

Original Research Article

Need analysis for geriatric care services in a tertiary care teaching hospital: a patient perspective analysis

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ABSTRACT

Background: In India, aging population is increasing every year. So, healthcare industry needs to set up a geriatric unit soon. Development of geriatrics and old-age care systems in India will make elderly people independent and improve their lifestyle, life expectancy, and quality of life while decreasing the cost of care. This study looks at the views of patients who are 60 years or older, as well as need for a full-fledged geriatric unit in a tertiary care hospital.

Methods: This study used questionnaires to get information from patients about the need for a geriatric care service in the chosen tertiary care teaching hospital. The study was conducted between March 2022 to July 2022

Results: Over 96% of the patients opined that elderly patients require a separate health care setup from the regular health care system. The study showed that 69.9% of the patient respondents opined that they require an attendant each time they visit a hospital. Also, 51.6% of the patients did not go to their doctor's appointments because they needed someone to accompany them to the hospital.

Conclusions: A study shows that older people rely on family members to check out healthcare facilities. If a new geriatric unit has the latest facilities, 96.8% of the patients will take advantage of them. Hence, a well-established geriatric department in the selected hospital is the need of the hour.

Keywords: Geriatrics, Elderly patients, Healthcare, Medical services, Aging, Operational feasibility, Quality patient care

INTRODUCTION

In India, over 20% of the population is elderly, and this is increasing every year. The dependency rate also increases with the number of older adults. People feel it is a burden to care for their elderly dependents in today's fast-paced world, where people are ambitious and focused on their careers. Their health care and treatment costs and timing become a considerable worry. According to a study conducted by Liu et al, 78% of the elderly population live alone or with one family member only, and the role played by the public sector as support and reinforcement for family care has become significant.¹ The study showed that elderly patients account for more than 40%

of hospital inpatients, and the average length of their hospital stays is more than 50% longer than that of general patients. This utilization of inpatient services by the elderly population and their length of hospital stay illustrate the increased demand for secondary and tertiary health care services from the elderly population.¹ So, in order to prepare for this problem, the healthcare industry needs to set up geriatric services in hospitals.

Geriatric consults involve assessment of physical, emotional, cognitive, and functional status in older persons. A "consult" can refer to inpatient or resident care at facilities, ranging from acute-care hospital to long term care homes, as well as to outpatient or outreach services.

Regardless of age, an in-hospital stay increases the risk of infections and adverse events such as falls, but the impact of such events is far more severe among older patients. Elderly patients are often frail and require more recovery time than their younger counterparts. A geriatric consultation often deals with issues beyond the reason for admission to hospital.²

Although geriatric medicine and services are well-developed in most hospitals in developing countries, India is showing a steady increase in the number of older people. According to a study by Verma et al, in India, the rates of diseases and hospitalizations are much higher in older people than in the whole population.³ However, minimal effort has been put into developing a health and social care model in tune with the changing needs and times of the elderly population. The developed world has evolved many models for elderly care, e.g., nursing home care, health insurance, etc. As no such model for older people exists in India or most other societies with similar socio-economic situations, it may be an opportunity for innovation in health system development, though it is a significant challenge.³ There is a considerable need for the healthcare sector to set up an efficient and effective geriatric unit.

The development of geriatric care systems in India will make older people independent and increase their lifestyle, life expectancy, and quality of life while decreasing the cost of care. Higgs says that gerontological literature suggests that an adjusted built environment is needed in hospital to support a different approach to providing acute care for older people.⁴ A hospital must address and meet the needs of older people. Along with the medical care facilities, various architectural features like infrastructure, layout, lighting, color, passageways, ventilation, furniture, and interior design. The patient's safety and security are essential when setting up a geriatric unit so that the patients get a homely feeling and are not tired of the hospital atmosphere during their treatment. According to Eric et al patients with complex care needs who require care across different health care settings are vulnerable to experiencing serious quality problems. A care transitions intervention designed to encourage patients and their caregivers to assert a more active role during care transitions may reduce rehospitalisation rates.⁵ Older people often have complex care needs and may have co-morbidities requiring a holistic, problem-solving approach. The objective of this study is to look at the need for a care center for older people in a certain teaching hospital from the patient's point of view.

METHODS

Statement of the problem

Need analysis for geriatric care services in a tertiary care teaching hospital-a patient perspective analysis.

Study design

Our study was conducted using a descriptive, cross-sectional research design. The data is collected through a structured questionnaire administered to patients in the outpatient patient department of the selected hospital.

Sampling and sampling techniques

A sample size of 93 patients were selected using purposive sampling technique based on the following sample size calculation formula.

$$n = \frac{N}{1 + Ne^2}$$

N=Total no. of subjects, patient (1861 approximately),

e=Allowable error, patient (9%)

Tools and techniques of data collection

The study was conducted using a structured, close-ended questionnaire to collect patient data.

Data collection method

A structured questionnaire was made and given to the patients after receiving ethical clearance from the ethics board of the institute where the study was conducted.

Study period

Study was conducted between March 2022 to July 2022.

