

Elderly demographics research study



1. Topic Background

Health seeking behaviour is becoming more popular in the field of research study at present time. The use of this, somehow, became the window of opportunity to policymakers in delivering a better health system especially in developing countries ¹. (Shaik, 2015). This is true among the elderly population since a shift in the pattern of morbidity and mortality was observed in recent years. Non-communicable diseases have become the top leading cause of morbidity. Furthermore, the emergence of lifestyle diseases in urban areas also adds up to the list of morbidity causes. This change contributes to the reluctance of elderly in seeking wellness therefore an obstacle to achieving good health. Health seeking behaviour plays a major role in the effect of their health status and not solely attributed to advancing age ² (Sangmee Ahn Jo, 2007). A review literature ³ (Grundy, 2010) indicated contributing factors that affect decisions of elderly on health. An identified hindrance is the preference of alternative or traditional therapies over formal health care which reportedly delay consultations, and in effect, cause delay of treatment accordingly ⁴⁻¹⁴. Grundy (2010) further emphasized that despite the variation in health seeking behaviour across regions, continuing studies of this aspect in health care is essential to provide a better picture of the disease process outcome. In this study health-seeking behaviour is defined as the following: the use of alternative or traditional therapies, reported delays in consultation and compliance of prescribed medicine among elderly population.

Review of Related Literature

Even though the growing population in the Philippines was dominated by the young we cannot ignore the needs of the increasing population of the elderly. The elderly were not given as much attention in the government health programs but the incidence of health problems play a part to the economic burden of households ¹⁵. (Cecilia Santos-Acuin, 2013). In the 2010 national census it was stated that there were about 92.34 million Filipinos and approximately 5.8M (6.8%) of these belongs to the elderly population. Philippine population projected to increase to 142 million by 2045 and a span of 35 years around 50million people will be added ¹⁶. (PSA: Population Projection Statistics, 2014)World Health Organization defined elderly according to the three main categories namely chronology, change in social role and change in capabilities. To standardized UN agreed a cutoff of 60 years old and above ¹⁷. (World Health Organization: Health Statistics and information system, 2015).

Health-seeking behaviour among elderly patients varies from each country. In the event of non-consultation or delay consultation among elderly it is obvious that the outcome was associated with adverse medical consequences. In one of the study conducted about managing nutrition among the elderly they pointed out the importance of prevention and early intervention because of the difficulty in treating an individual once the disease was already established ⁴. (Damian Flanagan, 2012). This was also supported by cross-sectional study done in Namibia which the outcome resulted in higher treatment delays. In the study they determined the cause and categorized delay in the treatment as longer delay based on older age, urban residence, and longer walking distance to the nearest public facility, <https://assignbuster.com/elderly-demographics-research-study/>

and doing a chest x-ray while having HIV seropositive and formal education determined the shorter delays ⁵. (Kingsley Ukwaja, 2013). One significant Malaysian study focusing among elderly which utilized CAM for natural and safer use found out that non-consultation would contribute to the increasing undiagnosed cases of chronic diseases ⁶. (Shahid Mitha, 2013).

Further studies for different ways of treatment were done to substitute for complementary and alternative medicine especially common amongst Asians with elderly multiple co morbidities ⁶ (Shahid Mitha, 2013). A study on DM conducted in Uganda showed that the unavailability of medicines prompted the people to use CAM for treatment and consulted a faith healer especially to those failures to manage DM causing an increase in DM related complications ⁷. (Katarina Hjelm, 2011). Moreover, the elderly in the Philippines use medicinal plants before consulting to health professionals because of its availability, cheaper price than Western drugs, and usefulness in the treatment of various illnesses and to alleviate milder form of illnesses ⁸.

People who had chronic multiple morbidity took their medicines in a daily basis to survive, to work normally and to fulfil social work or obligations in the family. Taking multiple tablets in a day is a burden to them ⁹. (Anne Townsend, 2003). One of the study conducted in Malaysia showed that the presence of a particular symptom will only start the usage of prescribed medicine. However, once these symptoms are resolve, medication would also be terminated giving them reason not to take drugs religiously. This will just worsen the disease process and later will lead to multiple admittance.

Other studies also pointed out that noncompliance of medicine are due to the fear of drug dependency, multiple side effects and interaction with other drugs.^(10) . Thus, being more cautious and elaborative in giving instructions to patients who are taking multiple drug regimens should be practiced by health practitioners ¹¹ . (Isacson D, 2002).

