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The Level of Family Involvement in the Nursing Care of Hospitalized Geriatric Patients in Two Teaching Hospitals in South Western Nigeria

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ABSTRACT The medical care of the elderly has not been given the necessary attention by the health care drive of the Nigerian government. To encourage government and her health facilities to focus on the care of the elderly, this paper evaluates the extent to which nursing care can be used to meet the needs of hospitalized geriatic patients and the extent to which family members are involved in this care. The Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife and the Wesley Guild Hospitals Ilesha were used as case studies. In all, 85 elderly patients in the adult wards were administered with questionnaires and interviewed to elicit the needed information. Data generated was analyzed using descriptive and inferential statistics. The paper observed that majority of the hospitalized elderly perceived the following as their nursing care needs: self-care, mobility, elimination, care of pressure areas and measurement of vital signs. Levels of family involvement in their care was also observed to be statistically significant in following aspects, bathing [$\chi^2 = 5.403$, $df = 1$ $p = 0.02$], dressing [$\chi^2 = 5.914$, $df = 1$ $p = 0.015$], changing of position in bed [$\chi^2 = 3.931$, $df = 1$ $p = 0.000$] and movement on the ward [$\chi^2 = 5.4903$, $df = 1$ $p = 0.015$]. Arising from these findings, the paper concluded that the level of family involvement in the nursing care of their hospitalized elderly persons was relatively high and by implication these hospitalized elderly patients were receiving more of unskilled and non- professional nursing care, with the probably outcome of prolonged hospitalization and its adverse psycho-socio-economic effects.

INTRODUCTION

The goal of nursing care is to assist persons in achieving optimal health, well-being and quality of life as determined by those receiving care or consistent with the values and known wishes of the individual. Nursing care is recognized as the largest single component of the services required to care for the frail, sick, elderly and dying, while increasingly contributing to the maintenance of health and prevention of diseases (International Nursing Review 2000). Similarly, the family system in Africa is generally expected to provide security, self-worth and a sense of belonging for every member of the family. However in recent times there seems to have been a rapid disintegration of the African family system, due to several factors, such as breakdown of socio-cultural values, the imbibing of Western culture, education and urbanization. Other problems include the abandonment of older people by family members who have gone to settle in urban areas, or in pastoral communities moved on in search of pasture for their livestock (Active Ageing 2002; Ageing and Development 2003b). This default in the family system often leaves the elderly without any mature adult to adequately care for them at home when they become sick. This has resulted in more elderly persons being admitted into the hospital wards and an increase in number of older persons who will be in need of a wider range of health services. However, Raatikainen (1999) posited that hospitalized geriatric patients are often satisfied more with nursing care than with medication.

Focus and Problems

In recent years rapid increases in the number and proportion of elderly people and their high use of health care resources have enhanced interest in geriatrics (care of the elderly) (Rowe 1990). This increase in the number of the elderly who seek health care services, particularly in developing countries, is also being experienced in Nigeria.

Due to the socio-cultural importance placed on the elderly in Nigerian culture, the care of the elderly in various socio-cultural communities continues to generate challenges for family members. Similarly, the care of geriatric patients poses challenges for professional health care providers, especially nurses, with particular emphasis

on the approaches to and the nature of care given in the clinical settings. It becomes imperative that health professionals, particularly nurses, who care for geriatric patients in the clinical setting, must have good understanding of their care needs and how to meet these needs, either by providing the care needs themselves or by adequately supervising family members to provide it. The paper was, therefore, designed to (1) identifying the nursing care needs of hospitalized elderly patients, (2) determine the type of nursing care they receive, and (3) assess the level to which family members are involved in this care.

Objectives

The objective of this study is to assess the level of involvement of family members in the care of hospitalized geriatric patients. It also endeavors to study the care needs, nature and approach to nursing care given to hospitalized geriatric patients in tertiary Health Care Institutions in Nigeria.

