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Physical barriers encountered by the elderly in accessing healthcare: A study conducted in a tertiary care hospital in Sri Lanka

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Abstract

Introduction: Accessibility of services by the elderly is an important issue in countries with rapidly aging populations such as Sri Lanka.
Objective: To determine perceptions of an elderly population on physical barriers encountered in accessing healthcare at a tertiary care hospital, Sri Lanka.
Method: Information was accessed from persons above 65 years visiting a tertiary care hospital, Sri Lanka by an interviewer administered questionnaire.
Results: Three hundred and forty-one persons (56% males; mean age 67y) were interviewed. Eighty six percent had visited the hospital before with over 50% being accompanied. Fifty seven percent self-reported age-related physical disability with a majority (51%) having mobility impairment. Only 28% with disability had an assistive device while 41% relied solely on help of another for the hospital visit. Even though only 19% of patients said they could not reach their destination without help 41% said they could not reach upper floors without assistance while more than half said they would have preferred a wheel chair. A majority said wheel chair assistance was not available and that maneuverability of devices was inadequate.
Considering directions, 33% had not noticed the information desk, 26% said it was not manned when they needed directions and 25% thought signage was poor with 18% saying that the appropriate rooms were poorly identifiable. Fifty percent said seating was inadequate while 24% thought access to wash rooms inadequate and not disable friendly (45%).
Conclusions: In conclusion obtaining guidance within the hospital was difficult due to poorly noticeable, inadequately manned information desk. The poor signage visibility and legibility further complicated the movements of these patients. The waiting areas had inadequate seating facilities with no designated disable friendly areas. Hospital infra structure was not disable friendly with difficulties in reaching upper floors unaided and inability to maneuver assistive devices. The access to washrooms was perceived as inadequate.

Keywords: *Elderly, Disability, Accessibility, Physical Barriers*

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INTRODUCTION

Literature review revealed a dearth of information on the definition of the term "elderly". The Technical report by the WHO (1), underscores the challenge of presenting a cutoff age to define an elderly person. This report also states that a universal definition is impractical as there are varying cultural and social dimensions involved.

The United Nations has named populations aged 60 years and above as elderly. The National policy for Senior Citizens of Sri Lanka too mentions the term elderly to refer to those who are over 60 years of age.

Sri Lanka, as a developing nation is home to a population that is ageing fast. In 2006, 9.5% of the population was aged 60 and above and it is projected that, 23% of the population would be over 60 years of age by 2021 (2). Access to healthcare is a basic right of a person. Restrictions imposed by physical barriers to healthcare access not only violates this right but also leads to dependency with resultant loss of dignity.

One aspect of the compression of morbidity paradigm, elaborates that as a population ages, morbidities such as disease and disability that appear need to be compressed or delayed towards the end of life in order to lessen the life time burden of illness (3). One strategy that may be adopted in order to reduce lifetime morbidity through postponement aims at reduction of morbid states that have already occurred, as with replacement of faulty hips, failed kidneys or livers, or use of assistive devices. (4)Another strategy that can be adopted for this purpose is to provide barrier free access to services required by this population. It is well known that aging is associated with increased utilization of healthcare. Therefore, it is of paramount importance that we strengthen the independence of the elderly and provide a conducive environment within our hospitals for access of healthcare services.

Loss of functionality is an important factor which occurs with ageing (5). Barrier free access to healthcare in terms of physical facilities is an often-neglected aspect which has been offset by the more pressing needs of free health care in Sri Lanka. This pushes otherwise independent elderly to dependency and abolishes autonomy of healthcare which is a basic right of senior Citizens as per the National Policy for Senior Citizens.

Diminished accessibility will result not only in limited access to healthcare, but it will also result in dependency of the elderly upon the more economically active family members. This would lead to loss of valuable productive time of younger family members. Further, dependence may also lead to the elderly being misguided and extorted by those who do not have their best interests at heart. In some instances, poor accessibility can be dangerous even leading to injuries and even death. These are situations that can be easily avoided with simple interventions to make services of hospitals more accessible to the elderly. Furthermore, improving access to those who have disabilities has been proven to reverse some forms of disability(6).

It maybe concluded that the increase in the aged population in Sri Lanka with accessibility limitations would not only affect the economy of the family unit, the independency and dignity of the affected but will invariably result in increased morbidity resulting in a further increase in demand for healthcare facilities.

Sri Lanka provides healthcare facilities to its citizens through the government, semi government and private sectors. Government healthcare is free of charge whereas semi government and private healthcare are paid services. When considering the healthcare seeking behavior of the elderly population, it is found that the elderly rely substantially more on the free services of government hospitals than do the rest of the population(7).Thus it is reasonable to assume that the government healthcare system will have to bear the brunt of the increasing demand by the ageing population. This would create a situation where government healthcare institutions would be required to develop infrastructure and services to cater to the needs of the elderly.

