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Perception of Old People on Healthcare Services Provided in Public Hospitals in Tanzania: The Case of Kasulu District, Tanzania

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Abstract:

The concept of Perception in the discourse of healthcare setting is increasingly becoming an important aspect in determining the quality of services provided to patients. The main objective of this study was to assess perception of old people on healthcare services provided in public hospitals in Tanzania. The study was conducted in Kasulu district in Kigoma region covering two wards of Murubona and Rusesa using cross sectional case study design informed by positivist paradigm as one of the philosophical assumptions. The total number of participants engaged in this study was 57. These included 48 old people, 2 Nurses, 3 Medical Doctors, 1 District Medical Doctor (DMO) and 3 Health Social Workers. Data were collected using in-depth interview, focus group discussion and observation. Qualitative data was analyzed by using thematic method. Study findings revealed that old people had negative perception on the quality of healthcare services provided in public hospitals. Lack of medicine and medical equipment, inadequate number of health workers, discrimination by health workers were the main obstacles that made old people to perceive negatively on the quality of healthcare services provided in public hospitals. The study strongly recommends that health workers' trainings should be integrated with customer care and social skills for caring old people; health workers to abide to professional ethics and the governments to equip public hospitals with medicine and adequate number of gerontology and geriatricians who will provide specialized medical and social care.

Keywords: Perception, health workers, public hospitals, health care services, old people

1. Introduction

The concept of Perception in the discourse of healthcare setting is increasingly becoming an important aspect in determining the quality of services provided to patients in order to develop an effective plan of action for improvement in health care organization (WHO, 2004). Traditionally patient's perception was not given much attention in measuring the quality healthcare services in most of the developing countries including Tanzania. Professional standards such as availability of medicine, and or medical instruments, adequate number of health workers was used as indicators of quality healthcare services while neglecting patients' feelings, attitude and perceptions on the available services (Haddad *et al.*, 2000; Daddario, 2007). Currently, patients' perception is now considered to be one of the key components in measuring and understanding the quality of healthcare services provided in public hospitals to patients.

Tanzania as one among the developing countries has put place different measures such as introduction of health exemption to all old people who have attained the age of 60 years since 1994; formulation of national ageing policy in 2003 and national health policy in 2017. Despite the existence of such measures, different studies which have been conducted indicate that old people attending public health facilities have negative perception on the quality of care provided in public hospitals (Khamis&Njau 2014). Further studies by (Pastory, 2013; Gastoet *al.*, 2017; KaOusseynou, 2017; Manyama, 2019; and Gyasi&Buor, 2020) confirm that old people especially those from rural areas have low access to quality healthcare services among old people in Tanzania. It can therefore be argued that, the way old people perceive quality of healthcare services provision in public hospitals has either positive or negative in terms of its accessibility. This argument is supported by Kohat and Faisal (2016) and Kelvin S, (2016) in their studies that were conducted to determine patients' perception regarding service and quality of healthcare in public health-sector which revealed that; patient's perception has an influence on accessibility to healthcare services. When healthcare services are perceived positively by patients, it acts as a motivating factor to seek healthcare services under that facility. However, factors such as lack of medicine, few medical staff, long waiting hours to access medical care negatively limit accessibility to such services. Tanzania like the rest of the developing countries, old people are not immune from these challenges. Evidence from empirical review indicate that public healthcare provision to old people is constrained by number of factors such as poor

infrastructure, unnecessary hospital charges, shortage of essential medicine, inadequate diagnostic instrument, few geriatricians and gerontologist to meet both medical and psychological needs of old people (Mackintosh et al., 2010; Pastory, 2013; Kwesigaboet *al.*, 2012 and Manyama, 2019). Further, it was revealed that medicine envisioned for the treatment of the chronic illness for old people such as arterial high blood pressure, diabetes and other medicines of specialty are not available in public health centers (KaOusseynouet *al.*, 2017). Though government of Tanzania initiated several measures such as exemption policy of 1992, national ageing policy of 2001 and the national health policy of 2017 for the purpose of achieving free health coverage among old people, this goal has not been attained among old people especially those living in rural areas. Evidence from empirical studies further inform that about 85 percent of the rural old people population have less access to free healthcare services in public hospitals due to low funding and low priority in meeting health needs within the public sector (Mackintosh and Mujinja, 2010; HAI, 2013; Kelvin S, 2016; Gastoet *al.*, 2017; Manyama, 2019). Basing on this fact, it was important to conduct this study so as to find out the perception of old people on healthcare services provided in public hospitals in Tanzania. Findings obtained are expected to add knowledge to literatures by exploring how perception of health workers may help to improve the quality of healthcare services to old people in Tanzania.