Review

Nursing is an art, science and service meant to provide scientific care for individuals, families, groups of people or community, in health and/or illness, across all facets of human development throughout life, in-utero, at birth, through to old age and death. According to the International Council of Nurses, nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and alleviate suffering. The need for nursing is universal. Nursing care is unrestricted by consideration of age, colours, creed, culture, disability or illness, gender, nationality, politics, race or social status (International Nursing Review 2000). One central goal of nursing care is to help sick individuals regain health in a comfortable and satisfying way. Patients hospitalized in an acute care facility have close and sometimes prolonged contact with nursing care. Nevertheless, identifying and meeting the needs of these patients is an intricate challenge for nurses; since needs perceived by patients and nurses change during the course of hospitalization. Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Nursing is the practice in which a nurse assists an individual sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge; And to do this in such a way as to help him gain independence, as rapidly as possible (Anderson and Anderson 1995). Nursing care can also be seen as interventions carried out on patients by nurses, to promote health and to help, support, educate and develop the patient by liberating his or her own resources. According to Johansson et al. (2002), nursing care is based on interaction and participation for the purpose of satisfying universal and personal needs in relation to daily life needs that have become disrupted because of ill health. Professional nursing care is based on theoretical knowledge and systematic scientific methods.

Gerontology (nursing of the elderly) is still an unpopular specialty (Courtney et al. 2000). Older people are perceived by policy makers and society in general as problems requiring considerable attention and resources. Despite best efforts in health promotion and disease prevention, people are at increasing risk of developing diseases as they grow old. Thus, access to curative services (hospitalization) becomes indispensable (Active Ageing 2002). However, it is becoming more and more evident that the present acute care models of health service delivery are inadequate to address the health needs of the rapidly ageing populations (WHO 2001).

As the percentage of the elderly in the population increases, one of the greatest challenges in health policy is to strike a balance among support for self-care (people looking after themselves), informal support (care from family members and friends) and formal care (health and social services) (Active Ageing 2002). It has been reported that all over the world, family members, friends and neighbours (mostly women) provide the bulk of support and care to older adults who need assistance. Though some policy makers fear that providing more formal care service will lessen the involvement of families, studies have shown that this is not the case. When appropriate formal services are provided, informal care remains the key partner (WHO 2000). However, of concern are recent reports, where many family members are no longer able to care for their older relatives due to social fac-

tors, such as increase in divorce, increase in participation of women in the workforce, geographical mobility and single parent families. All these are contributing to a shrinking pool of family support (Courtney et al. 2000; Joy and Fong 2002; Wolf 2001; Ageing and Development 2003).

One central goal of nursing care is to help sick individuals regain health in a comfortable and satisfying way. Patients hospitalized in an acute care facility have close and sometimes prolonged contact with nursing care. Nevertheless, identifying and meeting the needs of these patients, is an intricate challenge for nurses, since 'care needs' as perceived by patients and nurses change during the course of hospitalization.

In recent years, ethical issues in nursing have been a major topic of discussion in nursing literature. A major dilemma is the nursing care of a rapidly ageing population. The findings of Courtney et al. (2000), and Johansson et al. (2002), revealed that the ability to provide satisfactory nursing care has been circumscribed concurrently with staff cuts. Thus, the increased dependence on family involvement in the nursing care of hospitalized patients (geriatric patients especially)

Irvine et al. in 1998 came up with the Nursing Role Effectiveness Model. The structure component of the model consists of nurses, patients and organizational variables that influence the processes and outcomes of care. Nurse variables such as experience level, knowledge, and skill level can affect the quality of nursing care. Patient variables such as age, physical function at time of admission, severity of presenting problem, and co-morbidities can affect health outcomes and should be accounted for when assessing the impact of nursing variables on patient care outcomes. The organizational structure (that is, health care setting) variables focus on measures of staffing patterns expected to affect the quality and quantity of care provided by nurses.

