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The Influence of Public Perception of Institutional Efficacy to Provide Care for the Elderly on the Uptake of Institutionalized Care for the Elderly in Nakuru County, Kenya

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ABSTRACT:

This study's purpose was to investigate the public perception of institutional efficacy to provide specialized care for elderly people and its influence on the uptake of institutional care in Nakuru County, Kenya. Specifically, the study examined perceived institutional efficacy in taking care of the aged and socio-cultural factors on the one hand and their influence on the uptake of institutional care for the elderly. A pilot study was carried at Kericho County to determine the validity and reliability of the study. The study engaged 400 respondents, who were selected through purposive and stratified random sampling. Data for the study was collected with questionnaires and in-depth interviews. The results indicate that uptake of care homes is positively influenced by physical facilities and negatively affected by staff. Thus, the availability of proper physical facilities for accommodation and physical exercise was a positive factor. It was, however, unexpected to find that the availability of competent staff negatively influenced the uptake of institutionalized care. The legality of the care homes was not a non-issue for the society in terms of influencing their decision to enroll their relative to the care homes. It is, therefore, necessary to sensitize the society about the efficacy of staff in the care homes as well as the importance of the legal status of the care homes.

Key Terms: Public perception, Old people, Institutionalized care, Uptake of institutional care

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Introduction

Changing demographic composition with an increasingly ageing population place substantial pressure on national health systems and commercial businesses to adequately prepare for future challenges (Arensberg, 2018). More specifically, health systems will likely face growing healthcare costs due to rising numbers of chronic diseases and old people in need of care, while reductions in revenues for long-term care insurance are expected as a consequence of lower birth rates (De Jong et al., 2019). Studies have found determining factors of making use of home care services to include having children, previous experience in providing informal care, as well as the proximity of family resources (Arensberg, 2018; De Jong et al., 2019). Considering in light of changing family dynamics, such as increasing employment rates of women and growing geographical distances of family members, while male labour participation and involvement as informal caregivers have remained nearly consistent, some experts expect the rates of informal caregiving to decrease in the future. The general rise in demand for formal care services due to the increase in the older peoples' population is unlikely to be met by the current number of facilities and qualified staff members, especially in Kenya. Institutions for care for older people require a variety of resources in order to offer efficient, quality and effective services to older people. These resources include; personnel, accommodation, equipment for physical exercises, programs for social bonding and the legal framework (World Health Organisation, 2018).

The purpose of this study was to solicit public opinion on the efficacy of the available institutions, which provide care for the elderly people in Kenya to offer quality services to the old people. The study was intended to determine the societal perception of the efficacy of formal care institutions to provide adequate care for elderly people.

Institutional care meant paid care given to elderly people enrolled in licensed homes (Montgomery, & Kosloski, 2010). Specialists such as nurses, social workers, counsellors and physiotherapists provide institutional care. An institutional care provider can be invited to attend to older people at home, or older people are taken to professionals' premises. However, institutional efficacy referred to the ability of homes for older people to offer effective caregiving to older people admitted in the homes. Institutional efficacy of care homes for elderly was examined in the context of whether care homes had adequate staff to respond to the needs of older people admitted in their institutions, confidence in the management of care institutions for older people, the attitude of personnel of care institutions towards older people, whether care institutions had quality accommodation facilities for older people, whether formal care institutions had adequate facilities for physical exercise and whether these institutions had comprehensive programs for social bonding.

Problem Statement

In order to maximize the health and well-being of the ageing population, there has to be a better allocation of resources to improve health and social care and openness to having community members involved in the decision-making process. Using formal care will sustain healthcare systems around the world and unload the apparently growing pressure. In the past, societies have depended on family members, neighbours and other volunteers to create an environment and support network that allows ageing people the opportunity to stay at home and receive the needed care. However, if states and key partners fail to adequately encourage and support informal caregivers, the influx of older people will continue to grow and have no one to care for them. The situation will continue to be worse, given the changing economic structure with many informal caregivers shifting to formal employment.

