

Factor Affecting the Success of Aged-Friendly Primary Health Care Program for Elderly in Surabaya City

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Abstract

Introduction: The elderly are human who experience various decreases in anatomical, physiological, social and economic aspects, this can cause some elderly aren't able to be independent in fulfilling their daily needs. One of efforts to improve the quality of life for the elderly, through the government issued a policy on the implementation of Aged-Friendly Primary Health Care Program for the elderly. Purpose: This study aimed to explore the factors that affect the success of Aged-Friendly Primary Health Care Program for the elderly.

Method: This study used qualitative study with a phenomenological approach. The saturation of data was obtained by 15 participants which were conducted the data collection by using indept interview. Data analysis used Collaizi analysis method.

Results: The identification found four main themes and eight sub themes: (1) characteristics of elderly (physiological and psychological factors), (2) Health workers (knowledge, services quality provided); (3) Health facilities (the availability of tools and technology, the distance of health care); (4) Family support (material supports, psychological supports).

Conclusion: Aged-Friendly Primary Health Care Program for the elderly was affected by several factors, all of the factors were interrelated so that it is needed a good coordination among the elderly, family and health workers to provide a quality of aged-friendly services for the elderly.

Keywords: *Aged-Friendly Primary Health Care Program, Elderly, Phenomenology Study.*

Introduction

The elderly are human over 60 years old who experiences various decreases in anatomical, physiological, social and economic aspects, this causes some elderly people unable to be independent in fulfilling their daily needs¹. One of the efforts in improving the quality of life of the elderly, through a policy of implementing of Primary Health Care program for the elderly which was issued by the government and it was implemented since 2005²

In addition, the population of the elderly in the world in 2015-2030 is expected to grow by 56%, projections for 2050 from 901 million to 1.4 billion people, thus accounting for twice of the amount in 2015³. Based on the Indonesian Ministry of Health's Data and Information

Center 2017, the elderly population in Asia in 2015-2030 is estimated to be from 11.6% to 17.1%. While the prediction of the number of elderly in Indonesia in 2020 (27.08 million), in 2025 (33.69 million), in 2030 (40.95 million) and in 2035 (48.19 million). East Java Province is one of three provinces in Indonesia with the largest percentage of elderly is 12.25%⁴

The increasing the number of elderly will affect the number of dependency burden. The Efforts conduct to reduce the burden of this dependency so that the elderly can live independently and remain productive through improving health services in accordance with the target of Regional Strategy For Healthy Aging 2013-2018 to realize healthy, independent, quality and productive elderly⁵ This can be implemented and starts from the

primary health care through Aged-Friendly Primary Health Care Program for the elderly.

Aged friendly primary health care is a health care system that aims to provide elderly with the best care possible, reduce health care related harms to elderly and optimize value of all, including patients, families, caregivers, health care providers and health systems⁶. Patients goals and preferences are valued, family caregivers are supported, included in the treatment plan and safe and better transitions of patients from different care settings are ensured. The systems will perhaps enhance the quality of care for elderly and optimize value for health systems in measurable ways⁷.

Method

The method used in this study was a qualitative research method by using a phenomenological approach to explore factor affecting the success of aged-friendly primary health care program for elderly in Surabaya City in depth from the subjectivity of participants who were directly involved in providing care to elderly patients⁸.

The number of participants in this study was found until data saturation could be obtained with predetermined inclusion and exclusion criteria. The inclusion criteria were elderly who visited to the aged-friendly primary health care and they were cooperative, good communication and hadn't hearing loss during the study process, while the exclusion criteria were those who were senile and had hearing loss. So that there were 15 respondents with a purposive sampling technique.

Instruments used in the collection process by using interview guidelines, field notes (recording data obtained during interviews): such as participant and other expressions and recorders or voice recorders in the form of MP3 voice recorders. The validity of the recording device was conducted by using a test recording of the researcher.

The process of data analysis in this study was conducted by using the nine step data interpretation method⁹. The method was chosen because the steps of data analysis in Collaizi which was quite simple, clear and detailed to be used for this study.

Results

Participants in this study were 15 participants as the main subject, which number corresponds to the saturation results obtained in the field. Fifteen families

were interviewed regarding factors affecting the success of aged-friendly primary health care program for elderly in Surabaya City.

