

STUDY ON HEALTH AND AGED CARE POLICY IN HOSPITALS

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Abstract

Introduction: Hospitals have a few policies to take care of the aged people and their health specially. It has been shown in many reports that most of the country is becoming more aware about taking care of the elderly people.

Aim: To understand the health and aged care policies in hospitals and how these are affecting the elderly.

Literature review: Staying in the hospital for a long time is like a nightmare for almost every elderly person, as the aged people get sad, depressed, and confused easily. They should be treated with empathy, care and as per the requirements of their medical conditions.

Methodology: Primary Quantitative is used as a method with the help of survey done on 95 participants took part on the online survey and the participants are chosen randomly from the medical professional, nurse and caregiver in the hospitals.

Findings: The survey shows there is an utmost need of the health care education to fight the health related issues and imply health and age care policies. The hospitals can utilize these policies to provide better treatment.

Discussion: Elderly people always need a special care for themselves which is usually denied by their family especially the younger ones. On the other hand, the hospital is responsible for the care and support of the elderly patients. They provide treatment, necessary medicines, and management of the patients with the help of a team of doctors, nurses, and caregivers. Here the patients get a nutritional diagnosis, nursing, pharmacy, counseling, and all the medical supplies that are related to patient care directly.

Conclusion: As elderly people need more care, empathy and attention, medical professional should not ignore the needs of the older people just because of their age.

Keywords: *Health issues, Elderly people, Aged care, Health education, Hospital environment*

Introduction

Aged care refers to the care and support that is being provided to the aged and the older people who need help with their daily chores, and that can be at home or outside of the home. This care includes every little and big task of everyday life, such as household chores, cooking, going out, shopping, and getting equipment and medicines(Schmidt et al. 2019).

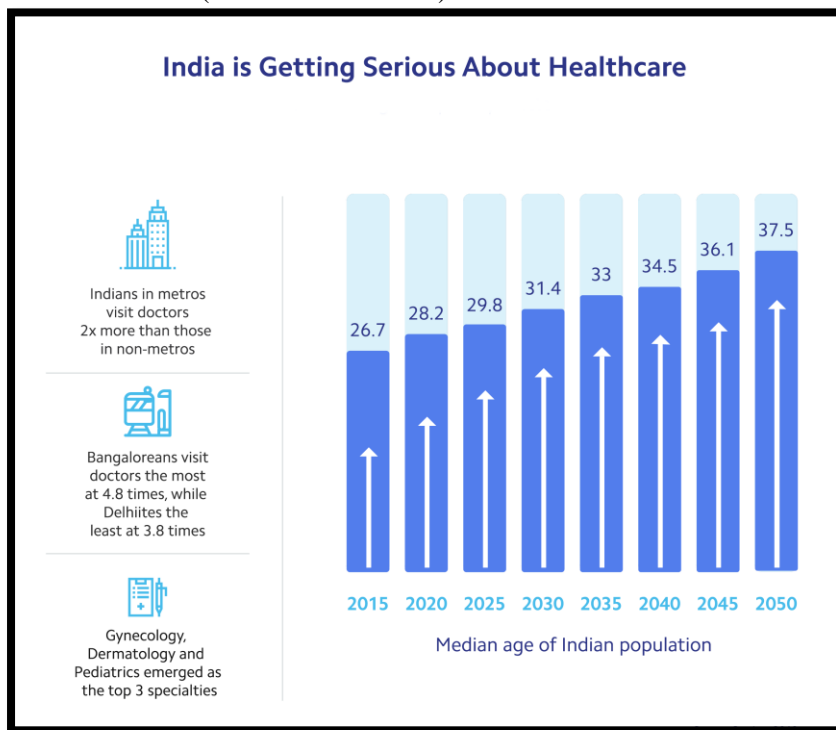


Figure 1: 30 years of struggle in the healthcare industry of India

(Source: Pristyncare, 2023)

As the above-mentioned figure shows, India is getting serious about healthcare and adopting digital healthcare. Almost 60 percent of the population is using different techniques and with the help of it they are getting in touch with upgraded healthcare along with doctors. As the above-mentioned graph shows, the whole number of this population will grow and reach 37.5 by the end of 2050.

Aim

The aim of the study is to understand the health and aged care policies in hospitals and how these are affecting the elderly.