Irvine et al. (1998) also outlined the process component of Nursing Role Effectiveness Model as consisting of nursing independent, dependent and interdependent roles:

Nursing Independent Role*:* comprises the role functions and responsibilities for which only nurses are held accountable. They refer to activities initiated by professional nurses which do not require a physician's order. They include the activities of assessment, decision making, intervention and follow-up, and these define the nursing process. They also include "nurse – initiated treatments" which were defined by the Nursing Intervention classification (NIC) project team as interventions initiated by the nurse in response to a nursing diagnosis, an autonomous action based on scientific rationale that is executed to benefit the client (Irvine et al. 1998). Examples of classes of nursing interventions identified by the NIC include physiologic comfort promotion, coping assistance, self-care facilitation, activity and exercise enhancement, immobility management, skin-wound management and nutrition support. These independent nursing interventions create results for patients which can be measured as patient care outcomes.

Nursing Dependent Role: comprises functions and responsibilities associated with implementing medical orders and medical treatments. The NIC defined a physician-initiated treatment as 'an intervention initiated by the physician in response to a medical diagnosis but carried out by a nurse in response to a doctor's order.

Nursing Interdependent Role*:* involves activities and functions in which nurses engage that are partially or totally dependent on the functions of other health care providers. It also includes those activities of the nurse on which other health care professionals depend for accomplishing their own activities. Examples of this role function for nurses include monitoring and reporting of changes in the patient's health condition, and coordinating services.

These three components of nursing role can affect outcome of patient care in diverse ways. It is, however, a general observation that family members are more involved in activities of the nurses' independent role. According to Irvine et al. (1998), some expected outcomes of these nursing roles include primarily the prevention of complications. Various complications have been attributed to the quality of nursing care, and they include: safety or freedom from injury, complications of immobility, and complications of fluid imbalance. Although nurses are not solely responsible for complications such as infection, they are the only persons in the hospital (within the context of health professionals) who are close to the patient every hour of the day and night; only they can provide continuous professional supervision to patients, their

family members and other members of the health team with respect to infection control.

As earlier mentioned however, the nurse's capacity to engage effectively in the independent, dependent and interdependent role functions is influenced by individual nurse variables, patient (and his family) variables and organizational variables. For example, nursing interventions require effective processes of nurse-patient interaction and an accurate patient assessment leading to a care plan. So the Nursing Role Effectiveness Model proposes specific relationship among the structure, process and patient care outcome components, and among specific elements within the components.

METHODOLOGY

The study employed an exploratory design to assess the nursing care needs of 85 purposively selected geriatric patients in the adult wards of the Obafemi Awolowo University Teaching Hospital Ile-Ife and Wesley Guild Hospital, Ilesha. A self-developed, self-administered questionnaire consisting of open and closed ended questions assessed the following; the care needs of geriatric patients and who provided for these care needs in the following aspects: grooming, exercise and mobility, elimination, medication and assisted feeding. The second instrument is an observational checklist, used to assess the approach to care, the scope and nature of care given, as demonstrated by the caregivers.

FINDINGS

The respondents (n=85) depicted an age range of 65-95years, with a mean of 74 (SD ± 10.1) years, and a male majority of 66%.

This is the result of the perceived nursing care needs of geriatric patients in terms of grooming activities. The results indicate that only the care need for bathing and oral care were found to be statistically significant: bathing [P= 0.043, χ^2 =4.078] and oral care [P=0.019, χ^2 = 5.536] with more males needing care, but hair care [P>0.05, χ^2= 3.384], manicure/pedicure [P>0.05, χ^2 = 0.458], and dressing-up[P>0.05, χ^2 = 0.370] were not significantly different between genders (Table 1).

In Table 2 we see the assessment of family involvement in nursing care received by the hospitalized elderly patients on grooming activities using the observational checklist. Evident from the results is the fact that in nursing care activities such as bathing, dressing up and hair care, family members provided care for more patients than did nurses, while in the cleaning up of bed sides, nurses provided for more patients.