Table 1. Demography of Participants

Characteristics	Frequency	Percentage
Elderies		
Gender		
Female	9	60%
Male	6	40%
Marital Status		
Married	5	33,3%
Widow	2	13,3%
Widower	8	53,4%
Age		
Less 65 years	4	26,6%
More 65 years	11	73,4%
Education		
No school	4	26,6%
Elementary school	6	40%
Junior high school	3	20%
Senior high school	2	13,4%
Profession		
Housewife	5	33,4%
Unemployment	3	20%
Retired	2	13,4%
Farmer	4	26,6%
Trader	1	6,6%

In this study the researchers wanted to explore factors affecting the success of aged-friendly primary health care program for elderly in Surabaya City. This study found 4 themes and 10 sub-themes (table 2).

Table 2: Themes and subthemes

No.	Themes	Subthemes
1.	Elderly Characteristics	1. Physiological Factors
		2. Psychological Factors
2.	Health Workers	1. Knowledge
		2. Service quality provided
3.	Health Facilities	1. The availability of tools and technology
		2. The distance of health care
4.	Family Supports	1. Materials Support
		2. Psychological Support

Elderly Characteristics: Based on the elderly characteristics theme, that consisted of physiological and psychological factors. The physiological sub-theme was

described by participants as following: “I come to poly alone, if I’m weak, my family will be helped me to check up at the elderly’s poly” (Participant (P1))

“I routinely check up my blood pressure at the elderly’s poly” (P5)

The second sub-theme about the psychological factors, the participant’s explanation regarding the sub-theme as following:

“I’m worried about my medical conditions so that I routinely check up at the elderly’s poly” (P9)

“I can join discussion properly and want to accept advice from nurses openly regarding my medical conditions” (P7)

Health Workers: The health workers theme consisted of two sub-themes, there were knowledge and service quality provided. The knowledge sub-theme was explained by participants: “Nurses who work at the elderly’s poly have had previous experiences and trainings, so they understand how to care for me well” (P11)

“Health workers at the elderly aged-friendly’s poly are very clear when giving services to me, I easily understand and I apply it at home” (P13)

The second sub-theme about the service quality provided, the participant’s explanation regarding the sub-theme was:

“I’m happy with the services that are provided by nurses at the elderly aged-friendly’s poly, the nurses are attentive and polite, I’m comfortable to check up my health there” (P6)

“I’m very satisfied with the services at the elderly aged-friendly’s poly, so I’m happy to check up at the elderly aged-friendly’s poly” (P8)

Health Facilities: Based on the health facilities theme that consisted of the availability of tools and technology and the distance of health care. The availability of tools and technology sub-theme was described by participants as following:

“Recently, registration to check up is easier with an online system, no need to queue”

“If I want to easily check up, I can register online at home, so when I come to the elderly aged-friendly’s

poly, I don’t have to queue for longtime” (P12)

The second sub-theme about the distance of health care, the participant’s explanation was:

“The distance from the primary health care to the house is close, so I’m easy to check up”

“I don’t routinely check up, because my house is far from the primary health care” (P14)

Family Supports: The family supports theme consisted of two sub-themes, there were materials and psychological supports. The materials supports sub-theme was described by participants as following: “If I come to the primary health care, I will be accompanied by my family, if there is a need that must be purchased, my family will buy it for my health needs” (P2)

“My child who gave me fees to check up to the primary health care”(P4)

The second sub-theme regarding psychological supports, the participant’s explanation as following: “My family always supports and motivates me to come regularly to the primary health care, so I feel calm because my family has supported me.” (P10)

“I feel safe and calm because all of my families support me”(P3)

Discussion

This study was similar with previous study that physiological and psychological factors affected the elderly to check up. The study stated that the elderly who had good physical condition and spent time in outdoor activities could improve health care utilization.¹⁰ Besides, psychological needs also had to be paid attention by the community especially health workers through promote older people’s mental and physical health and strengthen their psychological self-adjustment so that the health care utilization can improve¹⁰. This study also was line in with the previous author that had studied the correlation between health care utilization and factors related to the patients’ sociodemographic characteristics included physical health and psychological health, as well as the health organization¹¹

The other factors which were knowledge of health workers and service quality provided of the health care. One of the previous studies stated that the high quality and type of healthcare greatly enabled elderly to use of

health service¹². The more professional health workers at the health care so the more utilization of health care that would be used by elderly. The support of a long-term policy of training for health workers would be one of efforts to improve the high quality of health care¹². Then, the clearly explanation of health workers that used common language regarding the treatment or medical conditions of elderly was also important to improve the utilization of health service for the elderly. This was similar with the previous study if there were language barriers it would decrease the utilization of health care included reduced the elderly's understanding and involvement in decision-making regarding their treatment options¹³

