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INTRODUCTION

The number of elderly patients presenting to emergency departments (EDs) is rising in line with the growing geriatric population. There are valid concerns whether the existing emergency care system is prepared to deal with a larger geriatric population presenting with acute medical problems. The objective of this study is to assess baseline knowledge and attitudes of doctors working in the ED toward the elderly patient and to determine the factors that influence emergency doctors' knowledge and attitudes toward elderly.

METHOD

A cross-sectional study was conducted among emergency doctors in ED Hospital Universiti Sains Malaysia (Hospital USM) from February 2020 to July 2020 using a validated questionnaire. The questionnaire consists of three sections: sociodemographic background of the respondents, their knowledge and core attitudes toward elderly. The response were analyzed using descriptive analysis, simple and multiple logistic regression analysis. The Pearson's correlation coefficient was used to assess the correlation between doctor's knowledge and attitudes toward elderly.

RESULTS

A total of 198 ED doctors in Hospital USM participated in the study. Majority of respondents had poor geriatric knowledge level (76.3%). However, more than half of the respondents held positive attitudes toward elderly (53.5%). The age of the doctor (AOR 0.08; 95%CI 0.01, 0.89; $p=0.042$) was a factor that influenced attitudes toward geriatric patients. Nevertheless, no single factor was found to influence good geriatric knowledge. There was a significant weak positive correlation ($r=0.154$, $p=0.031$) found between geriatric knowledge and attitudes toward elderly. Overall, the higher the level of geriatric knowledge, the more positive attitudes of doctors toward elderly.

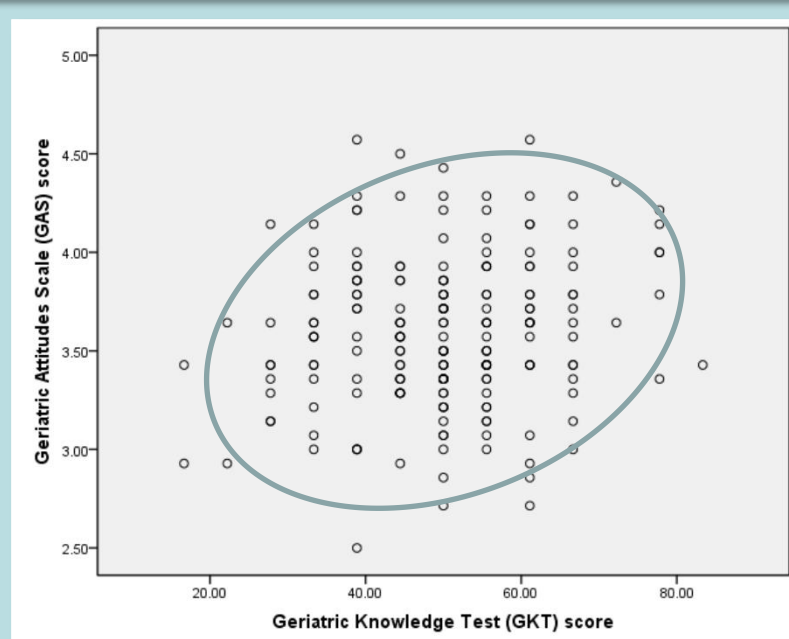


Figure 1: The relationship between Geriatric Knowledge Test (GKT) score with Geriatric Attitudes Scale (GAS) score

DISCUSSION

Majority of the doctors in ED Hospital USM had poor geriatric knowledge level as there is inadequate geriatric training and education. In our analysis of curriculum, the important subjects pertaining to aging population are not included in the curriculum at most of the local medical schools. One of the reasons was that there was no opportunity to be included in the overburdened curriculum. Hogan et al has proven that 2 hours of specific curriculum able to improve knowledge significantly.

More than half of doctors held positive attitudes toward the elderly as it was shaped by cultural, social and religious background. Many Asian societies have adopted traditional oriental norms of honoring older adults since childhood. Older doctors were found less likely to have positive attitudes toward elderly as they were not well trained in care of elderly patient since the geriatric education has only recently gained attention.

We expected that by improving the knowledge, it can enhance doctor's attitudes toward the care of elderly. However, simply providing a geriatric course will not change doctors' attitudes toward the elderly. Attitudes are supposed to be taught by trial and error or through a socializing training process. Educator should devise instruction methodologies to support this form of socialization in geriatric education, both in lecture and clinical course

CONCLUSION

In conclusion, a more innovative and structured geriatric teaching learning method should be implemented to enhance ED doctors' knowledge and dispel negative attitudes, so emergency doctors able to manage elderly patients more confidently.

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