

Satisfaction with Geriatric Home Services among Elderly Residents and their Families in Beni-Suef Governorate

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ABSTRACT

The home is the best venue for providing health care services for the elderly. The services of in-home care not only can care be delivered at a low cost, but it has also been proven that home care is an important step in obtaining optimal health outcomes for many elderly people. **Aim of the study** to evaluate satisfaction with geriatric home services among elderly residents and their families in Beni-Suef Governorate. **Design:** An analytic cross-sectional design was used. A qualitative study was conducted among the elderly and their family members of 88 elderly people aged 65 years old and above. **Setting:** The study was carried out in all geriatric homes in Beni-Suef city. All geriatric homes in Beni-Suef governorate were included. **Subjects:** The study involved two groups, namely elderly people, and their families. The required sample size is 88 elderly. **Tool:** was developed and refined by Parasuraman et al. (1991). Data was collected via a face-to-face interview using a structured questionnaire. The questionnaire contained two parts: socio-demographic data and evaluation questions. **Results:** There are generally equal scores of satisfaction and expectations between the elderly and their families. The only difference of statistical significance was related to satisfaction with the recreation services, which was higher among elderly families' members in comparison with the elderly. **Conclusion:** The elderly and their families' members were satisfied with homecare services, and they preferred home care services. **Recommendations** The findings of the study suggest that homecare services, especially social services, should be improved.

Key words: Satisfaction, Geriatric home services, Elderly, Families.

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INTRODUCTION

Over the last half of the 20th century, the average lifespan has increased by 20 years, bringing the global life expectancy to a level of 66 years (1). The demographic transition characterized by as low death rates spurred the growth in the older people. It is expected that the numbers of the reach 800 million 10 percent of total population) by the year 2025. Two thirds of this increase will be in the world. The next 10 years will witness an increase of about 236 million people aged 65 and older (2).

Thus, most developed countries have accepted the chronological age 65 years as a definition of elderly or older person. Yet, old age is defined not by years but by inability make active contribution in the live society (3). This demographic change is accompanied by socioeconomic developments such as globalization, liberalization, urbanization, and migration (3).

Thus, although most families tend to look after their elderly in their own homes, some reasons such as lack of adequate supporting systems and resources for homecare as well as increasing care needs of the elderly have made the families be confronted with care of their elder parents at home; and therefore, entrust with nursing homes or geriatric homes for taking care of their elderly (4). The reasons articulated by families for transferring their elderly to nursing homes include the need for higher professional care, health care, behavior associated with dementia, and the need for more assistance , Thus, the capacity of families to provide support to older people and the traditional norms underlying such support is undermined (5).

The importance of institutional care for world is realized at the juncture of two major souls ageing of the population and the increasing the looking for options for alternative care arrangement home-based care. However, going to nursing home is a big turning point for both the elders and their family members (6).

Being forcedly sent to nursing home could be a painful experience. Depression in elderly people is a public health Problem associated with increased somatic diseases, high mortality rate, functional decline, heightened need for the use of health services and increased rate of progression to dementia (7).

Residents of care homes are likely to have frailty and complex needs and be high users of healthcare resources (8). Home care services (e.g., nursing, meal delivery, house cleaning) allow functionally disabled elderly persons to continue community, which helps to maximize quality of life (QOL) relative to individuals living in nursing homes. However, because this population is characterized by chronic medical illness and to individuals in geriatric home care remain at high risk for impaired life quality (9).

The satisfaction with the services in nursing homes has been linked to the quality and job satisfaction of the caregivers (10). Nevertheless, most of the primary members of the older population clearly in respondents to stay either with their children, many surveys conducted among early indicate a preference among children or with their own family *members* (11).

Within such contexts, care homes are viewed with deep ambivalence and stigma is attached to older people entering these homes. The source of this stigma is considered to lie in the "violation of traditional cultural norms" where older people are cared by their children (12). However, the social media may play an important role in encouraging the use of geriatric homes (13).

