Original article

The Problems that Affect Finances of Elderly Patients Undergoing Stroke Recovery at Home

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Abstract

Potential outcomes of stroke are fatigue, pain, dependence on others to complete activities of daily living, and economic problems. We conducted a qualitative study to investigate the economic needs of elderly patients undergoing stroke recovery at home. The sample group consisted of 10 elderly patients who were obtained by purposive sampling. Data were collected through interview. Obtained qualitative data were analyzed by using content analysis. Results of the study revealed that all of the informants were government official retirees having an income for 13,500 – 28,000 baht per month. Most of them stayed with their caregiver at home (60%). The rest of the participants were at home alone (20%) or stayed with family members (20%). They could not go to the bank or Automatic Teller Machine (A.T.M.) to withdraw cash money. They also could not trust anyone to manage their personal finances. All of the informants (100%) were financially taken advantage of in various forms. Examples include money was stolen from their house, they were overcharged for food and other things, or they were extorted for money and threatened with physically assault. Respondents identified desired potential solutions for their economic needs: 1) financial management system operated by a public agency, particularly the Ministry of Public Health or a public university; 2) inexpensive service charge with recognized standards and a system to submit complaints in the case of any improper charges or financial practices; 3) financial security system provided by a bank or concerned agencies; 4) house security system such as close circuit camera and online systems; and 5) effective elderly care taking training center.

Keywords: Economic needs, The elderly, Stroke

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Introduction

Nowadays, stroke is an accelerating public health problem for public health in Thailand and other countries across the world. There are 15 million new stroke patients each year (WHO, 2015). Of this amount, only 5 million survive but most eventually become disabled or permanent paralyzed 2/3 of those are in developing countries (WHO, 2015). According to the statistics from the Office of Policy and Planning, Ministry of Public Health, Thailand, the stroke causes morbidity, which ranks third after cancer and accidents. In 2012, stroke was mostly found in people who are 45 years old and above, particularly among the elderly. Although there is progress in medical science at present, 32 percent of the elderly that experience strokes become disabled (Punjaisri et al, 2015). That is, they have physical changes and perception deficiency that limit patients' ability to take care of themselves. Besides, physical and mental changes due to old age, strokes often result in long-term dependence on family members and others for help. Currently, after the stroke recovery, clinicians suggest that the patients rest at home to bed and undergo physical recovery (Anna et al, 2019). The initial period of stroke recovery of the patients is different. Typically, recovery begins at the first three months after the occurrence of the stroke, and the patient continually gets better until full recovery is reached after sixth months up to one year. However, some of the patients are still recovering even after passing one year (Spence and Barnett, 2012). Stroke recovery at home is very important. In fact, there is forward care system in Thailand in which patients visit Health Service units nearby the house and community medicine center, and health promotion hospital that the staffs from Health Service units do home visits in the patients' homes.

Boromarajonnai College of Nursing, Nakhonratchasima offers a training course on the elderly care-taking with the coordination of Nakhonratchasima Municipality office. Most of the elderly being taken care of are crippled due to stroke disease. Although the elderly stroke patients receive help from a caregiver, many stroke elderly patients that are well-educated and financially stable feel that they are forgotten and do not have a close relationship with the society (Phetruang et al, 2013). A previous study on needs for stroke recovery at home of the government official retirees found that most of stroke patients wanted a care-taking system for their personal finances. Stroke recovery patients also wanted to be at home rather than the hospital (Runkawatt et al, 2016; Rodsom et al, 2015). Based on the lack of previous studies on this issue based on our literature review, we decided that a study on the economic problems of elderly patients under stroke recovery at home was needed. This study aimed to explore contextual factors and economic problems of elderly government official retirees undergoing stroke recovery at home.

Theoretical Framework

The theoretical framework was an explicit mapping of the research problem of a specific domain of elderly government official retirees undergoing stroke recovery at home, and the economic problems that follow assessment.