Currently, women are the dominant informal care providers world over. However, this is not sustainable over the long-term. Fewer men are seen to enter the sector despite the inevitable growth of the care sector in the future and the increased life expectancy. The available growth of formal care provision in Kenya and Africa at large is not well documented. More so, the efficacy of the available institutions has not been well documented. In the African context, society is quite sceptical about the ability of the other quarters to provide good care for their aged relatives. This study comes in handy to shed light on the public perception about the possibility of exploring the option of formal caregiving for elderly people. In general, the study sought to establish the societal rating of the efficacy of the formal care institutions to provide uninterrupted care for the old people in the society. The objective of the study is twofold: first was to determine public opinion (perception) on the efficacy of care homes for the elderly to provide care for the older people in Nakuru County, Kenya. The second objective was to determine the influence of public perception of the efficacy of the care institutions to provide care for the elderly people on the uptake of the care services in Nakuru County, Kenya.

Literature Review

Institutional efficacy consists of a variety of internal capabilities of care institutions to promote physical, mental and emotional health in order to maintain life and prevent disease for the elderly people. This study went further to establish whether the perceived efficacy of care institutions can in any way inform the decision by members of the public to either enrol or decline to enrol their elderly relatives in formal care institutions for the elderly. Three key dimensions of institutional efficacy were analysed: Legal Status and Compliance, The Personnel in the Care Homes and Physical Facilities of the Care Homes. The section ends with the Biopsychosocial theory, which lays the theoretical understanding of this study.

Legal Status and Compliance

Formal care institutions that were more likely to be successful in the provision of care are those that aligned their policies with cultural norms and were respectful of the older adults' rights and wishes. For example, a survey by McDonald and Thomas (2013), which sought to establish from older people the kind of care institutions they would wish to be enrolled in reported that some of the older adults stated that they preferred institutions that allowed them to preserve their independence, and allow relatives to provide assistance. Although formal care institutions operate according to their own policies, it was important for this study to understand whether such policies are accommodative enough to the diverse needs of older people under their care. This study, therefore, sought to establish whether formal care institutions for older were acceptable in society and complied with the societal and legal norms.

The Personnel in the Care Homes

Low and inappropriate staffing levels in formal care institutions does not only compromise the quality care services but also leads to increased cases of malpractices such as elder abuse and neglect (Long-Term Care Task Force on Resident Care and Safety, 2013). Similarly, an earlier study by Phillips and Ziminski (2012) found that inappropriate staffing was associated with more neglect. However, appropriate direct-care staffing addresses complex care needs improves quality of care and is an important approach to reducing abuse and neglect. Regular training of the staff to be equipped with the changing societal needs as well as the needs of the elderly is crucial for the care homes. Studies that have focused on the kinds of skills needed for effective formal care to the elderly have reported that most formal care providers do not have adequate training to provide effective care to elderly people (Rosenfeld et al., 2012). While recognizing that formal carers for the elderly are from diverse

professional backgrounds, Rosenfeld et al. (2012) noted that nurses provide much of the formal care to the elderly. Rosenfeld et al. (2012), however, established that only 23% of the nurses providing formal care to elderly people had undergone geriatric training. This implied that a huge proportion of nurses and other careers to elderly people had no specialized training in elder care. Further, a study revealed that even nurses with geriatric training, only 4% were found to have adequate training and experience in elder care (Kovner, Mezey, & Harrington, 2002). Any inadequacies in the skills of the carers may jeopardize the safety and welfare of the elderly in the care homes. Thus people will be more cautious about enrolling their relatives in care homes which exhibit such inadequacies. There was need to extend inquiry into institutional care homes for the elderly in Kenya more so with regard to the relationship between the level of staffing and public perception of the efficacy of the care institutions.

