

Evidence of Care of the Aged in Ghana -A Scoping Review Protocol

Irene Korkoi Aboh* Ph.D. (Nursing), RN1, Akon Emmanuel Ndiok Ph.D. (Nursing), RN2, Busisiwe P. Ncama:Ph.D., RN³

1Department of Health Science Education, University of Cape Coast, Cape Coast- Ghana

2Department of Nursing and Midwifery, University of Calabar, Calabar, Nigeria

3College of Health Science and Education, University of KwaZulu-Natal, Durban, South Africa

Abstract - There is the perception that the world's population is fast aging, with deteriorating health status of the older populations and neglect of the sub-Saharan Africa region. It has therefore become a bit difficult for families with little resources to look after their own in ranges where the elderly did not adequately prepare well.

A. Methods and Analysis: The strategy for this review will be done by in-depth search of electronic databases such as CINAHL, PubMed, EBSCO (PsycINFO), and Google scholar. Eligible studies acknowledged will be categorized in age, the number of participants, geographical dispensation, setting, method of care delivery, client outcomes, and authors' discussions and conclusions. Three reviewers will work on this project. The review will be done in three stages: stage one will map out studies by focus and methodology; stage two will be limiting the search to year range, and it also will involve the use of inclusion and exclusion criteria for data search by two of the three reviewers independently. The third reviewer will assess the convergence of data search and analysis between the two independent reviewers for discrepancies to be resolved through discussion and mediation. Stage three will be a thematic analysis of the data with the relevant extracted outcomes.

B. Discussion: It is anticipated that some studies will be found on the care of the aged by caretakers of all categories. The data that will be extracted is expected to provide evidence of what care is given to the aged in their homes and the gaps that may exist to directly stimulate future primary research in aged care. The protocol has been registered on PROSPERO with registration number CDR42016049096.

C. Dissemination: The study will be shared through electronic and print media at relevant workshops, conferences, and in the academic circles where issues in caring for the aged is concerned. The results will also be published in peer-reviewed journals as well.

Keywords - Assisted care, Cape Coast, Ghana, policy, preparation, traditional care.

I. INTRODUCTION

Health care institutions are confronted with the problem of improving the health of the populaces, meeting their well-being and community needs, especially those of vulnerable sets, guaranteeing the quality of care and equity while reaching to be cost-effective [1]. The World Health Report 2000 revealed the pointers for assessing the execution of health care institutions. The demographic evolution has touched on both developed and developing countries with an upsurge of the population of people 65 years and above [1]. This demographic change is linked to an epidemiologic evolution, resulting in the heightening of chronic disease and its significance and for different reasons. Aged care is the giving of attention to the needs and necessities that are peculiar to senior members. Assisted care comprise services such as assisted living, adult day care, long-term care, nursing homes, hospice care, and home care [2]. Globally the care for the aged is found to be wide because of different cultural perspectives. However, care is limited to any one practice, with assisted living as a symptom and a catalyst of these changes [3]. The word aged means adults who have reached the age of 60 or 65 years and above; the United Nations prefers the use of 60 years to refer to these groups. In advanced countries where life expectancy is high, and retirement age from active public economic activity is 65 years [4], the aged is defined as persons aged 65 years and above [5]. In geographical zones where life expectancy is lower, and the age of retirement is 60 years, the aged are considered as persons with age 60 years and above [6].

Aging process appraisals by measuring clinical and functional variables have been done, and the comprehension is that the aged have a view of what institutes and adds to their health [7]. These assessments concentrated on different cases to bring out features that best single out issues on healthy aging [7]. To these people, well-being means *doing something significant*, which is made up of four components:—something worthwhile to do, the balance between abilities

and challenges, appropriate external resources, and personal attitudinal characteristics (e.g., positive attitude vs. poor me) [8].

Assisted living is an important element of long-term care in the United States [3]. The health care workers, researchers, and policymakers from both government and private entrepreneurs analyze the community forces that are overwhelmingly altering how care and housing are presented to the aged who Need personal aid [3]. Zimmerman and Sloane maintained that evaluating the present state of assisted living care and the issues determining its future existence showed an inclusive input of how —customer demand, government guideline, design philosophies, operation, and care approaches, and market forces are shifting what it means [9]. Other funders assessed how the private entrepreneurs or stakeholders such as aged customers, families and other caregivers, proprietors and operators of assisted living residences, specialized establishments, technology innovators, and private investors—will influence the future of assisted living [10]. Others also concentrated on how the multifaceted layers of federal, state, and local governments will bear upon the accessibility and functional fashions of assisted living homes [11].

