

LONG-TERM CARE INSTITUTIONS IN THAILAND

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ABSTRACT: The number of care-dependent older persons residing in Thailand is expected to increase in the coming decades. It is unknown if there are sufficient and appropriate long-term care institution to meet increasing demand for continuing care. A descriptive study aimed to investigate the characteristics of long-term care institutions, care staff and residents. The preliminary study found that nearly half of the long-term care facilities were nursing homes and situated in Bangkok. Of 21 participated facilities, there were 21 facilities' administrators, 200 care staff and 486 residents. It was revealed that shortage of staff was visible and relatively had negative attitude toward residents. The most common conditions of residents in all long term care facilities were hypertension, osteoarthritis and joint pain. More than half of the residents (52.3 %) were moderately to totally dependence on care and needed to be cared for 20-27 hours per week. There are overlapping levels to dependency in different facilities, no level of care classification, no care standards available, and registration and inspection bodies were not specified. The recommendations are to develop a standard resident's assessment tools and initiate national care standard, to improve staff education and competence, and to initiate a long-term care facilities regulation system in order to improve quality of care and quality of life of residents.

Keywords: Long-term care, Institution, Care staff, Resident, Thailand.

INTRODUCTION

The institutional long-term care is relatively a new concept to the Thai society. There has been limited information on number and type of facilities and services provides in different facilities have not been identified. In addition, care standard and registration system for long term care facilities had not been present [1]. According to there has no public nursing home, all residents in public residential home will be cared for in the same place even though they had chronic illness and had more health problems which were needed higher level of care [1, 2]. These cares were provided in the situation of insufficient number of care staff and lack of necessary equipments [2]. Therefore, this study was conducted to investigate characteristics of long-term care institutions for older people in Thailand, such as type of facilities and owner, service available, number of beds, staff ratio, costs of service, and registration systems; characteristics of care providers, such as sex, age, marital status, level of education, type of profession, competence, training, attitude towards older people, and job satisfaction; and characteristics of care receivers,

such as sex, age, number of children, common health problems, and level of care need, in order to obtain the dataset of the existing long-term care system in Thailand for future quality improvement.

DEFINITION OF DIFFERENT LONG-TERM CARE INSTITUTIONS FOR OLDER PERSONS

Classification of Long-term care

In this study, institutional long-term care in Thailand can be divided into five main categories based upon the level of care and types of services provided [3, 4] as follows:

1. Residential home is a facility for older people with physical independent. The residents do not need nurses or assistant nurses to help for their activities of daily living (ADLs). In general, this place provided by government and for non-profit for older persons who are poor, no relative, or cannot live with his own family happily. However, all residents will remain in the same place although they may become more dependent in later life.
2. Assisted living care is a facility for older people with physical dependence or disabilities who need assistance for some ADLs. They are suitable for persons who

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want to live independently though might not be safe to live alone. Residents typically do not require medical care or nursing skills. An emergency call service is always available.

3. Nursing home is a facility provides care for older people with chronic illnesses. Generally, they provide skilled nursing care 24 hours/day, including activities for daily living among older people with physical and/or cognitive impairment.
4. Long-term care hospital is a facility provides general nursing and ancillary care for those individuals needing care beyond the usual hospital stay. The usual length of stay is three months or longer.
5. Hospice care is a facility provides care for end of life individual. It is focused on pain relief, comfort care and offers families and friends the opportunity to stay with. Primarily, it is to promote quality of life and help individual to have a good death.

MATERIALS AND METHODS

According to there is no available data regarding to number and type of long-term care institution in Thailand, the preliminary survey of the existing long term care institutions was carried out by gathering information from the relevant government department and private agencies, and studying telephone directory, magazines, newspapers, signpost, and websites in order to find out the number and type of institutional long-term care. It was found that there were 138 long term-care institutions in 5 regions in Thailand. Nearly half (49.3%, n=68) were located in Bangkok, 30.4% (n=42) were in the central part of Thailand, and only 3.6% (n=5) in the South. 43.5% (n=60) were nursing homes, 31.9% (n=44) were residential homes and 2.2% (n=3) were hospice care. Then, a later stage the aimed of the study and research instruments were sent to the director of individual institution for seeking permission for data collection. However, only 21 respondents were received; therefore, a random of one institution from representing each of the five classifications from each region was selected for carrying out a descriptive research with individual care receiver physical exam.

Participants

The administrators, physicians, nurses, social workers, physiotherapists, occupational therapists, care assistants or care worker, and facilities' resident age 60 and over from representative institutions from each of the five classifications

from each region were recruited.