Significance of the study

As the need and demand increases, placing elderly people in institutions or nursing homes is becoming increasing common practice in spite of the cultural expectation and assumption that placing the elderly people in a nursing home is a violation to tradition and personal beliefs. Satisfaction with the care provided in geriatric homes is of major importance. Thus, it is deemed important to evaluate the satisfaction with nursing home service both from residents and families' viewpoints.

Research questions:

1. Are elderly residents satisfied with the services provided to them in geriatric homes?
2. Are elderly residents' families satisfied with the services provided in geriatric homes?
3. Is there a difference between residents and families' satisfaction?

METHOD

Study design and study group: An analytic cross-sectional design was used where the satisfaction with services was compared between residents and their families at the same point in time.

The study was carried out in Dare ahalina and Dare elkhare geriatric homes in Beni_Suef city.

Subjects: The study will involve two groups, namely elderly persons, and their families. the required sample size is 88 elderly.

Sampling technique: Elderly persons was recruited by convenience sampling according to the eligibility criteria from geriatric homes selected by random sampling. For each elderly person recruited in the sample, a family member was selected with the following criteria Closely related to elderly person (up to fourth degree relative); Visited the geriatric home at least twice during the preceding year.

Data Collection: An Interview questionnaire form was used to collect the necessary data, one for elderly and for their families. include the following parts: Demographic characteristics, Medical history & Healthqual scale: The Servqual multidimensional tool was developed and refined by (14) to measure service quality by eliciting respondents' expectations and perceptions of five dimensions of service quality. These cover service tangibility, reliability, responsiveness, assurance and capture empathy. A more recent healthcare-oriented version, the healthqual tool was proposed by (15). It covers respondents' expectations and

perceptions of five dimensions of service quality, namely empathy, tangibility, safety, efficiency, and improvement of care service.

Scoring system: elderly expectation responses are measured on seven points likers scale stated from 1) Strongly Disagree, to 7) Strongly agree. the investigator used and followed the back-translation procedure for verifying the translation of the scale used for assessment of elderly expectorations & satisfaction for this study.

Operational design: The researcher carried out an in-depth review of the related literature to be more cognizant of the theoretical background of the various aspects of geriatric home care. To do this, thorough search in textbooks, articles, scientific magazines, and internet will be done. Upon their preparation, the tool was presented to several experts in community and geriatric health nursing for face and content validation. The main scale used in the data collection has high level of validity and reliability (16). The tools were finalized based on their comments and suggestions.

Fieldwork

Once the official approvals for carrying out the study are gained, the researcher met with the director of each geriatric home and explain the aim of the study and arranged for the suitable time for data collection. Then, the researcher met with the elderly persons and their families individually and separately to ask for their consent to participate and conduct the interviews. The process of data collection lasted for eight months, from the beginning of February 2020 to the end of September 2020, two day per week from 10:00 am to 4:00 pm.

III. Ethical Consideration: The research protocol was presented to the scientific research and ethics committee of the Faculty of Nursing, Beni Suef University for approval before study conduction. Then the researcher met with the director of each geriatric home to explain the aim of the study and get their approval.

IV. Statistical design: Data entry and statistical analysis was done using SPSS 20.0 statistical software package. Quantitative continuous data were compared using Student t-test or corresponding non-parametric tests in case of lack of normal distribution. Categorical variables were compared using chi-square or Fisher exact tests as suitable. The level of statistical significance was set at p-value <0.05.

Results:

Table1: The study involved 87 old age people, majority less than 70 years age (75.9%), and their median (66.00). 54% are male and 46% were female. Only 27.6% a higher are higher education, 18.4% are basic/secondary and 54% were none. 29.9% are currently married & 70.1% were unmarried. More than a half of these elderly patients were residing in urban (50.6%) and 49.4% from rural areas. And approximately two-fifth (42.5%) of the elderly patients in the study sample reported having insufficient income & 57.5%. were sufficient.