Table 1: Comparison of perceived grooming care needs by gender

Variables	*Male*	*Female*	*Total*
	Freq (%)	*Freq (%)*	*Freq (%)*
Perception of Bathing as Care Need			
Yes	42 (49)	27 (32)	69 (81)
No	14 (16)	2 (2)	16 (19)
Total	56 (66)	29 (34)	85 (100)
$\chi^2 = 4.098$ df = 1 p = 0.043 significant			
Perception of Dressing as Care			
Yes	29 (34)	13 (15)	42 (49)
No	27 (32)	16 (21)	43 (51)
Total	56 (66)	29 (34)	85 (100)
$\chi^2 = 0.370$ df = 1 p = 0.543 not significant			
Perception of Manicure			
Yes	37 (44)	17 (20)	54 (64)
No	19 (22)	12 (14)	31 (36)
Total	56 (66)	29 (34)	85 (100)
$\chi^2 = 0.458$ df = 1 p = 0.499 not significant			
Perception of Hair Care			
Yes	38 (45)	25 (29)	63 (74)
No	18 (21)	4 (5)	22 (26)
Total	56 (66)	29 (34)	85 (100)
$\chi^2 = 3.384$ df = 1 p = 0.067 significant			
Perception of Oral Care			
Yes	13 (15)	14 (16)	27 (32)
No	43 (51)	15 (18)	58 (68)
Total	56 (66)	29 (34)	85 (100)
$\chi^2 = 5.536$ df = 1 p = 0.019 significant			
Perception of Putting on Shoe			
Yes	15 (18)	10 (11)	25 (30)
No	41 (48)	19 (23)	60 (70)
Total	56 (66)	29 (34)	85 (100)
χ^2= 5.545 df = 1 p = 0.460 not significant			

Source: Field work 2005

Table 3 shows the perceived nursing care needs in terms of exercise and mobility. The results indicated that the care need for movement on the ward, and movement in the hospital were statistically significant, [P= 0.004, χ^2 =8.461, and P= 0.004, χ^2 = 8.090, respectively].

Table 4 highlights the assessment of nursing care received on exercise and mobility by the hospitalized elderly patients either from nur-ses or family members, and the results showed no significant difference in the number of patients cared for by nurses or family members.

Table 5 reveals that about half of the respondents 46[54] expressed the need for nursing care need in the use and removal of bedpans and uri-

Table 2: Assessment of family involvement in care received on grooming

Variables	*Male Freq (%)*	*Female Freq (%)*	*Total Freq (%)*
Who Provides Care on Batting?			
Nurse	9(11)	13(15)	22 (26)
Family members	33(39)	14(16)	47 (55)
N	42(49)	27(32)	69 (81)
Who Provides Care Dressing Up?			
Nurse	1 (1)	4 (5)	5 (6)
Family members	28(33)	9(11)	37 (44)
N	29(34)	13(15)	42 (50)
Who Provides Care on Manicure?			
Nurse	1 (1)	0(0)	1 (1)
Family members	36(42)	18(21)	54 (64)
N	37(44)	18(21)	55 (65)
Who Provides Hair Care?			
Nurse	4 (5)	6 (7)	10 (12)
Family members	34(40)	16(19)	50 (59)
N	38(45)	22(26)	60 (71)
Who Provides Care on Oral Toileting?			
Nurse	5 (6)	5 (6)	10 (12)
Family members	7 (8)	7 (8)	14 (16)
N	12(14)	12(14)	24 (28)
Who Provides Care Putting on Foot Wears			
Nurse	3 (4)	3 (4)	6 (7)
Family members	12(14)	6 (7)	18 (21)
N	15(18)	9(11)	24 (28)
Who Cleans Up Bed-side			
Nurse	43(50)	14(16)	57 (67)
Family members	13(15)	15(18)	28 (32)
N	56(66)	29(34)	85(100)

Source: Field work 2005

Table 3: Comparison of perceived exercise and mobility care needs by gender

Variables	*Male*	*Female*	*Total*
Perception of Positioning in Bed			
Yes	27(32)	14(16)	41 (48)
No	29(34)	15(18)	44 (52)
Total	56(66)	29(34)	85(100)
χ^2= 0.000 df = 1 P = 0.996 not significant			
Perception of Getting in and out of Bed			
Yes	39(46)	22(26)	61 (72)
No	17(20)	7 (8)	24 (28)
Total	56(66)	29(34)	85(100)
χ^2 = 0.365 df = 1 P = 0.546 not significant			
Perception of Exercising Limbs			
Yes	13(15)	12(14)	25 (29)
No	43(51)	17(20)	60 (71)
Total	56(66)	29(34)	85(100)
χ^2= 3.037 df = 1 P = 0.081 significant			
Perception of Movement on Ward			
Yes	26(31)	23(27)	49 (58)
No	30(35)	6 (7)	36 (42)
Total	56(66)	29(34)	85(100)
χ^2= 8.461 df = 1 P = 0.004 significant			
Perception of Movement in Hospt.			
Yes	31(37)	25(29)	56 (66)
No	25(29)	4 (5)	29 (34)
Total	56(66)	29(34)	85(100)
χ^2= 8.090 df = 1 P = 0.004 significant			