Research Instruments

1. Facility's director received a questionnaire regarding to the characteristics of institutions in term of what type of their facilities and owners, availability of services, number of beds, number of residents, number of staff, cost of services, and registration system.
2. Individual care provider received a questionnaire regarding to the demographic, type of profession, education and training, open-ended questions on attitude towards older persons, general problems and how to solve the problem, including how to improved service provide, and job satisfaction.
3. Individual care receiver was interviewed regarding to demographic data and general health assessment, such as body mass index (BMI), blood pressure, hearing, eye sight, care needed. Individual was also assessed for functional abilities with the Barthel Index [5], cognitive function with Mini-Mental State Examination-Thai version [6], and depression with the Thai Geriatric Depression Scale [7]. Doctors' diagnosis was used to classify for disease or comorbidity.

Data collection

Data were collected after the research project was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University (COA No.083/2551). Individual participant was approach, the objectives and the rights to refuse or withdraw at any time from the study were explained. The consent was obtained from individuals, family members and facilities' director and anonymity was also protected.

Data analysis

Descriptive analyses were carried out for quantitative data, such as information on individual institution and demographic data of care providers and care receivers. Content analysis was carried out for qualitative data, such as attitude towards older persons, problems and how to solve the problem, including how to improved service provide, were performed to describe the results.

RESULTS

There were 21 long-term care facilities administrators; 4 facilities each from Northern and Northeast regions, 5 facilities each from Central region and Bangkok and 3 facilities from Southern region, 200 care providers and 486 care receivers

Table 1 Number of institution by regions, service provides number of bed, cost of care, and staff ratio classified by type of facilities.

	Type of facility				
	RH	AL	NH	LTCH	HC
Regions					
North	1	1	1	1	0
Northeast	1	0	1	1	1
Central	1	1	1	1	1
Bangkok	1	1	1	1	1
South	3	0	0	0	0
Total	7	3	4	4	3
Number of bed	26-300	7-100	8-100	100	29
Staff Ratio					
Nurse	1: 187.3	1: 15.3	1: 5.7	1: 6.2	1: 14.8
Practical nurse	1: 2,060.7	1: 16.3	1: 21.8	1: 6.9	1: 14.8
Care assistant	1: 25.5	1: 6.3	1: 1.6	1: 2.5	0
Helper	1: 16.2	0	1: 142.5	0	0
PT	1: 424.8	1: 261	1: 31.6	1: 61.5	1: 74
OT	0	1: 130.5	1: 47.5	0	0
Cost of Care (USD)	211-339	406.8-678	101.7-1,779.7	372.9-1,627	NA
Service provide					
Palliative care	6(28.6)	3(14.3)	5(23.8)	2(9.5)	5(23.8)
Dementia care	7(30.4)	4(17.4)	6(26.1)	2(8.7)	4(17.4)
Day care	3(25.0)	2(16.7)	4(33.3)	1(8.3)	2(16.7)
Respite care	3(16.7)	4(22.2)	6(33.3)	2(11.1)	3(16.7)
Rehabilitation	6(24.0)	6(24.0)	6(24.0)	2(8.0)	5(20.0)
Home care	2(33.3)	0	2(33.3)	1(16.7)	1(16.7)
Care assistant service at home	0	1(20.0)	3(60.0)	1(20.0)	0

Exchange rate: 1 USD = 29.5 baht (28Mar.13)

with totally 707 participants participated in this study.

Characteristics of long-term care institutions

Of 21 facilities, 7 were residential home, 4 were nursing home and long-term care hospital and 3 were hospice care facilities. Residential home had higher number of beds between 26-300 beds, while hospice care had the lowest number of beds. With respect to staff-residents ratios, nursing homes had the highest nurses and residents' ratio (1 : 5.7) and the highest ratio of physiotherapists (1 : 31.6). In contrast, residential homes had the highest ratio of care assistants who had been trained in caring for older persons for 420 hours (1: 25.5) and helpers was the person who provide general help and received a short training in caring for older persons (1: 16.2). Occupational therapists were only found in nursing homes and assisted living facilities and the ratio was 1: 47.5, and 1: 1,305 respectively. Private nursing home had higher cost of care, between USD 101.7-1,779.7 per month, follow by private long-term care hospitals between USD 372.9-1,627 per month, and public residential home had the lower costs of care between USD 133.9-339 per month (Table 1). However, the institution's registration was not clear due to the insufficient

information.

The majority of long-term care institutions in the present study especially in the private sector had not been registered. There were many registration bodies with neither clear criteria for registration, nor a specific policy for registration [1]. Most of the nursing homes registered as chronic care hospitals within the Medical Registration Division. Moreover, long-term care facilities in all regions had no clear service objective, no specific criteria for admission, no clear boundary of services provided, and no clear cut way of classification into types of facilities.

