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3 # Perception on service quality in old age homes: a qualitative study
4 in Karachi, Pakistan

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6 **Samina Vertejee[1], Saleema Allana[2], Rozina Somani[3], Saher Aijaz[4]**
7 **1,4** Aga Khan University School of Nursing and Midwifery, Karachi, Pakistan; **2** University
8 of Alberta, Canada; **3** University of Toronto, Canada
9 **Correspondence:** Samina Vertejee. **Email**: samina.vertejee@aku.edu

10

11 **Abstract**
12 **Objectives:** The growing number of older people due to demographic transition
13 is paving the way for non-governmental organizations and the private sector for
14 mushrooming of old age homes (OAHs). These homes function either free or fee
15 for services, and the services provided at these OAHs determines the quality of
16 life of older people. The aim of the study was to explore the stakeholders'
17 perception on the quality of services offered to people living in OAHs.
18 **Methods:** A descriptive qualitative study design was used to explore
19 stakeholders' perception of elderly living experiences in old age homes. Three
20 OAH were selected through purposive sampling for the study. Data collected
21 from February –March 2015 through the structured interview guide. Participants'
22 for FGDs were recruited through universal sampling, while purposive sampling
23 was used for KIIs selection. Researcher ensured all ethical considerations for
24 entire study period.
25 **Results:** Two major themes were drawn including the reasons and experiences of
26 older people living in OAH, secondly the need for caregivers' academic
27 competencies. Majority of KIIs and FGDs reported common responses under the
28 two themes. Also the elderly experiences varied from living comfortable to being

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depressed. KIIs and caregivers' FGD participants' strongly urged the need for caregivers' training and institutional accreditation.

Conclusion: In conclusion, the older people experiences challenges of living in OAHs, therefore the study findings strongly proposes community support system and credentialing of the caregivers for age appropriate care. Moreover the capacity building of academia for offering specialized training in gerontology and geriatrics is also highlighted.

Keywords: Caregivers; Elderly; Institutionalization; Old Age Homes, Geriatric health and wellbeing.

Introduction

The demographic transition and resulting increased number of older people entailed serious repercussions globally for past 20 years, and if continued, there will be significant toll of older people in the upcoming years (1). Moreover the substantial increased life expectancy and increased number of older is associated with socio-economic and health consequences; hence their care and needs are becoming a major challenge worldwide (2). The poor socio-economic condition compounded with frailty, dependence, and frequent hospitalization due to chronic diseases imposes additional burden. The increased dependency ratios spearheads the neglect and relocation of older people Old Age Homes (OAHs) in both the high and low income countries (3). The trend of forced or voluntary relocation of older people to OAHs is also significantly observed in Pakistan. This might be associated with change in family structure; brain drain; diverse family commitment, poor caregivers knowledge of special needs of older people (4-6)

Although in Asians countries filial piety is key cultural norm; the abandonment of old parents to OAHs is culturally despised (7). Pakistan, being an Islamic state and eastern society, is also known to ensure the reverence and preserving the dignity of older people. Hence poor socio-economic conditions and escalating number of older people with chronic health conditions, increased health care cost,

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58 and poor caregivers paying capacity has resulted in demeaning of religious and
59 social norms leading to abandonment of older parents to OAHs (8). Unfortunately
60 the lack of state-owned OAHs has facilitated the proliferation of not-for-profit or
61 business model OHAs, however not much empirical data is available on the
62 quality of care in these OAHs (5). The researchers' personal observation validates
63 the compromised care in these OAHs, absence of structured national monitoring
64 system and recruitment of untrained caregiver (lay workers in many cases) for
65 older people. A survey report of 1998 in Pakistan revealed increased trend of
66 relocation of older people to OAHs while 98% of the older people wanted to live
67 in their own homes. The report highlighted that the quality of services in these
68 OAHs remains questionable (9).
69 Under the current scenario, the study aimed to explore the stakeholder perception
70 on the reasons and experiences of older people living in OAHs to relate to the
71 quality of services offered in OAH. It also examined the need for caregivers'
72 competencies and the accreditation of OAHs.
73
74 **Materials and Methods**
75 Descriptive qualitative design was used to explore stakeholders' perception of
76 older people living in OAHs. Three OAHs (sample site) were selected using
77 purposive sampling, with the full knowledge of relevant characteristics beneficial
78 to the study (10). Participants Focus Group Discussions (FGDs) at the selected
79 sample sites were recruited through universal sampling i.e. all residents and their
80 caregivers were invited for respective FGDs. Participants for Key Informant
81 Interviews (KIIs) were those who were engaged in managing care and welfare of
82 older people. Therefore they were selected through purposive sampling, so the
83 data obtained was beneficial to the subject matter.
84 Data was collected in February and March 2015 through researchers' designed
85 interview guide until data saturation was reached. The interview guide included
86 following key components, 1). Older peoples' reasons and experiences of living

