

Good conclusions essay example

[Sociology](#), [Population](#)



Chapter 6

Introduction

Discussion

- Brief about the ageing problem and problem statement
- Policy to protect elderly, compare to Oman
- Finding of the elderly health condition?
- Finding of health care needs for elderly, is adequate and accessible in Oman?
- Human resources (shortage - qualification - skills - training)
- Other services provide from other sector
- Obstacles and limitations

Recommendations

Introduction

This chapter of the dissertation will discuss important findings related to questions of this research. General conclusions based on the findings of a literature review are presented according to the research aim. Moreover, weaknesses, strengths and limitations of this dissertation are considered to access recommendations in order to improve the health care for elderly population.

Discussion

The following discussion embraces issues raised in this research as it pertains to the ageing problem; policy to protect elderly, compare to Oman situation; findings of the elderly health condition; finding of health care needs for elderly, is adequate and accessible in Oman; human resources

(shortage - qualification - skills - training); other services provided from alternative sectors as well as obstacles and limitations to dispersing efficient healthcare for Oman elderly. The research questions that guided this study sought to answer:-

- What are the health care needs for elderly population?
- How appropriate are the present health care services for Oman elderly population?
- What evidences surface in identifying inadequacies in health care strategies that is expected to provide quality healthcare for Oman elderly population?
- How accessible are health care services for Oman elderly population?
- What obvious omissions of care can be identified among Oman elderly population?
- Can health care strategies adequately address these issues?
- What are the services provided to elderly care from other sector in Oman?
- What are the main barriers that limit some services and what can be done to overcome them?

Brief about the ageing problem

Essentially, overall Oman population has increased by 4. 8% between 1970 and 1998 per year. Projections are that a declining mortality and high fertility rates could be responsible for this phenomenon. Therefore, it is increasingly important for education and health sector facilities to take advantage of these changes in upgrading services form Oman elderly population.

Precisely, it becomes mandatory for health policy changes to be enacted immediately to address the consequences of this reality. Areas of concerns

relate specifically to elder care, child and maternal health transformation policies (Al Aisiri, 2000).

Consequently to assume that elderly care (EC) in Oman is a twenty-first century public health priority is simply an understatement. Emerging demographic transitions pose daily challenges to social planners since it encompasses consistent changes in LE rates due to the increasingly ageing population. Besides, Oman is presently undertaking immense infrastructural and technological developmental modifications (Salman & Kharusi, 2012). Recent epidemiological trends have also impacted the extent to which Oman health care sector could adequately address changes in a timely manner. Certainly, treating chronic diseases such as diabetes, hypertension, dementia, Alzheimer's and neurological emergencies have compounded the problem in the presence of insufficient health care services; medications along with increased poverty levels are a major public health concern. Can health care strategies adequately address these issues? (Ministry of National Economy, 2010).

Besides, medical interventions relative to Oman elderly population seem inadequate in the presence of a high illiteracy rate (5.79%) affecting the over 65 age group (Owtram, 2004). Definitely, this irregularity impacts the extent to which the elderly can access the health care service available to them in their communities. Ultimately, lifestyle changes within family structures poses a predisposition towards urbanization forging public health to realize the PHC non alignment strategies with emerging needs of this vulnerable Oman population (World Health Survey, 2008).

Policy to protect elderly, compare to Oman

Policies designed to protect Oman elderly encompass assumptions contained in the Madrid international work plan, 2002 and the Arabic work plan, 2002 to 2012. Madrid plan encapsulates ideas and philosophies of several countries within the region and across the globe, but they are applicable to Oman since they address a global aging challenge. Precisely, these policies embrace eliminating every aspect of social and economic inequality emerging from age, sex, or prejudice and removing language barriers to accessing care along with public health support of centers for the elderly. The Arabic work plan (2002-2012) is an extension of the Madrid plan focusing specifically on development in an aging world; provision of health and welfare services and creating an environment supportive of all ages (Merril, 2010).

Findings of the elderly health conditions.

Health status is key variable in this research project because it influences the quality of life Oman elderly people will enjoy. Definitions of health status in the context of this research and Oman elderly population relates to chronic illnesses, functional status and psychological well-being. Major health problems are osteoarthritis (74%), low vision and blindness (74%), hypertension (66%) obesity and overweight (46%) and diabetes (36%) (AL-Riyami et. al, 2008).

Social Cohesion is considered a major health issue among the elderly due to isolation and emotional imbalances. Findings reveal that while Oman elderly have maintained strong ties among family members inclusive of children, grandchildren, siblings, and other relatives a feeling of alienation surfaces

occasionally. This occurs when family members have to work outside of the geographic location and the elderly are left alone for hours during the day (AL-Riyami et. al, 2008).

Family members provide financial support for their elderly regardless of socio-economic class. Culturally, they believe that this is their undertaking for children and younger family members to be responsible for elders in the family structure. National Elderly Health Survey in 2007 explained that a great percentage of Oman elderly support the idea of adequate social cohesion. As such, socializing and participating in social activities in the community are encouraged apart from family and religious gatherings. In addition, it reflects their satisfaction with the quality of their life beside their families (AL-Riyami et. al, 2008).

Findings of health care needs for elderly, is adequate and accessible in Oman.

