



## CARE OF ELDERLY AT THE PRIMARY LEVEL- A MIXED METHOD STUDY

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### Abstract :

This study has been undertaken to assess the perceptions of the elderly on geriatric care rendered at the health center and understand the unmet needs and issues of the geriatric population in depth. A mixed methodology study based on concurrent triangulation method was used in the study . The quantitative and qualitative data was analyzed individually and the triangulation of the data was done . Both the quantitative and qualitative findings converged at a point where current health services are having lacunae in the care of elderly which needs to be rectified by developing new strategies

**Index words:** elderly care , dissatisfaction . new strategy ,

### 1.INTRODUCTION

Geriatric care is a specialized type of care that needs a focus only on older adults. The elderly population always desires to be healthy enough physically, mentally and also to function as independent as possible .the number of elderly people worldwide is increasing at a rapid rate. The number of elderly persons aged above 60 years currently comprises 11.5% of the world's population, This population of the elderly is increasingly gaining relevance in the developing countries. These regions currently has 66% of the total Global elderly population, and are expected to rise in a faster rate compared to the developed regions. The 2020 National Commission on Population report estimates that there will be nearly 138 million elderly persons in India in 2021, comprising of 67 million males and 71 million females<sup>1</sup>.

The growing elderly population has wide range of problems. These could be age-related ailments, social impact such as loneliness, or economic implication arising from a lack of stable income and inability to afford the rising cost of health care<sup>2</sup>. The National policy for older people NPOP 1999 gives guidelines on and Preventive and Promotional care. We should now look for cost-effective feasible models for geriatric care that is acceptable and affordable by the elderly especially to the rural community<sup>3</sup>.

Developing countries, such as India, already face difficulty on effective delivery of health services to meet the current needs of the population. The increase in the number of people requiring elderly care will therefore put greater strain on an already stretched health system. The prevailing health conditions and the services of the elderly at the community gives an understanding that not much attention has been given towards the needs of the care of the aged. More emphasis needs to be laid on increasing their access to quality health care services. It becomes the need of the hour to understand the real health needs of the elderly, analyse and the respond efficiently to these needs

**METHOD** A mixed methodology study based on concurrent triangulation method was used in the study . A total of 150 elders were selected for study using convenient sampling method.

**3.1 .Population And Samples :** Elders residing in rural areas of Tamilnadu and the samples were 150 Elders and for the qualitative data 11 Elders residing in the selected rural areas of Marakanam block , Vllupuram district of Tamilnadu.

### 3.2 Data and Sources of Data:

**Mixed method study :** Data was collected using both Quantitative and Qualitative methods . **Quantitative assessment** - Using SERVQUAL Tool developed by A. Parasuraman, Valarie Zeithaml and Leonard L. Berry for assessing patients' satisfaction with quality of care. It has five Dimensions: Tangibility, Reliability, Responsiveness, Assurance and Empathy. Total – 15 items and the

responses categorized as dissatisfied, somewhat satisfied and satisfied. Servqual instrument has reliability  $\alpha=0.908$  **Qualitative Method :**  
**Indepth personal interviews:** A preset list of broad ended, research-driven interview probes was developed by the researcher and validated by Medical and Nursing experts in the field of Research , Community Health and Psychiatry .

Data collection was done for a period of one year January - December 2021

### 3.3 Theoretical Framework :

Nola Pender's health promotion model (1987) was found relevant to conceptualize the experiences of the participants. The Health Promotion model (HPM) comprises three primary areas 1) Personal Characteristics and Experiences 2) Behavior-specific cognition and affect 3) Behavioural outcome. Moreover, the HPM incorporates elements of the change process, including a commitment to a plan of action and it also acknowledges of competing demands. The final outcome is engagement in health promotion behaviours

### 3.4 Analysis

**Quantitative data :** Descriptive And Inferential statistics was used for the study .

**Qualitative data -** Classifying & ranking the data was done

The personal interview content was initially coded independently by the investigators at a general level in order to condense the data into analyzable units. Segments of transcripts ranging from a phrase to several paragraphs was assigned codes based on key questions from the personal interview guide or emergent categories or themes. Each transcript was independently

