicate that all (100%) of the respondents with low socialization had a negative attitude towards geriatric care while majority (60.7%) of the respondents with high socialization scores held positive attitude towards geriatric care. Table 4 presents the chi-square test.

Table 4: Pearson's Chi-Square Test between Socialization and Attitude towards Geriatric Care

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	10.204 ^a	1	.001		
Continuity Correction ^b	7.860	1	.005		
Likelihood Ratio	12.660	1	.000		
Fisher's Exact Test				.002	.002
Linear-by-Linear Association	10.149	1	.001		
N of Valid Cases	185				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.91.

b. Computed only for a 2x2 table

Table 4 shows that socialization was statistically associated with attitude towards geriatric care to a significant degree, $\chi^2(1) = 10.204$, $p < .05$. Therefore, socialization had a positive relationship with attitude towards geriatric care.

Discussions

The present research established that the mean attitude score was about 103 on a range from 34 to 170 ($\mu=102.99$, $\sigma=14.334$) with a negative skewness (-2.448), implying that the average clinical officer had a positive attitude towards geriatric care. This finding is consistent with the outcomes of a scoping review of literature conducted by Abudu-Birresborn et al., (2019) which found that respondents reported positive attitude towards the care of elderly adults. It can thus be surmised from the study finding that clinical officers recognized the essential role of geriatric care because elderly patients often have unique healthcare needs due to age-related changes in their bodies and increased risk for chronic diseases. They thus recognize the importance of providing specialized care that considers these factors and helps the elderly patients maintain their quality of life and independence for as long as possible. However, dichotomization of the scores revealed that respondents with a positive attitude towards elderly patients accounted for 58% of the sample while 42% of the respondents had a negative attitude towards them. This finding suggests that whereas most of the respondents had a positive attitude towards elderly people, there was a sizeable share of clinical officers with a negative attitude.

Inferential results revealed that socialization was statistically associated with attitude towards geriatric care to a significant degree, $\chi^2(1) = 10.204$, $p < .05$; implying that socialization has a relationship with attitude towards geriatric care. This finding affirms Inker's (2018) argument that attitude towards geriatric care is a key factor at the intersection of geriatric care and its determinants. The results also concur with Chalari (2017) that upbringing is the most important aspect of socialization. East African studies (Chepkwony, 2019; Mkondya, 2017) reported that in the traditional African society, elderly people were highly respected especially for their wisdom and taking care of them was a noble duty. Katz (1960) Functional Attitude theory, reviewed by Carpenter (2012) posits that people develop an attitude towards an object because the attitude serves a certain function. In this study, the function is societal acceptance due to conformity to social norms of caring for the elderly. The similarities between the current study and past Kenyan findings by Kimamo & Kariuki (2018) with results of research conducted in Qatar (Johnson et. Al., 2019) may be explained by commonalities in national collectivist cultures. The practical implications of these finding are two-fold; the promotion of a favourable attitude towards geriatric care is necessary at the early stages of individual development and growth when norms and values are imparted and roles are learnt. Secondly, geriatric care workforce may be easier to identify within collectivist cultures such as Kenyans due to socialization.

Conclusion

The attitude of the average clinical officer in Nairobi City County's healthcare facilities towards geriatric care was positive. The implications of this positive orientation to the provision of quality geriatric care are multi-fold. For starters, it can lead to better outcomes for elderly patients. Clinical officers with a positive attitude towards geriatric care are more likely to provide patient-centred care that takes into account the unique needs and challenges of elderly patients. This can help to improve treatment outcomes, reduce complications, and enhance overall quality of life for elderly patients. It is also possible that a positive attitude towards geriatric care can help to reduce ageism and negative stereotypes about aging among healthcare providers. This is because when clinical officers have a positive attitude towards aging and eldercare, they are less likely to view elderly patients as a burden or to dismiss their concerns. This can help to promote greater inclusion and respect for elderly patients within the

healthcare system. Finally, a positive attitude towards geriatric care can help to address the growing need for high-quality geriatric care services. As the population ages, there is a growing demand for specialized geriatric care services that can meet the unique needs of elderly patients. When clinical officers have a positive attitude towards geriatric care, they may be more likely to pursue careers in geriatrics or to seek additional training in geriatric care provided that the opportunities are available. Because the greater population of clinical officers were favourably inclined towards geriatric care, they can play an important role in changing the attitude of their colleagues with a negative attitude by modelling positive attitude and behaviours. In addition, they may be more inclined to share their knowledge and experience with their colleagues, which may help to promote a more positive and inclusive culture of care for elderly patients within the healthcare system.

