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# THE ROLE OF HOSPITALS IN MEETING THE DEMANDS OF AN AGING POPULATION: MANAGEMENT POLICIES

## Report on a WHO Working Group

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## Note

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# Introduction

The Working Group on the Role of Hospitals in Meeting the Demands of an Aging Population: Management Policies met in Padua, Italy on 26-30 March 1990. The meeting was convened by the WHO Regional Office for Europe in collaboration with the local health authorities in Padua (Sovrintendenza sanitaria, Ospedale di Padova).

Professor Luigi Diana, Director of Local Health Unit No. 29 of the Veneto Region, welcomed participants. Dr Johannes Vang opened the meeting on behalf of the WHO Regional Office for Europe.

The role and function of the hospitals of the future is destined to change. Demographic evolution and developments in technology are among the major factors which will bring this about. These factors will have economic consequences and will provoke changes in organizational patterns as well as in personnel development and the directions of research.

The purpose of the meeting was to shed light on the consequences of demographic changes both for hospitals and in terms of the availability of personnel. In this context the Working Group was to consider the need for:

- organizational changes;
- changes in the personnel structure; and
- changes in the demand for skills and knowledge among all personnel groups.

The Group also considered ways of integrating different levels of care, methods of controlling the quality of care and the role of hospitals in health promotion.

The participants focused on identifying trends in demand and in the provision of health care. They discussed issues rather than trying to find solutions. A broad ecological perspective on health was adopted.

# Health services and the aging population

Demographic trends show an increase in the number of elderly people and in their longevity. The absolute and relative increases in the growth of the elderly population will continue to be a feature of the coming decades. As a consequence, the demand for health services by older people is growing and will continue to do so, particularly amongst the oldest age groups (people over 75).

Due to a number of interrelated factors (developments in technology, shorter acute stays, more outpatient care and so on), the costs associated with the increasing consumption of health services by the elderly, while still significant, have been lower than predicted. Furthermore, it is estimated that annual per capita increases in health spending for the years 1980-2030 needed to keep up with demographic change will be modest in the developed world. For countries such as Ireland, Italy, and the United Kingdom estimated per capita increase in income is less than 0.3%. A per capita increase of between 0.3% and 0.5% is predicted for Denmark, New Zealand and the United States, while for Canada, Finland and Japan the increase predicted is just over 0.5%. The impact of technological and sociocultural changes on such estimates is more difficult to assess, yet their influence on the supply and demand for health services is considerable.

In the planning of services for the elderly, their needs and preference should take priority. It is generally acknowledged in relation to health care that the elderly prefer to remain in their communities for as long as possible and usually tend to do so, given adequate support. Accordingly, it should be a priority for health care services to prolong and support old people's independence, and facilities should be integrated into the community.

The Group recognized that changes are needed in the role and configuration of services for the elderly. Far greater cooperation between the health and social services is also required. In particular there is a need to coordinate the activities of the different sectors (e.g. primary health care, social services, community care, hospital care) in order to provide continuity of care. In this context, the provision of post-discharge care is an area needing particular attention. The new developments require changes in the roles and responsibilities of health care personnel and give rise to demands for new knowledge and skills.

The participants stressed the role of social networks in supporting the health and wellbeing of the elderly and discussed the difficulties of maintaining effective social networks in the face of the changing demographic and sociocultural realities. Declining fertility, increased mobility and the changing role and status of women have resulted in an increase in the number of people, particularly old people, living in small households or alone and have generally reduced kinship and social networks. (Of course there are considerable differences between countries and within regions in countries in this respect.)

The traditional roles of health care institutions and personnel will need to change to accommodate these new demographic and sociocultural conditions. A range of services should be developed to deliver health care to the elderly in their communities and a range of facilities is also needed to cater to old people with varying levels of functional ability.

Independence could be prolonged by a range of initiatives based on broad intersectoral activity. In particular the planning and design of barrier-free and supportive environments can play an important role not only in prolonging independence for the elderly but also

in improving the quality of life for the general population.

Measures which strengthen social networks are very important as part of the development of an adequate health care service responsive to the elderly's needs. Research is needed to find effective ways of planning, financing and organizing such services. The elderly are an important resource and the Group felt that the development of horizontal support services should be given particular attention.

The lack of basic data regarding morbidity among the elderly inhibits the effective planning of services. The need to develop reliable data-capturing techniques throughout the health care system - but particularly at primary level - was stressed. It was felt that such data should allow for cross-cultural comparisons to maximize the opportunities for mutual learning from experience. Developments in information technology and telecommunications can greatly facilitate this process.

## The changing face of nursing

Changes in society generally and in the health services in particular are echoed in the nursing profession and pose the following challenges.

1. The declining population in the greater part of the developed world is resulting in nursing shortages which are likely to continue for the foreseeable future. A common short-term response to shortages is to recruit staff from less developed countries. These nurses are not likely to share the same cultural values as their patients, which will probably affect their working conditions and also the quality of care received by patients. These are matters which need to be addressed.

2. Demographic trends show an increase in the number of elderly people requiring health care. Generally speaking, when hospitalized old people require more technical and supportive nursing care than younger patients. In addition advances in medical treatment have given rise to greater specialization and high-tech treatments which further increase and broaden the demand for nursing services.

These developments coincide with the rationing of health service resources and place great stress and strain on the nursing profession. The Group felt that the role and status of nurses needed to be examined, that remuneration and career structures needed to be revised and that continuing education and training should be regarded as a priority.