Characteristics of care providers

Of 200 care providers or care staff, 84.5% (n=169) were female and 39.5% (n=79) were aged between 15 to 30 years. Half of them were married and 41% (n=82) had a high school level of education. 30% (n=60) were care assistants. Helpers were often found in residential homes, occupational therapists were often found in nursing homes, all the social workers worked in residential homes, Physicians and nurses were most often found in long-term care hospitals, followed by nursing homes. 69% (n=138) of care staff, especially care assistants in nursing homes had a certificate of training course in caring

Table 2 Number and percentage of care providers classified by sex, age, marital status, and occupation (n=200)

Data	N	%
Sex		
Male	31	15.5
Female	169	84.5
Age		
15 – 30	79	39.5
31 – 40	63	31.5
41 – 50	58	29.0
Professions		
Physician	6	3.0
Physiotherapist	8	4.0
Occupational Therapist	4	2.0
Social worker	4	2.0
Registered nurse	37	18.5
Practical nurse	22	11
Care assistant	60	30.0
Helper	37	18.5
Others	22	11.0

Table 3 Number and percentage of residents classified by sex, age, marital status, and previous occupation (n=486)

Data	n	%
Sex		
Male	188	38.7
Female	298	61.3
Age		
60-74	230	47.3
75-84	205	42.2
≥ 85	51	10.5

for older people with 420 hours. Helpers in residential homes had also received a short training in caring for older people and the majority of them had also undergone annual training (Table 2). Lack of professional staff, such as nurses, physiotherapists and occupational therapists, was commonly found, especially in residential homes where more than half of the residents were moderately to totally care dependent.

Care providers, particularly in public residential home, perceived that all residents were poor and received no care from their families' members, but they probably had been practicing 'good deed.' They also viewed older people as a pitiful, unsympathetic and as people who lacked social opportunities. They said they wanted to take care of residents as if they were their own relatives, offering them necessities for living to enhance their quality of life. They also expressed positive attitudes towards service development, continuing education, personal development, and improving standards of care. On the other hand, most of the staff said that they felt very tired due to a shortage

of staff and had difficulty to cope with people who were homeless, showed aggressive behaviour, had dementia, or who could not communicate. However, the majority of care providers, especially those who worked in a private sector, still wanted to continue working due to they satisfied with their job and moderately satisfied with their wages.

Characteristics of care receivers

Of 486 care receivers or residents, 298 (61.3%) were female and 230 (47.3%) were aged between 60 and 74 years (Table 3), 206 (42.4%) were widowed, 225 (46.3%) had no children. Having no caregiver was the main reason for moving into an institution with 72.5% lived in residential homes. In term of general health, 19.6% had hypertension and 18.4% had obesity. Thirty-three percent had at least one chronic condition and most of common conditions of residents were hypertension, osteoarthritis and joint pain, cerebrovascular disease, diabetes mellitus, and heart disease. In addition, 41.6% of residents had cognitive impairments, 50% of them resided in long-term care hospitals. Almost 30 percent of residents had moderate to severe depression, 31.3% of them resided in residential home. Seventy-one percent of the residents had moderately to totally dependent, 68% of them resided in residential homes and needed to be cared for between 20 and 27 hours per week (Table 4).

DISCUSSION

The present study found that Bangkok and the metropolitan areas had a higher number of long-term care facilities than other parts of Thailand. This finding is consistent with Jitapunkul's study [8] which found that Bangkok had a higher prevalence of elderly dependents than in other regions. These results may suggest that Bangkok has the highest need of care for dependent older people who need to be cared for in nursing home and this tendency is likely to increase in the future if the home and community based care have not met their needs. In addition, this finding might be that in cities, families are often less involved in care giving. It may also reflect smaller accommodation and women working outside the home, while the lower number of facilities in the other regions may reflect the traditional rural way of life where help from the family, neighbours, and community is still present [9].

In general, each type of institution provided different levels of care and should have clear criteria for the admission of older people corresponding to their level of care need [10-13].

