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Research Article

Barriers and Opportunities for Elderly Nursing Care in Uganda: A Descriptive Qualitative Study

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Keywords

- Elderly health care
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Abstract

Background: Nurses make up the largest number of frontline health workers providing care to all populations including the elderly. The Ugandan public health care system has been documented to have a low readiness for providing elderly health care services. However, despite nurses playing a central role in Uganda's Health care system, there is hardly any study that has assessed the barriers and opportunities for Nursing elderly care in Uganda. This paper provides an overview of the nurse's perspectives on barriers and opportunities for elderly nursing care in Uganda.

Methods: This was a descriptive qualitative study. Five Key Informant Interviews (KIIs) with nursing leaders, 5Focus Group Discussions (FGDs) with faculty at all levels of nursing training, and 5 FGDs with nurses in practice were done. Data analysis was done using the latent and manifest content approach with Open Code software 4.03. We identified common categories and incorporated them into a matrix to create themes.

Results: Lack of specialized wards for the elderly in various health care settings, and training in nursing elderly health care among nurses were the key barriers to elderly nursing care in Uganda. However, the willingness and positive attitude of the Ugandan nurses to be trained, the availability of chronic illness clinics largely attended by the elderly, and the availability of nursing training institutions pose a starting point to address the barriers to elderly nursing care in Uganda.

Conclusions: Elderly Nursing care in Uganda is mainly hindered by the lack of specialized wards for elderly patients and the lack of training among nurses in elderly health care. There is a need to develop an elderly nursing training curriculum for all nursing training levels in Uganda.

INTRODUCTION

Although the age cut-off for the elderly varies globally from 60-70 years, the Ugandan government has made an effort to categorize anyone ≥60 years old as elderly [1]. As the population of the elderly (≥ 60 years) continues to increase globally even in Africa [2], other health challenges especially chronic illnesses continue to emerge [3]. These chronic conditions may include, hypertension, diabetes stroke, cancer, HIV, Carotid artery disease, malnutrition, and mental disorders among others [4]. These have resulted in different complexities requiring special family and hospital care [3]. One of the components of Universal Health Coverage (UHC) is that health systems should be prepared to respond to the needs of their population including the elderly [5]. Elderly care requires specific skills to understand the biological, psychological, social, and cultural aspects attributed to aging and how to address various concerns [6]. Nurses in Africa and Uganda make up the largest number of frontline health workers and provide care to the whole population including the elderly [7]. This, therefore, means that to provide excellent elderly care, nurses need to be equipped with the knowledge, skills, key assumptions, right attitudes, and competencies for elderly nursing care [8]. However, the majority of the nurses in Uganda lack basic training in elderly care at all levels of training [9].

Despite the gap in training for the nurses, efforts have been put in place by the government of Uganda to support the social well-being of the elderly. This has been done through the Social Assistance Grants for Empowerment (SAGE) which support the elderly with a minimum amount of about 10 USD to enable them to meet their social needs [1]. However, these funds are often not enough to address the healthcare needs of the elderly especially those with chronic illnesses [6]. A recent study done in Uganda showed low readiness for the Ugandan health care system to provide elderly health care with gaps in the specialized health workforce in the field and infrastructure among others [10]. In the clinical setting, the care of the elderly is provided in general adult wards and they are treated like any other young adult during their hospital stay [10]. This, as a result, leads to inadequate assessment of the elderly given that specific geriatric assessment

for example functionality assessment using the Katz Index [11] among others is not adequately done [10]. Nurses being at the front line are key stakeholders in establishing the elderly nursing care gaps and being part of the solution. To our knowledge, there is hardly any study that has assessed the nurse's perspectives on the barriers and opportunities for elderly nursing care in Uganda. This paper aimed to address this gap by providing an overview of the barriers and opportunities for elderly nursing care in Uganda.

METHODS

Study design

Using a qualitative study design with an exploratory descriptive approach, we explored the barriers and opportunities for implementing elderly nursing care in Uganda. The study was carried out from December 2021- February 2022.