Concerning medical characteristics of elderly in the study sample Table 2 illustrate that 82.8% of elderly were having chronic diseases with at least one (median 1.0), 6.9% of them have in continence problems. 6.9%. Additionally: 16.1% were disabled; mentioned visual, motor, and balance.

Concerning Socio-demographic characteristics of family caregivers; table 3 demonstrate that 56.3% have a relation with their relatives and 43.7% have relation with their spouse. And the majority of them 90% don't stay with the elderly, and only 8.0% of them can stay. Family relative age ranged as 22.0-69.0 years; 59.8% of them less than 50 years and 40.2% were above 50 yrs. Table 3 demonstrate that Their no statistically significant difference between elderly level of satisfaction of elderly and their family caregivers regarding any of health services dimensions.

As explained by table 4 in relation to elderly satisfaction expectation level slightly more than half of elderly demonstrate high satisfaction 50.6% on the same line near half of them 49.4% demonstrate high expectation. Concerning care giver level of satisfaction, the results demonstrate high satisfaction 49.4% on the same line near half of them 50.6% demonstrate high expectation

Regarding relations between elderly's satisfaction and their socio-demographic characteristics table 5 notify that Dare Ahalina elderly demonstrate significant satisfaction ($P=0.009^*$), as well as urbane residence ($P=0.09$). On the same line those with sufficient income ($P=0.02$)

Table 1: Socio-demographic characteristics of the elderly in the study sample (n=87)

	Frequency	Percent
Nursing home:		
Dar ELkheir (A)	45	51.7
Dar Ahalina (B)	42	48.3
Age:		
<70	66	75.9
70+	21	24.1
Range	58.0-83.0	
Mean±SD	66.9±4.7	
Median	66.00	
Gender:		
Male	47	54.0
Female	40	46.0
Education:		
None	47	54.0
Basic/secondary	16	18.4
University	24	27.6
Marital status:		
Unmarried	61	70.1
Married	26	29.9
Previous job:		
Employee	22	25.3
Worker	35	40.2
Housewife/unemployed	30	34.5
Residence:		
Rural	43	49.4
Urban	44	50.6
Income:		
Insufficient	37	42.5
Sufficient	50	57.5

Table 2: Medical characteristics of the elderly in the study sample (n=87)

	Frequency	Percent
Have chronic disease:		
No	15	17.2
Yes	72	82.8
Diseases (n=72): [@]		
Diabetes	36	50.0
Hypertension	40	55.6
Cardiac	13	18.1
Renal	8	11.1
Hepatic	4	5.6
GIT	5	6.9
Asthma	2	2.8
Parkinsonism	2	2.8
Neoplasms	1	1.4
Rheumatoid	3	4.2
Arthritis	3	4.2
Epilepsy	1	1.4
Vertigo	2	2.8
No. of diseases:		
Range	0-5	
Mean±SD	1.4±1.0	
Median	1.0	
Have incontinence	6	6.9
Have disability:		
No	73	83.9
Yes	14	16.1
Visual	6	42.9
Motor	6	42.9
Balance	4	28.6

Table 3: Socio-demographic characteristics of family caregivers of the elderly in the study sample (n=87)

	Frequency	Percent
Relationship:		
Other relatives	49	56.3
Spouse	38	43.7
Live with elderly:		
No	80	92.0
Yes	7	8.0
Age:		
<50	52	59.8
50+	35	40.2
Range	22.0-69.0	
Mean±SD	47.4±9.2	
Median	45.00	
Gender:		
Male	47	54.0
Female	40	46.0
Education:		
None	19	21.8
Basic/secondary	30	34.5
University	38	43.7
Marital status:		
Unmarried	11	12.6
Married	76	87.4
Job:		
Employee	37	42.5
Worker	27	31.0
Housewife/unemployed	23	26.4
Residence:		
Rural	36	41.4
Urban	51	58.6
Income:		
Insufficient	28	32.2
Sufficient	59	67.8
Have chronic disease	82	94.3

