Original Research Paper

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General Medicine

KNOWLEDGE, ATTITUDE AND NEED ASSESSMENT REGARDING GERIATRIC HEALTH CARE AMONG THE GERIATRIC OUTPATIENTS AT A TERTIARY CARE HOSPITAL IN PUDUCHERRY.

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ABSTRACT **Back ground** India is undergoing both epidemiologic and demographic transition. Geriatrics and geriatric health care are in very early stages in India. **Objectives** 1. To evaluate the attitude of geriatric patients toward specialized geriatric healthcare. 2. To assess the willingness of geriatric patients to spend more time for checkups and follow-ups regularly. 3. To identify the level of satisfaction among geriatric patients with the existing healthcare. **Material And Methods** The present study was cross sectional study carried out in the department of general medicine among patients aged more than 60 years of age. The study period was 3 months. Informed consent was obtained from all participants. The sample size was estimated to 240. The data was collected in a semi structured questionnaire. Statistical analysis was done using descriptive statistics. **Results** 208 (86.7%) were satisfied with the health care provided. 122 (50.8%) reported that they used to avoid visiting health care unit due to fear of going to hospitals / doctors. 210 (87.5%) believed specialized OPDs provide better accessibility for elderly patients. 231 (96.3%) believed the cost of medicine provided for elderly should be free or subsided or reduced. **Conclusion** The elderly patients are quite satisfied with the care provided. A visiting health care provider at home and mobile unit will aid in increasing the quality of care provided to the elderly. The burden of health care costs among elderly shall also be explored in the future research. There is also need for the implementation of specialized geriatric health care unit in the near future.

KEYWORDS : Knowledge, attitude, needs, geriatric, health care, accessibility, information, infrastructure.

INTRODUCTION

Miller defined ageing as a process that converts fit adults into frailer adults with a progressively increased risk of illness, injury and death. He also adds that with the passage of time certain changes takes place in an organism and these changes eventually leads to the death of the organism. No one is sure about when the old age begins[1]. According to World Health Organisation (WHO) 60 years is the cut off for old age[2].

The world population is ageing rapidly with global older population over took the child population below 5 years in the year 2020 and the older population is expected to overtake the child population below 10 years by 2030[3,4]. India too is under a demographic transition where the proportion of geriatric population is showing an increase. From about 96 million in the year 2011 it increased to 117 million in the year 2015[5].

Studies had documented the major causes of diseases among elderly to be cardiovascular disease, cancer, chronic lung diseases, musculoskeletal diseases, mental disorders and diseases of the nervous system[6]. Alongside demographic transition there is also an epidemiological transition where the incidence of non-communicable disease is having an increasing trend[5]. The increased ageing goes hand in hand with increased health and social care burden. Tackling the above is not easier as in developing countries both the transitions are occurring before the countries can become economically sound[7]. The geriatric as medical speciality is yet to grow bigger and also there is bigger gaps in relation to geriatric health care, research, infrastructure, programs, policy and implementation in developing countries[5]. The health systems in developing countries were more robust in tackling communicable diseases rather than the non-communicable degenerative diseases[7].

Assessing the attitude of geriatric patients and their satisfaction is quite important in relation to improving the present facilities available. Hence the present study was done to evaluate the attitude of geriatric patients toward specialized geriatric healthcare and assess the willingness of geriatric patients to spend more time for checkups and follow-ups regularly and the third objective is to identify the level of satisfaction among geriatric patients with the existing healthcare.

MATERIAL AND METHODS

The present study was cross sectional study carried out in the department of general medicine, Sri Venkateshwaraa Medical College Hospital and Research centre, Puducherry. The study was carried out for a period of 3 months between November 2023 and January 2024 among the patients more than 60 years of age. Ethical clearance for the study was obtained from the institutional ethics committee. Informed consent was obtained from all the participants. The sample size for the study was determined as 240 based on the study by Salagre S et al[8].

Those patients with minimum one outpatient visit prior to the commencement of the study were only included into the study. Those with terminal conditions and psychiatric disorders were excluded from the study. A structured questionnaire was used to collect the data from the participants. The questionnaire collected data on the sociodemographic characteristics, comorbidities, knowledge and perceptions regarding geriatric health care, perceived needs with respect to health care and attitude towards specialized health care.

The data collected were entered into Microsoft excel 2019 and the master chart was created. The master chart was then loaded onto SPSS version 26 for statistical analysis. Descriptive statistics were used in analysis of the data. The qualitative variables were expressed using frequency and percentage. Bar charts and pie diagrams were used to represent the data pictographically.

