

A Multi-Perspective, Qualitative Study into Quality of Life for Elderly People Living at Home and the Challenges for Professional Services in the Netherlands

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Abstract : In Dutch national policy, it is promoted that the elderly remain living at home longer. They are less often admitted to a nursing home or only later in life. While living at home, it is important that they experience a good quality of life. Care providers in primary care support this. In this study, it was investigated what quality of life means for the elderly and which characteristics care should have that supports living at home longer with quality of life. To explore this topic, a qualitative methodology was used. Four focus groups were conducted: two with elderly people who live at home and their family caregivers, one with district nurses employed in-home care services and one with elderly care physicians working in primary care. Next to this individual interviews were employed with general practitioners (GPs). In total 32 participants took part in the study. The data were thematically analysed with MaxQDA software for qualitative analysis and reported. Quality of life is a multi-faceted term for elderly. The essence of their description is that they can still undertake activities that matter to them. Good physical health, mental well-being and social connections enable them to do this. Own control over their life is important for some. They are of opinion that how they experience life and manage old age is related to their resilience and coping. Key terms in the definitions of quality of life by GPs are also physical and mental health and social contacts. These are the three pillars. Next, to this elderly care, physicians mention security and safety and district nurses add control over their own life and meaningful daily activities. They agree that with frail elderly people, the balance is delicate and a change in one of the three pillars can cause it to collapse like a house of cards. When discussing what support is needed, professionals agree on access to care with a low threshold, prevention, and life course planning. When care is provided in a timely manner, a worsening of the situation can be prevented. They agree that hospital care often is not needed since most of the problems with the elderly have to do with care and security rather than with a cure per se. GPs can consult elderly care physicians to lower their workload and to bring in specific knowledge. District nurses often signal changes in the situation of the elderly. According to them, the elderly predominantly need someone to watch over them and provide them with a feeling of security. Life course planning and advance care planning can contribute to uniform treatment in line with older adults' wishes. In conclusion, all stakeholders, including elderly persons, agree on what entails quality of life and the quality of care that is needed to support that. A future challenge is to shape conditions for the right skill mix of professionals, cooperation between the professions and breaking down differences in financing and supply. For the elderly, the challenge is preparing for aging.

Keywords : elderly living at home, quality of life, quality of care, professional cooperation, life course planning, advance care planning

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