Source: Field work 2005

Table 4: Assessment of family involvement in care received on exercise and mobility

	Male n =56	*Female n=29*	*Total = 85*
	Freq(%)	*Freq(%)*	*Freq(%)*
Who Provides Care with Positioning?			
Nurse	23(27)	8 (9)	31(36)
Family members	4 (5)	6 (7)	10(12)
N	27(32)	14(16)	41(48)
Who Provides Care with Getting In/Out Of Bed?			
Nurse	2 (2)	11(13)	13(15)
Family members	34(40)	11(13)	45(53)
N	36(42)	22(26)	58(68)
Who Provides Care with Movement in the Ward?			
Nurse	12(14)	3 (4)	15(18)
Family members	13(15)	18(21)	31(36)
N	25(29)	21(25)	46(54)
Who Provides Care with Limb Exercise?			
Nurse	5 (6)	6 (7)	11(13)
Family members	8 (9)	6 (7)	14(16)
N	13(15)	12(14)	25(29)
Who Provides Care with Movement Around the Hospital			
Nurse	16(19)	15(18)	31(36)
Family members	15(18)	10(12)	25(29)
N	31(36)	25(28)	56(66)

Source: Field work 2005

Table 5: Comparison of perceived elimination care need by gender

Elimination	*Male Frequency (%)*	*Female Frequency (%)*	*Total Frequency (%)*
Care Need for Offering Urinal/Bedpan			
Yes	25(29)	21(25)	46 (54)
No	31(36)	8(10)	39 (46)
Total	56(66)	29(34)	85(100)
χ^2 = 5.934 df = 1 P = 0.015 significant			
Care Need for Removal of Urinal/Bedpan			
Yes	25(29)	21(25)	46 (54)
No	31(36)	8(10)	39 (46)
Total	56(66)	29(34)	85(100)
χ^2 = 5.934 df = 1 P = 0.015 significant			
Care Need for Catheter Care and Uribag			
Yes	10(12)	3 (3)	13 (15)
No	46(54)	26(31)	72 (85)
Total	56(66)	29(34)	85(100)
χ^2 = 0.044 df = 1 P = 0.834 non significant			

Source: Field work 2005

nals respectively, 25[29] male and 21[25] female. A very small percentage 10 (12) of the respondents indicated need for catheter care. The care need for offering and removal of urinals/ bedpans were found to be statistically significant [P = 0.015, χ^2 = 5.934] respectively.

Table 6 highlights the assessment of family members' involvement in nursing care on elimination, rendered to hospitalized elderly patients. The results showed that family involvement in this area of care is not high.

Table 6: Assessment of family involvement in care on elimination

	Male n =56 Freq(%)	*Female n=29 Freq(%)*	*Total = 85 Freq(%)*
Who Provides Care for Use of Bedpan /Urinal?			
Nurse	7 (8)	18(21)	25(29)
Family members	18(21)	3 (4)	21(25)
N	25(29)	21(25)	46(54)
Who Provides Care with Removal of Bedpan Urinal?			
Nurse	11(13)	18(21)	29(34)
Family members	14(16)	3 (4)	17(20)
N	25(29)	21(25)	46(54)
Who Provides Care with Urethral Catheter and Uri Bag?			
Nurse	6 (7)	4 (5)	10(12)
Family member	2 (2)	1 (1)	3 (4)
N	8(10)	5 (6)	13(15)

Source: Field work 2005

In Table 7, we see the nursing care received in terms of medication and special nursing care needs. 85 (100) of the respondents received care on their medication 10(12) from nurses and 75(88) from family members; 50(59) respondents received care on treatment of their pressure areas, 17 from nurses and 33 from family members; 85 (100) respondents received the measurement of body temperature, pulse, respiration and blood pressure (vital signs) as nursing care, 79(93) from nurses and 6(7) from family members respectively. While only 5(6) of respondents needed and received care on intravenous infusion monitoring; and 25(29) received care on wound-dressing, all from nurses.