Inclusion criteria

Patients aged 60 years and older who could communicate in English or Kannada were taken for the study.

Exclusion criteria

Patients aged 60 years and older who could not communicate in English or Kannada excluded from the study. Also, the opinion of the bystanders of the patients aged 60 were excluded from the study

Content validity

Tool was given to experts for content validity. Based on their suggestions and recommendations, tool was modified.

Plan for data analysis

The collected data were analyzed by frequency, percentage, mean, and standard deviation based on the study's objectives. The data were presented graphically as well as in the form of tables.

RESULTS

This section looks at information from structured questionnaires filled out by 93 patients and tries to determine if hospital needs geriatric care service. Results of analysis are shown in tables and graphs. Representation of results is listed in 2 sections-Part A: deals with demographic data of patients, part B: deals with need analysis of patients' perspective for geriatric care services.

Demographic data of patients: Our study shows that the majority (43%) of the patients were in the age group 60-65 years, 39.8% of the patients were in the age group 66-70 years, 9.7% of the patients were in the age group 71-75 years, 6.5% of the patients were in the age group 76-80 years and 1.1% of the patients were above 71 years. Out of 93 patients, 57% of the patients were female, and 43% of the patients were male.

The 45.2% of the patients were graduates, 32.3% of the patients had completed secondary school, 16.1% of the patients had completed primary level of school, 4.3% of the patients had completed other levels of education like diploma, professional courses, etc., and 2.2% of the patients were postgraduates.

The 83.9% of the patients were from Karnataka state, 15.1% were from Kerala, and the remaining 1.1% were from Tamil Nadu. 68.8% of the patients were residing in urban areas, and 31.2% were in rural areas.

The data collected also shows that 37.6% of the patients had income below 60000, 23.7% of the patients had income between 61000-120000, 21.5% of the patients had income between 121000-180000, 16.1% of the patients had income between 181000-240000 and 1.1% of the patients had income above 240000.

Patient's perspective on the need for geriatric care service: Of 93 patients, 53.8% visit the hospital once a month, 33.3% visit the hospital rarely, 9.7% visit once in six months, and 3.2% are first-time visitors (Table 1).

More than 90% of patients opined that elderly patients require specialized healthcare facilities compared to other healthcare facilities, a geriatric department must be set up in this hospital, and if a new geriatric setup is introduced with the latest facilities, then they would avail the facility (Table 2).

The 90% of the patients opined that a specialized geriatric setup should consist of a healthy diet and housekeeping services, health assistance services such as skilled nursing, medical or dental referrals, physical therapy, nutrition, provision of medical equipment such as wheelchairs, beds, walkers, etc. and procuring prescriptions, information and support for caregivers should be provided and that there is need for older

women support group and scheduled exercise programs (Table 3-6).

Table 1: Distribution of the patients based on service utilization.

Hospital visit	N	Percentage (%)
First time	3	3.2
Once in a month	50	53.8
Once in six months	9	9.7
Rarely	31	33.3
Total	93	100.0

Table 2: Patients general requirements in setting up a geriatric department.

Particulars	N	Percentage (%)
Elderly patients require specialized health care facilities	89	95.7
Require an attendant each time they visit hospital	65	69.9
Cancel doctor's appointment if they do not have anyone to accompany	48	51.6
Will utilize the transport facility provided by the hospital for attending doctor's appointment	52	55.9
There should be a hospital staff to personally assist the elderly throughout their visit at the hospital	79	84.9
A geriatric unit will improve health quality of elderly people	80	86
If new geriatric setup is introduced with latest facilities, they will avail facility	90	96.8
Are willing to pay more for the services of modern geriatric setup	74	79.6
A geriatric department is required in this hospital	86	92.5

Table 3: Daily living services or basic services that is important in a specialized geriatric setup.

Particulars	N	Percentage (%)
Transport/travelling arrangements	78	83.9
Healthy diet	88	94.6
Laundry services	79	84.9
Housekeeping services	87	93.5

Table 4: Health assistance services that may be important in a specialized geriatric setup.

Particulars	N	Percentage (%)
Medical/ dental referrals	87	93.5
Skilled nursing	90	96.8
Physical therapy	87	93.5
Medical equipment (wheelchairs, beds, walkers, etc.)	84	90.3
Home health care/ personal care aide	82	88.2
Nutrition	86	92.5
Procuring prescriptions	84	90.3
Filling out health insurance claim forms	83	89.2
Transportation to medical services	81	87.1
Lifeline (medical alert services)	80	86.0
Telephone reassurance (someone to call periodically to check on patients)	75	80.6

Table 5: Specialized services that may be important in a specialized geriatric setup.

Particulars	N	Percentage (%)
Information and support for caregivers	91	97.8
Older women support group	87	93.5
Care manager (someone to coordinate all services)	83	89.2

Table 6: Organized physical activities that may be important in a specialized geriatric setup.

Particulars	N	Percentage (%)
Bone builders' program	80	86.0
Scheduled exercise programs	85	91.4
Walking groups	83	89.2
Swimming/ water aerobics	55	59.1
Yoga/meditation	77	82.8

DISCUSSION

This study aims to assess the need to set up geriatric care services in a tertiary care teaching hospital. The study significant findings of the study were as follows.