Human resources are the main health care provider service agency in Oman. From there specialists in the capacity of physiotherapists, geriatrics experts, social workers and other HC workers have been assigned to various aspects of elderly care. However, there is a need for more elder care experts in Oman human services delivery. Many PHC centres function with minimal staff in essential specialty skills which should have been available in all health centres across the country (Santhosh 2011). Currently according to NECP the health system that provides EC services for Oman can be found within the PHC centres structure and outreach service delivery programs (ORS) (WHO, 2005).

Human resources (shortage – qualification – skills – training)

Since human resource has become the major providers of elder care services outside of the family commitment there has not been a distinct program or structure to deal with elder care from an institutional level such as nursing homes or assisted living facilities as in developed countries. Consequently, professional knowledge regarding elder care is obscure from that perspective. There are no institutions teaching family members caregivers how to interact or manage their elderly family. It is practice through tradition passed down from one generation to the next. Hence, the need for training is inevitable even when family offer an excellent service because training would help in coping with difficult situations and avoid frustrations (Kinsella & He, 2009).

Services provided from other sector

Since training has been identified as one aspect which could be improved organizations within and outside the country are always willing to render support in these areas. For example, the MoSD plays an important role organizing financial assistance for buying medical equipment, and supplies required by EP in coordinating essential elderly health services inclusive of health screening and managing chronic disease such as diabetes and vision conditions. One elder care facilities housing 22 elderly individuals who have no relatives currently operate in Oman (Sulaiman, Al-Riyami, Farid, Ebrahim, 2001).

The MoSD is making plans to improve conditions. This is not an attempt to change the culture of children caring for their elderly in Oman, but to

ensure that these twenty two people are not destitute and can still enjoy some quality of life (Al-Sinawi, Mohammed Al-Alawi, Rehab Al-Lawati, Ahmed Al-Harrasi, Mohammed Al-Shafae & Samir Al-Adawi , 2012).

Obstacles and limitations

Obvious obstacle and limitations lie in the ability of human to infiltrate family traditions in offer a new perspective in how elder care must be delivered in Oman. While studies have been conducted through World Health Organization and other reputable agencies stating the Oman elder care phenomenon, culturally it is difficult to penetrate years of practice whereby elderly feel that children are responsible for their care after a certain age. Guidelines have been passed down from discussion through generations. Many elderly still hold to the belief that herbal medicines are more appropriate for their bodies than prescription medications. Hence, the obstacle to accepting modern eldercare trends (World Health Survey, 2008). The foregoing discussion explored the strengths and weakness of Oman eldercare philosophy and highlighted the culture of Oman elder care and its effects on the global aging population. From the literature review and comparative analyses with developing countries while certain health conditions are peculiar to the region Oman elder appear enjoy a very high positive health outcome in comparison to many developed nation with sophisticated health care systems (World Health organization, 2008).

Recommendations

Therefore, when linking the positive with not so positive it is highly recommended that Oman maintains it traditional culture whereby children be responsible for taking care of their elderly because this is a healthy

practice building bonds among generation that cannot be easily broken by modern science. However, Human resource ought to support these families more with social services whereby the elderly can interact as a community and children supported financially in caring adequately for their parents at home (Kevin, 2005).

References

- Al-Sinawi, H. Mohammed Al-Alawi, Rehab Al-Lawati, Ahmed Al-Harrasi, Mohammed Al-Shafae, and Samir Al-Adawi (2012). Emerging Burden of Frail Young and Elderly Persons in Oman. For whom the bell tolls? Sultan Qaboos Univ Med J. 12(2): 169-176.
- Al-Lawati, J. Mabry, R., & Mohammed, A. (2008). Addressing the threat of chronic diseases in Oman. Prev Chronic Dis. 5(3); A99
- Anwar, H., Batty, H.(2007). Continuing Medical Education Strategy for Primary Health Care Physicians in Oman: Lessons to be learnt. Oman Med J. 22(3): 33-35.
- Kinsella, K., & He, W. (2009). An Aging World: 2008. Washington, DC: National Institute on Aging and U. S. Census Bureau
- Meredith, G. Schewe, C., & Haim, A. (2002), Managing by defining moments: Innovative strategies for motivating 5 very different generational cohorts, Hungry Minds

Inc., New

York,

Merril, R. (2010). *An Introduction to Epidemiology*, (5th Edition). Jones and

Bartlett

Publishing.

Ministry of National Economy.(2010). 2009 Population Estimation. Ministry of

Health Oman

Kevin, K. (2005). *Global Aging: The Challenge of Success*. Population Bulletin

Owtram, F. (2004). *A Modern History of Oman: Formation of the State since*

1920. I. B. Tauris.

Salman, A., & Kharusi, S. (2012). The Sound System of Lawatiyya. *Journal of*

Academic and

Applied Studies. 2 (5) 36-44.

Sulaiman, A. Al-Riyami, A. Farid, S. Ebrahim, G. (2001). *Oman Family Health*

Survey 1995

J Trop Pediatr. 47: S1-33

WHO (2005). *Preventing Chronic Disease: A Vital Investment*. Geneva: The

World

Health Organization

World Health Organization (2005). *Elderly Health Survey*. The Fifty-eight

World Health

Assembly

World Health Survey (2008). Directorate of Research and Studies.

Directorate General of

Planning Sultanate Oman

World Health organization (2008). Global Health and Aging. WHO Geneva