Changes in organizational and personnel practices are particularly urgent in the context of developing a high-quality community care service for the elderly. A number of different models of nursing practice are being developed and evaluated in response to the developments outlined above (team nursing, "new" nursing, primary nursing, the nurse-practitioner, etc). Less qualified nursing associates also have an important role to play in responding to the health needs of the elderly.

## Quality of care and the aging population

There are many ways of defining quality of care. The various definitions emphasize different criteria (efficacy, efficiency, adequacy, acceptability, equity, accessibility, continuity and so on) and reflect the different values and priorities of those who formulate them. The Group felt that the patient's assessment of the quality of care is the most important and that

research is needed into the determinants and correlates of quality of care from the patient's perspective.

Quality of care encompasses far more than the quality of medical care. According to the ecological approach to health, quality of care involves a broad range of factors which affect the patient's quality of life.

The participants stressed the role of quality assurance programmes and quality circles in enhancing the quality of care and patients' quality of life. The establishment and implementation of these programmes is made much easier if a supportive institutional framework exists. The Group acknowledged that quality assurance in the community care context needs further development. Quality assurance programmes in relation to continuity of care for the elderly are particularly necessary.

## Health promotion and the role of the hospital

The Group next considered the hospital's role in health promotion, whose ultimate aim is improvement of the quality of life. Health education plays an important role in health promotion by encouraging the voluntary adoption of behaviour conducive to health.

Health promotion efforts are most effective when supported by organizational and environmental services and resources. Health promotion programmes also need to be targeted to those most in need, if they are not to waste resources and/or further increase inequalities in health. To target programmes effectively, research on morbidity and on public priorities is needed. It was felt that existing health promotion programmes tend to focus on the younger age groups and that health promotion for the elderly is underfinanced.

The hospital provides a unique context for instituting health promotion programmes but the opportunities have not been adequately exploited. Patients and their visitors tend to be a highly receptive group, yet they frequently pass through the hospital environment without being involved in health promotion initiatives. Health care workers also have an opportunity to promote health through their attitudes and behaviour and by acting as positive role models.

In addition there is scope for expanding health promotion possibilities by integrating the hospital with the community. Educational, social and recreational programmes involving the hospital reaching out to the community, and programmes which welcome the public into the hospital have a role to play here. Broadly based intersectoral initiatives are also important. Other opportunities for promoting health in the hospital context relate to food and nutrition policy and public information services.

The working and living environments in hospital buildings play a part in health promotion. Aspects of the physical environment which adversely affect the health and wellbeing of users need to be changed, while aspects which enhance health should be promoted as examples of the therapeutic role of the built environment. Research is needed to identify the therapeutic aspects of hospital buildings.

The location, architectural design and management of buildings should be appropriate if hospitals are to take part in health promotion. The proper accommodation and facilities need to be provided for activities, and in the case of new buildings the socio-spatial requirements need to be researched and included in the architect's brief. In existing hospital buildings, established requirements should be used by the facility manager to select and adapt accommodation for health-promoting activities.

# Conclusions and recommendations

1. The starting point in the planning of health services for the increasing population of elderly people should be their expressed needs and preferences. Since research indicates that the elderly prefer to remain in the community for as long as possible, the aim of care should be to maintain and support independent living.

2. Efficient and effective health planning for the elderly is hampered by lack of information on morbidity, lifestyle and social support networks. Effective data-capturing procedures need to be developed at all levels of care but particularly at the primary level. Advances in information technology and telecommunications can greatly facilitate this process. The comparability of data between countries should be a criterion when information systems are developed.

3. Member States and health authorities should develop planning mechanisms and policies which ensure greater collaboration within and between institutional and non-institutional providers of health and social services for the elderly.

4. The health-sustaining role of social networks should be more generously acknowledged and financed. Mechanisms need to be found to support these networks, taking into account changing demographic and social conditions. In particular the exploitation of the traditional caring services provided by women in society needs to be examined. Programmes which acknowledge the creative potential of the elderly and encourage horizontal support should be more actively encouraged.

5. The delivery and integration of services for the elderly in the community require changes in the role of

the hospital and place new demands on health and social service personnel. It is essential that adequate training be provided and that change be negotiated and not imposed.

6. Since in the majority of Member States demographic and social change will continue to give rise to a shortage of nursing staff (while simultaneously increasing the demand for nursing services), creative solutions are called for. Critical issues here are remuneration practices, working conditions, training and professional status. There is a need to continue developing and evaluating new organizational structures and models of nursing practice which can attract people to the profession and deliver a high standard of care.

7. Organizational support for quality assurance programmes should be encouraged as these programmes play an important role in maintaining and improving the quality of care. Research is needed on the determinants and correlates of quality of care from the consumer's perspective as a basis for quality assurance programmes.

8. The hospital provides a unique context for health promotion which to date has not been fully exploited, and more attention needs to be given to this. A health promotion officer should be appointed to each hospital. Liaison with the community and the encouragement of intersectoral initiatives would be important aspects of the hospital's role in health promotion.

9. The therapeutic possibilities of the physical environment of hospital buildings should be exploited. The consideration of users' socio-spatial needs in the planning, design and management of buildings, plays an important part in making environments healthy.

10. The location, architectural design and management of hospital buildings should be appropriate to the hospital's emerging role in health promotion. The proper accommodation and facilities need to be provided for health promotion activities and the socio-spatial requirements for such facilities need to be investigated.

# Annex 1

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