Table 4: Satisfaction and expectations levels among elderly and their family caregivers

	Frequency	Percent
Satisfaction higher among:		
Elderly	44	50.6
Caregivers	43	49.4
Expectation higher among:		
Elderly	43	49.4
Caregivers	44	50.6

Table 5: Relations between elderly’s satisfaction and their socio-demographic characteristics

	Satisfaction				X ² test	p-value
	High		Low			
	No.	%	No.	%		
Nursing home:						
Dar ELkheir (A)	32	71.1	13	28.9		
Dar Ahalina (B)	39	92.9	3	7.1	6.84	0.009*
Age:						
<70	55	83.3	11	16.7		
70+	16	76.2	5	23.8	Fisher	0.52
Gender:						
Male	36	76.6	11	23.4		
Female	35	87.5	5	12.5	1.71	0.19
Education:						
None	39	83.0	8	17.0		
Basic/secondary	12	75.0	4	25.0	--	--
University	20	83.3	4	16.7		
Marital status:						
Unmarried	51	83.6	10	16.4		
Married	20	76.9	6	23.1	Fisher	0.55
Previous job:						
Employee	19	86.4	3	13.6		
Worker	25	71.4	10	28.6	4.16	0.13
Housewife/unemployed	27	90.0	3	10.0		
Residence:						
Rural	32	74.4	11	25.6		
Urban	39	88.6	5	11.4	2.93	0.09
Income:						
Insufficient	26	70.3	11	29.7		
Sufficient	45	90.0	5	10.0	5.52	0.02*

(*) Statistically significant at $p < 0.05$

(--) Test result not valid

Discussion:

The study involved 87 old age people, majority less than 70 years age (75.9%), and their median (66.00). 54% are male and 46% were female. Only 27.6% a higher are higher education, 18.4% are basic/secondary and 54% were none. 29.9% are currently married & 70.1% were unmarried. More than a half of these elderly patients were residing in urban (50.6%) and 49.4% from rural areas. And approximately two-fifth (42.5%) of the elderly patients in the study sample reported having insufficient income & 57.5% . were sufficient.

Concerning medical characteristics of elderly 82.8% of elderly were having chronic diseases with at least one. (6.9%) of them incontinence problems, additionally:16.1% were disabled; mentioned visual, motor, and balance. Regarding medication history and its effects on the elderly 82.8% were on regular medication, with median 3.0 drugs. In addition; those with drugs that effects concentration of 8%, equilibrium of 19.5%, and on memory of 11.5% of elderly.

Concerning Socio-demographic characteristics of family caregivers; more than half of them have a relation with their relatives and relation with their spouse, but the majority of them don't stay with their elderly, and only minority of can stay. Family relative age ranged as 22.0-69.0 years; 59.8% of them less than 50 years and 40.2% were above 50 yrs. On the same line (17) who study role of informal care family care giver in decision making of elderly in home care, she that majority of informal family care giver reported that they preferred to play an active or collaborative role in the decision making. Sixty percent of them were the adult child of the older adult. their median age was 60.5 years, majority of them were married women, living with a partner, retired, more than one fifth of them had no more than a post-secondary education.

Also, no statistical significant difference between elderly level of satisfaction as well as elderly expectation and their family caregivers regarding any of services expectation services dimensions. In the researcher point of view as the geriatric homes was public services with low resources, at the same time the majority of elderly and their family relatives were of low socio-economic. And minorities were having health insurance coverage. But a significant relation between elderly and family care giver dissatisfaction expectation in relation to recreation services. In the same whit our study finding (18), this study examined the factors related to the overall satisfaction level of older people treated at home, regarding medical and welfare services in their area of residence. as elderly demonstrate dissatisfaction with welfare services in their area of residence

In contrast to our study results, a study (19) who evaluate homecare services for elderly to get their family member's opinion towards the homecare services in Konya province of Turkey. He found that the measurement of medical services of the home care was fulfilled by healthcare professionals and the family members were happy with the home care services and in accordance with our study results he stated that family members and elderly says that social care services are not good enough. Generally, the family members of the elderly were satisfied with homecare services and they preferred to home care services over hospital care services.

