DEMAND FOR HOME CARE SERVICES OF PEOPLE IN HA LONG, QUANG NINH IN 2020

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ABSTRACT

Objective: *To describe the demand for home care services of people in Ha Long, Quang Ninh in 2020.* ***Method:*** *A cross-sectional descriptive study was conducted to collect data from 450 participants representing 450 households at 5 wards in Ha Long City. Data were collected by using questionnaire to interview.* ***Results:*** *The research results show the most demands home care services are examination and treatment at home for patients (84.9%), bathing and changing the umbilical bandage at home for infants (77.8%), home care support for mothers with children under 6 months (70%). In addition, Some services with a low rate of demand from the people such as: Film photography, ultrasound, electrocardiogram (53.3%), care for patients at the end of life (55.1%), services of questioning, reading film, reading test results, exploring functions, consulting from a distance (54.2%).* ***Conclusion:*** *The people who lives in Ha Long City have the high demand for home care services. So that it is very necessary to enhance care services in Ha Long.*

Keywords: *Demand, home care, services*

1. INTRODUCTION

Similar to the developed countries in the previous period, since 2012, Viet Nam has become a country with an aging population with a rate of people over 60 reaching 10.2% and is forecast to be a country with a very old population. by 2038, the rate of people over 60 years old will reach 20.1% [1]. This is the reason for challenging in caring to improve the health of population when the need for daily health care is becoming a major problem: burden of disease, daily care, and quality of life. In addition, overload of hospital is still an issue that needs to be resolved sustainably [2]. Many diseases, injuries, and accidents can be treated at home and are still highly effective, even helping to save costs and reduce the risk of hospital infections for patients. It is also considered to be more effective than hospital care [3] .However, the advantages of home care services which incorporate advanced science and technology are relatively capable of solving these problems. This solution will bring high results in treatment and improve the health of the people [4].

Ha Long has the highest population in Quang Ninh province. The economic statust of the people in Ha Long city is higher than whole province. So that, people there also have high demand in health care activities, especially home care. With the above benefits, home care services are capable of meeting the needs of people here about

medical care and daily life. However, home care in Ha Long is still relatively spontaneous, not systematically organized. For that reason, the study was conducted with the aim: To describe the demand for home care services of people in Ha Long, Quang Ninh in 2020

2. RESEARCH METHOD

2.1. Research subjects

A representative of a family residence in Ha Long can participate in the selection or decision to use home care services.

2.2. Setting and research period

- The study was conducted from September 2019 to December 2020

- Setting: 20 wards of Ha Long City, Quang Ninh.

2.3 Research design: Cross section description.

2.4. Sample size:

- Apply the sample size formula:

$$n = Z_{1-\alpha/2}^2 \times \frac{p(1-p)}{d^2}$$

Inside:

- n: Sample size required

- p: Percentage of people have demand for home care. Take p = 0.5.

Then 1-p = 0.5

- d: Allowable deviation between the rate obtained from the sample and the proportion of the population. Take d = 0.05

- α: Significance level. Take α = 0.05

- Value obtained from table Z corresponding to each selected α value.

α = 0.05, = 1.96

=> n = 384.

Expected 20% of subjects are absent or refused to participate in the study. So the sample size of the study is: 384 + 384x20% = 450

2.5 Sampling method: Apply cluster sampling method.

- Make a list of 20 wards of Ha Long City

- Randomly choose 5 wards to study (Cao Thang, Cao Xanh, Hong Hai, Ha Tu, and Bai Chay). Each ward selects 90 households.

- Make a list of areas in the 5 selected wards. The 90 households to be selected are divided equally among the areas in the ward. One person will be representative to one household.

2.6. Data collection and research instruments

All data were collected by using questionnaire to interview subjects.

The instruments consisted of 3 parts:

General information questionnaire was developed by researcher. The questionnaire included 8 questions of age, gender, occupation, education level, use health insurance, family members.

The questionnaire of people's perceptions of disease patterns, population and health included 14 questions. The instruments asked their perceptions disease patterns, population and health on a 3-point rating scale, where 1 = agree, 2 = disagree and 3 = don't know. The total score ranged from 14 to 52 which were summed from all items' score.