Study Setting

The study was carried out in the Central, North, East, and Western Regions of Uganda. We recruited nurses in education, this was done in various teaching institutions for nurses at certificate, diploma, and bachelor's levels. The participants worked at institutions that were accredited by the National Council for Higher Education (NCHE), and are both private and government-owned. The nurses in practice included various hospital facilities in the region mainly from the national referral hospitals in Uganda. These included Mbarara Regional Referral Hospital in Southwestern Uganda, Lira Regional Referral Hospital in Northern Uganda, Mbale Regional Referral Hospital in Eastern Uganda, and Mulago National Referral Hospital in Central Uganda. Furthermore, nurses serving in various health center levels i.e. health centers 2,3,4 were included. Although the latter are government-owned, private hospitals and health centers in the various coordinate regions were also contacted. To target nurses in leadership roles, we approached the various nursing governance bodies like the Department of Nursing at the Ministry of Health, The Federation of Uganda Nurses and Midwives, the Uganda Nurses and Midwives Council, and the Uganda Nurses and Midwives Examination Board. All these bodies are in Kampala, the capital city of Uganda

Study participants

We collected data from 93 participants. These included nurse leaders, nurse educators, and in-service nurses. Purposive sampling was used in this study to enable us to get the right participants who are knowledgeable enough about the topic being studied. Table 1 shows the social demographic characteristics of the various study participants. We carried out 7 Focus Group Discussions (FGDs) with nursing educators training at certificate, Diploma, and bachelor's levels in central(1), East(2), North(2), and Western(2) Uganda. Furthermore, 4 FGDS were carried out with nurses in practice in central(1), east (1), north (1), and western (1) Uganda from public and private health care settings at different levels. These nurses were serving in internal medicine, emergency, surgery, and outpatient departments where elderly patients are interfaced with. We also carried out 5 key Informant Interviews (KIIs) with current and recently outgoing nursing leaders that have served in the profession for several years and in various roles from the Uganda Nurses and Midwives Examination Board, Uganda Nurses and Midwives Council, Federation of Uganda Nurses and Midwives, and the Ministry of health.

Sample size estimation

Qualitative studies use data saturation for sample size determination[12]. The point of saturation was determined when no more new information was subsequently obtained

Table 1: Social demographic characteristics of the FGDs and KIIs participants N=93 *(NB this table is similar to that in a study done on establishing the gaps in elderly health care education in Uganda since both studies were done using the same participants*[9]*).*

Characteristic	Frequency (N)	Percentage(%)	Summary statistic
FGD participants			
Age			
Median, Interquartile range			33.0, 30-38
Sex			
Female	57	61.3	
Male	36	38.7	
Region			
Central	15	16.1	
East	30	32.3	
North	26	28.0	
West	22	23.6	
Level of training			
Bachelors	25	26.9	
Masters	24	25.8	
Diploma	35	37.6	
Certificate	9	9.7	
Years of experience			
Median, Interquartile range			8.0, 6-11
Minimum	1		
Maximum	40		

[12]. This was reached at 5 Key Informant Interviews with the nursing leadership, 7 FGDs with nursing faculty at various levels of training, and 5 FGDs with the nurses in practice. Each FGD had a minimum of 5 participants and a maximum of 8 participants.

Eligibility criteria

Nurses that were working in education, care, and leadership were eligible to be included in the study. Participants that failed to provide Informed consent and lacked renewed practicing licenses were not included in all categories i.e., the leadership, faculty, and nurses serving at the frontline.

Study tools

All tools were administered in English and no translation was required since the study included trained nurses with formal training (literate community). English is used as the official training language for the nursing profession. The guide used for KIIS and FGDs was adapted from the need assessment conducted for the council of Ontario universities on the perceptions of practitioners and practitioner organizations about gaps and required competencies for seniors' care among health and social care graduates and workers. This was adapted and piloted and validated for use in our setting.