Objectives

RO 1: To identify the concept of health and aged care policies

RO 2: To analyze the impact of health and aged care policies in hospitals on the elder and aged patients

RO 3: To evaluate the challenges elderly patients faced due to the aged and healthcare policies in hospitals

RO 4: To improvise recommended strategies for mitigating the challenges elderly patients faced due to the aged and healthcare policies in hospitals

Research questions

RQ 1: What is the concept of health and aged care policies in Indian hospitals?

RQ 2: What are the impacts of health and aged care policies in Indian hospitals on the elderly and aged patients?

RQ 3: What are the challenges elderly people faced due to the health and aged care policies in Indian hospitals?

RQ 4: What are the recommended strategies for the challenges elderly people faced due to the health and aged care policies in Indian hospitals?

Literature review

Identifying the basic concept of the policies related to health and aged care in hospitals

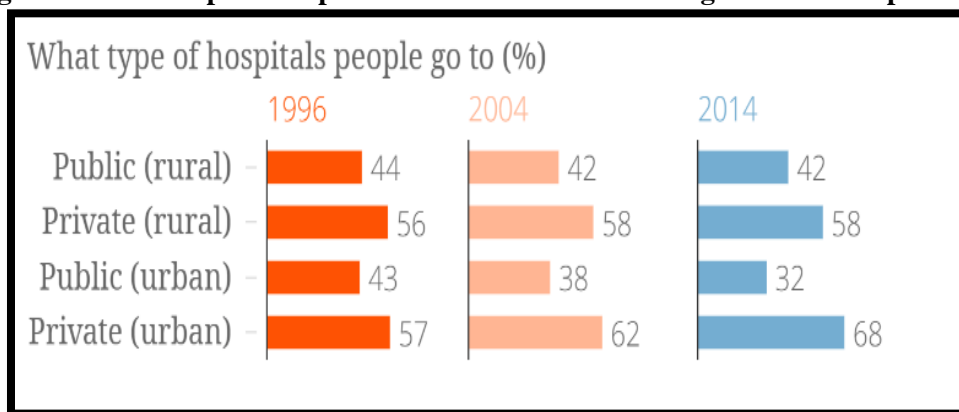


Figure 2: Type of hospital people goes to

(Source: pristyncare, 2023)

The above mentioned figure shows that people prefers to go to the private hospitals over public hospital, no matter its rural area or urban area.

Earlier WHO proposed free healthcare policies for everyone that refers to removing all the user fees and were in use at normal level. As stated by Williamson et al. (2020), the fee removal system may apply to all health services, to the grass level of health care, to the selected community of the people, to specific services for everyone, or to specific health services for the specific community of the people. These specific communities of the people can be identified by their economic or medical vulnerability. Based on the views of Tadesse(2020), as people get aged they become dependent on others to meet their daily needs, they may need help with everything, even with moving, feeding, or anything related to their daily lives. This support can be personal care like eating, bathing, dressing, or even going out to the toilet, accommodation modification in case the home is not the best option for them to stay for the time being, as they need acute care, adding different equipment to the house like ramps or railings to support moving.

Examining the impact of these policies related to health and aged care on the aged and elderly people

When a government is introduced to the policies of health care and aged care for elderly people and adopts them, it is a clear sign that they are making progress towards United Health Care in mainly two ways. As per the views of McCallum(2023), these ways includes increasing the utilization of the services that are being provided and aligning with the health need of the aged people and of course, protecting the financial condition of the people and improving it. As per the thoughts of Apisarnthanaraket al. (2020), these policies aim to increase the efficacy and the quality of the overall health service and make sure that everyone under these policies gets equal treatment.

Evaluating the issues the aged people face due to improper implications of these policies of health and aged care in the hospitals

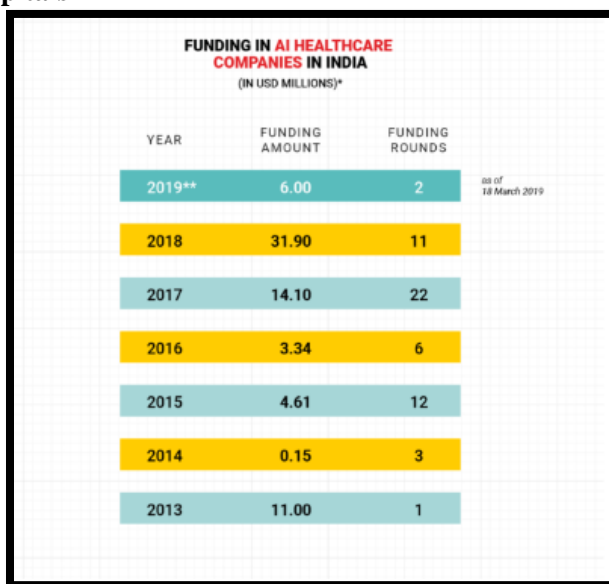


Figure 3: Healthcare fund in India

(Source: pristyncare, 2023)

