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Original Article

Living experience and care needs of Chinese empty-nest elderly people in urban communities in Beijing, China: A qualitative study



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ABSTRACT

Background: Empty-nest elders have considerable needs for daily living, health care, and social support in China. The growing need for care of an aging population requires to be met through adequate policy decision making by government.

Aim: To explore care needs of Chinese empty-nest elderly people and to provide reference information for relevant authorities in making care-supporting policies.

Method: A descriptive qualitative study design was adopted. Twenty-five senior citizens in urban communities who were not living with their children were recruited from three communities in different districts of Beijing. In-depth interviews with a semi-structured questionnaire were used to collect data. A qualitative content analysis method was used to analyze data.

Results: A major care need by the empty-nest elderly was home-based care. In view of their physical condition, need of support and their own security problems, they would like to have aging-in-place, home-based care by housemaid employment, or have institutionalized care in the future. However, they had some concerns about institutionalized care.

Conclusions: A combination of home-based and community-based care is a suitable mode of care for the empty-nest elderly, and institutionalized care is an expected supplementary form of care.

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1. Introduction

As a developing country with the largest elderly population in the world, China is facing the dual challenges of a rapid

growth in the number of old people and a society that is getting older before it gets rich [1,2]. As a result of both increased life expectancy and reduced fertility, following the initiation of China's one-child family planning policy in 1979, the number of older adults has been increasing rapidly. By the end

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of 2013, there were 202 million people older than 60 years, making up 14.9% of the population [3]. Cao [4] has estimated that China will enter a period of accelerated aging by 2021, when there will be 400 million people older than 60 years and 94.48 million aged 80 or older, accounting for 21.8% of the total elderly population.

Moreover, given the accelerated aging of the population and changes in family structure in China, the traditional family role of taking care of older relatives has been weakened. Correspondingly, the number of “empty-nest” elderly has been increasing: 31.8% of older people do not live in families; 15.4% of them live with a spouse and 16.4% live alone, according to the 2010 Chinese Census [5]. Therefore, more and more of the elderly population who are not living with their children (hereafter referred to in this article as the “empty-nest elderly”) are beginning to think about where to receive care and who will look after them in their remaining years. The issue of the empty-nest elderly has gained increasing amounts of attention from individuals, families, society, and the state. It is a strategic consideration that China must confront [1,2,6].

In the current study, “elderly care” refers to the fulfillment of the special needs and requirements that are unique to senior citizens, including services such as assisted living, adult day care, long-term care, nursing homes, hospice care, and in-home care. In China, the main forms of elderly care are (a) family-based care, (b) home-based care, (c) community-based care, and (d) institutionalized care. “Family-based care” is the traditional form of care for the elderly, wherein they live together with their children and their income generally comes from their children and/or themselves [7]. “Home-based care” refers to a situation in which elderly people live at home and take care of themselves, or have an employed housemaid to help them [8]. “Community-based care” is when older people stay at home and receive services provided by local communities [9]. Finally, “institutionalized care” is a form of care in which the elderly reside in nursing homes and there enjoy a full range of services and support. According to a recent survey, 85% of the elderly population wish to remain in their current home; most of them are healthy, and most can take care of themselves. Only 6%–8% would prefer to stay in institutions [10], and most of this group are much older or are in need of significant care and assistance. In 2009, an approach to elderly care known as “aging-in-place” began to be advocated in China, in which older adults live with their children, other family members, or neighbors and benefit from home care services provided by the family and through community support in a familiar environment that is best suited to their psychological needs [1,2].

The empty-nest elderly in China are a distinct group of senior citizens with considerable care needs that are different from those that might be met through family-based care, including, for example, psychological support, daily living assistance, and medical and nursing care. Irrespective of their age, living status, and self-care ability, some empty-nest elderly expressed positive emotions, including adaptation, self-reliance, optimism, and satisfaction. However, others expressed negative emotions, such as being forgotten, a sense of loss, boredom, loneliness, helplessness, hopelessness, depression, and a sense of being a burden to the family. Their

feelings were closely related to their emotional well-being [11]. Further information is required in order that an appropriate social support network can be constructed for the empty-nest elderly that meets their needs. The present study surveys the living experiences and care needs of the Chinese empty-nest elderly living in urban communities in Beijing, China.

2. Method

2.1. Design and sample

A descriptive qualitative study design was adopted, and face-to-face individualized in-depth interviews with a semi-structured questionnaire were used to collect data. A community-dwelling healthier empty-nest elderly were recruited in three communities in different districts in Beijing. The inclusive criteria were: (a) retired senior citizens aged >60; (b) living in their homes but not living with their children; (c) good communication ability; (d) willingness to join the study. The empty-nest elderly who are having acute diseases, self-care totally dependent and living in hospitals, institutionalization, or nursing homes were exclusive. In order to enrich the data, participants were selected from different communities and districts recommended by staff in Community Services, and the variation among participants was taken into account according to sex, age, education level, financial resource, living status, physical condition, and self-care ability.

Data were collected until no new themes emerged, and it was judged that data saturation was achieved. Altogether, the study participants comprised 25 empty-nest elderly, ranging in age from 65 to 83 years; 13 were male, 12 were female; 10 were single; 15 had a spouse. See Table 1.

2.2. Measures

A semi-structured interview guide, designed by the researchers based on the aims of the study, was used to collect data. Data collection was performed from February to August,

Table 1 – General information of the empty-nest elderly (n = 25).

Measure	n	F (%)	Measure	n	F (%)
Sex			Whether have housemaid		
Male	13	52.0	Yes	10	40.0
Female	12	48.0	No	15	60.0
Education levels			Residence of children		
Primary School	6	24.0	In the same city	18	72.0
Junior Middle School	8	32.0	Some children in the city	5	20.0
Senior Middle School	5	20.0	All children in aboard	1	4.0
College and above	6	24.0	no children	1	4.0
Income levels			Health condition		
High level	2	8.0	Hypertension	14	56.0
Middle level	22	88.0	Coronary heart disease	8	32.0
Low level	1	4.0	Osteoarthritis	6	24.0
Living status			Diabetic Mellitus	5	20.0
Single	10	40.0	Cerebrovascular disease	2	8.0
With spouse	15	60.0	Self-care ability		
			Fully self-care	22	88.0
			Partially in need of help	3	12.0

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