Physical Facilities of the Care Homes

Physical activities and social interactions for the elderly cannot be downplayed because they are important to older people in frail health and can provide structure and meaningfulness in their daily life (Rowles, & Bernard, 2013). The activities can enhance the quality of life as well as the cognitive power of people suffering from dementia. Social interaction in the care home bolsters the health of the elderly since they can share their life stories and make fun. Nevertheless, lack of social relationships can threaten the health and quality of life of older people (Nordin et al., 2015). The authors further highlight that loneliness and higher mortality rates, depression, heart diseases; cognitive decline could result from social isolation. They recommend a free environment with abundant interactions and activity for the elderly. In a different study, Joseph, Choi and Quan (2015) reported in their extensive literature review that a high-quality physical environment could save the elderly from frail health and improve their general well-being. Environmental aspects are essential for supporting person-

centred care by facilitating activities, social interactions, and creating a sense of home.

According to some researchers, the relationship between a persons' functioning and the demands of his or her physical environment can be described in terms of accessibility. With increasing levels of frail health, an accessible physical environment becomes more important and must be adjusted to support the persons' needs. Today, there are demands that decisions about the design of the healthcare architecture should be based on the best available information from credible research and evaluations of existing building projects. Evidence-based design is an established concept as an approach for quality improvements when designing new healthcare environments (Nordin et al., 2015).

Residents in care homes often suffer from one or more chronic conditions (CDC, 2012). Due to illness and ageing processes, their functional abilities are reduced, and they experience problems in navigating the environment in which they live. Due to poor vision and frailty, combined with balance and gait problems, many elderly residents fall and are injured (Joseph et al., 2015). Cognitively impaired residents run the risk of hurting themselves in an unsafe environment. A supportive, well-designed environment/physical structure can increase resident safety. Majority of the inhabitants of such place will be concerned about their safety before accepting to be enrolled. Another serious issue about the elderly who enrol in formal care homes is falls. Many falls result in hip fractures and other serious injuries, often leading to hospitalization. Falls are the costliest category of injury among older persons, accounting for nearly 71% of the total costs of injury among persons 60 years of age and older. As a result, many studies focused on fall prevention are multi-factorial and usually include risk assessment and environmental modification.

The Bio Psychosocial Theory

Psychiatrist George Engel developed the biopsychosocial theory. Engel (1977) argues that human wellbeing is a product of biological, psychological and social factors. In the context of the proposed study, Engel (1977) would suggest that a detailed understanding of the wellbeing of an elderly person be done in the context of their biological, psychological, and social environment. The care institutions to provide proper care, they must be able to meet the biological, psychological, and social needs. The biological component of this theory thus seeks to explain the wellbeing of the elderly persons in the context of their body functioning, and possibly argue their vulnerable situation, which necessitates the need for care provision, stems from their physical inability, which limits their ability to participate in productive engagements. This renders them dependent on others for daily provisions hence the intervention of institutional care homes.

The psychological component of biopsychosocial theory explains the possible precarious condition of elderly people in the context of their inability to comprehend, confront and overcome psychological problems they face due to their advanced age. Elderly people, therefore, need to be helped to overcome many of the psychological problems they go through if they are to live relatively longer. Although their younger relatives previously provided such help, the collapse of the traditional support systems implies that elderly people have to seek help from formal care homes for the elderly.

The social part of the biopsychosocial theory focuses on how different social factors contribute to the neglect of elderly people, which occasions the need for their admission into formal care homes for the elderly. Elderly persons' family background, economic background, and his/her society's attitude toward the elderly, among others, constitute the social factors that may inform the uptake of formal care services for elderly people.

The biopsychosocial theory, therefore, implies that the uptake of formal care services for elderly people may be informed by the biological, psychological and social characteristics of elderly people or care recipients. McLaren (2002) stresses that it is important to handle the three together since elderly persons' perceptions of their vulnerability on account of their age, as well as their socio-cultural background will undermine or enhance caregiving being provided to them in the formal care institutions. In a sense therefore, caregivers must have sufficient information on the biological, psychological and social wellbeing of elderly people as such information may help them in gauging the efficacy of elderly people to fend for themselves, efficacy of relatives of elderly people to take care of elderly people and the efficacy of formal care institutions to take care for elderly people. Halligan and Aylward, (2006) further point out that the knowledge of the biological, psychological and social contexts of the caregiving recipients enables caregivers to have adequate insight of the care recipients.