2. Theoretical Framework

This study was informed by interpretivism theory drawing its assumptions from interpretivist paradigm. Pioneers of interpretivism theory like Giambattista Vico, argues that there is a distinction between the natural and the social world through which individuals form perceptions of reality and truth (Ryan, 2018). Other scholars such as Hammersley, (2013); Creswell, (2014) and Klenke (2016) contributed to the interpretivists theory by proclaiming that truth and reality are created through human interaction, experience and the context. From this point of view, the use of interpretivism in any social science study enables a researcher to understand participants' feelings, thoughts, views, and perspectives (Wellington & Czerwinski, 2007). Interpretivism theory therefore focuses on the way people view different phenomena basing on their own experiences, understanding and construct their social world.

Despite that the government of Tanzania has established Professional standards such as availability of medicine, medical equipment, availability of health personnel as a measure of quality healthcare; the question of understanding patients' perceptions towards the quality of health care services provided to patients is very crucial source of generating deeper understanding on how they view service provision and also as part of evidence based information (Haddad et al., 2000 and Daddario, 2007). Arguably, drawing from interpretivism perspectives, old people have their own way of determining good healthcare services provided to them in steady of objectively setting measurable standards as indicators of quality healthcare services. It should be observed that meeting health needs for old people is very complex that require health workers to provide both medical and psychological needs at varying stage of their growth. Interpretivism theory was used to gain an insight on the way old people perceive the quality of healthcare services provided in public hospitals under the umbrella of health exemption in Tanzania.

3. Methodology

The study employed cross sectional case study design informed by positivist paradigm as one of the philosophical assumptions to understand how old people perceive the quality of healthcare services provided in public hospitals in Tanzania. In this study, cross sectional case study was adopted in order to capture deep information in a single point and time while gaining insight on the phenomena under investigation in terms of feelings, perception, views and opinions (Creswell, 2014 & Klenke, 2016).

The study was conducted in Kasulu district covering two wards of Murubona and Rusesa. This district is predominantly rural and it is occupied by 'waha' as the main ethnic group. Their main socio-economic activity is subsistence farming and at a small-scale commercial activity. Kasulu district was chosen to represent other districts in Tanzania that are geographically in remote areas with low economic growth accompanied by poor infrastructure that reduces its capacity to provide healthcare services (Kigoma Regional Profile, 2012). Purposive and convenient sampling were employed to select 57 participants. In this study the main participants included 48 old people, 2 nurses, 3 medical doctors, 1 Medical District Officer (DMO) and 3 health social workers. This number was attained after reaching the saturation point. Saturation points or redundancy was reached when no additional information was obtained from other participants (Mason, 2002; Creswell, 2014).

Qualitative data was Collected using different methods such as in-depth interview, focus group discussion (FGD) and observation. In-depth interview was applied to professionals such as DMO, Medical doctors, nurses while 5 meetings of FGDs was applied to old people. Different instruments of data collection were used in order to capture relevant and quality information as suggested by (Yin, 2003) that the use of multiple methods of data collection in the same study reduces the weakness that can be encountered in another instrument; thus, enabling the researcher to gain understanding of the problem under investigation. Information obtained from the field were analyzed qualitatively by using thematic method. Data were sorted, categorized and organized into themes.

4. Study Limitations

It is rarely to conduct a study without coming across certain limitations. In this study a number of limitations were encountered. The first limitation was unwillingness of the participants to provide information required. Though not all, participants especially old people refused to be interviewed with the feelings that it was wastage of time as they had come to seek medical services.

Secondly, there was communication barrier. Majority of old people in Kasulu speak their native language (Kiha) and could not express themselves in Kiswahili. Henceforth, the use of local research assistant who was familiar in Kiha was essential in order to get the right interpretations of the responses. Despite these limitations, the entire research process was successfully done without affecting the quality of information.