Data Collection procedures

Participants were contacted via phone calls and requested to participate in the study. Upon verbal acceptance, the consent forms and extra details about the study were sent to the participants via email. Upon consent, a favorable time for the participants was agreed to participate in either the KIIs or the FGD. Interviews and discussions were conducted in English- the official language in Uganda. As a COVID-19 mitigation measure, data was collected online. Data collection was carried out via zoom and interview audios were recorded and stored on the zoom cloud. These were later downloaded and saved on the computer that was password-protected and backed up. The audio recordings were transcribed verbatim. The KIIs and FGD took an average of 1.5 hours. The interviews were conducted by the study investigators and experienced trained qualitative research assistants. The topics discussed in the interviews included the gaps and opportunities for nursing elderly care.

Data Analysis

The data was analyzed using both latent and manifest content analysis. The latent analysis involved interpretation of the underlying meanings of the text and requires further abstraction and is more in-depth, while the manifest involved analysis of visible components of the text. The research team and the data analysis team read the transcripts several times to identify meaning units from the qualitative scripts. The units were then condensed and coded. The codes were further categorized from which emerging sub-themes and themes were generated. We used Open Code software 4.03[13] to perform the qualitative data analysis. A trained social anthropologist and the principal investigator (who has had training in qualitative methodology) carried out the final data analysis. Qualitative data summaries and quotes from the study participants were generated and presented. This data analysis is similar to that done on a study that established the gaps in elderly health competencies in Nursing training in Uganda [9] since both studies were done concurrently.

RESULTS

This section describes the findings from the KIIs and FGDs that were carried out with the nurse leaders, nurse educators, and in-service nurses.

Participants Characteristics

As shown in Table 1 the median years of work experience of the nurses was 8 IQR (6-11) and the majority of the participants 57(61.3%) were female.

Barriers to Elderly Nursing Care Provision

The barriers to elderly nursing care provision were identified by all the research participants. The term geriatrics and elderly care were used interchangeably by the participants but both referred to the same thing

Theme 1: Lack of elderly healthcare wards and Departments in Health care settings

The study participants noted that the clinical setting provided little or no specialized elderly care premises as shown by the quotes below.

"We do not have gazetted rooms for the elderly care in our hospitals for the nurses to take care of them. This is a big challenge"- FGD1-Nurse –teachers Eastern Uganda.

"We find that we are emphasizing pediatrics, maternity, emergency care, we are not giving any serious attention to the training the nurses in elderly care"- FGD-1-Western Uganda

"Since there are no designated places were to treat the elderly. We struggle so much to take care of them since they are all over the place" FGD-2-Nurses-teachers Eastern Uganda.

Similarly, practices about elderly care were considered important though there were inadequacies as shown by the quotes below:

"Treating the elderly is important. However, I see that these patients (elderly patients) are treated together with other patients. We do not recognize that the geriatrics were a special group as a result and therefore we do not take care of them well" FGD-3-Nurse teachers -northern Uganda

"Geriatric nursing is not given the importance it deserves and so it is not in Uganda at all. There is a lack of knowledge, skills, and attitudes towards the care of the elderly by all health workers but most especially the Nurses who are always near the patient" Key informant from a Nurse leader

Theme 2: Community geriatric nursing practice is lacking

The participants in the different FGDs and KIIs noted preventive services and community-based treatment as essential to enable holistic care for the elderly. However, community elderly care was lacking as shown in the quotes below.

"We need to start taking care of the elderly from the community. There are some services like social support for mental health,

which would help them before they reach the hospital. Even when we discharge the elderly, the follow-up plan in the community is not clear. Palliative care can also come on (FGD-4-Nurses -Northern Uganda)

"Here in Uganda, there are no community nurses to reach out to the elderly at their homes" FGD-1-Nurse-teachers-Eastern Uganda.