Table 7: Assessment of family involvement in care on medication and vital signs monitoring

	Male Freq(%)	*Female Freq(%)*	*Total Freq(%)*
Who Provides Care on Drug Use			
Nurse	6 (7)	4 (5)	10 (12)
Family members	50(59)	25(29)	75 (88)
N	56(66)	29(34)	85(100)
Who Provides Care on Pressure Area			
Nurse	8(10)	9(11)	17 (20)
Family members	23(27)	10(12)	33 (39)
N	31(37)	19(22)	50 (59)
Who Provides Care Monitoring Infusion			
Nurse	2 (2)	2 (2)	4 (5)
Family members	1 (1)	0 (0.0)	1 (1)
N	3 (4)	2 (2)	5 (6)
Who Provides Care with Body Temperature Measurement			
Nurse	52(61)	27(32)	79 (93)
Family members	4 (5)	2 (2)	6 (7)
N	56(66)	29(34)	85(100)
Who Provides Care with Pulse And Respiration Measurement			
Nurse	52(61)	27(32)	79 (93)
Family members	4 (5)	2 (2)	6 (7)
N	56(66)	29(34)	85(100)
Who Provides Care with B/P Measuring			
Nurse	52(61)	27(32)	79 (93)
Family members	4 (5)	2 (2)	6 (7)
N	56(66)	29(34)	85(100)
Who Provides Care on Wound Dressing			
Nurse	13(15)	12(14)	25 (29)
Family members	0 (0)	0 (0)	0 (0)
N	0 (0)	0 (0)	25 (29)

Source: Field work 2005

Table 8 compares the nursing care needs as perceived by the hospitalized elderly persons, and the actual nursing care received. The results showed that the elderly patients actually received more care than they perceived they needed.

Table 8: Comparison of perceived nursing care needs and nursing care received

S. No.	*Variables*	*Perceived self care need Freq(%)*	*Actual care received Freq(%)*
1	Bathing	69 (81)	69 (81)
2	Dressing up	42 (49)	69 (81)
3	Manicure	54 (64)	55 (65)
4	Hair care	63 (74)	60 (71)
5	Oral toileting	27 (32)	24 (28)
6	Putting on foot wear	25 (30)	24 (28)
7	Cleaning of bedside	0 (0.0)	85(100)
8	Positioning	41 (48)	41 (48)
9	Getting in/out of bed	61 (72)	58 (68)
10	Movement on the ward	49 (58)	46 (54)
11	Exercise of limb	25 (29)	25 (29)
12	Movement in the hospital	56 (66)	56 (66)
13	Offering of bedpan	46 (54)	46 (54)
14	Removal of bedpan/urinal	46 (54)	46 (54)
15	Care of urethral catheter	13 (15)	13 (15)
16	Medication	85(100)	85(100)
17	Treatment of pressure areas	70 (82)	50 (59)
18	Monitoring of infusion line	5 (6)	5 (6)
19	Daily body temperature measurement	69 (82)	85(100)
20	Daily pulse and respiration measurement	69 (82)	85(100)
21	Daily blood pressure measurement	69 (82)	85(100)
22	Wound dressing	25 (29)	25 (29)

Source: Field work 2005

Table 9 provides data on the overall level of involvement of family members by comparing number of patients cared for by nurses as against family members. The results indicate that family members provide as much care for their hospitalized elderly ones as the nurses on the ward.