By insisting that care recipients' wellbeing be understood from three fronts, the biopsychosocial theory is in a way drawing the attention of caregivers on the need to undertake their caregiving role from a multidisciplinary approach (Penney, 2010). This implies that caregiving may comprise of several interventions such as medical care, counselling, among other approaches. Therefore, this theory is, in a sense indirectly suggesting for the integration of professional services through integrated disciplinary teams to provide better care and address the care recipients' concerns at all three levels. The biopsychosocial theory was used to explain the kinds of psychological issues that affect elderly people. This theory was useful to the proposed study especially in explaining social factors that not only compel elderly persons to seek sanctuary in formal care institutions but also how these

factors may impede or enhance the uptake of formal care services for elderly people.

Methodology

The study employed the exploratory research design to establish the public perception of the efficacy of institutional care homes to provide good care for the elderly people and its influence on the uptake of formal care services for the aged people in Nakuru County. The study used purposive and stratified sampling methods. Purposive sampling method was applied to select key informants who included County government official in charge of elderly people and formal homes for the elderly people, heads of homes for elderly people, an expert in gerontology or associated profession, a medical doctor and a professional counsellor were the key informants. 400 persons were reached for interviews from a population of 895,783 aged between 20 and 59 years. Yamane's formula for sample size determination was used. A Multifactor Leadership Questionnaire (MLQ) scale items related to the public perception of the formal care services for the elderly people was modified to suit the purpose of the study. A five-point Likert-type scale indicated the extent to which individual questions or statements (items) were operationalized to reflect the intended variables and enable respondents to provide quantifiable information. Pearson's correlation and multiple regression analyses were conducted to understand the functional relationships between the dependent and independent variables. Three explanatory variables were used on the hypothesis testing, which includes legal status and compliance, the personnel in the care homes and physical facilities of the care homes. The above variables were composite factors derived from a set of liker questions. The dependent variable was the uptake of institutionalised care proxied by the level of willingness to enrol for the services was regressed against the three dimensions of public perception of the elderly. The average score for each dimension was used in the model.

Results and Discussions

Hypothesis: Public perception of institutional efficacy to provide care for the elderly does not significantly influence the uptake of institutionalized care in Nakuru, Kenya. To establish the relationship between institutional efficacy and the uptake of institutionalized care, first Pearson's correlation analysis was conducted. The results for Pearson's correlation are presented in Table 1.

Table 1: Pearson's Correlation Analysis of Institutional Efficacy and the Uptake of Institutionalized Care

	Legal status	Personnel	Physical facilities
Legal status	-		
Personnel	0.6777*(0.0000)	-	
Physical facilities	0.7404*(0.0000)	0.8039* (0.0000)	-
Uptake	0.0299(0.5755)	0.0056 (0.9177)	-0.0014 (0.9796)

Note: figures on brackets are the p-values, * asterisks indicate the significance at 10%

The results of Pearson's correlation analysis presented in Table 1 above indicates that variables of institutional efficacy were not significantly correlated with the uptake of institutionalized care for the elderly people in Nakuru County. This result necessitates a deeper analysis to understand why institutional efficacy was not significantly correlated with the uptake of institutionalized care for the elderly.

A further analysis to test the hypothesis was done using a multiple regression model and the results presented in Table 2. The dependent variable was the level of willingness to enrol for institutionalised care, and the independent variables were the average scores for the

three factors of the public's perceived self-efficacy of care homes. The factors included: legal status of the care homes, personnel and physical facilities of the care homes.

It is clear from the findings that the three independent variables increased the willingness to pay for institutionalised care services by 40.1%. That is, 59.9% of the willingness to pay for institutionalised care services can be explained by other factors other than the three used in the multiple regression model. The model results further indicate that the model is significant, as shown by an F statistic of 75.283 significant at a 1% significance level (Sig=0.000). Hence, the null hypothesis, which states that public perception of institutional efficacy to care for the elderly does not significantly influence the uptake of institutionalized care in Nakuru, Kenya, is hereby rejected, and the alternative hypothesis accepted. It will be therefore true to say that the public perception of institutional efficacy to care for the elderly people has an influence on the willingness to pay for the care services.