**Table 1: Description of the demographic variables of Elders**

(n=150)

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
<b>01</b>	<b>Age of elderly (in years)</b>		
	60-65 years	89	59.3
	65-74 years	44	29.3
	75-84 years	15	10.1
	85-94 years	2	1.3
<b>02</b>	<b>Gender</b>		
	Male	79	52.7
	Female	71	47.3
<b>03</b>	<b>Religion</b>		
	Hindu	141	94
	Christian	6	4
	Muslim	3	2
<b>04</b>	<b>Educational status</b>		
	Primary education	71	47.3
	High school	42	28.1
	Higher secondary	17	11.3
	Diploma	11	7.3
	No formal education	9	6

<b>05</b>	<b>Marital status</b>		
	Single	12	8.1
	Married	116	77.3
	Widowed	20	13.3
	Separated/divorced	2	1.3
<b>06</b>	<b>Type of family</b>		
	Nuclear	95	63.3
	Joint	1	0.7
	Extended	54	36
<b>07</b>	<b>Occupation</b>		
	Unemployed - No Occupation	16	10.6
	Unskilled- Elementary Occupation	65	43.3
	Semiskilled- Craft & Related Trade Workers	59	39.3
	Skilled Agricultural & Fishery Workers	9	6
	Semi -Professional - Clerks	2	1.3
<b>08</b>	<b>Type of income</b>		
	Daily wages	48	32
	Own business	28	18.7
	Regular income	5	3.3
	Pension	16	10.6
	Govt benefits	6	4
	Money from Children	46	30.7
	Seasonal cultivation	1	0.7
<b>09</b>	<b>Monthly income in rupees</b>		
	<100	45	30
	101-299	6	4
	300-499	21	14
	500-749	46	30.7
	750-999	16	10.6
	1000-1999	15	10
	2000 and above	1	0.7
<b>10</b>	<b>Care giver</b>		
	Spouse	38	25.3
	Son	65	43.3

Daughter	9	6
Son in law	5	3.3
Daughter in law	3	2
Relative	15	10
None	15	10

**Table 1** shows Frequency and Percentage wise distribution of Demographic characteristics among Elders. Out of the 150 elderly that were interviewed, 89 (59.3%) were in the age ranging 60-65 years. 79 (52.7%) elderly were male. 141 (94%) were Hindus. 71 (47.3 %) had Primary education. 116 (77.3%) were married. 95 (63.3%) belonged to Nuclear family. 65 (43.3%) have elementary occupation 48(32%) are daily wagers .46 (30.7%) have monthly income of rupees 500-749. 65 ( 43.3%) caregivers were sons.

**Table 2. Level Of Perceptions On Care Of The Elderly Among The Elders**

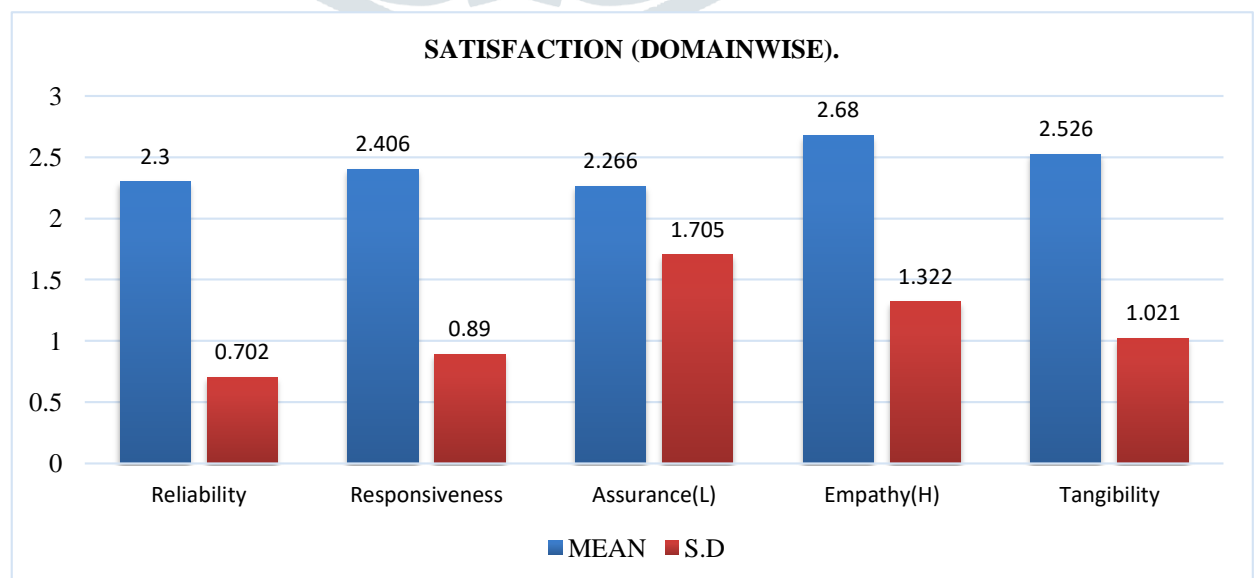
(n = 150)