5. Findings and Discussion

Findings presented in this paper are based on four thematic areas. Such thematic areas include availability of drugs and diagnostic instruments in public hospitals, availability of healthcare services, attitude of health workers towards old people and quality of health services provided to old people in public hospital as discussed here under;

5.1. Availability of Drugs and Diagnostic Instruments in Public Hospitals

Availability of drugs and diagnostic instruments is perceived by health workers as one among the indicators of quality healthcare services provision within the public hospitals. Despite this argument that is based on verifiable scientific evidence used by the government, different scholars argue that, patients' perception on the services delivered is important attribute of quality services (Haddad *et al.*, 2000; Daddario, 2007). Under this theme, this paper aimed at assessing views of the old peoples regarding the availability of drugs and diagnostic instruments in public hospitals. Findings obtained from the field revealed that public hospitals especially those located in rural areas lacked essential medicine and inadequate diagnostic instruments such as X-RAY, Computed Tomography-Scan (CT-SCAN) Magnetic Resonance Imaging (MRI) and other hospital instruments. This was amplified by one of the participants during the FGD who said that;

'Our health centers are lacking diagnostic instruments for old people such as X-RAY, CT-SCAN, ECO, and MRI. Health condition of old people need regular check-up. Now in a situation of limited diagnostic instruments, we fail to get the required medical services (Male participant, 79 years old, Murubona ward, Kasulu rural). Similarly, another participant added that; 'I think the government has not put much priority in ensuring that old people are getting medicine like other special groups such as children and women. Much attention is given to pregnant women and children but when it comes to us old people, we are always told that medicine is out of stock in the hospitals' pharmacy' (Male participant, 68 years old, Murubona ward, Kasulu rural).

This condition is illustrated by another participant during the in-depth interview who narrated that; *'Despite that the government is trying to create good environment for us old people to get free healthcare services, truth of the thing is that healthcare services for old people is not free as others think because we are forced to buy medicine outside the hospital pharmacy' (Female participant, 69 years old Rusesa, Kasulu rural)*

She further added that;

'If you go to public hospital, you must carry money to buy medicine and other unofficial charges and most of the medicines doctors prescribe are not available in hospital and doctors will always tell you to buy from private pharmacy' (Female participant, 69 years old Rusesa, Kasulu rural)

This information was further confirmed by one of the government officials on the availability of medicine intended to help old people in public hospitals who revealed that;

'Medicine provided in public hospitals are not enough to meet all the population including old people. In case we run shortage of medicine, priority is given to children and pregnant women because they can lose their life for delay. Old people can wait or can come another day' (DMO- Kasulu district).

In the same vein, during the in-depth interview participants voiced that apart from lack of essential medicine and adequate number of health workers; transport problem accompanied by long distance to health facility was another factor that limited access to health facilities. Majority health facilities are located far-off from their homes. This contention was revealed by one of the old women during the in-depth interview who said that;

'Lack of medicine in public hospitals is not the only challenge. Other challenges facing us include limited mobility to reach health centres. As you can see my condition, all my legs are swollen, in order to come here I need to be escorted by my grandson using motor cycle'

(Female participant, 69 years old, Rusesa ward, Kasulu rural)

The aforementioned findings are in line with other studies like Kwesigaboet *al.*, (2012); Mackintosh *et al.*, (2010) and KaOusseynouet *al.*, (2017) who also present similar findings that medicine envisioned for the treatment of the chronic illness such as arterial high blood pressure, diabetes and other medicines of speciality are not available in the pharmacies of the public health centres. During the in-depth interview and FGD participants voiced that apart from lack of essential medicine, transport problem was another factor that limited access to health facilities. Majority health facilities are located far away from their homes. Long distance to health facilities accompanied by mobility problems not only affect hospital attendance but also accessibility to medical services among old people to health centres whenever they fell sick.

5.2. Availability of Health Workers in Public Hospitals

Tanzania like other developing countries faces the challenge of inadequate number of health workers. While it is estimated that 1 doctor is supposed to save 10,000 of the population, most recent data shows that in 2012, Tanzania had the ratio of 0.31 doctors per 10,000 individuals while rural areas being the most affected (WHO, 2012). It was based on this fact that this paper wanted to collect views from participants on the availability of health workers in public hospital. Data were collected from old people and health workers using FGDs, in-depth interview and field observation. Finding revealed that provision of quality healthcare services was affected by insufficient number of health workers especially

geriatricians and gerontologists to address complex ill-health conditions affecting old people. For instance, at Kasulu district hospital, the whole hospital had no geriatricians or gerontologist to address medical and psychological health needs of old people. This situation is illustrated by one of the government officials who remarked by saying that;

'Public hospitals are faced by shortage of specialist health workers. The condition is even worse in rural areas because most of the specialist doctors prefer to work in urban areas' (DMO- Kasulu district)

Furthermore, one of the medical doctors also reported similar sentiments that;

'Public hospitals are lacking doctors who specialised on ageing health problems such as Diabetes, low vision, Stroke, Arthritis, Cataracts, prostate cancer Flu/Pneumonia, Dementia and other psychological problems that require highly specialised health workers'. (Female participant, Medical Doctor, 36 years old, Kasulu district hospital).