In some instances, the nurses transfer their theory from hospital care to home-based care yet the two situations a far different. They reiterated the fact that the nurses may not be offering the best care. This may be for both the well, stable patients and sick patients. One participant stated:

"There are some elderly patients who may need close monitoring and care who may not need to be at the hospital. For example, taking their medications, blood pressure, bed bathing"- FGD-1-Nurse-Teachers-Western Uganda

Theme 3: Training Curriculum has gaps

The respondents mentioned that there were gaps in nurse educators' knowledge of elderly health care and the nurses in practice as shown below.

"*There are hardly any trained nurses on the ward to take care of the elderly. The senior nurses do not know what to do with the elderly and leave the work to the junior nurses. Sometimes you go to the ward and there are 2 nurses on duty for 30 patients, which makes the nurses overloaded, strained, and frustrated. Even we (nurse trainers), we are deficient in some elderly care practices." FGD-2-Nurse Teachers-Central Uganda*

"We have one or two staff that have adequate knowledge to implement the geriatric nursing curriculum at our institution who have trained from abroad. They are also very busy. So we are stuck with the implementation of the program"- FGD-2-nurse-teachers-Western Uganda

Enabling factors for the provision of elderly care

Three themes related to the enabling factors for growth and opportunities for geriatric nursing care in Uganda included: 1) the availability of nurses with high-quality professional knowledge and values, 2) the presence of institutional support, and 3) the availability of a few elderly nursing care practices as shown in the Table 2.

Theme 1: Availability of nurses with high-quality professional knowledge and values

Nurses with the right professional skills, attitudes, and knowledge are essential for a sustainable care practice for the elderly persons in our population.

Easy adaptability of the nurses

The trainers of the nurses reported that often their trainees are expected to have high moral adaptability to different nursing situations during their conduct. These expectations of high flexibility would help in enabling the nurse to learn and implement focused and appropriate geriatric care for the elderly patients they will serve. This is demonstrated by the quote below:

"Our nurses are highly motivated to learn about elderly nursing care. If we had training, motivati onal speeches, motivational skills, continuous training, and continuous medical education, they will help out for the senior care". –FGD- 1-nurse teacher -Central Uganda

Existing positive attitudes towards elderly

Even amidst the current circumstances of absent geriatric curriculum, the nurses reported that their attitude and patient reception were good towards the elderly. The nurses reiterated the fact that the elderly are considered senior citizens deserving of respect and were willing to patiently help them with their healthcare needs.

"I think the elderly are respected by all the nursing health care personnel. Culturally, there are taken in high regard, which will help in developing curriculums to meet their needs. The nurses will easily take care of them" FGD-2-Nurse –teachers-Northern Uganda

"Some of our nurses are very welcoming and respond to all the elderly patient's needs with respect and patience" FGD-3-Nurse-teachers-Central Uganda

Availability of a few trained staff in elderly nursing care

Some of the respondents said that there were a few staff in the community who had external and internal training in geriatric nursing. These nurses inspire the nurses and their trainers in developing competencies in elderly care to contribute to better health for this highly vulnerable group. The respondents reported engaging professional geriatric nurses in focused training to bridge knowledge gaps in elderly care. One of them said:

"Some nurses have trained in the United Kingdom, which has enabled them to hold continuous professional development and private elderly nursing care. This at least will help in the building

Table 2: Characteristic Classification for the enabling factors for elderly nursing care in Uganda from the FGDs and KIIs.

Characteristics	Organizing theme	Sub-theme
Enabling factors		
	Availability of nurses with high-quality professional knowledge and values	*Easy adaptability of the nurses.*
		Existing positive attitudes towards elderly
		Existing prioritization of the elderly for care in hospitals
		Availability of limited numbers of trained staff
	Presence of institutional support Availability of a few elderly nursing care practices	*Availability of institutional curriculum support to include* geriatrics
		Availability of private elderly nursing care
		Availability of clinics attended by the elderly with comorbid conditions

of elderly nursing practices"- FGD-2-Central Uganda.