The questionnaire of demand for home care services included 25 questions. The participants were asked to consider and rate the demand for home care services with each item on a 3-point rating scale from 1 to 3 (3 = participation and willing to

pay when needed, 2 = not participating, 1 = undecided). The total score ranged from 25 to 75 points.

2.7. Data analysis

Data were entered using Epi Data 3.1 software. The data were synthesized by using SPSS 16.0 software.

Descriptive statistical including mean, percentage, standard deviation were used to describe general information and demand of patients for home care services.

3. RESULTS

3.1. Demand for home care services of people

Table 1. The score of demand for home care services

Score of demand for home care services	Min	Max	($\overline{X} \pm$ SD)
	25	75	63,5 ± 10,9

Table 1 showed that the average score of demand for home care services was 63,5 ± 10,9. The lowest score was 25 points, the highest was 75 points.

3.2. Demand of people for services of examining, treating and health monitoring at home

The figure 1. indicated that the demand for home care services of people was quit high such as: examination and treatment at home for patients (84.90%), periodic health examination, management of health records (70.20%), screening for some common diseases (71.80%). The other services were responded by people at an average or low level .
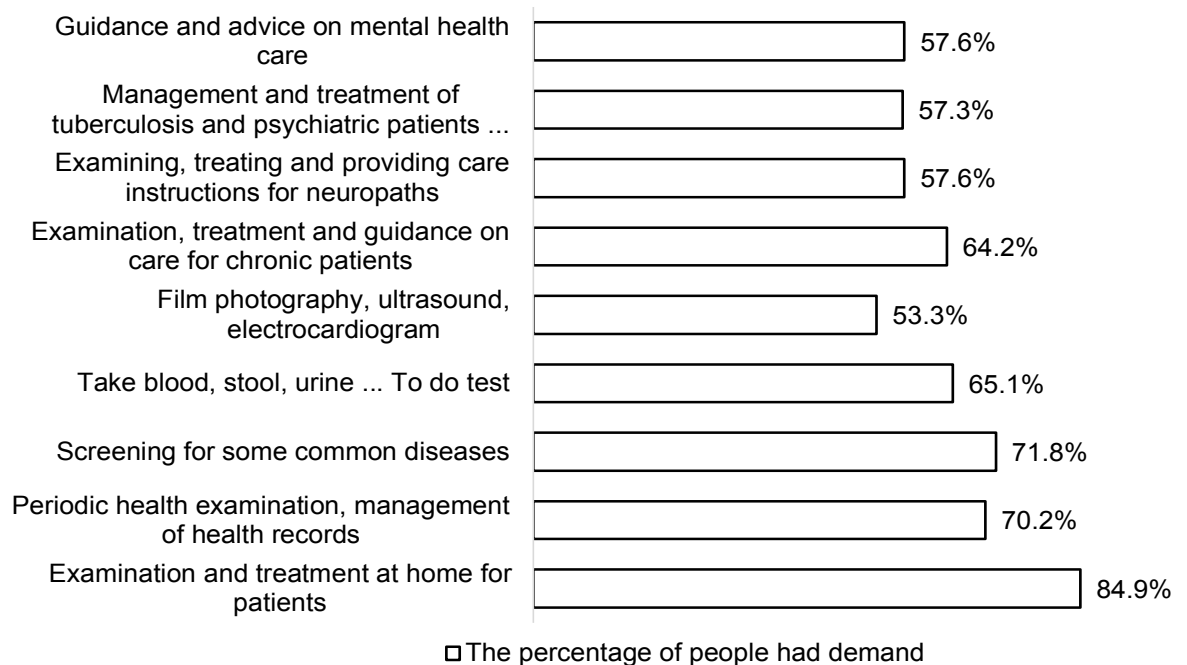

□ The percentage of people had demand

Figure 1. Responding to participation in services of management, medical examination and treatment, and health monitoring at home of the people