Most of the time elderly people face age bias in the health care system in the hospital, where they are ignored primarily just because of their age. Based on the opinion of Rosenthal et al. (2020), the most common problem can be depression, dementia, and delirium when they stay in the hospitals for a long time. Another major issue is these elderly care policies are not being followed in the hospitals properly and that may cause a long-term, issue in the near future. As per the views of Bravata et al. (2021), elderly people are light sleepers and they need a separate room to get uninterrupted sleep. However, most of the time they are not given a separate room, and lack of sleep does not help in their further treatment.

Analyzing the recommendations of the issues the aged people face due to improper implications of these policies of health and aged care in the hospitals

These policies are there to help the aged people so they can remain healthy and get every opportunity to love their life. As per the opinion of Pozzan&Cattaneo(2020), these policies need to get implied properly in the appropriate places, not only on the papers. During the long stay in the hospital, the elderly can get a few other problems too and the hospital needs to pay close attention to these and take proper actions accordingly. As per the thoughts of Gardner et al. (2020), elderly people need to get a

separate room and special caregivers for themselves as well as they need to go out sometimes so they do not get depressed or sad.

Methodology

The chosen methodology for this research is the primary quantitative method. 95 people participated in this online survey and the participants are all professionals related to medical fields, such as doctors, nurses, and caregivers of hospitals. The chosen research philosophy here is positivism research philosophy (Saunders et al. 2003). While all the data were collected through an online survey and the tool used here to run the survey is Google Survey. In order to analyze the data, this research has used statistical analysis, and as a statistical data analysis tool SPSS has been used here (Kumar, 2018).

Findings

Frequency table

2. What is your age?				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	4.0	4.0	4.0
Above 55	16	16.2	16.2	20.2
Between 20 to 35	18	18.2	18.2	38.4
Between 36 to 45	18	18.2	18.2	56.6
Between 46 to 55	43	43.4	43.4	100.0
Total	99	100.0	100.0	

Table 1: Age frequency

(Source: SPSS)

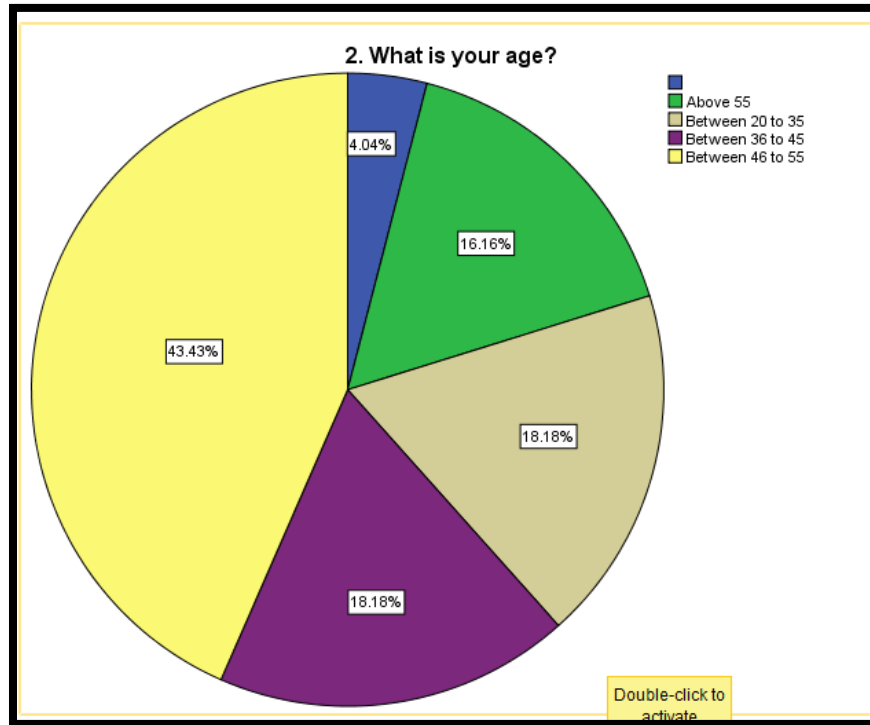


Figure 4: Age frequency

(Source: SPSS)

