

Desk review: Needs assessment of care giving prospects of health care providers of ageing population in Pakistan.

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Abstract

The ageing population impacts every element of society, including family life, sociocultural activities, health, and social and environmental challenges. Desk Research of existing papers -We identified secondary data from different journals. For stage one, we identified twelve research articles from the studies conducted in Pakistan discussing the need for professional training in caregiving sectors in gerontology. Primary data collection for the triangulation: - qualitative interviews were conducted with fourteen healthcare providers. The results from the desk review have identified that due to a lack of training in gerontology, most care providers need more confidence in taking care of the older people at the care home. They follow the organisation's protocol in giving day-to-day care. A Lack of awareness and training sometimes results in negligence. The findings suggest a massive gap in elderly caregiving and more effective efforts for quality care for the elderly population of Pakistan. Therefore, there is a dire need to develop a training model that not only allows older adults to spend better lives in the care or old age home but also improves their well-being by participating in their care.

Key words: Care providers, older adults, old age home, Capacity building

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I. Introduction

The ageing population impacts every element of society, including family life, sociocultural activities, health, and social and environmental challenges. The issue of ageing needs to be taken seriously, just like in affluent nations (1)

The latest statistics show Pakistan was ranked the fifth worst country for older adults. There are more than 15 million people aged 60 years and above in Pakistan, and the projections show that the number will become 40 million by 2050, making them 12% of the total population (2). A similar trend can also be observed in other Southeast Asian countries, bringing challenges such as the provision of healthcare facilities, transportation, jobs, recreation, and housing, and increasing the number of different types of senior care facilities such as old age homes, nursing homes, assisted living facilities, retirement homes, and residential care facilities for older adults (3).

The norm of devoted respect encouraged children to look after aged parents, but studies highlight that these norms are changing. The abuse, neglect, and forcing aged parents to vacate their houses are increasing (4). Therefore, the number of elderly and nursing homes has become the familiar residential setting for older adults. However, they are often stereotypically labelled as homes for older adults who have been neglected and abandoned by their families (5). Some of the studies from this southeast region conducted on senior care facilities have stressed increasing the number of such facilities due to the increasing population of older adults, demand for healthcare systems, housing, and changing preferences of older persons to live in such settings to avoid loneliness, abandonment of parents by the children due to the evolving norms of filial piety and familial caregiving, and increased abuse and neglect of older adults in the home setting (4)

Nevertheless, evidence also suggests that older adults may be at a higher risk of experiencing abuse and lower well-being in these senior care facilities (6). Due to the Lack of unique medical and psychosocial needs of our elderly, they are thus often unmet. Another reason is the Lack of training staff in geriatrics for health and social workers working especially in care homes is not placed at the policy level (7).

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Furthermore, studies have found that older adults who relocated to senior care facilities were at higher risk of having lower well-being and higher depression than community dwellers (8). The continuity theory can theoretically explain this, posing that older adults seek stability and consistency in their environment instead of change (9). This argument gains strength from the person-environment model, which explains that relocation to a new setting entail detaching oneself from the meanings that the previous residence held for the person, resulting in negative consequences such as maladjustment, depression, and lower well-being (10). The scenario represents the Lack of skills and training among the staff of the care homes and residence homes. It is also evident that Pakistan needs more health and social care workers in Pakistan. Healthcare providers in care homes lack the knowledge and skills to care for older clients and patients. Very few studies have been conducted to understand the needs of healthcare providers who serve the elderly population. Therefore, this desk review will give us a better understanding of the needs of healthcare workers working in old age homes.

II. Methodology

The desk review was conducted in two stages.

Desk Research of existing papers -We identified secondary data from different journals. For stage one, we identified twelve research articles from the studies conducted in Pakistan discussing the need for professional training in caregiving sectors in gerontology.

Primary data collection for the triangulation: - qualitative interviews were conducted with fourteen healthcare providers. Seven participants were males, and seven were females from different old age and nursing homes based in Karachi. The qualitative questionnaire was developed to inquire about the healthcare provider's training status in geriatric, nursing or healthcare training, the needs of healthcare providers, the challenges they face while providing service to older adults and the activities they perform at the care homes.

Prior to participating in the interviews, all individuals were explicitly informed that their involvement was voluntary and that they had the option to decline participation at any time without any negative consequences. Additionally, they were assured that their identities would remain anonymous and that the information they provided would be kept confidential. These measures ensured that participants would feel comfortable sharing their thoughts and experiences without fear of any potential repercussions.