Socialization emerged in this study as the key factor in the equation of geriatric care attitude formation among clinical officers working in Nairobi City County's healthcare facilities. This has significant implications for the advancement of geriatric care in Kenya as it can lead to better quality geriatric care, whereby clinical officers with a positive attitude are more likely to take the time and effort to provide the best possible care to their elderly patients. In addition, they are more likely to help in the promotion of a culture of geriatric care within healthcare institutions. This may manifest in terms of the development of policies and practices that support the needs of elderly patients and help to address negative attitude towards eldercare. Such policies include development of a social risk management framework to protect the elderly from unintended negative effects of infrastructural development, a policy on retirement benefits for the elderly, a mental health policy aimed at attaining the highest standard of mental health for the elderly and, cash transfer programs for the elderly. These could lead to the development of specialized geriatric care units, provision of training and education programs for healthcare providers, and promotion of intergenerational care models that emphasize the importance of family and community support.

Given the strong positive influence of socialization on attitude towards geriatric care, knowledge, attitude and practice programming should target socialization agents. As such, geriatric care developers, promoters and psychosocial practitioners should take a long-term view of attitude change by focusing resources on partnerships with strategic social institutions such as religious institutions and basic education institutions for various geriatric care knowledge empowerment programs. The gains that are likely to accrue through such partnerships include access to a wider audience, early exposure to geriatric care which is important for confidence building and, development of caregiving skills which increases the effectiveness of both home-based and hospital-based geriatric care.

Acknowledgment

The authors would like to thank the reviewers for the constructive feedback.

References

- Aboh, I. K. (2020). Willingness to work in assisted living facilities: The Ghanaian nurses' perspectives. (Unpublished Thesis, University of Cape Coast, Ghana).
- Abozeid, H. A. A. (2015). Study of nurses' attitudes toward older adults at the main Assiut University Hospital; Suggested Intervention Guidelines. *Al-Azhar Assuit Medical Journal*, 13(2), 257-266.

- Abudu-Birresborn, D., McCleary, L., Puts, M., Yakong, V. & Cranley, L. (2019). Preparing nurses and nursing students to care for older adults in lower and middle-income countries: A scoping review. *International Journal of Nursing Studies*, 92(2019), 121-134.
- Albert, I., & Trommsdorff, G. (2014). The role of culture in social development over the lifespan: An interpersonal relations approach. *Online Readings in Psychology and Culture*, 6(2), 1-30.
- Alquwez, N., Cruz, J. P., Almazan, J. U., Alamri, M. S., & Mesde, J. J. (2018). The Arabic version of the Kogan Attitudes toward Older People Scale among Saudi nursing students: a psychometric analysis. *Annals of Saudi medicine*, 38(6), 399-407. <https://doi.org/10.5144/0256-4947.2018.399>
- Bassah, N., Ubenoh, U. S. & Palle, J. N. (2018). An exploratory study of the knowledge and practices of family caregivers in the care of the elderly at home in the Buea Health District, Cameroon. *Journal of Gerontology and Geriatric Research*, 7(473), 1-5.
- Carpenter, C. (2012). A Meta-Analysis of the Functional Matching Effect Based on Functional Attitude Theory. *Southern Journal of Communication*. 77, 438-451. 10.1080/1041794X.2012.699989.
- Chalari, A. (2017). *The sociology of the individual*. London, UK: Sage Publications.
- Cheng W. L. (2021). Roles of Knowledge and Attitude in the Willingness of Nursing Students to Care for Older Adults in Hong Kong. *International journal of environmental research and public health*, 18(15), 7757. <https://doi.org/10.3390/ijerph18157757>
- Chepkwony, S. J. (2019). Public perceptions of elderly people and elderly care institutions and uptake of institutionalized care for the aged in Nakuru County, Kenya. Retrieved on 11th October 2020 from <http://ir.kabarak.ac.ke/bitstream/handle/123456789/300/selah%20jerop%20chepkwony.pdf?sequence=1&isallowed=y>
- Conway, K. (2018). *The experience of adult children care-giving for aging parents*. (Seton Hall University, New Jersey).
- Crisogen, D. T. (2015). Types of socialization and their importance in understanding the phenomena of socialization. *European Journal of Social Sciences Education and Research*, 2(4), 331-336.
- Czuba, K. J., Kayes, N. M. & McPherson, K. M. (2019). Support workers' experiences of work stress in long-term care settings: A qualitative study. *International Journal of Qualitative Studies on Health and Well-being*, 14(1), 1-12.
- Gholamzadeh, S., Khastavaneh, M., Khademian, Z., & Ghadakpour, S. (2018). The effects of empathy skills training on nursing students' empathy and attitudes toward elderly people. *BMC Medical Education*, 18(198), 1-7.
- Inker, J. L. K. (2018). *Ageism among healthcare professionals: the influence of personal aging anxiety, job role, and work setting on attitudes toward older patients*. (Doctoral dissertation, Virginia Commonwealth University, USA).
- Johnson, J. Hasnani-Samnani, Z., Masaba, A. A., & Thornton, L. (2019). The growing landscape of elder care in Qatar and the necessity of a skilled nursing work force. *Middle East Journal of Nursing*, 13(1), 31-35.
- Katz, D. (1960). The functional approach to the study of Attitudes. *Public Opinion Quarterly*, 24(1), 163-204
- KCOA (2021). About us. Retrieved on 15th July 2021 from <https://kecoa.org/home/about-us.html>.