RESULTS

Out of the 240 participants, 161 (67.1%) were unemployed. 113 (47.1%) were receiving old age pension and 84 (35%) were receiving retirement pension. 186 (77.5%) were married. 130 (54.2%) had two children. 94 (39.1%) were living with spouse followed by 74 (30.8%) with family. (Table 1).

Table 1: Sociodemographic And Baseline Characteristics Among The Study Participants.

Variables		Frequency (n=240)	Percentage (%)
Age group (in years)	60	50	20.8
	>60	190	79.2
Gender	Male	136	56.6
	Female	104	43.3
Place of residence	Urban	69	28.8
	Rural	171	71.2
Education	Illiterate	8	3.4
	Primary	50	20.5
	Middle	80	33.5
	High school	43	17.9

	Higher secondary	31	12.9
	Graduate	21	8.8
	Post graduate and above	7	2.9
Employment status	Employed	79	32.9
	Unemployed	161	67.1
Pension	Retirement pension	113	47.1
	Old age pension	84	35
	No pension-financial aid	43	17.9
Marital status	Married	186	77.5
	Unmarried	11	4.5
	Divorced/ widowed	43	17.9
Number of children	1	81	33.7
	2	130	54.2
	3 or more	29	12.1
Living with	Spouse	94	39.1
	Family	74	30.8
	Relatives	17	7.1
	Alone	29	12.1
	Old age home	26	10.8
Comorbidities	Diabetes	101	42.1
	Hypertension	115	47.9
	Thyroid	32	12.9
	CVA	65	27.1
	CAD	70	29.1
	OA knee	86	35.8
	CKD	29	12.1

With regard to knowledge regarding healthy ageing and geriatric health care, 136 (56.7%) were aware that they were having comorbidities. 201 (83.7%) thought diseased condition as a normal part of ageing. 148 (61.6%) regularly followed up doctor regarding their illness, 146 (60.8%) reported that they undergo periodic health checkups as recommended by doctors. 163 (67.9%) were aware of worsening of their illness, if they skip regular treatment. 173 (72.1%) reported that they undergo additional health checkups, if necessary and recommended by doctor. (Table 2).

Table 2: Distribution Of Participants According To Knowledge Regarding Healthy Ageing And Geriatric Health Issues.

S No	Question		Yes (N=240)	%
1a	Suffering from chronic illness		136	56.7
1b	Type of illness	Diabetes	101	42.1
		Hypertension	115	47.9
		Thyroid	32	12.9
		CVA	65	27.1
		CAD	70	29.1
		OA knee	86	35.8
		CKD	29	12.1
2	Do you think diseased condition is a normal part of ageing?		201	83.7
3	Do you think your illness require regular follow up with doctors?		148	61.6
4	Do you undergo periodic checkups for your health condition as recommended by your doctors?		146	60.8
5	Are you aware of the dangers of your illness if you skip regular treatment?		163	67.9
6	Do you undergo additional health checkups, if necessary and recommended by your doctor		173	72.1

With regard to perceptions regarding geriatric health care, 208 (86.7%) were satisfied with the health care provided. 218 (90.8%) visited at least one health unit in the past 1 year. 53 (22.1%) visited health care unit that had separate OPD or department for elderly. 137 (57.1%) reported the heath care unit to be at convenient distance from home. 163 (67.9%) felt inconvenient about long queues and waiting period at the health care unit. 199 (82.9%) thought that the health care providers communicate effectively. 58 (24.1%) felt inconvenient about the operational timings of the health care unit. 161 (67.1%) reported that they had to visit multiple OPDs or departments in order to get overall assess of their health. 89 (37.1%) were feeling inconvenient about visiting multiple referral systems. 73 (30.4%) reported healthcare worker visit their home to provide health care. 31 (12.9%) were satisfied with the health care provided at home. 147 (61.3%) reported that they can go to the health care unit themselves. 42 (17.5%) reported that they get assistance from someone for visiting the health care unit. 82 (34.2%) reported that they willingly avoid medical treatment. 51(21.3%) reported lack of money as the reasons for avoiding medical treatment and 31 (12.9%) reported inconvenience for visiting the health care facility as the reason. 122 (50.8%) reported that they used to avoid visiting health care unit due to fear of going to hospitals/doctors. 166 (69.1%) reported that they take all the medications regularly. 68(28.3%) reported that someone assist them in taking medication. (Table 3 & Fig 1).