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87 in OAHs; 2) factors effecting the living condition in OAHs; 3) need for caregivers
88 academic preparedness and 4) Institutional accreditation and standardization of
89 the serviced. To maintain the consistency in data collection the interview guides
90 were translated from English to Urdu language.
91 Altogether six KIIs and six FGDs were conducted; each FGD lasted for 60
92 minutes, and two FGDs at each sample site were conducted, one for caregivers
93 and one for older people with 6-8 participants in each. Each KIIs lasted for 30 to
94 45 minute's. All FGDs and KIIs were tape recorded with prior permission of the
95 participants. Field notes supported the thematic analysis support. The researchers
96 ensured credibility, transferability, dependability and conformity throughout the
97 data collection and content analysis process. This helped in validity and reliability
98 of the research process (11).
99 The data was transcribed and translated back to English language for analysis.
100 The inductive stepwise content analysis process was adopted. The data analysis
101 was carried out manually. The researchers repeatedly read the data diligently to
102 eliminate any chances of data gaps. The researchers assigned the codes to each
103 response according to the interview guide to draw the themes. Two major themes
104 emerged from data; including the older people's reasons and experiences of living
105 in OAH and the need for caregivers' competencies in age appropriate care and
106 accreditation of OAHs.
107 All ethical considerations were ensured including clearance from the institution's
108 Ethics Review Committee, permission from study site, participant's consent,
109 participants pseudonyms and data security. Primarily research team collected the
110 data supported by two data collectors who were trained to facilitate data collection
111 process.
112
113 **Results**
114 The total number of participants was 38 respondents including 32 respondents of
115 all six FGDs form three OAHs and 6 KIIs. Six FGDs comprised of 32 participants

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116 including 24 older people residing in three selected OAHs/study sites and their
117 18 caregivers. The data from caregivers' FGDs revealed that approximately 89%
118 of the caregivers were lay workers and only 11% of them were trained nurses.
119 Secondly the female caregiver outnumbered the male caregivers, i.e. 67% of them
120 were female while 33% were male caregivers. The mean age of female caregivers
121 was 35 years while male caregivers mean age was 22.5 years. Caregivers'
122 average length of experience was 4 years. Secondly the data from the FGDs of
123 older people inferred average ages of participant of male and female i.e. 65 and
124 64.6 years consequently. Again in this group, the females outnumbered males i.e.
125 females were 54% as compared to 46% of males. The average length of stay of
126 these people was 29.3 months.

127 KIIs included administrators of the selected study sites, the member provincial
128 assembly who was involved in developing the provincial Act for the welfare of
129 older people and the head of the social welfare department who deals in the
130 matters related to older people.

131 Two major themes were deducted from the data (*See figure 1)*. Few quotations
132 under each theme are presented below. These quotation has a short marker which
133 determines the whether the quotation is from FGD or KII with its number. The
134 letter "SC" in the quotation indicates it is from the Older People FGD, while the
135 letter "CG" suggest it is from the caregivers FGD. The numeric attached with
136 either SC or CG indicates the number assigned to each participant. Likewise the
137 KII quotation is indicated by "KII" and number assigned to it.