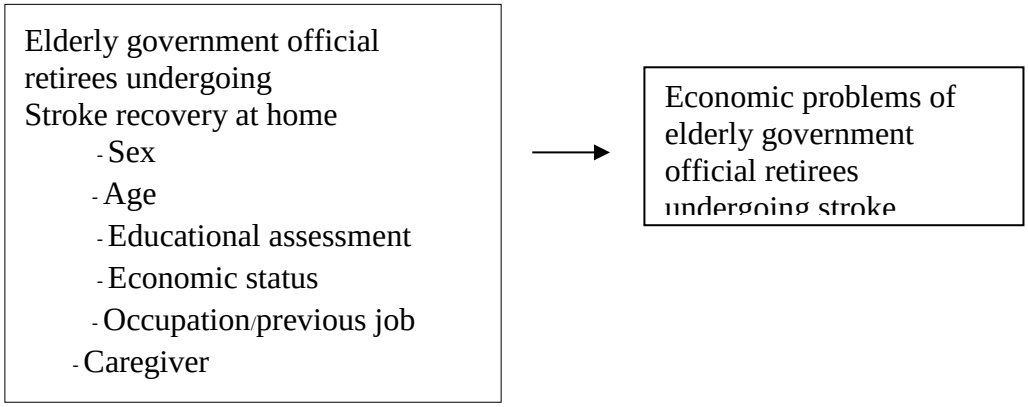


Figure 1. The theoretical framework of this study

Research Methods

Study population and Sample

The sample in this study consisted of 10 elderly government official retirees undergoing stroke recovery at home obtained by purposive sampling. The inclusion criteria were 1) Persons 60 years and above of both genders who were undergoing stroke recovery at home, and they must live in Muang district, Nakhonratchasima province and all were interviews conducted within one year of the patients' stroke incident, 2) Persons 60 years and above of both genders who were undergoing stroke recovery at home, and they must live in Muang district, Nakhonratchasima province and all were interviews conducted within one year of the patients' stroke incident, 3) Economic security: a monthly income of more than 10,000 Thai baht, 4) Residential security: participants had own house and were able improve their house and its environment to be suitable for receiving healthcare and caregiving, 5) Caretaker security and conditions that safe : participants had access to a personal caregiver, and 6) Patient had physically and mentally adequate health: Good consciousness and be able to provide reliable data during the interview.

Questionnaire Interviews

The research questionnaire interviews in this study included a team of researchers and interviewers, personal data recording form, questionnaire about economic problems of patients undergoing stroke recovery at home, field notes, and sound recording equipment.

Data collection

- The team of researchers submitted their research proposal to the Research Ethics Unit, Nakhonratchasima, Maharaj hospital and received human subjects ethics approval to conduct this study.
- The team of researchers met the participants individually at their house, introduced themselves, and explained the objectives of the study as well as steps of data collection to participants.
- The team of researchers asked for coordination for conducting the study. In addition, the sample group was informed that they could quit jointing the study without any explanation. All participants provided informed consent.
- Researchers completed in- depth interviews with participants. The informants gave information about their experiences, feelings, and needs about economic problems related to being an elderly stroke recovery patient. Each in-

depth interview lasted about 45- 60 minutes and was recorded.

- The interviewer also recorded field notes along with interview responses. At this stage, interviewers took notes based on facts and without interpretation.
- Researchers conducted daily data interpretation with the assistance of a tape recording of the interview. Correctness of data was checked. The interview was conducted again if data from the interview were not clear enough.
- Researchers checked the obtained data for completeness, and credibility of the findings. After that, they used the triangulation method to check the data obtained by interview with inquiries with the patients' relatives and caretakers.

Data Analyses

Qualitative data were analyzed by using content analysis. The following steps that can be followed to code a text or set of texts during relational analysis, including 1) Identify the questions, 2) Determine the type of analysis and reduce the text to categories and code for words or patterns. The requirement of one's specific research question may necessitate deeper levels of coding to preserve detail for analysis, 3) Choose to code for what words that have such an ambiguous nature in relation to the importance of the information directly related to those words, 4) Explore the relationships between concepts (strength, sign & direction), 5) Code the relationships, and 6) Perform statistical analyses and map out the representations that involve exploring for differences or looking for relationships among the variables, the researchers identified in this study which play a central role in exploring the relations among concepts.