LEVEL OF SATISFACTION	Frequency (f)	Percentage (%)
Dissatisfied	90	60
Somewhat satisfied	42	28
Satisfied	18	12
<b>Total</b>	<b>150</b>	<b>100</b>

Table 2 shows that 90(60.%) were Dissatisfied ,42 (28 %) were Somewhat satisfied and 18 (12%) were satisfied of the care received.

#### MEAN AND STANDARD DEVIATION OF PERCEPTIONS ON CARE OF THE ELDERLY BY HEALTH SERVICES

(n = 150)



**Fig1: Mean and Standard deviation of perceptions on care of the elderly by health services among the elders**

**Fig 1** depicts the mean and standard deviation of perceptions of the elderly among the elderly. The highest score is Empathy domain ( $2.680 \pm 1.322$ ), and the lowest score is Assurance domain ( $2.266 \pm 1.705$ ) respectively.

**Qualitative analysis** The transcripts were read many times to become familiar with the data. The coding was done descriptively, by attending to the research questions of this study. After generating many codes, the researchers searched for themes. Codes of similar concept were put together into themes. Multi Dimensional Health problems, Lack of Special attention, Financial constraints, Self management of health issues were themes emerged.

### Representative Items

*“I have joint pain, visual disturbances, breathlessness cataract and needs operation”*

*“I cannot walk .I need help to manage my activities of daily living” “I am not able to tell my problems to anyone”*

*“I cannot move around freely”“My children live far away” “I cannot go out due to social distancing”*

*“I am dependant on my children” “Private care is costly”“Govt pension is just enough for living”*

*“Get free food from temple” “Apply pain balms for joint pain”“Lie down for sometime until giddiness subsides”*

*“Sit down and relax”“Get medicines from medical shop”*

### TRIANGULATION OF THE QUANTITATIVE AND QUALITATIVE DATA

#### LEVEL OF SATISFACTION ON CARE BY ELDERS

LEVEL OF SATISFACTION	FREQUENCY (f)	PERCENTAGE (%)
Dissatisfied	90	60
Somewhat satisfied	42	28
Satisfied	18	12
Total	150	100

- Long waiting hours
- Dependency on caregivers
- Cost of health care
- Non relief of health issues.

**INTERPRETATION**  
Special need based attention has to be given to the elderly

**OUTCOME**  
To Check the feasibility of setting up a Nurse Managed Geriatric clinic

### CONCLUSION

The perception of elders on the care rendered through the existing health care delivery system is not satisfying to them .This finding draws our attention to give them a special need based attention which will help them to find a solution for their wide range of problems. Nursing

has always approached health care as a compassionate profession that focuses on the special needs of society's most vulnerable people: Nurses help patients to understand the issues and situations concurrent with their health problems and offer comprehensive care, counseling, and other supportive services. We now have to find out a cost-effective feasible model of geriatric care that is acceptable and based on the cultural practices and traditions. The study draws our attention to check the feasibility of setting up a nurse managed geriatric clinic to cater to the needs and problems of the elderly especially to those living in a rural community.

### Conflict of interest

No conflict of interest among the authors .

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