Table 3: Distribution According To Perceptions Regarding Geriatric Health Care.

S. No	Question		Yes n=240	%
1	Are you satisfied with the health care provided, when you require it?		208	86.7
2	Did you visit any healthcare unit in the past 1 year for your health issues?		218	90.8
3	The health care unit visited had separate OPD or department for elderly		53	22.1
4	The health care unit you visit, is it convenient distance from your home?		137	57.1
5	Do you feel inconvenient due to long queues and waiting periods at the healthcare unit you visit		163	67.9
6	Do the healthcare providers effectively communicate with you about your illness and treatment		199	82.9
7	Do you feel inconvenient with the operational timings of your health care unit		58	24.1
8a	Do you have to visit multiple OPDs/departments for overall assessment of your health		161	67.1
8b	Feeling inconvenient about visiting multiple referral systems		89	37.1
9a	Any healthcare worker visiting your home to provide health care?		73	30.4
9b	Are you satisfied with health care provided at home		31	12.9
10a	Can you go to the healthcare unit yourself		147	61.3
10b	Do you get assistance from anyone for visiting the health care unit		42	17.5
11a	Are you willingly avoiding medical treatment?		82	34.2
11b	Reasons for avoiding medical treatment	Lack of money	51	21.3
		Inconvenience in visiting health care facility	31	12.9
12	Avoid visiting health care unit due to fear of going to hospitals/doctors		122	50.8
13a	Do you take all your medications regularly by yourself		166	69.1
13b	Someone assists me in taking medications regularly		74	30.9

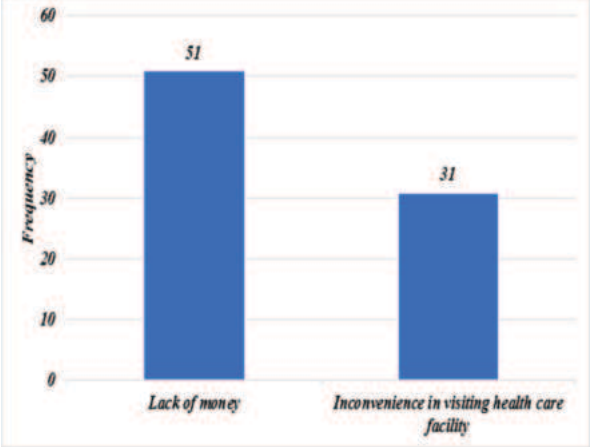

Fig 1: Bar chart showing distribution according to reasons for avoiding medical treatment.

With regard to the perceived needs, 229 (95.4%) believed that having a separate OPD or department for elderly people. 220 (91.6%) believed the need to have health camps for elderly people. 207 (86.3%) reported it is good to have health worker visiting their home regularly to monitor health and provide basic health care services. 219 (91.2%) believed it is good to have mobile health facilities. 194 (80.8%) thought that it was important to establish elderly day care centres. 206 (85.8%) separate queue lines at the OPDs or sampling area for lab facilities. 231 (96.3%) believed the cost of medicine provided for elderly should be free or subsided or reduced. 227 (94.6%) believed more awareness shall be provided about the health care issues of the elderly. (Table 4)

Table 4: Distribution According To Perceived Needs With Respect To Health Care.

S No	Question	Yes	
		n=240	%
1	Do you believe there is a need for separate OPD/Department for elderly people?	229	95.4
2	Do you believe there is need for health care camps for elderly people?	220	91.6
3	Would you like health care workers visiting your home regularly to monitor your health and provide basic healthcare services?	207	86.3
4	Do you believe there is need for mobile healthcare facilities?	219	91.2
5	Do you believe there is a need for the establishment of elderly day care centres?	194	80.8
6	Do you believe there should be separate queue lines for elderly for OPD registrations, separate queue line or sampling area for lab facilities?	206	85.8
7	Do you believe the cost of medicines provided for the elderly should be free/ subsidised/ reduced?	231	96.3
8	Do you believe there should be more awareness programs about the healthcare issues of the elderly?	227	94.6

With regard to the attitude towards specialized geriatric care, 210 (87.5%) believed specialized OPDs provide better accessibility for elderly patients. 214 (89.1%) believed that special OPDs will provide comfortable atmosphere for elderly patients. 197 (82.1%) believed special OPDs will aid in better communication between elderly patient and doctors. 187 (77.9%) reported specialized geriatric OPDs will improve the knowledge about illness among elderly. 202 (84.1%) believed specialized OPDs result in efficient treatment for elderly patients. 170 (70.8%) believed specialised units results in smaller waiting time and reduction of longer queues. 157 (65.4%) reported that they were willing to spend more time to improve the quality of life and overall health. 96 (40%) reported willing to spend more money for the same. 172 (71.6%) reported willingness to attend mobile health care units if that reduce travel time and inconvenience due to travel. 165 (68.7%) reported that they will take additional medications if comprehensive geriatric assessment suggests so. (Table 5).

