



Barriers in access to home care services among ethnic minority and Dutch elderly – A qualitative study



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ABSTRACT

Background: Ethnic minority elderly have a high prevalence of functional limitations and chronic conditions compared to Dutch elderly. However, their use of home care services is low compared to Dutch elderly.

Objectives: Explore the barriers to access to home care services for Turkish, Moroccan Surinamese and ethnic Dutch elderly.

Design: Qualitative semi-structured group interviews and individual interviews.

Setting: The Netherlands.

Participants: Seven group interviews ($n = 50$) followed by individual interviews ($n = 5$) were conducted, in the preferred language of the participants.

Methods: Results were ordered and reported according to a framework of access to health care services. This framework describes five dimensions of accessibility to generate access to health care services, from the perspective of the users: ability to perceive health needs, ability to seek health care, ability to reach, ability to pay and ability to engage.

Results: This study shows that while barriers are common among all groups, several specific barriers in access to home care services exist for ethnic minority elderly. Language and communication barriers as well as limited networks and a preference for informal care seem to mutually enforce each other, resulting in many barriers during the navigation process to home care.

Conclusion: In order to provide equal access to home care for all who need it, the language and communication barriers should be tackled by home care services and home care nurses.

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What is already known about the topic?

- Ethnic minority elderly make less use of home care services.
- Ethnic minority elderly have less knowledge about how to get access to home care services.

- Ethnic minority elderly prefer care by family members rather than home care services.
- Home care nurses experience home care to ethnic minority elderly as burdensome and they feel they lack the competencies to deal with this specific group of elderly.

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What this paper adds

- In order to describe access to home care services, not just realized access should be taken into account but the whole process of navigating to the services.
- Language barriers and not cultural barriers are the main cause of impeded access to home care services.
- Ethnic minority elderly do not always have adequate networks in which to share and exchange information about (access to) home care, nor do their children.
- While many ethnic minority elderly seem at first sight to prefer family members instead of home care nurses, the underlying reason is not a cultural preference for family members, but a lack of knowledge about appropriate routes to get access to home care.
- Culturally competent home care services and home care nurses are needed in order to cross language and communication barriers and increase the access to home care.

1. Introduction

It is estimated that the coming decades the total number of ethnic minority elderly will rapidly increase in Europe and other developed countries. For example, in the Netherlands, estimations bring the number of non-western ethnic minority elderly of 65 years and older, from 70,000 in the first decade of 2000 to more than 520,000 in 2050 (Statistics Netherlands, 2009). Triggered by poverty, insecurity and job search, young migrants chose different developed countries as their new society in the period 1950s–1970s, providing for the workforce needed in those countries at that time (see Box 1 for the ethnic minority populations in the Netherlands and their migration history). These populations are now ageing. Many of these former labour migrants have limited proficiency of the language of their host society and have low educational levels (Esser, 2006).

In many ageing societies, home-based care is an increasingly important mode of care provision. Home care is a cost-effective way of maintaining people's independence (Kok et al., 2015), and is preferred by many clients who wish to stay in their own home rather than in an institutional setting (Averill, 2012; Davis and Smith, 2013). We define home care as 'professional care provided at home to adult people with formally assessed needs' (Genet et al., 2011, p. 2), including rehabilitative, supportive and technical nursing care, domestic aid and personal care (Genet et al., 2011). Home care can "range from care for persons with complex needs (for example 24-h support), to care for those who only need help occasionally with relatively simple tasks, for example domestic aid for frail elderly people and adults with a handicap" (Genet et al., 2011, p. 2). Home care systems differ between countries (Genet et al., 2011, 2013; Rostgaard, 2012), we therefore provide a description of home care in the Netherlands in Box 2.

One of the challenges to existing home care services is to offer appropriate services to elderly from diverse cultural, ethnic, religious and linguistic backgrounds. Several studies have shown that ethnic minority elderly

Box 1. Ethnic minority groups in the Netherlands and their migration history

Turkish, Moroccan and Surinamese migrants are among the largest ethnic minority groups in Western Europe. In the Netherlands, about 11% of the total population is of non-western ethnic origin, including about 390,000 inhabitants of Turkish origin, about 350,000 of Moroccan origin and about 330,000 inhabitants of Surinamese origin; each group is about 2% of the total population. These groups are the largest ethnic minority groups in the Netherlands. Most of the Turkish and Moroccan groups live in the larger cities; e.g. in Amsterdam, 35% of the total population is of non-western origin.

Young Turkish and Moroccan men moved to the Netherlands between 1960 and 1980 as labour migrants. Later on, they settled permanently in the Netherlands and were joined by their partners. Their children often migrated at a very young age or were born in the Netherlands and when children reached adulthood, they often choose to marry a partner from Turkey or Morocco. Despite having lived in the Netherlands for many years, first generation Turkish and Moroccan elderly often have low mastery of the Dutch language. Children from the second generation who were born in the Netherlands generally speak the language fluently. In comparison with the Dutch population the Turkish and Moroccan elderly migrants are very low-educated and relatively poor. The majority of the Turkish and Moroccan population is Muslim.

Suriname (Dutch Guyana) is a former Dutch colony in South-America. Most Surinamese speak and understand Dutch. The Surinamese population consists of different ethnic groups, the two largest groups are originally of West-African (Creoles) and South-Asian (Hindustani) descent. Many Surinamese moved to the Netherlands around 1975, the start of the independence of Suriname.

use home care services less than elderly of the host population, for similar needs (Crist et al., 2009; Denktas et al., 2009; Kadushin, 2004; Schellingerhout, 2004), and despite equal financial accessibility of home care services in most Western European health care systems. Studies in the US show that older Hispanics use community-based long-term care services less than European Americans (Aranda and Knight, 1997) but prefer informal caregivers such as spouses, family members, or friends (Weiss et al., 2005). Despite lower use, studies in Sweden (Pudarcic et al., 2003), the UK (Evandrou, 2000) and the Netherlands (Schellingerhout, 2004) showed that ethnic minority elderly report more long-term chronic illness and difficulties with self-care and domestic tasks than elderly from the host population. In the US older Hispanics were also more likely than older European Americans to report functional limitations and disabilities (Carrasquillo et al., 2000).

To be able to provide appropriate home care to ethnic minority elderly it is first necessary to understand the factors which may impede their use of existing home care services. The aim of this study was therefore to gain insight into the perceptions about access to home care of ethnic minority elderly living in the Netherlands. What factors

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