A house-hold survey done among elderly Nigerian revealed that regardless of age and sex, family consultation is their first choice of treatment for their illnesses. This somehow increases the morbidity among the elderly population since family members know little about the safety and appropriate treatment for them ¹² . (Abdulraheem, 2007)

A cohort study in South Korea using AGE found out that the increase level of awareness and concern about the health of elderly women increases health-care consultation thus, resulted to increased risk of morbidity. ² (Sangmee AhnJo, 2007). In Myanmar, a study conducted to elderly women concluded that low-level of education and income play great role in skipping treatment and self-care ¹³ . (Soe Moe, 2012). Similarly, in Bangladesh, younger adult and elderly age group were compared in terms of health seeking behaviour (self-care/self-treatment). It showed no significant difference in health-seeking pattern. Both age group opted self-care/self-treatment as the first line of prevention due to poverty which would explain the increase in morbidity pattern of both. ¹⁴ (Syed Masad Ahmed, 2005).

The growing trend of non-communicable diseases is the common cause of morbidity in today's modern world. This lifestyle related disease can be

altered in the future by determining the source of it. Also, health seeking behaviour plays a major role in determining the outcome of health status of an individual. No study on health seeking behaviour and factors that influence the behaviour of our elderly in our locality so a research study would be beneficial in gathering new information. Added to that, our elderly may have different factors towards health seeking behaviour and different morbidity pattern than the others.

Research Question

This study aims to determine what are the demographic and clinical characteristics of elderly patient 60 years old and above of the Davao Regional Hospital FAMED outpatient department that are associated with their health seeking behaviour?

Significance of the study

Since health care programs to the elderly is not yet well established in Davao Regional Hospital, the outcome of this study will be the basis of the future recommendation of programs for the elderly in the DRH outpatient department. With this study we will be able to deliver better health services to our elderly patients such as:

- a. Creating a geriatrics club that would exclusively cater the needs of the elderly patient so that they don't need to line-up with other patients. This would somehow help lessen their delay in consultation at the same time will increase the need to seek consult to a physician as their first choice of health care giver.

b. By incorporating a primary giver as a potential treatment partner for the elderly patients that would monitor and check the elderly patients' compliance to medicine and assure treatment success.

C. Enrolling those elderly patient's ages 70 years and above residing within 5 km of the hospital premises to a family oriented program . This would benefit those elderly patient's that cannot visit the hospital due to old age, too sick to move and avoiding too much crowd. A home visit from the assign physician will help lessen their delay in consultation, correct the use of alternative medicine and affect their first choice of care giver.

Objective of the study

This study general objective is to identify the demographic and clinical characteristics of elderly patient 60 years old and above of the Davao Regional Hospital FAMED outpatient department that are associated with their health seeking behaviour.

Specific Objectives

1. To determine respondents socio-demographic and clinical profile.
2. To determine the health seeking behaviour among elderly patients in terms of:
 1. Delay in consultation of chief complaint
 2. Use of alternative and traditional therapies
 3. Compliance of prescribed medicine
 4. First choice of health care provider

3. To identify the socio-demographic and clinical characteristics of patient that would determine their health seeking behaviour.

II. Methodology

A. Research Design

A cross-sectional study will be conducted among elderly patient of Davao Regional Hospital outpatient department.

B. Setting

This will be done at Davao Regional Hospital outpatient department of Family Medicine sometime in September 1, 2015 to October 31, 2015. The triaging system of Davao Regional Hospital outpatient department starts with a priority number to all with special considerations to the elderly population. All elderly on the senior citizen lane will be distributed to the different departments based on their chief complaint. In this study all respondents triage to the Family Medicine department will be invited to participate.

C. Participants

The respondents of this study include elderly patients ages 60 years and above willing to participate in this study. All those who are critically ill will be excluded from the study.

D. Sampling Procedure

A convenience sampling will be done.

E. Interventions and Comparisons: Not applicable

F. Randomization: Not applicable

G. Data Gathering

Approval of the CERC board will be obtained first prior to the collection of data. Data will be collected using a three-part standard questionnaire which will be administered through a one on one interview by the FAMED residents rotating at the outpatient department.

Independent Variables

- Part 1 will consist of information about socio-demographic profile like age, sex, highest educational attainment, place of origin and source of funds.
- Part 2 will consist of the clinical profile of the respondents which includes presence of concomitant chronic diseases and current chief complaint.