The above-mentioned table and figure reflects that the numbers of the people of age group from 20 to 35 and from 36 to 45 are each 18. On the other hand, the least number of people belongs to the age group of 55 years and above. Hence, the people from the other age group adhere in the survey.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	4.0	4.0	4.0
Female	52	52.5	52.5	56.6
Male	17	17.2	17.2	73.7
Prefer not to say	26	26.3	26.3	100.0
Total	99	100.0	100.0	

Table 2: Gender frequency

(Source: SPSS)

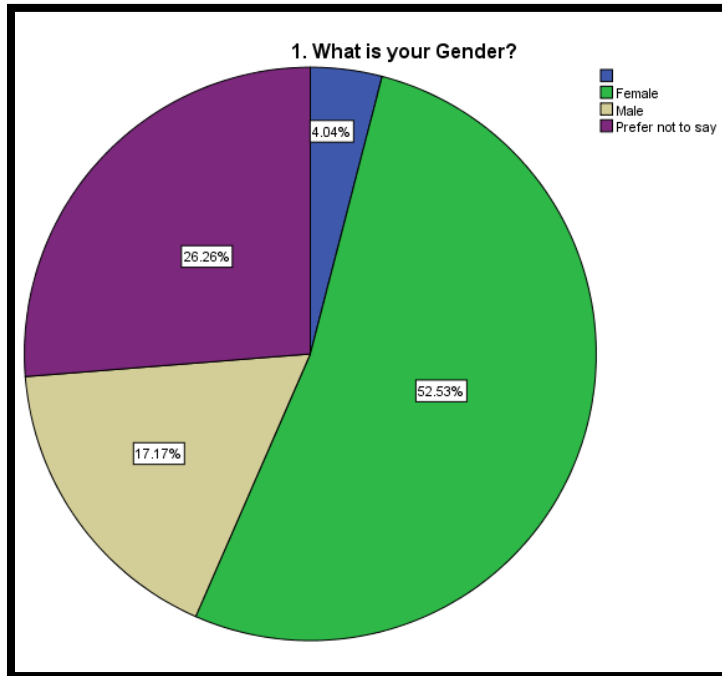


Figure 5: Gender frequency

(Source: SPSS)

The above-mentioned table and figure reflects that the frequency of the female participants is 52 and male is 17. People who do not prefer to say the gender is also performed the survey with a number of 26.

3. What is your monthly income?				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4	4.0	4.0	4.0
Above Rs 50000	25	25.3	25.3	29.3
Below Rs 15000	9	9.1	9.1	38.4
Between Rs 15000 to 30000	17	17.2	17.2	55.6
Between Rs 30000 to 50000	44	44.4	44.4	100.0
Total	99	100.0	100.0	

Table 3: Income frequency

(Source: SPSS)

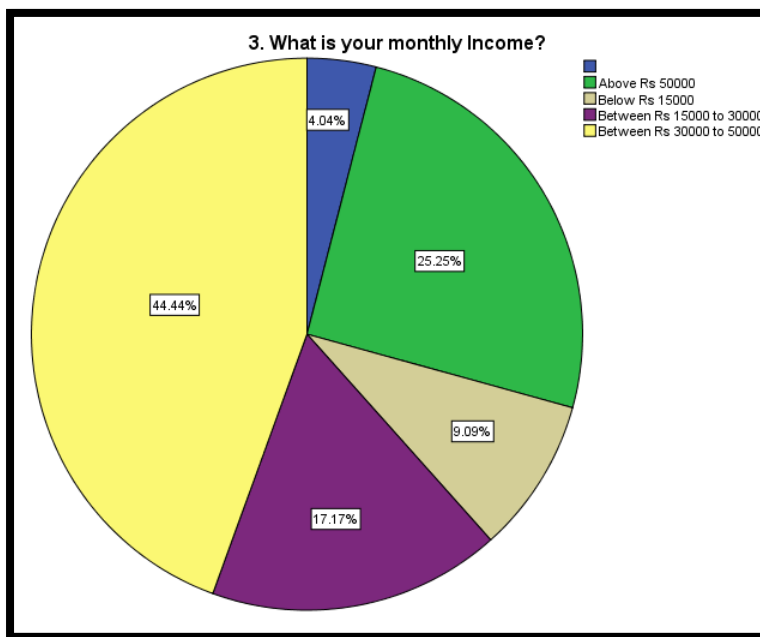


Figure 6: Income frequency

(Source: SPSS)