- Kimamo, C. & Kariuki, P. (2018). Taking care of the aged in Kenya: The changing trends. *MOJ Gerontol Ger.* 3(1), 13-14.
- Lila, B. (2014). The impact of media in the socialization process in Albania. *European Journal of Social Sciences, Education and Research*, 1(1), 149-156.
- Ministry of Health (2009). National Human Resources for Health Strategic Plan. Republic of Kenya
- Mkondya, S. E. (2017). Factors influencing health services delivery to elderly people in Songea Rural District, Tanzania. (Unpublished Master's Thesis, University of Dodoma, Tanzania).
- Muhsin, A.A., Munyogwa, M.J., Kibusi, S.M. et al. (2020). Poor level of knowledge on elderly care despite positive attitude among nursing students in Zanzibar Island: findings from a cross-sectional study. *BMC Nurs* 19, 96 (2020). <https://doi.org/10.1186/s12912-020-00488-w>
- Mutisya, M. S., Osala, M. & Liku, N. C. (2017). Socio-economic determinants of healthcare access among the elderly in Kenya. *International Journal of Social and Development Concerns*, 1(10/12), 118-128.
- Pescaru, M. (2019). The importance of the socialization process for the integration of the child in the society. (Retrieved on 20th January 2020 from <https://www.researchgate.net/publication/330076266>
- Pharr, J. R., Francis, C. D., Terry, C., & Clark, M. C. (2014). Culture, caregiving, and health: Exploring the influence of culture on family caregiver experiences. *Public Health*, 1-8. https://www.mindbank.info/download_file/7341/02538c243880fad9a56acee0e4c63b0fe700ba09.
- Revised Scheme of Service for Clinical Personnel (June, 2020). Republic of Kenya.
- Richards, K. A. R. (2015). Role socialization theory: The sociopolitical realities of teaching 20 physical education. *European Physical Education Review*, 1-34.
- Saldana, J. (2013). Power and conformity in today's schools. *International Journal of Humanities and Social Sciences*, 3(1), 228-232.
- Taares, R. E., Pinto de Jesus, M. C., Machado, D. R., Braga, V. A. S., Tocantins, F. R. & Merighi, M. A. B. (2017). Healthy aging from the perspective of the elderly: an integrative review. *Brazilian Journal of Geriatrics and Gerontology*, 20(6), 878-889.
- Taherdoost, H. (2016). Validity and reliability of the research instrument: How to test the validation of a questionnaire/survey in a research. *International Journal of Academic Research in Management*, 5(3), 28-36.
- Tappen, R. (2010). *Advances in nursing research*. Jones & Bartlett Learning.