3.3. Demand for home care services which provided by nurses.

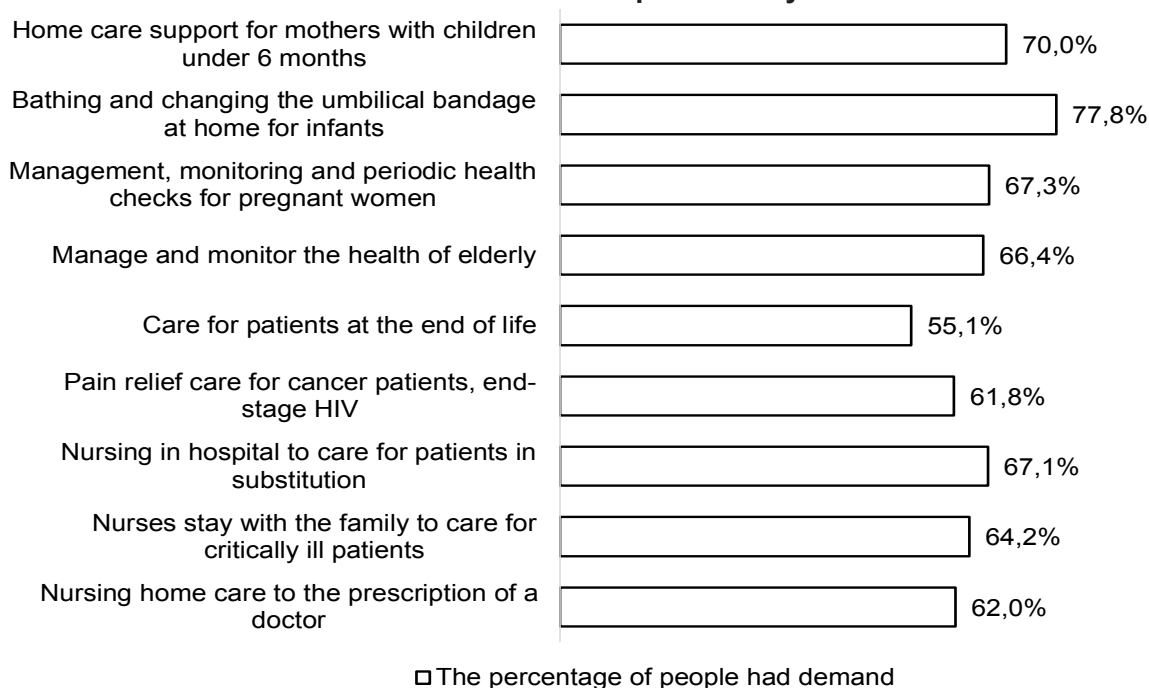|	
Home care support for mothers with children under 6 months	70,0%
Bathing and changing the umbilical bandage at home for infants	77,8%
Management, monitoring and periodic health checks for pregnant women	67,3%
Manage and monitor the health of elderly	66,4%
Care for patients at the end of life	55,1%
Pain relief care for cancer patients, end-stage HIV	61,8%
Nursing in hospital to care for patients in substitution	67,1%
Nurses stay with the family to care for critically ill patients	64,2%
Nursing home care to the prescription of a doctor	62,0%

☐ The percentage of people had demand

Figure 2. Demand for home care services which provided by nurses

The figure 2. showed that more than two-third of subjects had demand for home care services which provided by nurses such as: bathing and changing the umbilical bandage at home for infants (77.80%), home care support for mothers with children under 6 months (70%), management, monitoring and periodic health checks for pregnant women (67.30%). Other services were responded by the people on average (over 60.0%). End-of-life patient care services had the lowest response rate (55.1%).