Theme 2: Presence of institutional support

***Availability of institutional curriculum change to include* geriatrics**

Only one respondent in all the KIIs and FGDs highlighted that their institutional leadership had supported financially and professionally in the development of a fully-fledged course unit on geriatric care nursing. The respondent mentioned that the program had been successful in providing relevant, specific competencies to nurse trainees though still in its infancy.

"My institution has now introduced a course unit in geriatric nursing for the degree program for the last two years. I have seen the students benefit a lot unlike previous nursing trainee cohorts" FGD-1-Nurse –teachers- Western Uganda

"Here at my university we have introduced the geriatric course in the curriculum and the first graduates are in their final year" FGD-1-Nurse-teachers Western Uganda

Theme 3: Availability of a few elderly nursing care practices

Availability of private elderly nursing care

Although there are few private elderly nursing care practices, their presence in some hospitals where the trainee nurses undertake their practical classes was highlighted by the participants as a key enabler for future geriatric care nursing in Uganda. One respondent stated:

"I have seen some private bedside nurses that have advertised care for the elderly care. This can offer additional employment and training opportunities for our nurses" FGD-2-Nurse teachers-Central Uganda

Availability of clinics attended by elderly with comorbid conditions

Some FGD participants, especially those who teach diplomas and degrees in nursing programs at tertiary hospitals mentioned that the exposure of nurses to clinics where the elderly are managed provides an opportunity for them to build a curriculum with geriatric competencies for their nurse trainees.

"Through the exposure to clinics with a high number of elderly people with conditions like hypertension, Diabetes mellitus, nurses learn some skills that they can transfer to other elderly care situations " FGD-1-Nurse teachers-Central Uganda.

DISCUSSION

We set out to establish the nurses' perspectives on barriers and enabling factors for elderly health care in Uganda. Our findings show that barriers exist at various levels i.e., in practice and at the education level. The various enabling factors to address the barriers suggested by the nurses included the availability of nurses who are open-minded and willing to be trained, the existence of Non-Communicable Diseases clinics that are largely attended to by the elderly, nursing training institutions that can implement the geriatric nursing curriculum at various levels, and the existence of a few nurses that have been trained in geriatric nursing out of Uganda. The lack of geriatric wards or specific departments for geriatric care in almost all the hospitals in Uganda remains a hindrance. This, therefore, means that elderly patients are admitted and assessed like any other younger adult which leads to under-assessment and thus leads to inadequate holistic care for the elderly in Uganda. This also translates to a lack of clinical guidelines to guide care for the elderly which in the long run could lead to misdiagnosis and management of conditions. These findings are similar to the findings from Sensamba et al 2019 which showed a lack of readiness of Uganda's Health care system to provide elderly health care highlighting the lack of elderly healthcare departments and wards in the majority of the hospitals, especially the public hospitals where most of the elderly seek care [10]. One of the major barriers reported in this study is the lack of knowledge and skills among nurses in practice. This was mainly attributed to the lack of elderly nursing training at all levels of nursing training in Uganda. Furthermore, a study recently done by Nawagi et al., 2022 showed a lack of elderly healthcare competencies and curricula in almost all levels of nursing education [9]. Only Mbarara University of Science and Technology (MUST) in South Western Uganda had a module on elderly health care in their bachelor's program. However, MUST still faces hindrances in its implementation due to the lack of clinical wards specialized in elderly care in the teaching hospital [9]. Addressing this requires training at all levels ie the nurse educators, trainees, and the nurses in practice [14]. Furthermore, just like in this study, it's key to note that a lot of elderly care in Uganda occurs in the community provided by informal caregivers i.e. family members [15]. Designing courses that equip families with basic skills in elderly health care could be key since in Uganda, older persons are valued in society and many families prefer to live with them for psychosocial support [16].