For the desk review, Braun and Clarke's (2006) thematic analysis was used for both the external desk review and the online desk review (11).

Findings and Discussions from articles and interviews:

As a result of desk review and interviews of health care providers, the following themes emerged:

Negligence Due to the growing ageing population, there is an immediate need to raise the bar for senior care nationwide. One of the articles discussed how infrastructure might contribute to negligence. A health and social worker noted that few geriatric healthcare organisations and inadequate infrastructure lead to senior patients receiving subpar care. Furthermore, a study revealed that due to the quick changes in family value systems and sociocultural norms, older people suffer more difficulties, including elder abuse, loneliness, and social isolation, on top of neglect. (Noreen, Abdullah and Lalani, 2021) It was evident in an interview when one of the health care providers said, 'Some of the negligence at a care home is lack of training in gerontology.' This has also been highlighted in one study conducted in Pakistan, which identified that negligence is due to a Lack of training practised for old adults in Pakistan (Jalal and Younis 2014)

In addition, one of the participants said, 'We are continually overworked and under pressure to do things quickly, which leads to neglect. Examples of these tasks include changing diapers, giving showers, changing clothes, and feeding in a short amount of time. Therefore, we as health care providers need to know how to manage time and get training to empower our clients to perform their tasks at least'. (A caregiver).

2. Inadequacy of in-service training and preparation of health care providers to provide competent and compassionate care:

It is a proven fact that healthcare providers must have the competency to provide safe and compassionate care. The need for training has also been identified in one of the papers, which has identified a considerable gap with the growing elderly population and almost an absence of training and capacity building for careers to handle elderly health care and social needs. (12). A healthcare provider said, 'We do not have any education in caring for older adults. When I joined the organisation, I was told to feed and change the older adults, but no proper training was given. I have repeatedly ignored caring for older adults as I do not know how to manage them. Demands of the older adult because I do not know how to resolve their problems. (Health care provider)

During the interview, when asked questions regarding what other activities have been performed at the old age home, one of the participants said, 'We only provide immediate care, which includes feeding, changing, bathing and the rest of the time clients do whatever they want to do so most of the time they are sitting or chatting with each other. We are not trained in anything else, so what do you expect from us?' One of the articles has suggested that besides providing physical care, the residents of old age homes must work towards mental, social, and religious well-being to improve their quality of life in care homes in Pakistan (13).

Another paper has identified that training healthcare professionals to enhance the provision of compassionate and ethical geriatric services to improve the quality of life of older adults and their caregivers in Pakistan is desperately needed to develop their skills and capacity. (14) One of the participants also identified that 'it was hard and confusing taking care of the older person with brain haemorrhage when I was not able to move the client, and this should be part of my basic training so I can give good physical care to the elderly and should be part of our curriculum when we study from health care school'.

One of the participants said the most significant challenge of working as a care worker is a Lack of skills and awareness about elderly care. Another care provider asked for more confidence, which is a keen challenge for us, where training and education can assist us in providing care with proper directives. Another worker said, 'Lack of Literacy is also a considerable challenge where I came blank to start my job. One care provider confessed that Our time management is also a critical issue in managing elderly care; financial needs compel untrained laypeople to serve the older adults in our country, where healthcare providers repeatedly inform Lack of skills.

3. Lack of recognition of geriatrics as a specialised field in Pakistan:

The Geriatrics education is a part of undergraduate and postgraduate medical education. However, there is no professional geriatric education or training for healthcare providers or care workers working in care homes. (15). One of the study participants said, "Lack of professional training for healthcare providers make the elderly more vulnerable when we do not practice the right handling and blindly provide the care for their basic needs even'.

Furthermore, a study has identified that the healthcare needs of older adults require comprehensive multidisciplinary assessment by well-trained professionals in the fields of geriatric medicine and psychogeriatric. These needs are best understood and managed if we formulate the care package in the context of a bio-psychosocial and cultural-religious understanding of our society (16).

The need for geriatric medicine will have to be developed to train healthcare providers in the appropriate management of the common health problems of the elderly population. Also, the Availability of a trained workforce to look after the health needs of the elderly population is lacking in the country. (17)

One of the participants from the interview said, 'I do not have any certificate and diploma in health care. I completed my matric and then joined the organisation where the staff taught me how to care for older people, but there needs to be formal study to get training in this specific field in Pakistan. Furthermore, a staff nurse from one of the institutes said that my nursing institution did not teach us about gerontology and special care for older adults; it was a generic nursing where I needed education for gerontology.