The above-mentioned table and figure reflects that the frequency of the people’s income between 30000 rupees to 50000 rupees is 44.44 percent means 44 person and this is the highest. Hence, people with different kind of income category also took part in the survey.

Descriptive analysis

Descriptive statistics

Descriptive Statistics			
	Mean	Std. Deviation	N
DV_HOSPITAL_ENVIRONMENT	6.0211	2.32003	95
IV1_AGE_CARE_POLICIES	9.5684	3.34108	95
IV2_HEALTH_ISSUES	9.1895	3.57680	95
IV3_HEALTH_EDUCATION	6.9091	2.20431	99

Table 4: Descriptive analysis

(Source: SPSS)

From the descriptive analysis table 4 the standard deviation of the first dependant variable has been shown which is 2.32003, and for IV1 it is 3.34108 and for IV 2 it is 3.57680.

Reliability

Reliability Statistics

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.902	.914	4

Table 5: Reliability Statistics

(Source: SPSS)

The Reliability statistics in the table 5 shows that the value of the Cronbach's Alpha is .902. The no of item is 4 and the Cronbach's Alpha based on standardized items is .914

Validity

KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.730
Bartlett's Test of Sphericity	Approx. Chi-Square	318.936
	df	6
	Sig.	.000

Table 6: KMO and Bartlett's Test

(Source: SPSS)

Table 6 here shows the KMO and Bartlett's Test and the approx. Chi-Square is 318.936. The value of significance of the KMO and Bartlett's is .000. The value of the sampling adequacy is .730.

Correlation

Correlations

Correlations					
		DV_HOSPITAL_ENVIRONMENT	IV1_AGE_CARE_POLICIES	IV2_HEALTH_ISSUES	IV3_HEALTH_EDUCATION
DV_HOSPITAL_ENVIRONMENT	Pearson Correlation	1	.859**	.596**	.602**
	Sig. (2-tailed)		.000	.000	.000
	N	95	95	95	95
IV1_AGE_CARE_POLICIES	Pearson Correlation	.859**	1	.808**	.757**
	Sig. (2-tailed)	.000		.000	.000
	N	95	95	95	95
IV2_HEALTH_ISSUES	Pearson Correlation	.596**	.808**	1	.736**
	Sig. (2-tailed)	.000	.000		.000
	N	95	95	95	95
IV3_HEALTH_EDUCATION	Pearson Correlation	.602**	.757**	.736**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	95	95	95	99

** . Correlation is significant at the 0.01 level (2-tailed).

Table 7: Correlation

(Source: SPSS)

Table 7 of the correlation of the dataset reflects here the core relation between the independent variables that are IV 1, IV 2, IV 3 and IV 4 and the dependent variable that is DV. The correlation here of IV1 and IV 2 is .808. As all the significant value is less than 0.05 so all are highly correlated.

Regression

Model Summary ^b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.859 ^a	.738	.735	1.19434	.738	261.700	1	93	.000	1.972

a. Predictors: (Constant), IV1_AGE_CARE_POLICIES
 b. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

ANOVA

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	373.299	1	373.299	261.700	.000 ^b
	Residual	132.659	93	1.426		
	Total	505.958	94			

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT
 b. Predictors: (Constant), IV1_AGE_CARE_POLICIES

Coefficients

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.314	.373		.841	.403
	IV1_AGE_CARE_POLICIES	.596	.037	.859	16.177	.000

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

Table 8: Regression 1

(Source: SPSS)

The regression table 8 here in the analysis is the grouping of three distinct tables which is showing the precise values in order to the regression between IV 1, IV 2, IV 3 and DV. The Significant value of the DV and IV 1 is above 0.05 so they are signifined.

