Consistency between preference and use of long-term care among caregivers of stroke survivors.

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Abstract

Effective arguments have been made for the importance of expanded attention to understanding how family preferences influence decisions to choose long-term care. The effects of preference on the utilization of long-term care deserve further research, especially on a longitudinal basis. The family members of 582 first-time stroke patients from the neurology departments of four teaching hospitals in Taiwan were categorized into two groups based on their attitudes toward type of long-term care, i.e., a preference for nursing home care (n1 = 324) or a preference for home care (n2 = 258). The consistency rate between preference and utilization of the type of long-term care was estimated by the division of number of families preferring one type of long-term care by the number of families actually utilizing the services preferred. Results indicated that the consistency rate for those with nursing home preference was 8.3% while the consistency rate for those with home care preference was 94.2%. Accessibility of nursing home facilities near family residences was significantly associated with whether those preferring nursing home services actually utilized them, and the odds ratio was 20.8. The family manpower available for caregiving at home was tremendously associated with whether families utilized home care when home care was preferred; the odds ratio was 33.3. The preference for the type of long-term care was a strong predictor of the utilization when home care was preferred, yet not when a nursing home was preferred. The low consistency between preference and utilization for nursing homes preferred is due to the low accessibility of nursing home facilities in Taiwan. How to provide sufficient support to families for caregiving at home, and how to deal with the barrier of accessibility to nursing home services should be two major concerns for those who are planning and operating the long-term care system and for those trying to design institutional services and noninstitutional services as alternatives.