

A Study of the Long-Term Care Needs, Patterns and Impact of the Elderly in Hong Kong



香港城市大學
City University
of Hong Kong

by

Raymond M.H. Ngan
Edward M.F. Leung
Alex Y.H. Kwan
David W.T. Yeung
Alice M.L. Chong

院图书馆

3.6

Department of Applied Social Studies
City University of Hong Kong
October, 1996

A Study of the Long-Term Care Needs, Patterns and Impact of the Elderly in Hong Kong

Raymond M.H. Ngan

Edward M.F. Leung

Alex Y.H. Kwan

David W.T. Yeung

Alice M.L. Chong

李國城
李國城 贈送
97.1.2.

Department of Applied Social Studies
City University of Hong Kong

September, 1996

Dedicated to our senior citizens in Hong Kong

Copyright @ Ngan, Leung, Kwan, Yeung & Chong 1996

Published in September 1996

Published by: Raymond Ngan, Edward Leung, Alex Kwan,
David Yeung & Alice Chong
Department of Applied Social Studies,
City University of Hong Kong &
United Christian Hospital

Printed by: Reprographic Section
Publication and Media Production Unit
City University of Hong Kong

Cover design: Graphic Section
Publication and Media Production Unit
City University of Hong Kong

ISBN no.: 962-442-095-5

ACKNOWLEDGMENTS

Thanks is expressed to The City University of Hong Kong for providing a strategic grant to support this study (Grant no. : 7000314).

Special thanks are also extended to numerous people and organisations who have assisted to make this study possible -- only those who wished to be acknowledged are mentioned here.

- Our two research assistants : Ms. Lisa P.L. Low and Mr. Leung Yee Kong.
- Our industrious interviewers.
- Dr. Iris Chi, Department of Social Work and Social Administration, University of Hong Kong
- Staff and residents at the Kwan Fong Nim SAGE Care-and-Attention Home, Fung Yiu King Hospital, Methodist and N.A.A.C. outreaching teams, and the Tung Wah Group of Hospitals' aged homes.
- Staff and elderly people at St. James Settlement.
- The Social Welfare Department and Hospital Authority.
- Community Nursing Service of United Christian Hospital
- Numerous aged homes, both in the subvented and private sectors who participated.

INVESTIGATORS' BACKGROUND

Dr. Raymond M.H. Ngan

Associate Professor,
Department of Applied Social Studies,
City University of Hong Kong.

Dr. Edward M.F. Leung

Consultant Geriatrics and Chief of Service,
Department of Medicine & Geriatrics
United Christian Hospital.

Dr. Alex Y.H. Kwan

Professor,
Department of Applied Social Studies,
City University of Hong Kong.

Dr. David W.T. Yeung

Superintendent,
Asia Women's League Limited,
Chan Kwun Tung Care and Attention Home for the Elderly,
Kowloon Tong.

Ms. Alice M.L. Chong

Assistant Professor,
Department of Applied Social Studies,
City University of Hong Kong.

CONTENTS

	<i>Page</i>
Acknowledgments	ii
Investigators' background	iii
Tables	iv
1 Introduction	1
2 The Needs Of Elderly People In Hong Kong	4
3 Method	14
4 Basic Profile of Respondents	23
5 Health and Functional Status of Elderly People in Need of Long Term Care	31
6 Mental Status of the Elderly Respondents	48
7 Network Orientation Scale (NOS) and Social Support Appraisal Scale (SSAS)	65
8 Index of Self-Esteem of the Elderly Respondents	83
9 Conclusion and Implications for the Development of Long-Term Care Services for the Elderly	89
10 References	104
11 Appendices	