A 53.8% of the patient respondents utilized the hospital facilities once a month. The opinion of these patients can be taken as a solid base as these patients regularly utilize the hospital facilities. According to a study conducted by Tao and McRoy a shortage of hospital beds is one of the

major concerns for providing more complex care to the elderly with chronic or comorbid health conditions living at home. At the same time, an aging population also reduces the availability of family caregivers. The problem could be better in places like China and India, where the population is getting older quickly. It is traditional for children to care for their elderly parents, who can no longer care for themselves.⁶ In the present study, 95.7% of the patient respondents opined that elderly patients require a separate health care setup from regular health care departments and 69.9% of the patient respondents opined that they require an attendant each time they visit a hospital, and 51.6% said they cancel doctor's appointments if they do not have anyone to accompany them. This shows the dependency rate of elderly patients on their family members to assess the primary healthcare facilities. According to Dionyssios et al the outcomes of elderly patients are better in environments that have been tailored to their unique needs. These environments have succeeded in reducing functional decline and geriatric syndromes by imposing specific changes to the elements of hospitalization and ensuring that specific practices actually occur when care is provided for elderly persons.⁷

The 84.9% of the patients said the hospital should employ staff to assist the elderly patients throughout their visit. If a new geriatric department is set up with the latest facilities, then 96.8% of the patients will avail of the facility. Research shows that older adults are often unhappy with their hospital experiences. Older adults report problems, complaints, and concerns in three general areas: care processes, communication, and the structure and treatment setting of the built environment.⁸ The present study shows that a maximum percentage of the patients believed that a healthy diet, skilled nursing, and support and information to the caregivers are crucial in a specialized geriatric department.

Ruth et al say that shorter lengths of stay make it harder to figure out and meet older people's care needs while in the hospital and after they leave. Most of the time, assessment and care is geared toward fixing the immediate problem that led to hospitalization. The underlying risks of functional decline and susceptibility to hospital-related complications get less attention.⁹ The current study shows that 88.2% of the patients opined that home healthcare facilities should be provided for geriatric patients. This highlights the scope for establishing home healthcare facilities.

A study by Segrist showed a significant difference in the geriatric depression scale between women who participated in the older women support group and those who did not. The result also showed that depression was lower among the women who participated in the older women's support group than among those who did not. Also, the level of well-being was higher in the women who attended the older women's support groups.¹⁰ The present study showed that 93.5% and 91.4% of the patients said that older women's support groups and

scheduled exercise facilities should be adopted in a geriatric setup. This shows that the patients are willing to avail healthcare facilities other than the traditional ones. According to Belinda, a gerontologically acute hospital compensates for the older person's declining capacities. The design in such a hospital setting can protect and maximize independent function in older hospitalized patients. An adjusted acute care physical environment takes account of the interior and exterior areas of a hospital-from entry to the property, the parking lot, and all architectural features, including the physical configuration, equipment, furnishings, and décor. This is achieved by integrating essential interior and exterior design elements.¹¹ Ensuring good quality geriatric health care services at the primary level would greatly help in improving the utilization rates of the available health services. Health care services should be based on the "felt needs" of the elderly population. The felt needs may vary depending upon gender; socio-economic status as well as differences would exist in the rural and urban areas.¹²

This study was conducted to assess the need for setting up a geriatric care services in a selected hospital from the perspective of patients, and the following measures are suggested: Many geriatric populations are currently utilizing the health services at the selected hospital. Hence if a separate department is set up for the sole use of the geriatric population, it will be well-occupied and utilized. A fully-fledged geriatric department needs to be set up in all of the hospitals in the district. If established in the selected hospital, it will increase the patient statistics and goodwill of the hospital and also receive recognition. A new geriatric department will increase the scope of geriatric medicine in the area. This will attract many prospects for aspiring gerontologists and geriatric specialists. Along with a geriatric OPD and inpatient setup, a geriatric day care center also can be set up where the older people can enroll themselves in the programs conducted by the department in order to take part in recent geriatric health care activities like yoga/meditation, walking groups, bone builders' program, scheduled exercise programs, older women support group, etc.

Limitations

The study does not focus on the opinion of the doctors or any other healthcare workers regarding the need for a separate geriatric department in a tertiary care teaching hospital. The results of such study would significantly impact on the requirement for a separate specialization for the care of the elderly. The present study is limited to the opinion of the patients who were availing service from a specific tertiary care teaching hospital.

CONCLUSION

In today's fast-moving world, where the working-class population is career driven and constantly moving around to create a decent lifestyle, their elderly dependents are

usually sidelined and ignored. Most of the time, older people cannot avail themselves of healthcare facilities as they need someone to accompany them to the hospital. A well-established geriatric department helps an older person be less dependable on their family members to meet basic health care requirements. The study concluded that, according to patients, elderly patients require a separate Healthcare setup with all the facilities and services and that a geriatric unit will help in targeting high-risk patients.

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