Model Summary ^b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.596 ^a	.355	.348	1.87356	.355	51.138	1	93	.000	1.765

a. Predictors: (Constant), IV2_HEALTH_ISSUES
 b. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	179.507	1	179.507	51.138	.000 ^b
	Residual	326.451	93	3.510		
	Total	505.958	94			

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT
 b. Predictors: (Constant), IV2_HEALTH_ISSUES

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.471	.532		4.641	.000
	IV2_HEALTH_ISSUES	.386	.054	.596	7.151	.000

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

Table 9: Regression 2

(Source: SPSS)

The regression table 9 here in the shows the significant value of the DV and IV 2 and that is above 0.05 so they are signified.

Model Summary ^b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.602 ^a	.363	.356	1.86224	.363	52.896	1	93	.000	2.368

a. Predictors: (Constant), IV3_HEALTH_EDUCATION
 b. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	183.439	1	183.439	52.896	.000 ^b
	Residual	322.518	93	3.468		
	Total	505.958	94			

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT
 b. Predictors: (Constant), IV3_HEALTH_EDUCATION

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.713	.622		2.751	.007
	IV3_HEALTH_EDUCATION	.630	.087	.602	7.273	.000

a. Dependent Variable: DV_HOSPITAL_ENVIRONMENT

Table 9: Regression 3

(Source: SPSS)

The regression table 10 here in the shows the significant value of the DV and IV 3 and that is also above 0.05 so they are signified.

Discussion

All the collected data are analyzed in the previous stage and there are some important things. As the study shows that health is a very important aspect of complete physical, social, and mental well-being. There are mainly three types of aged care, that is care in the home, aged care nursing homes, and short-term residential care, may it be in hospitals or other places (Lai et al. 2020). Most of the participants agreed that elderly people need extra care as they are emotionally and physically vulnerable. Countries like India have government-proposed policies that help aged people to get special care. The core strategies of these policies are providing primary health care based on the specific community of the people and the medical professionals and the staff visiting the areas that need special care (Meek et al. 2022). Dedicated services are provided under these policies to the rural areas so that the elderly people can access the necessary equipment and additional support to support their daily medical needs. However, a few factors make implying these policies very hard. Such as there are different variables that make up for aging and control the aging process and these variables are super complicated (Martin et al. 2021). These variations can include the interpersonal aspects of the aged people and this is a trademark of the elderly people. It can be said that these variables are not accidental in any way. This study has also shown that sometimes these policies related to the care and health of aged people get neglected, which may it due to a lack of knowledge, awareness, or empathy (Levine et al. 2020). The term is known as age bias, where the needs of elderly people get ignored and they pay attention to the younger people. This has

nothing to do with the medical condition; they only get ignored just because they are old. Accountability and transparency are two main aspects of these policies and the people that are eligible for these policies need to be aware of the fact that these policies apply to them also.

Conclusion

This study has proved that sometimes the health and aged care policies for aged people are ignored due to many factors. Yet it is true that people need to be more empathetic towards the elderly people of society. Proper implications of these policies can really help the older people in the hospitals. Older people are becoming more aware of these policies so they are using and taking help of these policies more than ever before. The government is also taking steps to cover the medical bills of these elderly people while they are in the hospitals.

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Appendices

Appendix 1

Survey **link:** <https://docs.google.com/forms/d/1KCdyJkAKRzuEhj2d4jmsrAsAG1-QjNBglNuNCbyFng/edit>

1. What is your Gender?

Male

Female

Prefer not to say

2. What is your age?

Between 20 to 35

Between 36 to 45

Between 46 to 55

Above 55

3. What is your monthly Income?

Below Rs 15000

Between Rs 15000 to 30000

Between Rs 30000 to 50000

Above Rs 50000

DV: Hospital environment

4. Hospital environment has the most impact on the health of the aged person as they stay there for a long time

5. A patient friendly hospital helps the patient to recover quickly

IV 1: Age care policies

6. A proper age care policy should include customer service, scheduling and Medicare

7. Age care policy should avoid any bias regarding the age, known as age bias

8. Aged person of BPL category should get monthly pension from the government to cover their daily medical needs

IV 2: Health issues

9. Problem with mobility and doing everyday task is the main challenge of working with older adults

10. Older adults get hyper emotional sometimes due to the lack of care and empathy

11. As their health is deteriorate rapidly, they need considerate caring in hospitals

IV 3: Health education

12. Aged care is a crucial part of the health care education, as they need no less support

13. The profession should take care of all the health aspects of the elderly, including physical and mental health