3.4. Demand of people for home care services of consuling, supporting and informating

The figure 3. indicated that the demand of people for home care services of counseling, supporting and informating in medical examination and treatment was below 70.0% such as: Consulting, providing information channels for drugs and functional foods (67.8), introducing a reputable doctor suitable for examination and treatment of patients (66.4%). The services with the lowest response were services of questioning, reading movies, reading test results, exploring functions, consulting ... from a distance (54.2%).
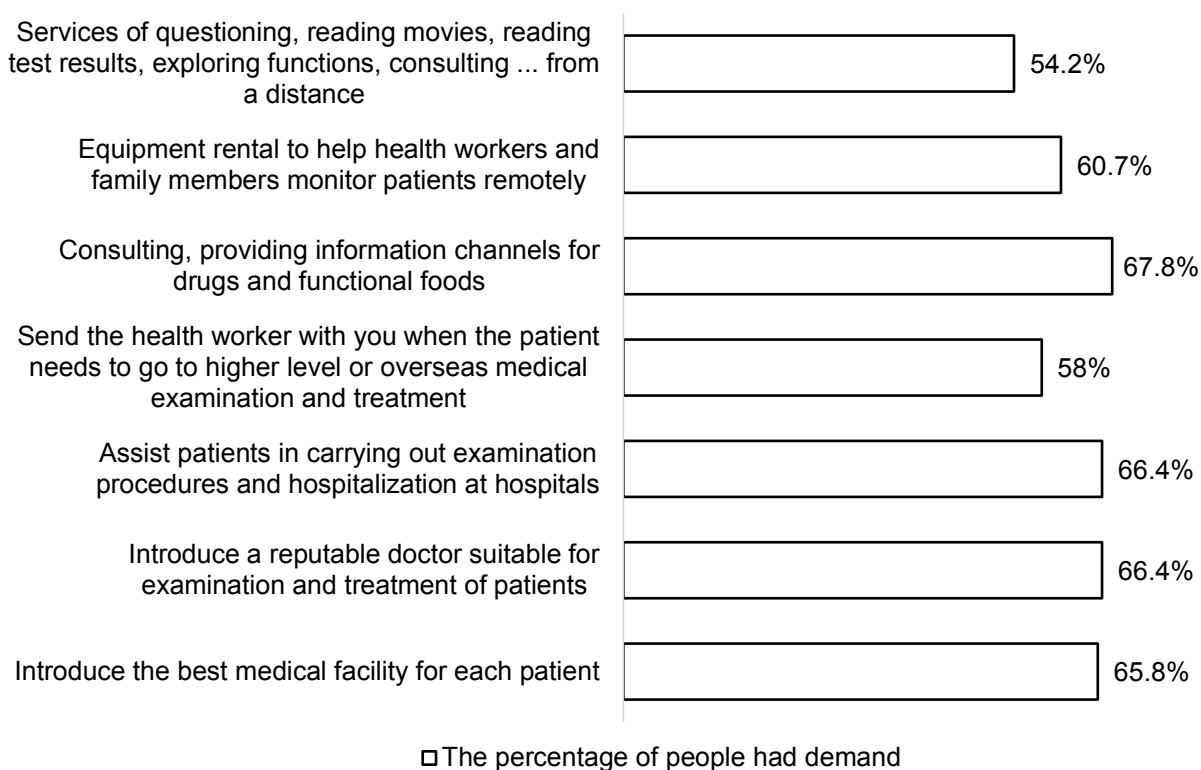
Services of questioning, reading movies, reading test results, exploring functions, consulting ... from a distance — 54.2%

Equipment rental to help health workers and family members monitor patients remotely — 60.7%

Consulting, providing information channels for drugs and functional foods — 67.8%

Send the health worker with you when the patient needs to go to higher level or overseas medical examination and treatment — 58%

Assist patients in carrying out examination procedures and hospitalization at hospitals — 66.4%

Introduce a reputable doctor suitable for examination and treatment of patients — 66.4%

Introduce the best medical facility for each patient — 65.8%

□ The percentage of people had demand

Figure 3. Demand of people for home care services of consuling, supporting and informating

4. DISCUSSION

4.1. Demand of people for services of examining, treating and health monitoring at home.

Demand of people for services of examining, treating and health monitoring by doctors at home for emergency patients were highest rate. The findings are higher than the study was collected data from people in urban areas at Me Tri ward, Nam Tu Liem, Hanoi in 2018 by Do Manh Hung (57.9%) [5]. This can be explained that in Hanoi, this service is no longer new to the people of Hanoi, since private health services have provided these services very early. Meanwhile, in Ha Long, there is no private clinic providing this service.