138 **Theme I - Reasons and Experiences of older people living in OAH:** The
139 reasons for older people living in OAHs in FGDs and KIIs included, (a) Poor
140 family's understanding of aging issues, (b) Poor family caregivers' commitment
141 to care, (c) family conflicts; (d) brain drain and (e) economic burden. An older
142 person expressed that, *"I used to live alone at home; I used to be upset, nobody*
143 *used to take care of me, so I came here". [FGD 2 (SC 2)].*

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144 While other participant in older people FGD said, "*I have two brothers, who are*
145 *businessmen…They don't keep me… their wives tell them to send me to a mental*
146 *asylum.*" [FGD I - (SC 4)]. Family conflicts and diverse commitments were
147 strongly highlighted by the participants. Majority of the participants expressed
148 that sons leave their parents at OAHs to please their wives. A KII reported a case
149 of man who left his mother at OAH to avoid conflict between his mother and
150 wife. The KII reported, *"When I inquired from the man, he also confirmed that*
151 *due to the conflict between his mother and his wife, it was difficult for him to*
152 *manage the care of his mother at home,"* KII-3
153 Participants' in older people FGDs also expressed concerns and fear of returning
154 home; although they missed their family members especially the grandchildren.
155 Hence they were reluctant to return home due to fear of constant conflicts and of
156 being abused at home. A participant shared, "*I have only one son; he is*
157 *married…he doesn't even talk to me…He does not come here."* The participant
158 further added…*If I go home it will be …environment of being physically abused*
159 *and conflicts. I am not comfortable."* [FGD 4 (SC 2)]
160 Never married was another reason for living in OAH, these people reported that
161 they had no one to look after them at home. A participant expressed that, "*I used*
162 *to live in … mental hospital. My family left me here, they left me. I shifted here; I*
163 *cannot even go home because do not know about the ways and roads"*. [FGD I
164 (SC 2)]
165 Lack of family resources and chronic mental and physical illnesses was also a
166 common reason for older people living in OAHs. Participants also reported
167 family's lack of knowledge about the care for mentally sick parents, time
168 commitment and affordability for treatment alas reasons for relocation to OAH.
169 The experiences of living in OAH varied amongst older people; some of them
170 expressed discomfort while others were comfortable living in OAH. A participant
171 shared: "*It is good all over here…I sleep at night, rest all the time, and they*
172 *provide us all the food. It is good here, no tension. Time passes."* [FGD-1 (SC

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173 2)]. The yearning for family was discussed at length in all FGD. They expressed
174 that they wanted to live with family, especially the grandchildren. Some of them
175 expressed a strong desire to spend time with them. A participant mentioned:
176 "*It is good here but nobody comes to meet me, I feel alone and bored. I feel like*
177 *meeting the family members.*" [FGD-1 (SC 2)].
178 Caregivers' FGDs revealed that some older people are very caring and compliant,
179 while others are agitated due to anger of being alone and ignored. They also
180 reported older people mood swings and abusive language for caregivers. One
181 caregiver said, *"One uncle came; new admission… just told him to take food; he*
182 *started abusing me verbally…..he said you are not my daughter that is why I*
183 *verbally abused you, he tried to beat me"* FGD I (CG 3).
184 Another caregiver reported that*: "We spend time with them but still they miss*
185 *their family members; they are never satisfied with the care given by us."* FGD
186 III (CG 4). KIIs reiterated that these older people live away from home they react
187 negatively with caregivers; they also expressed that the establishment of OAHs
188 disintegrates family harmony and promotes lack of belongingness. One of them
189 said, "*The family should keep their parents at home… they should spend the last*
190 *days of their life in comfort.*" KII-1
191 The field notes revealed predominant expression of pain and grief in FGD for
192 older people while they were talking about their reasons and experiences of living
193 in OAHs. Some of them also cried while talking about their children and home.
194 Moreover, varied nature of living conditions were recorded on the field notes;
195 including the poor lighting, ventilation, and deteriorated floors in one the OAHs.
196 While in another OAH older people were living on upper story without the facility
197 of elevator to reach to the bed room. In almost all selected settings, the living
198 arrangements did not ensure privacy of the residents, about 6 to 7 older people
199 lived in one big hall. Hygienic conditions of one of the OAHs was also
200 compromised with poor living condition.
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202 **Theme II – The need for caregivers' academic competencies:**

203 This was one of the big concerns determined in the FGDs and KIIs. The entire
204 data revealed strong need for trained and competent caregivers. One caregiver
205 uttered that, "*If you ask us, are we trained? So we are not, we have gained on job*
206 *experience.*" FGD I (CG1).