In this study, we found the existence of the current institutions and structures that train nurses to be key to driving the agenda of training. The majority of the participants thought that if a curriculum is developed it could be implemented by the various nursing training institutions at the respective levels. This means that the theoretical component that can be taught in class through various didactic sessions can be well structured for various levels. However, the biggest hindrance still lies in clinical bedside teaching given the lack of elderly specialized wards. On the contrary, the fact that this study also found out that a few nurses have the skills in geriatric practice and are delivering community geriatric health care despite all the hindrances, using their current approach and building on their existing realities and community approach could be key in providing more opportunities for clinical exposure.

Uganda has had a rise in non-communicable diseases and the various clinics in the various hospitals addressing these diseases are mainly attended by the elderly [17]. Although the care provided is mainly specific to the disease being addressed, this existing system which is mainly attended by the elderly could be one of the starting points to be expanded to advance elderly health assessment and care as shown in this study. However, the gap in how to best structure this in various healthcare facilities remains existent.

Lastly, one of the key findings of this study is the positive attitude of the nurses to gain skills in elderly health coupled

with the willingness and interest to care for the elderly. This, therefore, means that there is a possibility to address issues of bad attitudes of nurses towards the care of older patients that have been documented in many African countries which is largely attributed to a lack of training [18]. Positive attitudes of health care providers have been evidenced to produce improved health outcomes especially if done interprofessional with key roles of nurses being central for holistic care [19]. Addressing the barriers mentioned in this study coupled with the implementation of the suggested ways to address the barriers requires time and utilization of frameworks and theories that are sustainable and applicable in the Ugandan and African settings at large. This, therefore, means that this requires a multipronged approach with advancement from the policy level, education, and health care level. Much as this requires ample time to design approaches that work best, there is a key interest to advance this work by the Ugandan Government through the Uganda Nurses and Midwives Council [20], which has supported evidence generation in this area through scientific research to inform nursing policy and practice.

CONCLUSION

Nursing elderly care in Uganda is mainly hindered by the lack of specialized wards for elderly patients, and the lack of training among nurses in elderly health care among others. However, the willingness of the nurses to acquire nursing elderly health care skills coupled with the existence of nursing training institutions that could provide the training once a curriculum is developed at various levels of nursing education is key in addressing the barriers to elderly nursing care in Uganda.

RECOMMENDATIONS

There is a need to scale up the health care system to have wards and departments of elderly health care in the hospital. Furthermore, the development of elderly health care clinical guidelines coupled with the development and implementation of elderly nursing care curricula at all levels of nursing training remains key. More research is needed to establish the feasibility of developing elderly healthcare wards and implementing nursing elderly training at various levels.

QUALITY CONTROL

Given the qualitative nature of this study, trustworthiness and rigor were observed. Prolonged engagement of the participants, having the study team review the findings, and double data analysis were done to ensure the credibility of the findings. Triangulation of findings was done given the various categories of participants from different regions in the country. A detailed description of the methodology was done to enable transferability in similar contexts elsewhere. Dependability of the finding was observed through the use of statistical software for data analysis The study team reviewed the findings for accuracy and alignment with the objectives to observe confirmability.

LIMITATIONS

This study was qualitative and thus prone to participant acquiescence bias. However, the research team ensured open-ended questions and provided enough time to provide in-depth responses with an emphasis on the correct understanding of the questions by the participants.

DECLARATIONS

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Competing Interests

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

Author Contributions

FN and RN developed the protocol and conceived the grant. FN, JNN, and RN collected data and worked with the research team from various parts of the country. FN and JM analyzed the data. FN, JM, JNN, and RN developed the manuscript jointly to its completion

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Ethical Approval and Consent to Participate

Written and verbal informed consent was sought from every participant. This study was approved by the Mulago Hospital Research and Ethics Committee (REC Number- MHREC-2021-28). The MHREC is an accredited IRB by the Uganda National Council of Science and Technology. According to the guidelines from the Uganda National Council of Science and Technology (UNCST), any researcher is free to submit to any accredited IRB of best fit.

Consent for Publication

Consent to publish the findings of this study was sought from the participants during the informed consent process.

Availability of Data and Materials Availability

'The tools and data set for this study are available upon reasonable request from the corresponding author.

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