Concerning care giver level of satisfaction, the results demonstrate high satisfaction on the same line near half of them demonstrate high expectation mainly those belonging to Dare Ahalina private nursing home. in agreement of our study results (20) who study elderly satisfaction and expectation regarding community home services their study results show a relatively good level of satisfaction among the elderly with the services provided in the Kahrizak in Iran nursing home, while there is a significant difference with the expectations of the elderly from the health care system from their point of view. Which reflect the need for a codified program to improve the provision of health services based on the needs and priorities of the elderly in the elderly care centers.

Regarding relations between elderly's satisfaction and their socio-demographic characteristics Dare Ahalina elderly demonstrate significant satisfaction ($P=0.009^*$). No any statistical significant relation between elderly's satisfaction and their health characteristics, on the same line those with sufficient income demonstrate highly statistical significance expectations, satisfaction ($P=0.002^*$). This result was incongruence with (21) who examine role of Comprehensive geriatric assessment in UK elderly care home, to deliver optimal care for care home residents. And recommended that should consider workers views, Resident satisfaction, prescribing healthcare resource, use and objective measures of quality of care to increases their satisfaction with services provided.

These results was on the same line with (22), their patients' mean age was 82.9 ± 8.7 years, (66%) were women. A factor analysis of the QUALID scale resulted in two factors: 'discomfort' and 'comfort'. Three linear regression analyses were performed. Variables associated with lower quality of life (total QUALID score) were: a diagnosis of major depression ($p=0.001$), lower score on MMSE ($p = 0.032$), impaired function in activities of daily living ($p = 0.007$) and female gender ($p =0.001$).

Concerning relations between elderly's expectations and their health characteristics, Significant relation with those whom on regular medication for chronic diseases especially drugs that affect Equilibrium, Concentration affected, Memory affected, In agreement with our finding, (23), who study Patient satisfaction and early geriatric follow-up after discharge in older acute medical patients were "satisfied with treatment and care after discharge" and were "satisfied with the continuity of care at home compared to the patients in the control group who receiving usual follow-up. But more women were non-responders than men.

Regarding family caregivers' satisfaction and their elderly' socio-demographic, table characteristics, statically significant satisfaction of elderly residences of Dare Ahalina ($P=0.07$). Elderly from urban residence demonstrate significant satisfaction ($P=0.04^*$), as well as those with sufficient income $P= (P=0.04^*)$. In the researcher's point of view, cultural diversity plays a role in this regards.

Regarding relations between family caregivers' expectations and their elderly 'health characteristics, family care giver with sufficient income shows high expectation, satisfaction ($P=0.04^*$), as well as on regular medication and affected their equilibrium ($P=0.06^*$). This results supported by (24). having health insurance has increased satisfaction. In a study in China in 2016, the results indicated that insurance alone would not increase the satisfaction of the elderly, also, appropriate social support for elderly is one of factors that ensure life satisfaction

Our study finding demonstrate that family care giver above 50 years demonstrate high satisfaction and expectation, this results was not supported by (25) who study influence of home care service use on reducing caregiving burden or on increasing caregivers' satisfaction in **Korea**. They conclude that home care services might not automatically have a positive impact on caregivers' burden and satisfaction and validate maintaining healthy family functioning as an important issue for family caregivers.

Concerning family caregivers' expectations and their satisfaction areas statistical significant relation low satisfaction regarding health services, Dietary services, Hygiene services, General cleanliness, Recreation services, and Relationships with staff. On the same regards of this results family caregivers' satisfaction and their expectations areas, statistical significant low family care giver satisfaction and expectation regarding tangibility, assurance, reliability, responsiveness areas. Also low total expectations ($P=<0.001^*$), these results was supported by (26) who study the experience of a representative sample of the Iranian family caregivers from the end-of-

life care for their elderly relatives & he conclude that although their wish to give the best care, they are completely powerless to provide care, and in an atmosphere of the vacuum of supporting, they encounter severe challenges and crisis. And intense the vital palliative care centers in the society are arranged to care for EOL elderly with comprehensive insurance services.