Table 4 Percentage of residents' general health classified by type of facilities (n=486)

	Type of facility					Total N (%)
	RH	AL	NH	LTCH	HC	
Common health problems						
Hypertension	70.0	1.0	11.0	16.0	2.0	100
Cerebrovascular disease	34.3	1.4	17.1	45.8	1.4	100
Heart disease	77.2	-	11.4	11.4	-	100
Respiratory disease	65.5	3.4	10.3	13.8	6.9	100
Parkinson's disease	61.1	5.6	16.7	11.1	5.6	100
Cognitive function						
Normal	57.4	87.5	66.0	50.0	62.5	58.4
Impaired	42.6	12.5	43.0	50.0	37.5	41.6
Depression						
Normal – mild depression	68.6	100	74.4	75.7	77.8	70.5
Moderate – severe depression	31.3	-	25.6	14.3	22.2	29.5
ADL						
Independent - minimal assistance	158 (44.4)	8 (100)	23 (43.4)	5 (9.1)	0	193 (47.7)
Moderate-total dependence	198 (55.6)	0	30 (55.6)	50 (90.9)	13 (100)	292 (52.3)

However, this study found that long-term care facilities in all regions seem had no clear service objective, no specific criteria for admission, no clear boundary of services provided, and no clear cut way of classification into types of facilities. In addition, the present study found that residential home provided services for all level of care due to the majority of residents had chronic health problems and needed moderate to high level care. In order to appropriately assess and address these needs, reliable and valid assessment instruments and adequate health care services are required. Moreover, classification resident regarding to level of care need and appropriate classify type of LTC facilities are need to be implemented.

According to most residential homes and nursing homes are faced with caring for residents who have chronic illnesses, cognitive impairments, frail, bedridden, and in need of a higher level of care. Although professional care staff had professional care standards, but they often had been trained in acute care setting while the non-professional care staff had been trained in caring for well older person not for sick elderly [14]. Nevertheless, it was found that some care staff still had negative attitudes toward residents. If the care staff cannot respond to the needs of the residents effectively, it could have negative consequences for resident's well-being and quality of life. Therefore, continuous training in caring for older people who have chronic illnesses and dependent may help a better understanding and may enhance a positive attitude towards older people.

The majority of long-term care institutions in the present study especially in the private sector had not been registered. Although, there were many

registration bodies, but all of them had no specific criteria or policy for registration [1]. Therefore most of the nursing homes had to register instead as chronic care hospitals within the Medical Registration Division [15].

In addition, most of the institutions had lacked of professional health care staff, such as nurses, physiotherapists and occupational therapists, especially in residential homes where more than half of the residents were moderately to totally care dependent. There were only 5.6% of nurses compared to other professionals to provide nursing care for all residents. Therefore, it can be questioned whether there is a sufficient care for dependent residents. The staff also said that they were very tired due to a shortage of staff. These findings are supported by Verakul's study [16] who found that the most common problem of service provision in residential homes in Thailand was a shortage of care staff. The facilities which provide complex nursing care should have an appropriate number of health care personnel and appropriate care standards for each level of care, therefore, there is a need to introduce a registration policy for long-term care institutions and a registration body, including an inspection agency and follow up of service provision, in order to improve the standard of care for older people [1].

Limitation of the study

There were no central data base of long term care facilities, especially in the private sector and no regulatory system available, thus low participation from the institution's administrators were prominent. Therefore, sample technique, recruitment of provider and older persons might be a limitation. The awareness of the consequences from the

research findings may affect to their future business. Moreover, since the majority of care facilities provided all levels of care, it was difficult to classify them into specific types of institutions which may hamper a clear picture of characteristics of individual long term care institutions.

CONCLUSION AND RECOMMENDATIONS

A descriptive study aimed to investigate the characteristics of long-term care institutions, care staff and residents. The preliminary study found that nearly half of the long-term care facilities were nursing homes and situated in Bangkok. Of 21 participated facilities and the majority of them were residential home, there were 21 facilities' administrators, 200 care staff and 486 residents. It was revealed that residential home had higher number of beds, private nursing home had higher cost of care, and nursing home had the highest nurses and resident's ratio. The majority of care provider was female and one-third was care assistants, however, lack of professional care staff was visible. Although they relatively had negative attitude toward residents, but expressed positive attitudes towards service development, continuing education, personal development, and improving standards of care. The majority of them still wanted to continue working. The majority of residents were female aged between 60-70 years. The most common conditions of residents were hypertension, osteoarthritis and joint pain. Nearly half of resident had cognitive impairment and more than half of them were moderately to totally dependence on care and needed to be cared for 20-27 hours per week. There are overlapping levels to dependency in different facilities, no level of care classification, no care standards available, and registration and inspection bodies were not specified. The recommendations are to develop a standard resident's assessment tools and initiate national care standard, to improve staff education and competence, and to initiate a long-term care facilities regulation system in order to improve quality of care and quality of life of residents. Further studies on classification resident regarding to level of care need and appropriate classify type of LTC facilities are recommend.

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