List of Tables

	<i>Page</i>
Table 2.1 Demand, Provision and Shortfall in Residential Services for the Elderly	9
Table 3.1 The distribution of respondents in the four sample groups	17
Table 4.1 Distribution of Sources of Respondents	24
Table 4.2 Age Distribution of Respondents	25
Table 4.3 Marital Status of Respondents	25
Table 4.4 Types of Living Quarters of Respondents	26
Table 4.5 Whether Respondents are Living with any Family Member	26
Table 4.6 Family Members that Respondents Living with	27
Table 4.7 Main Care-giver for Respondents Living in the Community	28
Table 4.8 Primary Source of Income	28
Table 4.9 Whether Having Sufficient Money for Daily Expenditure	29
Table 4.10 Demand for Government Subvented Homes	30
Table 4.11 Social Services used by Elderly Living in the Community (%)	30
Table 5.1 Prevalence of Chronic Illnesses	32
Table 5.2 Prevalence of Chronic Illnesses in different Age Groups	32
Table 5.3 Prevalence of Chronic Illnesses among different Sample Sources	33
Table 5.4 Age distribution among different Sample source	33
Table 5.5 Mobility Status	34
Table 5.6 Mobility Status among different Sample Sources	35
Table 5.7 Mobility Status among different Residential Status	35
Table 5.8 Instrumental Activities of Daily Living	37
Table 5.9 Activities of Daily Living	37
Table 5.10 Distribution of Barthel ADL Index score	37
Table 5.11 Functional Dependency among different Sample Sources	38

Table 5.12	Functional Dependency among different Residential Status	38
Table 5.13	Mean Barthel Index Score among different Residential Settings	38
Table 5.14	Mean Barthel Index Score among different Sample Source	39
Table 5.15	Mental State of Respondents	40
Table 5.16	Mental State in different Age Groups	40
Table 5.17	Mental State among different Sample Sources	40
Table 5.18	Mental State among different Residential Status	41
Table 5.19	Percentage of respondents able to answer questions amongst different Sample Sources	41
Table 5.20	SPMSQ scores among different Residential Status	42
Table 5.21	SPMSQ scores among different Sample Sources	42
Table 5.22	Residential Status of Elderly People on Waiting List	44
Table 5.23	Application for Residential Care amongst CNS and Home Help Clients	45
Table 5.24	Comparison of Barthel Index Score for those applied or not applied for residential care amongst CNS and Home Help clients	45
Table 5.25	Reasons for Application for Residential Care amongst CNS and Home Help clients	45
Table 5.26	Reasons for not applying for Residential Care	45
Table 6.1	Distribution of SPMSQ Scores	49
Table 6.2	Summary List of Correct Answers to SPMSQ	50
Table 6.3	SPMSQ Scores by Age	51
Table 6.4	SPMSQ Scores by Marital Status	51
Table 6.5	SPMSQ Scores by Residential Type	52
Table 6.6	SPMSQ Scores by Source of Samples	53
Table 6.7	SPMSQ Scores by Main Care Giver	54
Table 6.8	SPMSQ Scores by Source of Income	55
Table 6.9	Distribution of GDS Scores	57
Table 6.10	GDS Questions and Symptoms of Depression	58

Table 6.11	GDS Scores by Age	58
Table 6.12	GDS Scores by Marital Status	59
Table 6.13	GDS Scores by Source of Samples	60
Table 6.14	GDS Scores by Residential Type	60
Table 6.15	GDS Scores by Source of Income	61
Table 6.16	GDS Scores by Main Care Giver	62
Table 7.1	Network Orientation by Residence	66
Table 7.2	Social Support by Residence	66
Table 7.3	Network Orientation by Sample Source	67
Table 7.4	Social Support by Sample Source	67
Table 7.5	Network Orientation by Age	68
Table 7.6	Social Support by Sex	68
Table 7.7	Network Orientation by Marital Status	69
Table 7.8	Network Orientation by Living in Elderly Homes or Not	69
Table 7.9	Social Support by Living in Elderly Homes or Not	70
Table 7.10	Network Orientation by Living with Family Members	70
Table 7.11	Social Support by Living with Family Members	70
Table 7.12	Social Support by Public Assistance	71
Table 7.13	Network Orientation by Living Alone	71
Table 7.14	Social Support by Living Alone	72
Table 7.15	Network Orientation by Mental Status	72
Table 7.16	Network Orientation by Depression	73
Table 7.17	Network Orientation by Social Support	73
Table 7.18	Network Orientation by Self-esteem	74
Table 7.19	Social Support by Mental Status	74
Table 7.20	Social Support by Depression	75
Table 7.21	Social Support by Self-esteem	75
Table 7.22	Network Orientation by Health Status	76
Table 7.23	Stepwise Regression Analysis of Network Orientation	77
Table 7.24	Stepwise Regression Analysis of Social Support	78
Table 8.1	Overall distribution of the ISE	83
Table 8.2	ISE by Marital Status	84
Table 8.3	ISE by Financial Condition	85