Two factors; personnel and physical facilities of the care homes have an influence on the willingness to pay for the service. Personnel has a negative and significant effect on the willingness to pay for the services ($\beta = -0.167$, $p = 0.004$). This is quite contrary to the expectations and can be explained by the general reluctance of Kenyan people to enrol their relatives in these facilities given the close-knit nature of many households. Interestingly, Rabie and Klopfer (2015) observed that factors that negatively affect the care of older persons in the formal care facilities were staff shortages, high staff workloads and overcrowding of the older people in South Africa. These factors hampered the legibility and efficacy of such institutions and thus a turn off for many people who would want to enrol for formal care services of the older people. This is, however,

contrary to the findings in this study due to perhaps the differences in socialisation in South Africa and Kenya. The South African society is more dominated with white mentality compared to Kenya, which is dominated by African sociocultural orientation.

The physical facility was positive and significant at 1% significant level ($\beta = -0.659$, $p = 0.000$). This implies that respondents who had the view that these facilities were available with good accommodation facilities and enough facilities that their older relatives could use for physical exercises were more willing to pay for the formal services for their older relatives. Availability of these facilities, as well as their conditions, are a great stimulant to any consumer of care homes since it is the first and important means of verifying the adequacy of such facilities before looking at the softer issues. Hence, the interviewed respondents seem to be keen on assessing the physical infrastructure before embarking on other issues such as the legal framework under which they operate.

Indeed the facilities structured in a way that the health facilities should be within reach with doctor or nurse present, dispensary available and medicines available are preferable. Sanitation facilities, for example; with proper drainage systems for waste disposal, enough clean and hygienic toilets and bathrooms. Proper ventilation in the room for fresh air, proper lighting in the rooms for easy visibility, serene environment where trees are present for the elderly to sit under during the day, clean and hygienic kitchen, hall and dorms with proper beddings and a mosquito nets and a permanent home with ceiling and subfloors effective for the elderly persons. A care facility, which meets these conditions, is what will promote the welfare of the kinsmen away from home.

Table 1: Perceived Institutional Efficacy to Provide Care for the Elderly People

Model Summary								
Model	R	R Square	Adjusted R Square	F(ANOVA)		Sig		
1	.633 ^a	.401	.396	75.283		0.000 ^b		
a. Predictors: (Constant), Legal status, Physical facility, Personnel								
Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	1.152	.177		6.498	.000		
	Personnel	-.208	.072	-.167	-2.873	.004	.0528	1.894
	Physical facility	.732	.049	.659	14.972	.000	0.918	1.089
	Legal status	-.002	.068	-.002	-.028	.978	0.536	1.865
a. Dependent Variable: WTP SCORES								

Conclusions and Recommendations

The uptake of formal care intuitions is influenced positively by the nature of the physical facilities set up in the care homes. The society is keen on the physical facilities, which are first available and efficient in enabling the older people to do exercise which highly needed. The accommodation facilities are very important for elderly people. However, the results show a negative relationship between personnel, which the willingness to enrol for the care homes. The sceptic view of the on the ability of the staff to take care of the elderly people could be the major inhibitor which should be checked. Despite the fact that society shows preference for better physical facilities, they do not seem to trust the staff's efficacy to protect their relatives.

Government and any other partners wishing to advance these services should bear in mind the apparent negative perception about the efficacy of the staff of care homes to provide adequate care to the elderly people. Public awareness and sensitization about the efficacy of the care institutions is very important since it may positively influence the attitude change about the efficacy of staff in the intuitions. Clearly, people do not seem to value the legal status of care homes, which is a great concern. Thus, sensitization on the legality of the care homes should be made to improve vigilance against unscrupulous agents from hoodwinking the society by setting up illegal facilities.

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