Researchers aim, through this study to identify such accessibility issues in the hopes that their rectification will have widespread positive repercussions.

OBJECTIVE

To determine the perceptions of an elderly population on physical barriers encountered in accessing healthcare at a tertiary care Hospital in Sri Lanka.

METHODOLOGY

Data was collected from persons over the age of 60 years visiting the OPD and clinics of a tertiary care hospital, Sri Lanka using an electronic interviewer administered questionnaire, over a period of 14 days, after obtaining informed consent from the patients. The questionnaires were bilingual (Sinhala and English), based on the assumption that those who speak Tamil as a primary language, also speak a secondary language that includes Sinhala or English. The patients were informed that the data collected will not be used for any other purpose than for the study. Those who were unable to respond due to ill health were excluded.

Approval for this study was granted by the Director of the hospital and ethical clearance was obtained by the ethics review committee of the University of Kelaniya.

The questionnaire consisted of three sections

1) Demographic details
2) Types of disability leading to difficulty in accessibility.
3) Types of Physical Barriers encountered.

Data were entered into a google form by the interviewers using a paperless system and descriptive statistics used for analysis.

RESULTS

Three hundred and forty-one persons were interviewed. Mean age was 67 years. The majority were between the ages of 60-69 years (Fig. 1). Fifty six percent were male. A majority had been educated only up to the ordinary level. 87% of persons had an income of less than Rs. 25,000 a month. (Fig 2)

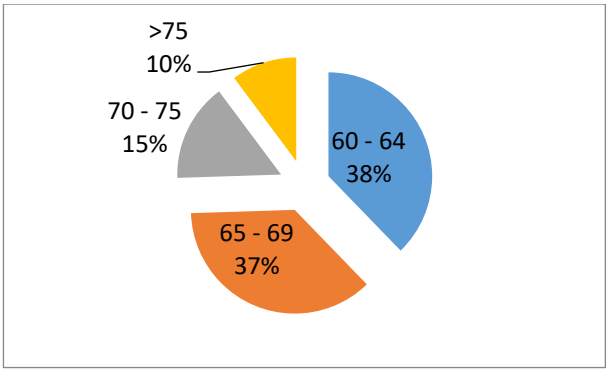

Figure 1: Age representation

Considering the reason for the hospital visit eighty six percent of patients had visited the hospital before of which 73% were for follow up. Fifty one percent of patients needed support to visit the hospital while 91% of them were accompanied by a family member. 7% were accompanied by another relative and 1% by a friend.

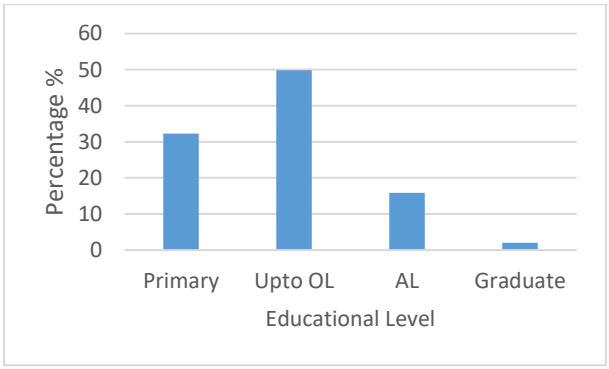

Figure 2: Representation of education levels

A majority 78% had diabetes mellitus and 70% had hypertension as declared by the patient. Six percent had multiple diseases which they were aware of. Two percent did not know what conditions they were having.

Seventy five percent had some form of age-related disability. Majority (52%) reported mobility impairment and 25% reported visual impairment. (Fig 3)

Twenty eight percent of those with disability had an assistive device. These ranged from spectacles (30%), crutches (25%) and wheel chairs (11%) (Fig. 4). Forty one percent relied solely on help of another for the hospital visit.

Thirty three percent had not noticed the information desk and 26% said that it was not manned when they needed advice.

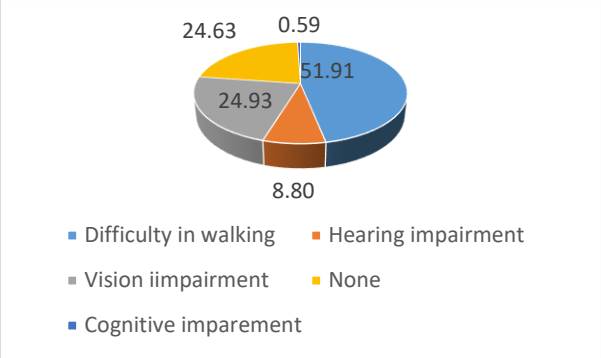

Figure 3: Disabilities reported to researcher

Fifty five percent of subjects said that they would have preferred a wheel chair and (67%) said wheel chair assistance was not available.

