



Original Article

Home Health Care Needs and Willingness to Pay for Home Health Care Among the Empty-nest Elderly in Shanghai, China[☆]Li-Juan Liu¹, Yun-Feng Fu², Li Qu¹, Yue Wang^{1*}¹ Department of Health Management, the Second Military Medical University² Graduate School, East China University of Science and Technology, Shanghai, People's Republic of China

ARTICLE INFO

Article history:

Received 13 November 2011

Received in revised form

18 May 2012

Accepted 9 January 2013

Available online 7 March 2013

Keywords:

elderly,
empty nest,
home health care

SUMMARY

Background: As the number of empty-nest elderly rises in the city of Shanghai, ensuring their timely use of health care is a public health concern. The purpose of the study was to examine the home health care needs among the empty-nest elderly living in Shanghai.**Methods:** A questionnaire was administered to 504 empty-nest elderly and 424 non-empty-nest elderly in Shanghai, China. Logistic regression analysis was used to examine the predictors of home health care needs. Linear regression analysis was applied to examine the predictors of willingness to pay for home health care.**Results:** The empty-nest elderly had higher income, less social support, higher prevalence of chronic diseases, were more likely to have worries or concerns about their health and availability of daily care at home or assistance with travel to the doctor's office than the non-empty-nest elderly. They also had higher home health care needs and were willing to pay more money for home health care. Age, education level, social support, and chronic diseases were correlated with home health care needs. Income, social support, and age were associated with willingness to pay for onsite medical services, and income, social support, age, and education level were associated with willingness to pay for social services.**Conclusion:** The empty-nest elderly had more home health care needs due to their having less social support and higher prevalence of chronic diseases, and they were willing to pay more money for the home health care because of the higher income and less social support.

Copyright © 2013, Taiwan Society of Geriatric Emergency & Critical Care Medicine. Published by Elsevier Taiwan LLC. All rights reserved.

1. Introduction

As the elderly population continues to grow and the average household size gets smaller in Shanghai, China, the number of empty-nest families, consisting of an elderly couple or one aged person, is on the rise^{1–3}. The empty-nest elderly were focused since they were considered to be a vulnerable group (population) due to the risk of social isolation and lack of adequate caring networks. A previous study showed that the empty-nest elderly, in comparison with the non-empty-nest elderly, had less social support and poorer accessibility to health care. They were less likely to have visited or telephoned a physician and more likely to report unmet

health care needs. In China, long trips to clinics and long waiting time often hold back even mobile elderly people from regular doctor visits. To minimize inconvenience during doctor visits, they often rely on a younger family member (usually a son or daughter) for assistance and company. One of the most commonly reported obstacles to health care services, for empty-nest elderly, particularly, was inability to find someone to take them to the provider's office¹. As the number of empty-nest elderly continues to grow in China, ensuring their timely use of health care services, optimizing their quality of life, and improving their self-care ability is a public health priority.

Home health care is a service provided in a patient's home that includes medical and social services^{4–8}. Home health care has several unique characteristics, one of which is that the service is provided at the patient's own home⁹. For the last few decades, home health care has been expanding rapidly in developed countries, due in part to the increasing number of elderly people and people with chronic illness¹⁰. Home health care lowers the dependence on outside help for access of medical services. The

[☆] The authors declare that they have no financial or non-financial conflicts of interest related to the subject matter or materials discussed in the manuscript.

* Correspondence to: Dr Yue Wang, Office of Medical Education, Training Department, The Second Military Medical University, 800 Xiangyin Road, Shanghai 200433, People's Republic of China.

E-mail address: profwangyue@yahoo.com.cn (Y. Wang).

empty-nest elderly may be more likely to need home health care in comparison with the non-empty-nest elderly. However, few studies have focused on the association between empty-nest status and home health care needs among the elderly in China.

This study was carried out with three main objectives: to compare the socioeconomic characteristics, health status, things worried about in life and problems hoped to solve between the empty-nest elderly and non-empty-nest elderly; to compare the home health care needs and willingness to pay for home health care between the empty-nest elderly and non-empty-nest elderly; and to examine the predictors of home health care needs and predictors of willingness to pay for home health care among the elderly.

2. Materials and methods

2.1. Participants

The target population of this study was the elderly in Shanghai, the most highly populated city in China. The sample was obtained from Wu-Jiao-Chang town, using a simple random sampling method. This study was approved by the Biological and Medical Ethics Committee, the Second Military Medical University. A total of 1000 older adults (age ≥ 60 years) were invited to participate in the study. Informed consent has been obtained from the subjects. Among them, 928 participants completed the survey, representing a response rate of 92.8%.