Table 8.4	Mean Score of ISE by Financial Condition	85
Table 8.5	ISE by Residence	86
Table 8.6	ISE by source of samples	86
Table 8.7	ISE by main source of income	87

Introduction

1.1 Background

In Hong Kong, long-term care encompasses a spectrum of medical, personal and social services provided for elderly people because of their diminished capacity for self-care. With the rising numbers of elderly people, there is an urgent need to review and evaluate existing service provision available in the community, and the extent to which present aged care policies are adequate in meeting their needs. The demographic profile revealed 13% of the total population represented elderly people aged 60 years and above, with a predicted rise of 18.1% by the year 2011 (Kwan, 1995). In 1992, the number of elderly people aged 70 years and above was 340,900, and a projected rise of 453,500 by the year 2000 (Ho and Woo, 1994: 64). This is a cause for concern particularly for the aged 75+ "old-old" group, who can present themselves with more care needs and require extensive supportive services.

In a Government report of the Working Group on Care of the Elderly (1994), the importance of updated empirical data on the development of a long-term care policy to meet the needs of elderly people was acknowledged. However, aged care advocates in Hong Kong have also revealed that, at present, effective service planning seems impossible unless more updated data are available (Kwan, 1995). For example, in earlier studies of waiting lists to residential care placements, deficiencies and shortfalls

of infirmary services exist as a result of inefficient planning ratio of five beds for 1,000 elderly people aged 65 and over (Leung, 1992; Yeung, 1992). This arrangement can have adverse implications for informal carers (Kwan, 1991; Ngan and Cheng, 1992), and staff in subvented residential homes currently caring for the frail elderly people, particularly when these elderly people are still waiting for an infirmary placement (Personal communication with the Social Welfare Department, March, 1993). The central waiting list for medical infirmary stands at more than 4000 in the year 1996.

The lack of attention given to the needs and patterns of care for the old-old aged group is also notable from previous community studies, where more emphasis was given to the young and healthy elderly people living in their own homes, and less attention to the needs of the older aged group in need of institutional care (Chi and Lee, 1989). The lack of representative data for elderly people in the 60 to 75+ age group increases the difficulties of designing appropriate services, and the implementation of an effective long-term care policy in promoting their well-being in all aspects of life. This study was set up to address some of the issues mentioned above.

1.2 Aim and Objectives

The aim of this study is to adopt a community-wide approach in providing an updated profile of the characteristics, needs and patterns of care of elderly people who are receiving different types of elderly services or waiting for some forms of residential care in Hong Kong. A comparison of age, characteristics, needs and residential

patterns of all elderly respondents, both in the community and in residential institutions, was then made. The objectives were :

- 1.2.1 to obtain a profile of the physical, social and mental functioning levels and care needs of elderly people aged 60 and above in various aged care organisations.
- 1.2.2 to provide updated data on the need to develop a Long-Term Care Policy, and recommend appropriate services to meet the needs of elderly people in Hong Kong.
- 1.2.3 to advance the knowledge on community, residential care needs, and psychogeriatric problems of elderly people in Hong Kong.

The Needs of Elderly People in Hong Kong

The history of age care policies in Hong Kong stems back about 20 years ago, and its aged care community has been subjected to rapid changes and developments -- all of which have contributed to the betterment of services and hence quality of life for older people and their carers.

Since the 1973 Working Party Report for Social Services (Social Welfare Department, 1973), the realisation that Government interventions were required to fulfill the gaps in care provided by the family gradually surfaced. This awareness has been compounded by the emergence of the nuclear family pattern, and the inability of older people to share the same living accommodation with their family, due to overcrowding and scarcity of space (Au, 1989). The uncertain political future for Hong Kong has also meant that family ties and relations have weakened as emigration overseas becomes popular for those family members whose desire is to search for a better future (Ngan, 1993).