Activities related to periodic examinations and screening for early common disesses were also concerned. People more and more take the initiative in monitoring their health, not waiting until have symptoms of disease before going to the doctor as before. Instead, they want to be managed, monitored, periodically health checks, screened to detect some dangerous diseases early.

Take blood, stool, urine ... to do test at home were also responded with a fairly high rate (65.1%). Compared to the study in the Tay Ho district in Hanoi, 83.2% of people have ever used ultrasound services, taking samples test at home, our study shows a much lower response [6]. This can be explained by all subjects of the study in Tay Ho who are the elderly (> 60 years old) or the guardian of the elderly who should go to health facilities to perform diagnostic tests is relatively difficult. In addition, home

scans, electrocardiography or ultrasound are often performed by technicians whose paraclinical tests require review, reading of results as well as consultation on the direction of the doctor. Therefore, when these services are implemented in the community, it is necessary to attach the coverage of the doctor when reading test results and consulting the direction of management, to meet the needs of the people when using these services.

The service of organization and management, sending doctors to examine, treat, provide care instructions for chronic patients is also quite high response (64.2%), similar to the results in the study of Do Manh Hung (62.6%) [5].

4.2. Demand for home care services which provided by nurses.

Among the home care services provided by nurses, bathing and changing the umbilical bandage at home for infants was responded by the people of Ha Long city with the highest rate (77.8%). The result of our research is equivalent to the study of Do Manh Hung (78.5%) [5]. This is one of the services that needs to be provided in home care services, requiring home health centers to train well-trained nurses and midwives to meet the high demand of people.

For other services such as nursing home care to the prescription of a doctor, pain relief care for cancer patients, end-stage HIV compared to Do Manh Hung's research, The response rate in our study is lower. In addition, services for managing and monitoring the health of the elderly, nurses stay with family to care for critically ill patients, hospital nursing to care for patients who replace their family members compared to the study of Do Manh Hung is higher [5]. This can be explained because in our study, the study subjects with more than two-thirds of the study subjects aged

40 and over, are the age group that can experience many health problems related to chronic diseases, but in Do Manh Hung's study the opposite, more than 2/3 of the study subjects are under 40 years old [5].

4.3. Demand of people for home care services of consuling, supporting and informating.

For demand of people for home care services of consuling, supporting and informating, Consulting, providing information channels for drugs and functional foods had highest rate (67.8%). In the era of information explosion, the lack of basic information for health care will lead to the incorrect choice of drugs or functional foods, causing a lot of economic and health damage. The consultation on choosing the right and quality drugs and functional foods to treat diseases and improve health, although not direct health care activities, has a significant impact on people's health. So that, it is feasible to implement these services.

Services of questioning, reading movies, reading test results, exploring functions, consulting ... from a distance had the lowest response rate (54.2%). Other studies have also shown that the response to this service is also quite low [5]. Although telemedicine can help people access to specialist doctors, at the same time it can save travel and accommodation costs. However, the service is quite new in Viet Nam, there are many reasons why people are hesitant when deciding to participate in this service.

5. CONCLUSION

Some home care services are highly demand such as: services are examination and treatment at home for patients (84.9%), bathing and changing the umbilical bandage at home for infants (77.8%), home care support for mothers with children under 6 months (70%).

Some home care services are low demand such as: Film photography, ultrasound, electrocardiogram (53.3%), care for patients at the end of life (55.1%), services of questioning, reading film, reading test results, exploring functions, consulting from a distance (54.2%).

6. RECOMMENDATION

The health care providers in Ha Long city and Quang Ninh province should have a plan to prepare a team of family doctors, community nurses, caregivers with appropriate expertise and practical skills to be ready for home care services.

A further study with large scale should be conducted in different areas to examine the demand of home care services of people in Viet Nam, then the model can be deployed synchronously throughout of the country.

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