UC San Diego
Herbert Wertheim School of Public Health and Human Longevity Science

How do health care providers' views on barriers to elderly care vary across different settings?

Melissa Schobert, Michael Gautane, Kyle Freedman

Background

- Health care spending for older adults, ages 65 and older, was $22,356 per person per year compared to working-age persons costing $9,154 and children costing $4,217 (CMS)
- Other countries spend half as much on health care for similar health outcomes, highlighting problems in health care delivery (Tikkanen)
- By 2035, older adults will outnumber children in the US for the first time, and we are projected to have 82 million, 65 year olds by 2050 (Higham & America)
- Older adults find themselves being taken care of in a wide variety of environments and types of health care providers (Fatemeh)
- Understanding a health care providers' views and comparing differences across provider types & facility types, can inform improvements in health care delivery and patient experience

Objectives

- To assess a healthcare providers' perceptions of barriers to geriatric care in various settings
- To identify potential barriers and improvements in geriatric care

Methods

- Qualtrics survey with closed-ended and open-ended questions distributed to health care providers in San Diego via convenience sampling
  - emailing, flyers, word of mouth
- Survey items included:
  - Years of work experience
  - Type of health care provider (RN, MD, DO, PA, or NP)
  - Type of health care facility (hospital, urgent care, primary care, specialist care, skilled nursing facility (SNF), hospice care)
  - Receipt of geriatric training & effectiveness
  - Rating potential barriers to care on a 1-5 scale (5 being most important); stigma/ageism, financial problems, lack of resources/ personnel, patient communication, social support, facility management and layout, transportation
    - opportunity to elaborate about barriers
- Data analysis using SPSS with unpaired T tests

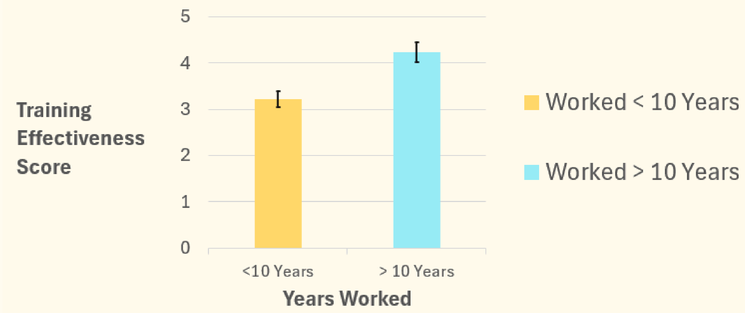
Supplemental Info & Acknowledgement

Thank you to the health care providers who took our survey. We appreciate the work you do! Thank you to Dr. Nguyen-Grozavu, Karen Heskett, Melanie Wong, Lucia Ferrer, and our peers for the thoughtful feedback and guidance!

Table 1. Sociodemographics

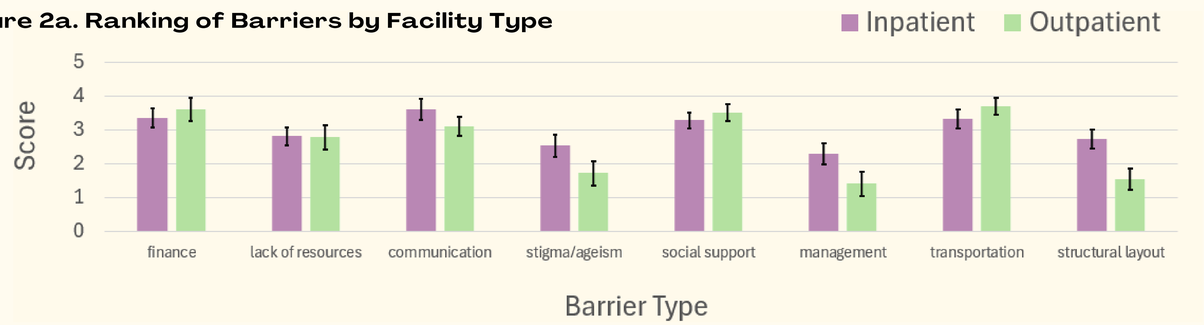
Demographics (n = 47)	Total Number		
	RNs	MDs/Dos	NPs/PAs
Years Worked	25	19	3
1-5	12	1	2
6-10	7	3	0
11-14	2	3	0
15+	4	12	1
Facility Type	25	19	3
Hospital	20	3	0
Primary Care	2	11	0
Specialty Care	0	1	3
Skilled Nursing Facility	1	2	0
Other	2	2	0
Had Geriatric Training	27	19	3
Yes	16	15	2
No	9	4	1