Care for the aged is not seen as a priority area in most African countries and will soon be a pressing issue because dealing with multiple co-morbidities and diseases of the aged is already a significant drain on resources [12]. In Nigeria, Government does not provide social security to the elderly, and the supports from the family are fading out. Therefore, their well-being is compromised [13]. The health needs of the aged require a lot of skilled attendance in all areas of the healthcare system. The work of Happel & Brooker (2001) reiterated the need for skilled assessment, case management, access to an acute hospital, rehabilitation, and community care for the aged. Most health personnel in hospitals overlook the healthcare needs of the aged [15, 16]. The main purpose of the study protocol is to explore the evidence of care in literature for the aged in Ghana

A. Objectives of the Review

1. To assess the evidence of care given to the aged in the community
2. To explore the evidence of how community members prepare for aging,
3. To explore the evidence of existing gaps from kinds of literature, the current system of care for the aged in Ghana

B. Research Questions

1. What is the evidence of care given to the aged in the community?
2. What is evidence that community members prepare for aging?

3. What are the existing gaps from kinds of literature on the current system of care for the aged in Ghana?

II. ELIGIBILITY OF RESEARCH

A. Materials and Methods

This review has been registered and published in the PROSPERO international prospective register of scoping reviews. It is registered under the following number: - CDR42016049096

B. Study Selection

In this review, peer-review studies and grey literature (unpublished articles and communications) that are relevant to the search will be used. An electronic search of the database of all studies with various study designs will be included. Experts in gerontology input will be sought. The following areas will be used;

- a) Evidence published articles in the English Language
- b) A literature search of peer-reviewed studies and grey literature
- c) An electronic search for various research designs.
- d) The following electronic databases: science direct, Medline, PubMed, PsycINFO (EBSCO), and Google scholar will be used.
- e) The journal search will include studies from the sub-Saharan African countries
- f) Search will target studies on caring for the aged and geriatrics caring programs relating to Sub-Saharan African countries.
- g) Literature or articles published between January 1985 to December 2016,
- h) Articles including peer-reviewed journal articles

Table I: A PICOS framework for determination of the eligibility of the review question

CRITERIA	DETERMINANTS
Population	The population of the study will be the aged who are frail, vulnerable and dependent on their children, relatives and significant others for Survival.
Interventions	Caring taking into consideration the most pertinent activities of daily living such as maintenance of personal hygiene, good nutrition and housekeeping for the survival of the aged in the communities.
Comparisons	None
Outcomes	Contented care rendered to an aged

Study settings	This scoping review will be centered on Sub-Saharan Africa studies and literature that focus on how caring is done for the aged citizens in this geographical area in the traditional homes. The review will be done to satisfy the people of Ghana because their culture and beliefs are quite sensitive on caring for the aged population. Another reason for extending the engine search beyond Ghana is due to the lack of literature on aged care as one of the prominent specialties in the nursing practice.
-----------------------	---

C. Inclusion Criteria

- Reviews in the English Language on the care of the aged only.
- The duration of the search will be from January 1985 to December 2016.
- Global studies are reporting on aged care and related issues, including Ghana.
- Government data such as policies, strategies, and guidelines will be used.
- Conference reports, thesis, published and unpublished dissertations, commentaries, personal communications, and letters to the editor on the aged care by caretakers and nurses in all spheres of life will be included.
- Study designs relating to the world view on aged care, including Ghana, will also be included.

D. Exclusion Criteria:

- Studies published and conducted before December 1984 will be excluded.
- Studies that are not in the English language and/or have no translation in English.
- Studies with no bearing on aged care.
- Literature on aged living in institutions will be excluded.

E. Data Extraction

The team will review both published and unpublished studies in a wide-ranging scope to extract information that fits into the study. Data specific to traditional care, clinical practice, and further research on aged care by nurses and caretakers in the communities in the specified geographical location of the study will be extracted. The researchers will take into consideration questions like ‘what is the evidence that the aged prepared for their old age, what are the strengths and weaknesses of the evidence of existing of care rendered at home’. This information extracted from each included study using the analytical synthesis approach by the research team will take the following steps:

Develop the data charting form with the variables of interest.

- Develop the data charting form with the variables of interest.
- Concurrent update of data on the charting form.
- The team members will extract the data independently using a time frame of 7 days to ascertain consistency in data extracted to answer the research questions.
- Thereafter data will be analyzed independently by these two reviewers.