Forty one percent said that they could reach the second floor without any assistance. 56% said they could not reach the first floor without assistance.

Sixty eight percent were of the view that the visibility and signage of the hospital boards was good even though a minority (25%) thought it was poor. Those who considered signage as poor stated that they found it difficult to read (52%), did not see (41%) or did not understand what was written on the boards (6%).

Seven percent did not remember about boards or their visibility. Eighteen percent said that the appropriate rooms were poorly identifiable while 50% said seating accommodation was inadequate. All three languages were not displayed in all direction boards. There was no uniformity on which boards had the three official languages and which did not. Hence it was not possible to identify if the poor signage or the language led to difficulties of the patients.

Eighty five percent of persons using mobility assistive equipment thought that space to maneuver their devices was inadequate. Twenty four percent thought that access to wash rooms was inadequate and 45% thought they were not disable-friendly.

DISCUSSION

The mean age of the elderly visiting the hospital was 66.68 (95% CI 0.5984) with a median of 66 and a mode of 60 years. This may be indicative of the fact that the older persons were unable to visit the hospital due to physical barriers and lack of persons to accompany them in order to overcome physical barriers within hospital premises. However further inquiry is needed to arrive at a conclusion.

More than half the elderly self-reported that they were suffering from age related Physical Disability. A Majority had mobility impairment followed by visual impairment and hearing impairment. These can lead to impairment of mobility and difficulty in following instructions given in the hospital which would result in inconvenience to the patient, injuries and waste of time. It is interesting to note that 41% relied solely on the help of another for the hospital visit. In this study we were not able to differentiate if the actual need for assistance was due to physical disability or to get things done in the hospital. Whatever the reason considering the rapidly aging population of Sri Lanka, the need to create a more conducive environment within hospitals for the elderly is of great importance. Lack of such support for the elderly within the hospital premises results in them having to depend on family members and others for their visit to the hospital. This may not only affect the family economy since the accompanying member would require to forego a day's wage but would also result in dependence of the elderly, exploitation by opportunistic individuals and sometimes even not visiting the hospital despite the need. The fact that a majority of visits were follow up visits further highlights the need to ensure a conducive environment within the hospital for the elderly.

It was also interesting to note that only less than one third of those with disability had an assistive device such as spectacles, crutches and wheel chairs. The reason for this could be the low economic status of this group as indicated by a monthly income of less than 25,000 in a majority of persons. Even though many would have preferred a wheel chair they mentioned that wheel chair assistance was not available and maneuverability of their devices within the premises was inadequate. This highlights the need not only to ensure an adequate number of mobility

assistive devices but also indicates the need to increase space, pave pathways and improve access for these devices. Disabled friendly wash rooms with easy access and lifts to reach the upper floors is also a must. However, it is essential to man these lifts with lift operators in order to ensure that these are appropriately utilized.

Navigation of the elderly through the hospital was also affected by their inability to identify certain locations. Even though the study revealed that a majority of patients were educated up to ordinary level, reviewing the signage of the hospital boards to ensure visibility and legibility is also important. It may be useful to have many signs in large font in all three languages. It is also of paramount importance to ensure a well manned information desk in a conspicuous location for those who require directions. Furthermore, appropriate signage to identify rooms and adequate seating facilities is also important.

CONCUSSION

In conclusion guidance within the hospital was difficult due to poorly noticeable, inadequately manned information desk. The poor signage visibility and legibility further complicated the movements of these patients. The waiting areas had inadequate seating facilities with no designated disable friendly areas. Hospital construction was not disable friendly with difficulties in reaching upper floors unaided and inability to maneuver assistive devices. The access to washrooms was perceived as inadequate.

RECOMMENDATIONS

The following improvements may be recommended to the tertiary care hospital

1. Establish well manned information desk in a central location with good visibility
2. Improve seating facilities
3. Installing lifts with lift operators
4. Improve hospital signage for better visibility and clarity for identification of locations and to provide directions to locations
5. Provide mobility assistive devices and ensure their maneuverability by ensuring space and paving of pathways
6. Construct disabled friendly wash rooms

Author declaration
Author contributions
ETN and PN were involved in the conception and design of the study and preparation of the manuscript. ETN, DR, FN, FH and FS were involved in data collection and analysis. Revisions were done by ETN.
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Conflict of Interests
No conflict of interests declared.
Ethical clearance
Ethical clearance was obtained from the Ethical Committee of the Faculty of Medicine University of Kelaniya.
Informed consent was obtained from each participant.

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