Perceived Experience of Old Adult Patients with Services provided in the Tertiary Level Hospitals in Kathmandu: A Cross-Sectional study

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Abstract

Introduction: Most old adults are vulnerable to multiple non-communicable diseases and need extensive care, treatment and support for a good quality of life. The main objective of this study was to identify the old adult patient's perceived experience with the care provided in the tertiary level hospitals under the Institute of Medicine, Tribhuvan University, Kathmandu, Nepal.

Methods: The cross-sectional study was conducted among 404 old adult patients admitted with non-communicable diseases in two tertiary levels University Hospitals in Kathmandu, Nepal. An interview schedule was conducted with hospitalized old adult patients to collect data using a consecutive sampling technique.

Results: Most participants [208 (51.5%)] were from the age group of 60 to 69 years with a mean age (± SD) of 71.1 (± 9.7) years. One-fourth [103 (25.5%)] of them were financially independent. Two hundred thirty-three (57.7%) were admitted with a single diagnosis. Two hundred forty (59.4%) participants bore their hospital expenses with out-of-pocket payment, and 40.6% were covered by a third party payment. The majority of them (86.1%) had the experience of finding approachable health personnel in the hospital whereas 82.7% felt that the cost of treatment was higher than expected. 80.4% perceived that access to the hospital service (e.g. getting the outpatient tickets) was user-friendly. However, only 10.9% experienced follow-up visits user friendly.

Conclusions: The hospitals where this research was done have a relatively high standard of care for old adult patients. Old adult-friendly health policy, physical environments of the hospital, and advocacy for them should further be considered in the tertiary level hospitals for the benefit of old adult patients.

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INTRODUCTION

The old adult is an emerging issue, not only globally but also in developing countries like Nepal. Globally the proportion of old adults is growing at a faster rate than the general population,[1] it was estimated by UNFPA in 2012 that the ratio of one old adult in five persons will be projected by 2050.[2] Similarly, in the Southeast Asian Region (SEAR), old adult people above 60 years was 9.8% in 2017, and it is estimated to be increased by 13.7% and 20.3% by 2030 and 2050 respectively. Likewise, Nepal Government identifies the old adults above the age of 60 years.[3] As per Nepal 2011 census, old age people above the age of 60 years were 8.1% of the 26,494,504 total population.[4,5] The old adult population grew steadily at the rate of 3.8 % per year which was three times higher than the annual population growth rate of 1.4% in our country.[1] The old adult age is a period where people have multiple chronic health problems due to compromised physical, physiological, and economic functions.[6] Therefore, they need to be supported especially in the aspect of health and wellbeing. Old people have multiple health issues during their increasing old age. Due to rapid decline in fertility, adult population globally tend to be increasing

and Governments all over the world are striving to take care of this population. There has been a significant and remarkable improvement in morbidity and mortality of old age people due to availability of modern health services, a Governmental scheme for their senior citizens, improving quality of life, and a large migration of economically active population in the third world countries.

Further, Wang et al has stated that the impact of NCDs has been creating attention in countries where a severely increasing aging population, especially in low and middle-income countries (LMICs).[7] NCDs have even become a barrier to their continued economic development and progress.[7,8] Ultimately, the mechanism of NCDs is linked to the influence of socio-economic factors, the transition of disease burden, and old adult people's health and wellbeing. These chronic diseases have been affecting the individual not only physically but also affecting their psychological, social, economic, and spiritual health and well-being which directly influences the quality of life of old adult people.[9]

Regarding the hospital services for old adult patients with NCDs, it is quite challenging, especially in resource limited countries. In such regions, their status seems more stressful because there is typically no old adult-friendly accommodation such as quiet rooms, lower beds, extra pillows, indirect lighting, and toilet facilities.[10] However, hospital systems in developed countries are creating special geriatric emergency departments, wards, and trained geriatric health care providers.[11] According to the Government policy of Nepal, 10% of hospital beds should be allocated for old adult patients in tertiary hospitals. Recently, in 2021, Nepal Government approved a 50% discount has been given to treatment costs of old adult people from certain tertiary level hospitals throughout the country in all seven provinces.[12] There are no specialized geriatric health care providers, an old adult-friendly emergency department, wards, and old adult-specific hospitals are available in Nepal. However, advocacy for old adult-friendly hospitals and trained human resources has been done by very few local organizations and countable people at the private level. However, the research regarding the services for the old people's health problems and their perception has not been adequately done in our region. Hence, this study was conceived to study the perceived experience of old Nepali population in their health services in a tertiary level care teaching hospital in Kathmandu, Nepal.

METHODS

A cross-sectional study among 404 old adult patients admitted with NCD's in two tertiary care levels University Hospitals were included in the study. The population of this study was the old adult patients (≥ 60 years) admitted to Manmohan Cardiothoracic Vascular and Transplant Center and Tribhuvan University Teaching Hospital, Maharajgunj, Kathmandu, Nepal with a diagnosis of NCDs including cardiovascular and respiratory, gynecological, cancer, musculoskeletal, gastrointestinal, neurological, renal, and endocrine diseases etc. The sample size was calculated by using the Crochan infinite standard formula with a precision of error allowing 0.05 with a prevalence of 50% and a non-response rate of 5% (20). An interview schedule was conducted with hospitalized old adult patients to collect data in Kathmandu, Nepal, using a consecutive sampling technique. While collecting data ten old adult patients discontinued the interview schedule.

RESULTS

Most of the participants [208 (51.5%)] were from the age group of 60 to 69 years with mean age (± SD) of 71.1 (± 9.7) years. One hundred three (25.5%) old adult patients admitted to the hospital were financially independent.