Ethical Approval

This study was approved by the Ethic Committee of Boromarajjonnani College of Nursing, Nakhonratchasima (No. 008/2559).

Results and Discussions

Demographical data from our study showed that one-half of the informants were male. On average, they were 68 years old. The time span of stroke recovery ranged from 6 months to one year for two informants, and one year and above for 8 informants. All of the informants were government official retirees with a monthly income range for 13,500 – 28,000 baht, with 19,215 baht/month as the average. Most of the informants (60%) stayed at home with their caretaker. Twenty percent of the informants stayed alone at home, and the other 20 percent stayed with their family.

Results of the study revealed five key areas causing a range of problems, including economic challenges for elderly stroke patients, as well as possible solutions suggested by the study participants. A summary and excerpts from the interviews to illustrate these findings are as follows:

A. Physical needs: Informants did not have previous life plans to account for having a stroke and being crippled. They did not have a plan for their finance, residence, and caretakers after being affected by the stroke.

One informant described:

"I had never thought that I would be sick before my retirement and I made a plan to build an ancient style house in a sufficiency economy garden. Anyway, when I am sick I have to build a room downstairs and stay there up to the present. Now, I have no extra income but expenses."

Additional Problems: Other informants described difficulty accessing money and not having a social support network close by their home.

Interview excerpts that illustrate this include:

"I receive my pension every month, and think that my children will take care of me because I have money. I decided to buy a house in this province since I worked here with my close friend. I had never thought that my close friend and I would be sick with the same disease (both had experienced a stroke?). Unfortunately, our relatives are far away from us."

"I have a problem in being able to spend money because all of my money is in the bank and difficult to withdraw money from the A.T.M."

"I have to ask for others to buy me needed things such as clothes, underwear, and food. And my house is far from the city center. I have to hire a taxi when I need to go somewhere, and pay around 600 baht for traveling back and forth."

– **Proposed solutions**: Participants proposed different solutions to help them overcome their different problems. This information is particularly useful because it can inform policy makers, planners, and government officials in charge of putting together programs to assist elderly stroke patients in recovery.

"It will be good if there is a financial management system for me, or there is a food ordering and delivery program, or a system for me to purchase things I need which is inexpensive and affordable. It is too sad to stay at an elderly nursing home and too expensive to stay in a private hospital".

"I would like to have a caretaker from a reliable public agency which can be responsible for me in the case of I am hurt by the care-taker or my caretaker steals from me..... I am willing to pay for the close circuit camera installation, connecting to the public agency to monitor the caretaker".

"I would like to have a care-taker who loves the elderly, and can sometimes take us to relax elsewhere. It would nice if he/she has some knowledge about physical therapy. I would like the Public Health or University to be responsible for this matter".

B. Safety Needs

All of the elderly stroke patients that we interviewed felt there no safety in their life. They were concerned about their financial assets and were worried about keeping a lot of money at home because they are unable to protect it. A key problem was that the patients felt that they had no reliable person to be responsible for their finances. One hundred percent of the elderly had experienced being taken advantage in various forms such as loss of money in the bank account, loss of money or assets in the house, extorted with physically assaults, etc.

Descriptions of lack of safety included:

"I bought the house in a housing estate because I believed that it was safe, but there are thieves and burglars."

"I have my children withdraw money from the A.T.M. But some money gets lost every time. I can do nothing because I have to rely on them."

"It is dangerous to keep a lot of money with me……I think that it is safer to stay like poor people."

C. Social Needs

The informants had little social interaction with the community and felt socially isolated. Most of them oved from other places or were not born there.

Descriptions of the lack of social contact include:

"Before the retirement, I seldom had available time to mingle with local people and I preferred to stay at home. So, they seldom visited me."

"I bought the house in a housing estate but I only familiarized with my next door neighbors. I mostly travelled with my group of close friends."

" I had worked here for a long time so I decided to buy the house. I don't want to return to my hometown because no one there knows me and my parents have passed away already."

"My caretaker can't speak Thai clearly, and I don't know what he thinks about me being an old disabled person. He sometimes complains or shut a door loudly when I tell him to do some things for me."

"I am like a forgotten person. Many people think that I am rich, and that I do not like to mingle with others. Therefore, they ignore me. Indeed, I want someone to visit me."