The elderly in the study were classified as empty-nest group and non-empty-nest group by asking, "Are you living with any of your children?" If the answer was "no", this was seen as an empty nester.

2.2. Variables

2.2.1. Socioeconomic characteristics

Information on subject age, sex, highest education completed (no education, primary school, junior high school, senior high school, college), marital status (currently married, single including never married, divorced, separated, widowed), income (very low, low, middle, high, very high) were collected by self-reporting.

2.2.2. Social support

Social support was measured using the social support rate scale (SSRS), which is a quantitative instrument, revised by Shuiyuan Xiao according to facts of China in 1990. The instrument entails measuring the number of an individual's social ties with higher scores indicating more social support^{9,10}. The score for the scale ranges 12–65. The validity and reliability of the Chinese version of the SSRS have been confirmed. This instrument had an internal consistency of α ranging 0.89–0.94 for Chinese^{9,10}.

2.2.3. Health status

Health status was measured by the prevalence of chronic diseases in the past 6 months from a list of 15 conditions (high blood pressure, heart disease, diabetes, chronic bronchitis, asthma, cancer, arthritis, and stomach or intestinal ulcers, etc.).

2.2.4. Things worried about in life and problems hoped to solve

The elderly were asked things that they worried about in life: poor health (yes, no), no care for daily life (yes, no), nobody to take them to the doctor's office (yes, no). The elderly were asked which problems they hoped to solve: providing home health services (yes, no) and providing daily care (yes, no).

2.2.5. Home health care needs

The elderly were asked whether they were willing to accept home health care (yes, no), how much they were willing to pay for

the onsite medical services (Chinese Yuan/hour, not including expenses for treatment and medical supplies) and social services (Chinese Yuan/hour).

2.3. Data analysis

Information on sex, highest education completed, marital status, income, health status, things worried about in life, problems hoped to solve, and home health care needs were subjected to Chi-square analyses between the empty-nest elderly and non-empty-nest elderly. Student *t* tests were used to compare the age, social support, willingness to pay for the onsite medical services and social services between the empty-nest elderly and non-empty-nest elderly. To examine the factors predicting home health care needs, a logistic regression model with conditional stepwise analysis was used. To examine the factors predicting willingness to pay for home health care, two linear regression models with conditional stepwise analysis were used. For all analyses, *p*-values were judged against Type I error $\alpha = 0.05$. All data were analyzed with the SPSS 10.0 statistical analysis software package (SPSS, Chicago, IL, USA).

3. Results

3.1. Socioeconomic characteristics

The age of respondents ranged from 60 years to 87 years (mean = 69.95 ± 8.17 years) for the empty-nest elderly and from 60 years to 89 years (mean = 70.23 ± 8.79 years) for the non-empty-nest elderly. Student *t* tests showed that there was no significant difference between the two groups in age [$t = -0.488$, degrees of freedom (df) = 872.968, $p = 0.625$], and that the empty-nest elderly had less social support ($t = -7.831$, df = 827.972, $p < 0.001$) in comparison with the non-empty-nest elderly. Chi-square tests showed that the empty-nest elderly had higher income ($\chi^2 = 29.590$, df = 4, $p < 0.001$) in comparison with the non-empty-nest elderly, and that there were no significant differences between the two groups in sex ($\chi^2 = 2.019$, df = 1, $p = 0.155$), highest education completed ($\chi^2 = 3.587$, df = 3, $p = 0.310$), or marital status ($\chi^2 = 0.686$, df = 1, $p = 0.408$; Table 1)

3.2. Health status

Health status between the empty-nest elderly and non-empty-nest elderly is shown in Table 2. The Chi-square test indicated that the empty-nest elderly had a higher prevalence of chronic diseases ($\chi^2 = 37.851$, df = 1, $p < 0.001$) than the non-empty-nest elderly.

3.3. Things worried about in life

Chi-square tests showed that the empty-nest elderly were more likely to worry about their poor health ($\chi^2 = 62.199$, df = 1, $p < 0.001$), that they could not find anyone to care for their daily life ($\chi^2 = 29.646$, df = 1, $p < 0.001$), and take them to the doctor's office ($\chi^2 = 20.099$, df = 1, $p < 0.001$) compared with the non-empty-nest elderly (Table 3).

3.4. Problems hoped to solve

The empty-nest elderly were more likely to hope to be provided home health services ($\chi^2 = 76.136$, df = 1, $p < 0.001$) and daily care services ($\chi^2 = 24.136$, df = 1, $p < 0.001$) compared with the non-empty-nest elderly (Table 4).

Download English Version:

<https://daneshyari.com/en/article/3325239>

Download Persian Version:

<https://daneshyari.com/article/3325239>

[Daneshyari.com](https://daneshyari.com)