On the same regards (27), who study expectations and satisfaction of elderly people with health services provided at a public nursing home in **Iran**, The mean scores of services that elderly people consider and expect from nursing home is reported to be 115.05 ± 14.29 (out of 5 score = 4.26). The mean score of services provided to the elderly in Kahrizak nursing home was 101.17 ± 10.43 (out of 5 score = 3.74). The mean difference between the two variables of the elderly services expected to be carried out and services provided at the center was 13.87 ± 19.13 which is statistically significant. In this study, most of the demographic variables such as age, sex, marital status of the elderly has no statistical effect on the expected services and the satisfaction of the elderly, and the difference between them ($P > 0.05$). The results show a relatively good level of satisfaction among the elderly with the services provided in the Kahrizak nursing home, while there is a significant difference with the expectations of the elderly from the health care system from their point of view. They recommend the need for a codified program to improve the provision of health services based on the needs and priorities of the elderly in the elderly care centers.

The present study reveals low satisfaction low expectation in relation to quality of home care services regarding tangibility, assurance, responsiveness, s as well as total expectations ($P=0.01^*$). On the same line (28) who **conduct an integrative literature review** relating to **nursing practice in home care** through analyzing 48 articles, he was found that nursing practice in home care is complex, employing a multitude of actions by using three technologies: soft; soft-hard especially; and hard as Challenges related to the home-care training process are reported in the literature, More; they found low satisfaction of care as the nurses use knowledge from their experience and scientific recommendations in conjunction with their reflections on the practice.

Regarding correlation between elderly satisfaction and expectation scores and their characteristics; age and income was positive correlation, and educational level, No. of chronic diseases, and No. of medications, demonstrate negative correlation, on the same line a study conducted by (29); In the United Stated that only one in three older adults is living in housing that matches his or her preference. Unplanned, uninformed, abrupt, and forced relocations prevent or interfere with older adults aging in a place of their choice and generate anxiety, frustration, distress, and poor quality of life (30), also supported by (31) in Nagasaki; Japan elderly dissatisfaction with medical services

in health insurance long term settings, in relation to shared information among medical personnel and co-workers.

Positive Correlation between expectation domains of family caregivers' expectations scale domains scores regarding empathy, tangibility, assurance, reliability, and responsiveness. On the other line negative correlation regarding numbers. of medications expectation. Incongruence (32) who conclude the mean scores for health promotion behaviors and life satisfaction were higher, and the mean score for depression was lower in the group-home group than the at-home group. And recommend that the findings from this study may be employed as basic data for establishing residence-appropriate nursing intervention protocols for older adults living in rural areas. On the same line (32) who stated that **Korean** elderly in long-term facilities Life satisfaction was influenced by the factors of adaptation, depression, anxiety, friend support, self-efficacy, and staff support. In addition, adaptation was affected by the factors of staff support, depression, anxiety, and friend support. They suggested that life satisfaction and adaptation for Korean elderly in long-term facilities were primarily influenced by of the factors of anxiety, depression, friend support, and staff support. In the nursing practice, nurses need to pay attention to these factors to improve the life satisfaction and adaptation ability of Korean elderly in long-term facilities.

Conclusion:

The results show a relatively low level of satisfaction of the elderly with services provided in the beni-suef geriatric home, while there is a significant difference with the expectations of the elderly from the geriatric home services from their point of view.

Recommendation:

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1. There is a need for a codified program to improve the provision of health services based on the needs and priorities of centers for the care of the elderly.
 2. Paying attention to the autonomy of the elderly, respecting their decision and accountability of health care providers in accordance with the needs of the elderly,
 3. Effective interpersonal interactions and improving their quality of life will lead to satisfaction of the elderly living in the nursing homes.

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