Table 1- Old adult patients' disease related characteristics

N = 404

Variables	Number	Percentage
*Diseases		
Cardiovascular problems	233	57.7
Respiratory problems	97	24.0
Gynecological problems	71	17.6
Musculoskeletal problems	51	12.6
Gastrointestinal problems	44	10.9
Cancer	23	5.7
Neurological problems	21	5.2
Renal problems	20	5.0
Endocrine problems	13	3.2
Number of morbid conditions		
Only one disease	233	57.7
Two diseases	102	25.2
Three or more disease	69	17.1
Payment methods for treatment		
Out of pocket payment	240	59.4
Third party payment	164	40.6
(Third party payment (N = 164		
Health insurance	130	79.3
Rheumatic Heart Diseases Fund ((RHDF	18	10.9
Senior Citizen Fund for Heart Dis-(eases (SCFHD	16	9.8

**Multiple response item*

Most of the old adult patients (57.7%) had cardiovascular

diseases followed by respiratory (24.0%), and gynecological problems (17.6%), musculoskeletal (12.6%), gastrointestinal problems (10.9%), cancer (5.7%), neurological problems (5.2%), renal problems (5.0%), and endocrine problems (3.2%). Two hundred thirty-three old adult patients (57.7%) were admitted with a single non-communicable disease with no comorbid condition and 42.3% had two or more comorbid conditions. Two hundred fourty (59.4%) old adult patients paid their treatment expenses of the hospital with out-of-pocket payment, 40.6% of old adult patient's treatment expenses was covered by third party payment such as health insurance (79.3%), Rheumatic Heart Diseases Fund (10.9%), and Senior Citizen Assistance Fund (9.8%) as depicted in table 1.

Table 2 - Old adult patients' perceived experiences with health services N = 404

*Variables	Number	Percentage
Approachable health personal in hospital	348	86.1
Costly treatment	334	82.7
Easily access to OPD Ticket	325	80.4
Impossible to access treatment from hospital coming alone by old .adult	317	78.5
Easily available doctors	304	75.2
Received early treatment when reached to hospital	286	70.8
Feeling irritate while in staying on queue	271	67.1
Easily access to bed for admission	232	57.4
No need to stay on queue for old adult patients	126	31.2
Easy treatment modality	67	16.6
Accessible regular checkup	44	10.9

**Multiple response question*

The majority of old adult patients (86.1%) experienced approachable health personnel in the hospital. Similarly, 82.7% felt that the health care cost for their diseases as expensive, 80.4% had felt that there was easy access to tickets for the hospital service. However, only 31.2% of old adult patients experience no need to stay in the queue for services, 16.6% experienced easy treatment modalities, and 10.9% experienced accessible follow-up health services delivered through hospitals shown in table 2.

DISCUSSION

The findings of this study have been based on the information collected from old adult patients, who were admitted to the tertiary level hospitals with diagnosed various NCDs. This study explored the perceived experiences of old adult patients, which revealed their perception of the hospitals' services during their hospitalization. The findings revealed the majority of old adult patients with non-communicable diseases admitted to hospitals were due to cardiovascular problems, followed by the respiratory problem. Global, as well as the national scenario of leading NCDs, were cardiovascular and respiratory.[13] NCDs were high prevalence among old adult patients in other studies too.[1,14] Hence, the Government should focus more on NCD's. especially, cardiovascular and respiratory diseases, for making the adult population healthier and reduce the burden of NCDs in the old age.

This study highlighted that most the old adult patients perceived experiences of approachable health personnel (nurses and doctors) in hospitals. This is an encouraging finding for health care personnels. Old adult patients were satisfied with nurses' and doctors' behavior in the hospital, which is similar to the finding of a qualitative study done by Karki et al.[14] Similarly, a previous systematic review and an experimental study revealed that the old adult patients are vulnerable to complex health problems and they need frequent support and care to meet their basic needs during hospitalization from health personnel.[14,15] Although this finding is quite optimisitic, as our research has been conducted in two central hospitals, the findings could not be generalized to the entire population. Another study by WHO in 2007 and Legare et al in 2014 suggested that polite behavior of health professionals could be helpful to reduce health problems and psychological support.[16] This fact has to be borne in mind by all the health personnels while providing services in their daily routine.

The important negative experiences which the general population express were the long queues for the service provision, difficult accessibility of hospital follow-up services, expensive treatment costs, and difficult treatment modalities.[10,11] A previous study by WHO also expressed these findings in the past. This study has also found similar experience from the study population. In view of limited resource and budgetary constraints, Governments in the resource limited countries should be focusing more on managing the health care services in more economical, feasible, accessible, affordable and simpler manners. Although this is easier said than done, various factors come into play while providing health care services to the old population, especially in the resource limited countries.

This study is relatively new research in this field which has been conducted in two tertiary care hospitals in the capital of our country. This research would be of valuable

input to people involved in the health care of the old age population in the resource limited set ups. As our study sample size is small, the findings of our study may not be possible to generalize to the entire Nation. Hence, there should be further larger, multi centric research in this field to get the clearer picture.

CONCLUSIONS

Majority of the old patients suffered from NCDs, especially cardiovascular and respiratory diseases. Their perception of services being provided in the tertiary care hospitals were overall satisfactory. Governments should focus on minimizing the NCDs in their population and they should focus more on provision of safe, easy, effective, and affordable health care system with old adult patient friendly specialized human resources within limited budgetary constraints.

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