Figure 1. Years Worked vs. Geriatric Training Effectiveness



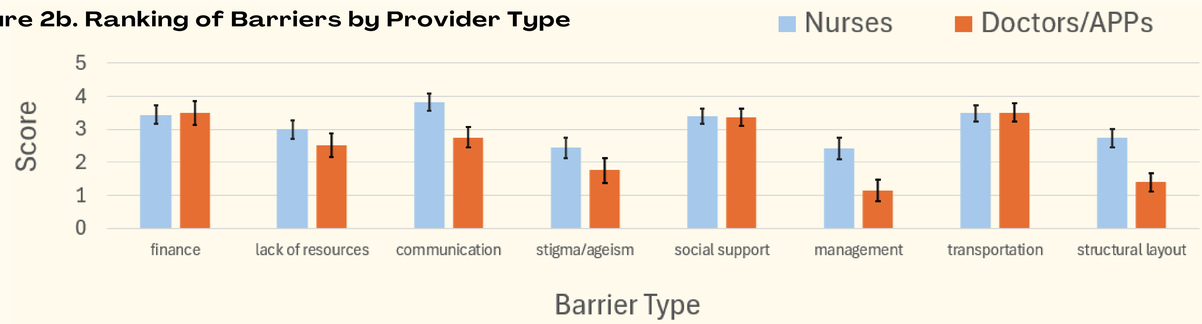
There was a significant association between years worked and geriatric training effectiveness ($P < 0.05$).

Figure 2a. Ranking of Barriers by Facility Type



Hospitals, SNFs, and Hospice Cares were consolidated to "Inpatient" facilities, and Primary Care, Specialty Care, and Urgent Care were consolidated to "Outpatient" facilities. Inpatient providers ranked structural layout significantly higher than outpatient providers ($p < 0.05$). Stigma ($p = 0.068$) and management ($p = 0.082$) did not meet our standard criterion for statistical significance.

Figure 2b. Ranking of Barriers by Provider Type



NPs and PAs were consolidated into "APPs" (advanced practice providers) and MDs and DOs were consolidated into "Doctors". Nurses ranked communication, management, and structural layout significantly higher than Doctors/APPs ($p < 0.05$). Stigma ($p = 0.16$) did not meet our standard criterion.

Qualitative Data: Free Responses

"Geriatric patients lack the financial resources to have 24 hour caregivers due to the high cost. They also cannot afford assistant living facilities or independent living facilities when they require extra assistance" - Certified Wound Nurse working in a Telemetry Unit (inpatient)

"Very few [older] patients can drive. They rely on public transportation which can be difficult to navigate, time consuming, and expensive"
- Family Medicine Doctor working in an Outpatient Clinic

"The patient rooms are very small and not accessible for patients to get around, especially those with walkers or wheelchairs"
- RN working in a Stroke/Cardiac Unit (inpatient facility)

Conclusion

- Providers with more work experience may have enhanced appreciation or effective application of their geriatric training. Research has shown that patient satisfaction is positively correlated with physician age, especially for older adults (Katz).
- Nurses perceive certain barriers more acutely than Doctors/APPs, suggesting differences that could reflect their distinct roles. Nurses spend 33% of their day in patient rooms compared to 15% for physicians (Butler).
- The design of inpatient facilities may pay less attention to challenges faced by geriatric patients. Another study surveying long-term care facility nurses found environmental design to be the most suggested improvement for preventing falls (Albasha).
- A more holistic approach to geriatric care should integrate improvements in structural design, facility management, communication, and stigma. This approach is consistent with other studies (Fulmer).

Limitations

- Low sample size caused difficulty in finding statistically significant differences, specifically for comparing responses on stigma/ageism
- A high proportion of the doctors who responded were geriatricians, which could sway results

Policy Implications

- Both providers and geriatric patients should inform architects for better structural layout of facilities
- Due to a greater amount of patient interaction, nurses may have better insight on improving facility management compared to Doctors/APPs
- Investigate and improve the effectiveness of geriatric training for younger providers