Old people had the same views that most of the hospitals and health centers are understaffed. In most cases old people were attended by general doctors. This affected the quality of health of health care services in terms of diagnosis, medication and provision of psycho-social support and care. Despite the fact that on the doors of the hospital was directives that *'mpishemzee kwanza'* literally to mean save old people first, doctors were seen to be overwhelmed by big number of old people due to their limited number. These findings correspond to other studies such as those by Whitaker *et al.*, (2006); Holmes *et al.*, (2013); Help Age International, (2013 and KaOusseynou (2017) who are similar findings that healthcare services to old people is constrained by shortage of specialized in geriatric and gerontology especially in rural as compared to urban areas. Though the government has put rigorous efforts in the construction of health facilities at least in every ward, apart from shortage of medicine and diagnostic instruments the big challenges is limited number of health especially in most of the districts located in rural areas. It was also observed that most of the medical doctors are less interested to work in rural areas as a result there is high migration of health workers from rural to urban areas while others are changing their medical careers to other professions.

5.3. Quality of Health Services Provided to Old People in Public Hospitals

Provision of quality of healthcare services for all Tanzanians including old people is one of the government commitments and policy concern. Despite this commitment, evidence from empirical findings confirm that provision of health care services to old people in public hospitals has not improved (Kuwawenaruwa & Borghi, 2012; Mackintosh and Mujinja, 2010 & HAI, 2013 and Khamis & Njau 2014). This paper therefore aimed at tapping experience from old people how they perceive the quality of health services provided in Kasulu government hospitals. Old people who responded to this part through in-depth interview, FGDs had mixed and conflicting views. While some had positive views others perceived negatively on the quality of healthcare services provided to them. For instance, those who argued in favor of improvement looked on the aspect of customer care by health provider as one participant during FGD said that;

'Nowadays there is slightly improvement on the quality of healthcare services provided. If you go to mlimani hospital (Kasulu district hospital), nurses and medical doctors receive you well. The long bureaucracy that existed in the past is not there..... last month I went to the hospital, I didn't get any problem. After queuing for a short moment, I went to see the doctor and I was treated without any problem' (80 years old man from Rusesa ward)

In a similar fashion, another participant added that;

'The government has improved provision of health services by building health centers at least in every ward. In the past we used to walk a long distance to reach health facility. In my opinion this is improvement unlike in the past. If you go to hospital or dispensary, nurses and doctors are always present. So, we are attended earlier'(84 years old man from Rusesa ward)

However, majority of the participants objected that improvement of healthcare services is not measured in terms of number of health facilities or buildings available. Quality care should be measured in terms of services provided such as availability of medicine, qualified medical doctors for old people, and kind of customer care provided by health workers. This is demonstrated by one participant during in-depth interview who said that;

'Quality healthcare services is treating what a patient is suffering from. Us old people we have multiple illness, but when you go to hospital, medicine prescribed by doctors is not always there in the hospital pharmacy. At the end you end up being given painkiller, ... so I think this is not the quality of healthcare services old people deserve'(female woman, 84 years from Rusesa ward)

Old people argued that it is difficult to know appropriate health services they are supposed to get. As a result, doctors take that advantage of prescribing any medicine so as to please them. These sentiments were shared by one participant during FGD who argued that;

'Nurses and doctors take the advantage of us being illiterate. We do not know what doctors prescribe. So, when we go to the window to get medicine, whatever we get we believe that it is the right medicine.... and sometimes we are given a half a dose because we don't know what is written'(81 years old man from Rusesa ward)

Another participant added that,

'Quality healthcare services cannot be achieved in public hospital in the absence of medicine, medical Equipments, inadequate number of health personnel and poverty among old people especially those living in rural areas like here in Kasulu' (78 years old man from Rusesa ward)

However, it can be argued that provision of quality healthcare services to old people is a twofold process that depend largely on the demand side and supply side fulfill their roles. The demand side included old people, their families and community on how they offer financial, nutritional and social support to old people as suggested by (Mabeyo and kiwelu, 2019) that families and communities have the responsibilities of caring for old people by providing nutritional and social care and support. On the supply side, the government of tanzania should ensure that policies governing provision of

quality healthcare services such as health exemption policy of 1994, National Ageing Policy of 2003 and National Health Policy 2017 are properly implemented by ensuring that hospitals and health centers are equipped with medicine, diagnostic instruments and qualified health workers.