Health facilities included the availability of tools and technology and the distance of health care were factors affected the elderly to check up at the health service. The previous study indicated that a number of primary care visits decreased by 0.6% to 3.93 billion, so that sustaining the low utilization rates of lower level facilities¹⁴ This phenomenon was caused by the "three longs and one short" namely long waiting time for registration, long waiting time to prepay the charges, long waiting time for the appointment with a doctor, but a short appointment duration¹⁵. This situation was different with the study which there wasn't waiting time because of the primary health care used online system. Although, there were different situations, waiting time was one of problems that affected patient to check up in health care. Besides, the other study stated that longer travel times and greater distances to health care constituted barriers to repeated and distance is the most important factor that affected the utilization of health care¹²

Then, the family support was important thing for elderly, especially materials and psychological supports in order to access primary health care. This was in line with the previous study regarding Factors Affecting Healthcare Access for Older Immigrants states that the families of older immigrant and social worker participants played the most important role in assisting older immigrants to access healthcare¹². Moreover, the other study stated that the importance of family increased with advance age as elderly needed more support and help in their life especially during chronic illness¹⁶. Thus, family supports was the important factors that affected the elderly to access health care.

Therefore, factors that were mentioned above, could affected patient especially elderly to visit and check up

their medical conditions at the health care. As well as, the factors were interrelated and could be the success components of Aged-Friendly Primary Health Care Program for Elderly.

Conclusion

The elderly are human over 60 years old who experiences various decreases in anatomical, physiological, social and economic aspects, this causes some elderly people unable to be independent in fulfilling their daily needs, so that the government issued policy about Aged-Friendly Primary Health Care Program for the elderly in order to enhance the quality of care for elderly and optimize value for health systems. This program was affected by several factors, all of the factors were interrelated so that it is needed a good coordination among the elderly, family and health workers to provide a quality of aged-friendly service for the elderly.

Ethical Clearance: The present study was passed the ethical principal on the ethics committee of the Faculty of Nursing, Universitas Airlangga with certificate number: 1459-KEPK.

Conflict of Interest: None declared

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Reference

1. Raquel B, Ornelas F, Jardim DH, Coordenadora P, Martins DM, Coordenadora P, et al. Prehabilitation and rehabilitation nursing : Balance and fall risk in community-dwelling older adults .
2. Ambariani. Pengaruh Kualitas Pelayanan Puskesmas Santun Lansia Pada Kepuasan Pasien Lanjut Usia Di Puskesmas Santun Lanjut Usia Kabupaten Bogor Jawa Barat. *Jurnal Keperawatan*, 2014; 1(1):59–68.
3. Bureau USC. An Aging World : 2015 International Population Reports. 2016;(March).
4. Dinas Kesehatan Kota Surabaya. Profil kesehatan. 2016; (31):5
5. Kementrian Kesehatan RI. Situasi lanjut usia (lansia).2017;(22):4.
6. Woo, Mak B, Yeung F. Age-Friendly Primary Health Care: An Assessment of Current Service Provision for Older Adults in Hong Kong. *Heal Serv Insights [Internet]*. 2013;69. Available from:

- <http://www.la-press.com/age-friendly-primary-health-care-an-assessment-of-current-service-prov-article-a3818>
7. Ma A, Ra G. Age-friendly primary care health centers why are they necessary ? 2018;2(4):180–3.
 8. Creswell JW, Creswell JD. Research design: Qualitative, quantitative and mixed method approaches. Sage publications; 2017.
 9. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins; 2011.
 10. Jiang M, Yang G, Fang L, Wan J, Yang Y, Id YW. Factors associated with healthcare utilization among community-dwelling elderly in Shanghai, China. 2018; 1–22.
 11. Fern C. Factors associated with health care utilization by the elderly in a public health care system. 2006;75:131–9.
 12. Luo H, Proch K. Factors Affecting Healthcare Access for Older Immigrants : A Qualitative Study with Service Users and Healthcare Social Workers in a Central Canadian City. 2018;3:272–81.
 13. Garrett PW, Forero R, Dickson HG, Whelan AK. How are language barriers bridged in acute hospital care ? The tale of two method of data collection. 2008;32(4):1–2.
 14. Li C, Xu X, Zhou G, He K, Qi T, Zhang W. Implementation of National Health Informatization in China : Survey About the Status Quo Corresponding Author : 7.
 15. Chao J, Lu B, Zhang H, Zhu L, Jin H, Liu P. Healthcare system responsiveness in Jiangsu Province, China. BMC Health Serv Res [Internet]. 2017; 1–7. Available from: <http://dx.doi.org/10.1186/s12913-017-1980-2>
 16. Morgan & Suzanne. Aging, Society and the life course. Springer Publishing Company. 2016(35)5.