207 A KIIs also highlighted the need for specialized training, one of them said: "*Needs*
208 *of aging people are different…therefore, the caregivers should be trained in age*
209 *specific care,*" (KII-1).

210 Another KII emphasized that: "*Professional care givers' help reduces family*
211 *fatigue,*" (KII-4).

212 While caregivers and KIIs were convinced of the needs for specialized training
213 of caregivers, the participants in older people FGDs also emphasized the same.
214 They expressed the need to have trained caregivers who know how to care for
215 older people. One participant in older people FGD said, "*They should be taught*
216 *how to take our care …learn to handle us well physically.*"
217 FGD-1(SC-2)

218 One KII also highlighted the need for monitoring system to ensure quality of
219 service in these OAHs. The KII expressed, "*This will ensure the regulatory*
220 *system to safeguard the quality of life for senior citizens,*" KII-2.

221 Public sector role in ensuring the quality of services was also one of the highly
222 discussed topics. The community should take the ownership in establishing the
223 mechanisms of monitoring. One KII said, "*I think the licensing is one of the*
224 *easiest things, you can bribe someone and make it done but communities and*
225 *authorities should be responsible to make audits for such unethical practice*"
226 (KII- 4)

227

228 **Discussion**

229 The study results revealed poor state of older people living in OAHs, hence these
230 can be viewed as contrary to the several pledges including the Universal

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231 Declaration of Human Rights and Constitution of Pakistan (12, 13). These
232 pledges deliberate on equality, dignity, and rights for "ALL" inclusive of older
233 people, yet they are being exposed to inequalities and unfair treatment. The issue
234 is further heightened by chronic illnesses and frailty along with financial
235 insecurity, lack of government schemes on welfare of older people including
236 health care services, housing and shelter (5, 8, 14).
237 The study findings also predominantly highlighted the society's attitude toward
238 aging population. The violation of their rights whether at home or in the
239 institution were significantly indicated in the study results. Several other studies
240 also suggested that weak family ties, disrespect, poverty, hunger, and social
241 isolation impact the quality of life of older people (4, 6, 15)
242 The results largely revealed poor family support leading to lack of satisfaction,
243 depression, and solitude amongst older people. Such situations have paved the
244 way for older parents to be relocated, regardless of their wish to be at home in the
245 later years of their life.
246 Several studies reported lack of willingness of older people to be relocated; a
247 survey report in Pakistan indicated that 98% of older people wished to live in
248 their own homes with their dear ones (9). Another study's findings suggested that
249 urbanization, family conflicts, modernization, and brain drain play a significant
250 role in denying the care of older parents (5). Moreover due to caregiver's diverse
251 commitment, lack of resources to manage chronic and mental illness amongst
252 older people is also significant reason for relocation to OAH (9).
253 The institutional caregivers are key players to ensure the health and wellbeing of
254 older people. Therefore, their specialized training is highly needed to provide age
255 appropriate care. It is important because in some cases the reaction to
256 abandonment is depression, low self-esteem, and aggressive behavior. In such
257 scenarios, the role of trained institutional caregivers is very important in
258 providing person centered care to promote emotional engagement and a sense of
259 security amongst the older people, (16). The physiological and psychological