Table 9: Comparison of care provided by nurses and family members

Variables	*Nurses Freq(%)*	*Family Freq(%)*
Who provides care on bathing	22(26)	47(55)
Who provides care on putting on clothes	22(26)	47(55)
Who provides care on Manicure	1 (1)	54(64)
Who provides Hair care	10(12)	50(59)
Who provides oral care	10(12)	14(16)
Who provides care putting on footwear	6 (7)	18(21)
Who provides cleaning up bed sides	57(67)	28(33)
Who provides care with positioning	31(37)	10(12)
Who provides with getting in and out of bed	13(15)	45(53)
Who provides care with movement in the ward	15(18)	31(37)
Who provides care with limb exercise	11(13)	14(16)
Who provides care with movement in the hospital	31(37)	25(29)
Who provides care for use of bedpan/ urinal	25(29)	21(25)
Who provides care with removal of bedpan/urinal	29(34)	17(20)
Who provides care with Urethral Catheter and Uribag	10(12)	3 (4)
Who gives your drugs	10(12)	75(88)
Who care for your pressure area	17(20)	33(39)
Who provides care on infusion line monitoring	4 (5)	1 (1)
Who provides care on daily temperature measurement	79(93)	6 (7)
Who provides care on daily pulse and respiration measurement	79(93)	6 (7)
Who provides care on daily blood pressure measurement	79(93)	6 (7)
Who provides care on wound dressing	25(29)	0(0.0)

Source: Field work 2005

DISCUSSION

Eighty-five hospitalized elderly patients from two tertiary hospitals participated in this study. There was a preponderance of male 56(66) over female 29(34). Obvious from the study was the fact that a rather high percentage of elderly patients showed the need for nursing care in order to have their bath, put on their cloths, care for their nails and hair. These elderly persons also expressed the need for nursing intervention with their oral care and putting on of foot-wears. But in all these, only bathing care need χ^2=4.098, df = 1, P = 0.043 and oral care need χ^2=5.536, df = 1, P = 0.019 were found to be statistically significant and this corroborates the findings of Schein et al. (2005).

In the area of exercise and mobility, more respondents expressed need in terms of mobility and these were in specific activities such as getting in and out of bed, moving around in the ward and moving around in the hospital. This is similar to the findings of Fletcher (2000), Habel (2004) and Schein et al. (2005). The assessment of the level of family involvement in nursing care received by the hospitalized elderly persons revealed that the higher percentage of patients received care from family members. However, in the area of medication and special nursing care needs, such as measurement of vital signs, monitoring of intravenous infusion and wound dressing, there was less family members' involvement. The preponderance of nurses' provision of these care needs is likely due to the fact that these care needs require activities and functions relating to the nurses' interdependent role; and other health care professionals depend on these functions for accomplishing their own activities.

The study also revealed that nurses were more interested in the care of patients' immediate environment than the family members 67.1 percent as against 32.9 percent. Interestingly, the majority of nursing care activities seemingly taken over by family members fall within the component of independent nursing role.

CONCLUSION

This study has been able to identify some of the nursing care needs of hospitalized elderly persons. It also revealed that most of the independent nursing role 'care activities' of nurses in Ife Hospital Unit, Ile-Ife, and Wesley Guild Hospital Ilesa, Osun State, South Western Nigeria were performed by family members. By implication most hospitalized elderly patients were receiving nursing care from persons who were not nurses, were unskilled in the provision of scientific nursing care, and so are likely unable to give adequate and comprehensive nursing care that would help the patient regain good health and independence as rapidly as possible. The clinical outcome or implication of this is that, the hospital stay of the elderly patients may be prolonged and this is bound to have adverse effects on them and their family members, psychological, socio-economically, and physically.

RECOMMENDATIONS

Nurse leaders should ensure that nursing care is adequately supervised in the ward, whether

they are provided by trained nurses of family members; they should consider adopting nursing care models and approaches that emphasize holistic and individualized care; similarly, emphasis on care of the aged could be made one of the main focus for nurses in training.

In addition, training of nurses specialized in working with the aged should be strongly considered by the Nursing and Midwifery of Nigeria as a way to improve nursing gerontology. This is necessary in order to have adequate professional care provided by professionals in a bid to provide quality nursing care and adequately meet the nursing care needs of hospitalized elderly persons.

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