Asking a question regarding the involvement of clients in day-to-day care, one of the participants said we do not ask clients for any decision-making process for their care. This is a routine which our manager has given'. Another participant said, 'We follow the instructions given by the supervisor, and we perform day-to-day routine work as per our client's need.' However, the research suggests 'Involving clients in decisions about their care is good practice and ensures optimal outcomes'. (18) Another research has also suggested that person-centred care in their daily care routine empowers older adults living in old age homes and care homes. This allows them to make decisions for themselves. It has been identified that the person-centred approach has improved their emotional well-being.

Another participant from a nursing care home was asked to get training on elderly rehabilitation and nursing care; he said because I believe rehabilitation plays a vital role in the quality of life of an older person, and when we involve our residents in such behavioural therapies and recreational activities it helps elderly to cope up with their challenges. One of the caregivers again said that managing older adults with dementia is a most challenging task we will. Having information about handling such cases would be a helping tool for us because when the older adult gets hyper, it annoys us without knowing the reasons. A similar finding was identified by one where he suggested work should be started with the foundation to learn about basic training to change diapers, Vital sign

monitoring, bathing and oral care of elderly shifting of the older adult. he also said first aid to manage elderly health is also needed.' Another participant said, 'Dealing with elderly with dementia needs much training. I need clarification about how to deal with my client when he forgets everything and often asks questions that annoy me.' Another nurse had identified the need for training and said "there are no postgraduate gerontology courses being offered in Pakistan. Therefore, how we can deal with such affairs is a dire need to increase public awareness through the social, electronic, and print media and provide capacity-building training'.

4. A pressing need for caring health personnel, leading to the hiring of lay workers by the nursing homes/institutions:

During the interview, it was found out that healthcare providers were hired untrained without any knowledge or education. One of the health care providers mentioned during the interview that her appointment at the Nursing care centre was only based on the institutional requirement for a caregiver where education did not matter for giving primary care to the older adult; only daily bathing, brushing, and feeding were her tasks, but with time, when the institution started to keep the elderly residents with chronic issues and elderly who were confined to bed that time was a temptation for the caregiver. The health care provider said, 'I was not aware of bed sores and management of elderly who are bed bound. Many cases became worse and more challenging for the institution, creating a massive mess for that organisation. Another healthcare provider said, 'The management of elderly behavioural issues is also a difficult task where we get burnout sometimes and need assistance because the provision of every demand of the older adult when they ask, even for the things that are not in their favour. Nevertheless, evidence also suggests that older adults may be at a higher risk of experiencing abuse and a lack of social and psychological activities, which lower well-being in senior care facilities, and this reflects the need for social care for older people who remain in isolation because of a Lack of recreational activities (19)

One of the participants in the research said, "In Pakistan, our elderly population has the mindset to remain in bed and live in any corner of the home. They lose their willpower to participate in social activities and to take care of their health at a later age because they think now is the time for Disease to rule upon them and they will die with such chronic challenges. We should aggravate this concept and motivate our elderly to participate in social activities to live an active and healthy life with the full potential of holistic well-being because elderly contribution and self-advocacy will play a better role for other elderly populations."

III. Conclusion

As the population ages, the demand for quality care and health and social care services will increase in Pakistan. Therefore, there is an immense need for developing a caregiving model in health and social care which provides quality care to our older adults either residing in old age homes or nursing homes or needing private care in personal homes. However, the effective implementation of the model will only be achieved with a well-educated, competent, and compassionate health and social workforce. Studies have suggested a massive gap in elderly caregiving and more effective efforts for quality care for the elderly population of Pakistan. The older adults living in long-term facilities are all waiting for their end of life. However, if the Organisations, along with their direct care providers, are equipped, there is a need to change the perspective of elderly care. There is a dire need to provide basic training.

Government and Non-Government Organizations are working admirably well, yet more is needed to meet the challenge and care for every nation's older adult (20). The older adults are the assets of a nation. They have experience, wisdom and knowledge which can be used for national development and progress. If included in such activities, that would be more effective for their later age and the country's development because it is an inevitable stage of our life cycle. We must do everything for the care and comfort of our senior citizens, and the health burden among the ageing population is rising, especially in a developing-resourced country like Pakistan.

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