Table 5: Distribution According To Attitudes Toward Specialized Geriatric Healthcare.

S No	Question	Yes	
		n=240	%
1	Do you believe specialized geriatric OPDs help in providing better accessibility for elderly patients?	210	87.5
2	Do you believe specialized Geriatric OPDs will provide a comfortable atmosphere for the elderly patients?	214	89.1
3	Do you believe specialized Geriatric OPDs will result in better communication between elderly patient and doctors?	197	82.1
4	Do you believe by attending specialized Geriatric OPDs will improve your knowledge illness that can occur in elderly persons?	187	77.9
5	Do you believe Geriatric OPDs will result in efficient treatment for the elderly patients?	202	84.1
6	Do you believe specialized Geriatric OPDs/ Healthcare units, will reduce the waiting time and long queues for elderly patients?	187	77.9
7	Are you willing to spend more time on checkups, if it improves your quality of life and prevent comorbidities?	157	65.4
8	Are you willing to spend more money on healthcare, if it improves your quality of life and overall health?	96	40
9	Are you willing to attend mobile healthcare units for the elderly, if it reduces your travel time and inconvenience due to travel?	172	71.6
10	If your comprehensive geriatric assessment requires you to take additional medications, are you willing to take?	165	68.7

DISCUSSION

The world population is rapidly ageing and the change is happening in India too. Alongside demographical change, there is also an epidemiological change leading to the emergence of chronic degenerative disorders[4,5]. The health system is at the budding stages with regard to taking care of health of the elderly[7].

Most participants in this study were satisfied with the health care provided at present. Only one third had visited OPD that was specific to elderly or attended to the department specific for elderly. Almost half participants thought health care to be at a convenient place and also felt inconvenient about the long queues and waiting period. Majority in the present study reported health care providers communicate effectively. One third willingly avoided treatment and same proportion also reported to avoid visits due to economic constraints. Two third undergone periodic check-ups regularly. Hayman N et al reported high satisfaction among the old aged patients about the care provided to them which was similar to the participants in the present study[9].

Almost 95% stressed the importance of having a separate OPD or department for elderly and also thought it will be beneficial in terms of reducing the queue and the long waiting time. Having a health care worker visiting home and having a mobile medical unit both will be useful in terms of improving the health care delivery to the elderly. Many were of the positive attitude towards attending to additional investigations and cost of medicines. Many also believed the above changes will improve the delivery of health information to the elderly. Treharne G et al pointed to the presence of neutral attitude by the professionals towards elderly patients and stressed up on doing research in the domain to get better insights[10]. Hoebel J et al reported the presence of socioeconomic inequalities in health among the elderly people more towards at the time of retirement than later. The above can be nullified by making the health care free or decreasing the cost of it[11]. Hoogendijk EO et al reported that most elderly people have their physical needs covered but what have to be taken care of is the psychosocial needs[12].

Vu HTT et al suggested a training programme for physician and nurses to help them get better with how to take care of the elderly[13]. Unalan D et al stressed that the care for elderly requires a separate set of skills and awareness hence it shall be given importance at the time of recruitment of the workers and also, they can be provided with in service training[14].

Mansfield JC et al stressed the importance of implementing interventions targeting towards community dwelling elderly people. Making a health care worker visiting them and making a mobile medical unit available to them will aide in the purpose.

The strengths of the present study are its objectives, only few studies earlier dealt with similar objectives. It tried to explore the various domains of knowledge, perceived needs and attitude. Though a qualitative component would be more insightful. The generalisability of the results has to be cautious as the participants were the attendees of single tertiary care centre.

CONCLUSION

The elderly patients are quite satisfied with the care provided. A visiting health care provider at home and mobile unit will aid in increasing the quality of care provided to the elderly. The burden of health care costs among elderly shall also be explored in the future research. There is also need for the implementation of specialized geriatric health care unit in the near future.

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