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Research paper

Needs assessment of people 75+ living in a nursing home or family home environment

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ABSTRACT

Introduction: Poland according to demographic forecasts will be the fastest aging country in Europe. We observe a growing demand for geriatric care and treatment that should be performed holistically.
Objectives: The aim of this study was to analyse the phenomenon of disability in the oldest age group and the needs related with it, depending on the place of residence of elderly people.
Method: The study involved 170 people over 75 years of age, 100 were from nursing homes (NH), and 70 from family home environment.
Results: The average age of respondents was 81.6 years, and 56.5% (n = 113) of the group were women. From the respondent's point of view there were no significant differences in the assessment of needs that were met, unmet, and in total number of needs, whereas from the researcher's point of view greater number of both met needs ($P < 0.001$), unmet needs ($P = 0.001$) as well as total needs ($P < 0.001$) were recorded in a NH. In terms of the met needs the opinions of researcher and personnel were very similar in a NH, significantly fewer met needs were reported by respondent himself. Education and marital status were significantly related to the needs.
Conclusions: In order to improve the care provided for elderly people it seems necessary to promote knowledge of the wider needs of older patients among the employees of different forms of geriatric care.
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1. Introduction

1.1. The demographic situation of Poland against a background of Europe

The aging of populations is one of the most distinctive demographic characteristics of populations of many countries, including Poland. According to the latest CORDIS data average life expectancy for men from the 27 EU member states is 79.7 years, and this group can expect 61.3 years of life in good health (Healthy life years), which is 80% of their average life expectancy. For women, life expectancy is 82.6 years, healthy life years indicator is 62 years or 75% of life in good health [1].

Demographic forecasts for Poland in 2050 are unfavorable. This country will be the fastest aging country in Europe. There will be a drop in population from 38.2 million today to 36.2 million in 2030 and 32.0 million in 2050, resulting from the declining birth rate and a low fertility rate of women (currently 1.23). A change in the demographic structure of the Polish population is also being forecast. It is expressed by the increase in the number of people aged over 65 years by 4.4 million (that is from 14% in 2011 to 30% in 2050). A phenomenon of double aging, which means a rapid increase in the proportion of people aged over 75 years (from 3.4% in 2011 to 8.5% in 2050 in the population of people over 80 years of age) is also intensifying [2].

In parallel to the aging of population we are observing changes in the epidemiology of diseases – from dominance of infectious diseases in children, to primacy of chronic diseases in elderly, with its constantly growing prevalence. In addition, most of the elderly, especially those over 75 years of age, have functional and cognitive

problems [3]. This leads to an increase in demand for geriatric therapy, including geriatric physical therapy, which should be performed holistically: multifacetedly and comprehensively, taking into account the hierarchy of the wider needs of elderly people [4–6].

1.2. Health care needs

In health care the term "need" has many meanings and further, it changes with time. It is therefore not surprising, that different groups of health professionals refer to both the term itself and to the assessment of patients' needs in a variety of ways [7]. A multitude of definitions indicates the diversity of human needs, as well as the possibility of a multi-perspective approach to this topic. Hence, there is still a "need for a new definition of the needs" [8]. The oldest and simplest definition of needs in a health care was formulated by Davis as "a subjective feeling that initiates the process of choosing among medical resources' [8]. Currently in health care system the needs are considered at three levels:

- issues that relate to a particular person/group of people;
- interventions that are necessary to solve/reduce the extent of the problem;
- units/departments and organisations that will carry out a specific intervention [9].

Researchers agree that the consideration of needs should not take place solely at the level of the problem, but above all, at the level of intervention, including physiotherapy [10].

Due to its specificity, the needs of elderly people require separate clarification. The authors of research which uses the CANE questionnaire suggest the following division of needs of older people:

- basic (e.g. accommodation, meals/food);
- social (e.g., social contacts, close relationships);
- functioning (e.g. caring for the house, daily activity);
- health (e.g. physical and mental health, psychological stress);
- health and social care (e.g. information on health status and treatment, funding and allowances) [10].

1.3. The CANE questionnaire

The Camberwell Assessment of Need for the Elderly [11] is a questionnaire, which was developed on the basis of a tool created in London aiming to assess the needs of people diagnosed with psychosis [12]. CANE is the first tool designed with the aim of assessing the holistically defined needs of the elderly persons, living both in health care and social care centres, a tool that is suitable for use in clinical and research purposes. The basis for creation of CANE is the assumption that to recognise a need (met or unmet) means to define the problem. The occurrence of a problem requires implementation of one or more interventions for the problem to be solved [11,13].

2. Objectives

The aim of the project was an analysis of the phenomenon of disability in the oldest age group and needs related to it, as well as an assessment of the extent of necessary support and the factors determining the demand for care, which when monitored will allow for proper future planning.

3. Materials and method

3.1. Sample group

The study included people over 75 years of age (75 +), as this social group is the main recipient of health care services targeted for dependent people. As part (catchment area) of the grant number NN404 520738 funded by the Ministry of Science and Higher Education 200 people were subjected to the test. In the project assumptions 100 people from each town had to be residents of a Nursing Home (NH), and the other 100 had to come from family home environment (outpatient). The findings presented in this paper pertain to the facility in Wroclaw (n = 170), where the average age of respondents was 81.6 years, and 56.5% (n = 113) of the group were women. All people from the NH environment (n = 100) invited to participate in the study had given their consent. Individuals were selected randomly from among residents of the two largest nursing homes in Wroclaw. The first contact between the researcher and the respondent was a personal contact, immediately followed by an appropriate examination. However, among 100 randomly selected people living in the family home environment (patients of local biggest GP practice), only 70 agreed to participate in the study. The first contact between researcher and the person invited to take part in the study took place over the phone, if that person had consented to participate in the study, subsequent meeting would take place at the respondent's house.

3.2. Research tools

The study used the following research tools: CANE, GDS, MMSE, BI, Up & Go, and socio-demographic and clinical questionnaire.

CANE (Camberwell Assessment of Need for the Elderly) [11] is made up of 24 areas that concern the patient and two areas for the carer. In each area – respectively in four sections – an assessment is taken of the patient (respondent), staff (personnel, professional), carer and researcher. Section 1 assesses whether there is a need in a particular area, Section 2 deals with assistance from informal (family, friends, neighbours) sources in the last month, Section 3 covers the support of local health or social care, and Section 4 assesses whether staff, carer and researcher are of the opinion that the patient has appropriate help as to his needs and also satisfaction of the patient himself from the received help. A particular need is assessed according to a scale: 0 (no need/problem. Patient copes on their own and does not need any help), 1 (need met or insignificant and does not require any major intervention), 2 (need unmet, indicates a serious problem that requires intervention in respect of which the patient is not currently receiving assistance or receives inappropriate, inadequate assistance) and 9 (no data).

In the presented study, an assessment of patient, researcher and staff was taken into consideration at the NH and assessment of patient and researcher at the outpatient unit. In the case where an older person obtained MMSE score below 15 points, its needs were assessed only from researcher's and/or personel's perspective.

Geriatric Depression Scale (GDS) [14] has been the most commonly used screening scale in elderly people since 1983. It is characterised by high sensitivity and specificity. In the study a 15-point version was used, where: 0–5 points meant no depression, 6–10 points – moderate depression, and 11–15 points meant severe depression.

Mini-Mental State Examination (MMSE) [15] is a simple tool for evaluating basic dimensions of cognitive activity: orientation in place and time, remembering, acalculia, concentration, recalling previously memorised information, reading, writing, performing complex commands and design praxis. For a correct performance