Possible solutions for safety and social needs: Participants offered practical solutions for their needs.

"There is financial security system provided by the bank. However, I would like to be able to inform the bank in advance that I will have someone withdraw money for me because I am sick."

"I would like some concerned agencies to take care of us in terms of financial aspect for safety in spending money."

"The security system at home such as closed circuit camera installation and online system that can monitor the care-taker. The fact is my nephew living far away wanted me to stay with him. So I did as he wanted, but I was unhappy because I did not stay in my own house."

"I do not expect too much but at least I sometimes want someone to visit me."

"Anyone can invite me to join a chat line group so I will have a chance to familiarize with others."

D. Esteem Needs

Stroke recovery patients often struggle with feeling good about themselves, including their abilities and strengths. They feel a lack of acceptance and respect from others and the larger society and their ability. Interview excerpts that illustrate this point include:

"I used to be a volunteer taking care of patients and admired by them and others but few people visit me where I am sick. I want to see my friends but they only send me a "Hello" picture online and suggest me to order medicinal plants."

"I am crippled who only sit on a wheel chair and no one invites me to be a resource person. My students never call on me but I used to be invited to be the chairperson in New Year or Songkran festivals. I want to join the festivals but I am afraid that a person who will pick me up will be inconvenient."

"I cannot walk and no one listens to me. Unlike, in the past, people having a problem usually visited me and asked for my help."

E. Self-actualization Needs

Patients also feel difficulty with self-actualization that is fulfilling what they believe they are capable of now, or what they were able to do in the past.

Interview excerpts showing difficulty with self-actualization include:

"I used to have a perfect and happy life but now I am crippled and I can take care of myself if there is a good assistance system such as financial one."

"I have money but I can't spend it. My daily life is filled with cautiousness now. I don't want to stay at the hospital for the elderly but want to stay at my beloved home."

"I sometimes want to die because I don't want to be a big burden for my nephews and nieces."

Discussions

Findings from our study showed that what the informants needed most was an economic care-taking system. The informants wanted to be able to spend their money and manage it safely. The following needs and corresponding solutions suggested by the informants:

a. The financial management care-taking system managed by the public sector, particularly by the Ministry of Public Health and Public University. Based on previous literature review, a study related to our study was not found. However, previous studies have also identified a need for systematic care-taking of stroke patients (Peangsungnern, N. et al, 2016; Hafateinsdottir, T, et al, 2011). Our study provides further evidence that a public agency should be responsible for determination of policy and planning on the stroke patient caretaking.
b. A system of inexpensive, standardized service charges. Elderly patients with chronic diseases, such as those recovering from strokes, should be able to obtain to services that promote good quality of life and should receive

reasonable service charges so that the patients can access it.

c. Provision of the financial security system at home. This can be done through closed circuit camera installation and online monitoring system.
d. Provision of the financial security system by the bank and concerned agencies

We also suggest that there are more training centers to provide the required training for elderly patient caregivers. The care-taking training system is an important factor on stroke patient care-taking (Alimohammadi, N, et al.,2015). Another study (Helen, R. et. al., 2019) found that the desired characteristics of the elderly caretakers should include: knowledge, attitude, and practical skills. Each caregiver should meet specific standards and levels of skills so they can deliver high quality care.

Suggestions for Further Studies

We suggest that future studies could look at the effectiveness of a program that addresses the financial challenges of elderly disabled or chronic disease patients that stay alone at home. A long-term study of a financial program could monitor effectiveness of for 6-12 months after the stroke disease is found.

Conclusion

Elderly patients undergoing stroke recovery at home experienced financial and other problems in five areas: 1) physical needs, 2) safety needs, 3) social needs, 4) esteem needs, and 5) self-actualization needs. They identified desired potential solutions for their economic needs: 1) financial management system operated by a public agencies, particularly the Ministry of Public Health or a public university, 2) inexpensive service charge with recognized standards and a system to submit complaints in the case of any improper charges or financial practices, 3) financial security system provided by a bank or concerned agencies, 4) house security systems, for example, close circuit camera and online systems, and 5) effective elderly care taking training center.

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