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260 changes in older people demands clear and technical understanding by a caregiver
261 to appropriately respond to the needs. This is well supported by an Irish study
262 finding, which suggested the holistic and individualized care promotes quality of
263 life of older people(17). Some of the examples of western countries where health
264 professionals are trained to care for older adults are Canada, and USA. Though
265 there are lesser number of health professionals going for such specialized courses;
266 yet, there are courses available (18).
267 The study results also revealed living experiences of older people in OAHs,
268 including lack of privacy, poor lighting, flooring and hygiene. The findings did
269 not vary much between one OAH to another. The situation demands for the need
270 for institutional accreditation and standardization of services to provide comfort
271 care. Thus, the study findings clearly indicated the major gaps in the system at all
272 levels, from grass root to the policy level in lack of provision of age appropriate
273 care. The study findings recommended the following to ensure the care and
274 comfort of the older people in society. These include: community awareness,
275 community support groups to assist family caregivers cope with issues of aging.
276 In some cases when it is unavoidable, and parents have to be relocated, the private
277 and public sector should join hands in developing policies on establishment and
278 functioning of OAHs, developing policies for accreditation of OAHs, monitoring
279 system to keep check standardized services, credentialing of caregivers to ensure
280 age appropriate and holistic care to institutionalized older people. Lastly, the
281 training of caregivers in care of older people is one of the most significant finding
282 drawn from the study results. Therefore, it is important for public and private
283 sectors to seriously consider revising the nursing and medical curricula to include
284 content related to aging and issues related to it.
285

286 **Conclusion**

287 In conclusion the study results revealed key considerations including caregiver
288 and OAHs credentialing through standardization of services. The results also

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289 determined the need for monitoring system to ensure the quality care at OAHs.
290 The major strength of the study was the diversity of the study participants and the
291 thoughtful selection of study sites. Secondly research team was diligently
292 engaged throughout the study period. No data was excluded from the analysis
293 until the researchers achieved consensus on coding. The field notes were
294 significantly helpful in data analysis. However, lack of family caregiver's
295 involvement in the study was a major limitation, which could have been pivotal
296 to explore their perception as well on the subject matter.
297

298 **Limitation**

299 Though the research was conducted in 2015 and the results were presented at 12th
300 National Geriatrics Conference KotaKinabalu, Sabah, Malaysia on Aug 4, 2016.
301 However it could not be published due to two of the author's enrolment and
302 commitment in the PhD program.
303

304 **Disclaimer:** The study findings were presented at 12th National Geriatrics
305 Conference KotaKinabalu, Sabah, Malaysia on Aug 4, 2016.

306 **Conflict of Interest:** The authors declare no conflict of interest in this study.

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310

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358 **Figure I: Thematic Presentation of Findings**

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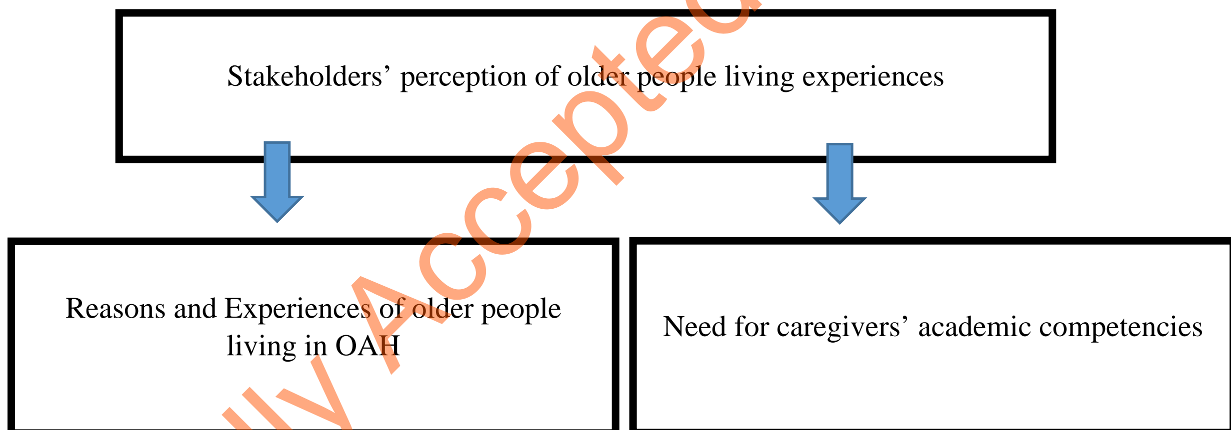

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