5.4. Attitude of Health Workers towards Old People

Attitude towards ageing population among health workers is one of the key considerations for quality provision of healthcare services especially among old people (NASW, 2017 and Morowati et al., 2019). Though health workers are mandated to abide to their professional ethics such as client respect, informed consent, affirm individuals' dignity and worth (NASW, 2017), number of studies documents that there is persistence negative attitude to old people imposed by health workers which act as a potential barrier to access healthcare services in terms of quality and quantity in public hospitals (Pastory, 2013 and Institute of Medicine 2008). Under this part therefore, the paper intended explore attitude of health workers towards old people and how it affects access to quality healthcare services in public hospitals. In responding to this part, majority old people voiced that they experience negative attitude among health workers. Old people reported that health workers use derogatory language that make them feel uncomfortable. This was narrated by one participant during FGD who gave her own sentiment by saying that;

'Health workers use harsh language that offend us old people. It is common to hear nurses telling you that you are not sick... here we don't treat old age,or your dieses can't be treated here'(79 old man from Murubona ward)

In addition to the above another participant added that;

'... Us old people we are not respected by health workers. If you express your problems to them, they don't listen to you. Before you finish the doctors has already finished prescribing medicine. At the end you are given medicine that does not treat your problem' (74 old man from Murubona ward)

Another problem that old people complained was being neglected. It was reported that old people are not given first priority like other groups such as children and pregnant mothers. Despite that we have worked for the nation but they don't honor our contribution and that's why our problems are not considered. This was further emphasized by one respondent who said that;

'Old people are one of the most neglected groups. In hospital doctors and nurses by pass you as if they don't see you.... Billboard in hospital written that mzee kwanza remains in writings only and not implemented. Last your while in hospital I witnessed with my own eyes one old man dying because late by doctors' (78 old man from Murubona ward)

This implies old people experience neglect when they seek healthcare services in public hospitals. Apart from being neglected, they also experience isolation which is also the outcome of negative attitude imposed to them by family members. As a result, old people are miss their right to access quality healthcare services. These findings are line with other studies such as (Ntusi& Ferreira, 2004; and Pastory, 2013) whose findings indicated that old people are subjected to discrimination in health settings. Findings further pointed out that health workers consider caring for old people as undesirable, unpleasant and less motivating. On the other hand, health workers who were interviewed had the opinion that, it is against their professional ethics to discriminate old people. For instance, one of the health workers remarked by saying that;

'The act of neglecting old people is an ethical and it is against human rights. If we discover one of our health workers deliberately neglects old people, disciplinary measures are taken against the worker on the spot'. (DMO-Kasulu)

Similarly, one of the health social workers at the district hospital added that;

'All of us social workers and Health workers are guided by code of ethics that respect dignity and worth of a person. But here we also have none-discriminatory policy that directs us to treat all people equally. However, the problem is that old people feel to be attended first, so in case there is any delay, they think that we neglect them'(Health Social Worker 43 years old-Kasulu district hospital)

Though health workers argued that old people not neglected to access health services in public hospitals, evidence from old people still confirm that they are not treated like other population group as majority of health workers do not prefer to attend them. For instance, health workers regard old people as most difficult and troublesome and therefore, they prefer attending children or young men/women than old people. This implies that there is high prejudice among health workers, a condition that denies then to access medical care as emphasized by Pastory, (2013) that inability to access health services among old people was severely affected by medical staffs' perceptions and negative attitude toward them.

6. Conclusion

This paper concludes by emphasizing the importance of health workers' perception on delivering quality healthcare among old people in public hospitals. Findings indicates that positive perception accorded to old people by health workers acts as a motivation tool that makes them feel that they are valued, respected and recognized as per their age and needs. Evidence from the participants informs that the way old people are perceived, be it negatively or positively influences hospital attendance and promotes patient-health workers relationship which is a hallmark for quality service delivery. Further, health workers are mandates to promote equality and restore respect, work and dignity of every individual seeking for healthcare services. It is now the duty of health works to ensure that such obligations are observed and maintained.

7. Recommendations

Incorporation of health workers perception is one of the fundamental factors for quality services provision in public hospitals in Tanzania. The current practices show that old people are among the groups that are experiencing negative perception due to their persistent illness resulting from old age. In order to achieve this important aspect in the provision of quality healthcare services among old people, this paper recommends that; health workers should observe work ethics of their professionals such as confidentiality, respect, efficiency, equality. However, the government and hospital management should ensure that health workers work in accordance with the code of conduct and government policies and laws. Additionally, health workers' trainings should be integrated with customer care and social skills in working with old people. This will help them to become compassionate and avoid making biased decision in order to enhance the quality of services. Lastly, the government should ensure that dispensaries, health centers and hospitals are equipped with medicine, diagnostic instrument and gerontology and geriatricians so as to provide specialized medical and psychological support among old people.

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