These social and political changes have eroded the traditional and filial piety of the Chinese families, where it is accepted that offspring should take responsibilities over the care of their elders (Chow, 1983). As the Government acknowledges these emerging issues, numerous service innovations have been developed in response to the plight of older people (Willis, 1994; Hong Kong Government, 1994). However,

despite the development of active and effective initiatives, predominately social and recreational oriented services (Ngan and Kwan, 1995: 46), not all the needs of older people are currently being met.

In the following section, a brief overview of current literature on the needs, caring patterns and the impact of service provision for older people in the context of the existing community care policy adopted by the Government will be provided. Findings from some previous research on community care and frail elderly people will be highlighted and the existing gap of knowledge defined.

2.1 Health needs

Various approaches have been adopted to reflect the abounding needs of older people. The identification of needs from physical, social, emotional and psychological health perspectives have been mentioned in local studies over the past years (Ho and Woo, 1994; Chan et al., 1994). The study by Ho and Woo (1994) was, perhaps, one of the pioneer work examining the health and welfare needs of the 80+ age group. The difficulties in obtaining data from this age group were acknowledged, and findings suggested that data based on the "young old" population (those in the 60 years sector) was grossly inaccurate when used to extrapolate and predict service needs of the old-old age group.

Needs of older people as delineated from their work revealed that whilst people live longer, they are also suffering from greater physical health impairment and chronic disabilities (Ho and Woo, 1994). An insight into the co-ordination of community-

based social and residential care services might thus be necessary to determine priorities and guide mobilisation of resources in caring for this older age group.

Furthermore, Chi and Boey's (1994) work on the mental health and social support of the old-old elderly people confirmed that this age group fared less well compared to their younger counterparts, in terms of lower familial support and general health.

2.2 Support from and Needs of Informal Carers

Other needs of older people have been associated with the shortcomings of care provided by informal carers, predominately the family. Since 1977, the move towards keeping elderly people in the community, cared for by the family and supported by social and nursing services have continually been emphasised by the Government (Hong Kong Government, 1991). Community supportive services have been multi-faceted, and include home help services, community nursing services, community centres, outreaching teams, to name a few. Details on the development and effectiveness of these services can be located elsewhere (Chong, 1993; Hong Kong Government, 1994, 49-87). Within each policy paper, the Government has reiterated this goal of care for elderly people :

"... to promote the well-being of elderly people who have passed their 60th birthday in all aspects of their living, by providing services that will enable them to retain their self-respect and remain in the community for as long as possible and, where necessary, to provide residential care suited to the varying needs of this age group".

(Hong Kong Government, 1993)

The viability of the Government's intention to pursue the "care in the community" approach in providing services to meet the needs of elderly people has been questioned - frequently cited is the lack of support and financial resources to ensure the successful implementation of planned services (Yeung, 1992). The consequence of limited resources to establish proposed services has heightened the burden of care for primary care-givers, often close family members (Ngan and Cheng, 1992). Particularly when the actualisation of the community care concept has been synonymous with the amount of care informal carers can provide (Ngan and Kwan, 1995).

Examples of research conducted in this area can be found in a local study of caring and care-giving among Chinese families for dependent relatives at home (Mackenzie and Holroyd, 1994). It was recommended that :

"If community care policy is pursued, it is important that community services understand the family context of caring and make themselves aware of the ways in which Chinese families might be helped to support dependents at home".

(Mackenzie and Holroyd, 1994, p.8)

Furthermore, in a recent analysis of how the community care approach has been practised, Ngan and Kwan (1995) supported that family care-givers were frequently overburdened by the increasing pressure to support their elders at homes, often with insufficient community supportive services to cater for their needs. Care-givers find themselves encapsulated in a caring dilemma, whereby there is a desire to be released from the responsibilities of caring, yet they are simultaneously overwhelmed by the obligation to provide care for their relatives (Ngan and Cheng, 1992).