Dependent Variables

Part 3 will be the information about the respondents' health seeking behaviour and the outcome to be measured. In this study the following health seeking behaviours are explored. First health seeking behaviour is according to delay in consultation which in this study refer as the time from onset of chief complaint to first consult in Davao Regional Hospital FAMED outpatient department. For this study, a delay of 14 days or more from the time of onset of chief complaint to the time that the patient goes to the hospital will be considered as " longer delay" and a delay of 7 days to 14 days from the time of onset of chief complaint to the time that the patient

goes to the hospital will be considered as “ shorter delay” ¹⁸⁻¹⁹ (Fact sheet Diarrhoeal disease, 2013) (Blanca Ochoa, 2002). The second health seeking behaviour is the use of alternative or traditional therapies which are define in this study as the use of herbal medicines, over the counter drugs, acupuncture, reflexology, hilot and others not part of the conventional medicine before the initial consult referable to the chief complaint. Another health seeking behaviour is the compliance of prescribed medicine which in this study defines as the correct usage of drugs as to dosage, frequency, duration, and timing as prescribed by licensed physician of Davao Regional Hospital in relation to its chief complaint. Last health seeking behaviour is according to the first choice of health care providers. For this study, the first choice of health care providers in relation to its chief complaint.

H. Sample size computation

Sample size of this study was computed using the software StatCalc from EpiInfo 7. Calculations were based on the following assumptions: [1] 40% of patients aged <70 years (non-exposure) consult 2 weeks after onset of their chief complaint (outcome); [2] 60% of patients aged > 70 years (exposure) consult 2 weeks after onset of their chief complaint (outcome); and, [3] there are as many patients aged > 70 years as there are patients aged 60-70 years. In a computation of odds ratios of getting the outcome, carried out at a 5% level of significance, a total sample of 194 patients will have 80% power of rejecting null hypothesis (no significant increase or decrease in odds ratio) if the alternative holds. An interim analysis will be done halfway through the recruitment (97%) in order to recompute the ideal sample size.

I. Data handling and analysis

Data for the study will be encoded in the Microsoft Excel and analyzed using EpiInfo 7. Categorical data will be summarized as frequencies and percentages, and compared. Continuous data will be summarized as means and standard deviations, and compared. Odds ratios of having particular health seeking behaviours will be computed. Level of significance will be set at 5%.

Ethical Consideration

Prior to participating in the study, the consent of the participant must be obtained.

Ethics Review

The proponent of the study will secure an approval from the Cluster Ethics Research Committee of Southern Philippines Medical Center prior to doing the research.

Informed Consent: Form

A written consent is obtained from the potential participants prior to conducting the study.

Informed Consent: Signatory

The signature of the participant should appear in the consent form.

Informed Consent: Witness

No witness will be required in order for the informed consent to be binding.

Informed Consent: Proxy Consent

There will be no proxy consent aside from that of the participant will be allowed.

Informed Consent: Process

Prior to signing the consent form, the potential participants are informed about the study rationale and objectives.

Informed Consent: Timing and Venue

The informed consent will be taken prior to the administration of the questionnaire. It will be done in the assigned area of the participant within DRH premises during office or duty hours.

Disclosure of Study Objectives, Risks, Benefits and Procedures

The participants will be informed of the study objectives, its purpose, its benefits and what is expected of them. They will also be told that there are no risks involved in the study.

Remuneration, Reimbursement and Other Benefits

No remuneration or reimbursement will be given to the participants.

Privacy and Confidentiality

The researchers will not disclose the identities of the participants at any time. Only the main proponent of the study has the personal information of

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the participants. The researchers will not contact the participants after this one time interview.

Investigator's Responsibility

It is the investigator's responsibility to ensure the confidentiality of any information obtained during the research.

Specimen Handling

N/A

Voluntariness and Alternative Options

The respondent's participation in the study will be entirely voluntary. In case the participants wish to withdraw from this study the researchers will respect that decision and there will be no effect in the present and succeeding consultations.

Information on Study Results

The participants will have access to their data. After the data has been analysed, the overall results will also be made known to the participants.

Extent of Use of Study Data

At present there are no intended plans to use the data aside from the objectives stated in the protocol.

Authorship and Contributorship

Jacqueline N. Nuenay, M. D. is the principal investigator and the main author of the study. Dr. Chrysteler Clet is the co-author.

Conflicts of Interest

The principal investigator and the co-author declare no conflict of interest.

Publication

The research may be submitted for national and/or international presentation or publication.

Funding

The main proponent of the study is using personal funds to conduct the study.

Duplicate Copy of the Informed Consent Form

A duplicate copy of the informed consent form will be provided to the participants of the study. Additional copies can be made on request.

Questions and Concerns Regarding the Study

The participants will be encouraged by the principal investigator to voice out concerns about their participation in the study.

Contact Details

The participants of the study will be provided with the cell phone number of the principal investigator. The principal investigator is also available for questions, comments and concerns about the study.

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