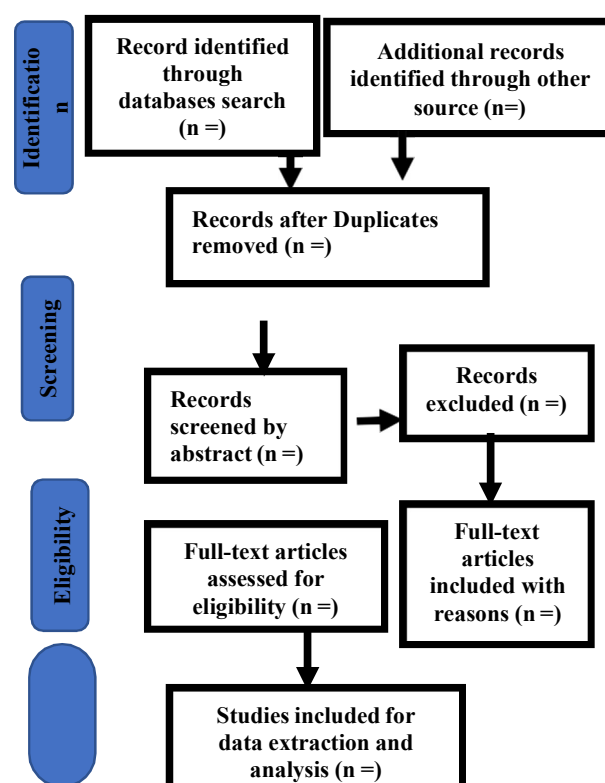


Figure 1: A PRISMA flow chart showing phases of the literature search for the review

- The third reviewer will check pertinent data agreements.
- Data analysis will be checked for consistency and convergence.
- Qualitative analysis (Thematic) will be carried out by the team.

The next step will involve coding of studies done on the care of the aged by caretakers and nurses independently to find evidence of themes on their care. It will also help in finding out if the inclusion of aged care in assisted living will result in improvement in the care of the aged and changing attitudes of the people towards them in Ghana. After the

completion of the independent coding, the research team will meet to synthesize the results and themes linking them to the objectives of the review.

F. Key Word Search

The search will be done using the format Table 2 Keywords in the form of a phrase, including

Boolean's AND OR terms will be used since the process will be iterated and documented during the analysis and write-up. Elderly care AND/OR aged care; AND policy; practice OR clinical practice OR assisted living; AND Cape Coast Metropolitan area OR Ghana AND/OR Sub Saharan Africa, AND caretakers OR caregivers OR Traditional care AND/OR Homecare will be used.

Members of the search team will keep a record of all publications searched, the date and number of publications retrieved during the data search using Table II.

Table II: Electronic Search Format

Table 2: Electronic Search Records			
Date	Keyword searched	Searched engine used	Number of publications retrieved

G. Collating, summarising and communicating results

The main aim of this review is to look for evidence of caring for the aged and present this data as exciting facts on the topic under study. The research team will meet to carry out a thematic analysis of the data collected and provide an overview of all data collected. This process will include the following steps the bibliography details, study designs, number of participants, study setting, and finding sources of all included studies, communicate, conference materials, and unpublished dissertations. The next step will be coding the results of the evidence of care given to the aged in the community, how community members prepare towards their aging, and evidence of existing gaps from kinds of literature and the current system of care for the aged in Ghana independently by all authors. When all studies that met our specified inclusion criteria have been explored and coded, the respective authors will come together and interrogate the resultant themes; critically look at their convergent to the set research questions.

III. DISCUSSION/CONCLUSION

The scoping review results on the care of the aged will aid in identifying the gaps in actual need and felt needs of the care to be rendered to support the aged in Ghana. The findings from the review will also generate knowledge on elderly care and provide evidence on how the aged are being cared for in the selected geographical area, which in the long term will enhance the education, clinical practice, and research.

It will also help in identifying the gaps in the literature and the research data on the care of the aged by caretakers and professional nurses in the Ghanaian contextual framework.

The gaps identified will help Outline areas for developing a model for the Ghanaian community to support care and management of the growing aging population.

A. Strengths and Limitations of the study:

The literature review will be limited to studies published and unpublished documents in English. Studies in other languages that are translated into English and which are globally conducted are excluded. Current indications are that there is very limited published work on developing countries, especially on Ghana, relating to the care of the aged. This is a gap to be filled by future researchers and communications.

B. Acknowledgement

This protocol is supported by the research secretariat of the College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa, as a form of bursary given to all Ph.D. students. This gesture is greatly appreciated.

C. Contributors

IA and AN regarded, strategized, and organized the draft of the research proposal under the supervision of BN. IA and AN contributed to preparing the background and design content of the review, designing of the study- especially the methods and synthesis of data, as well as design of the setting and the data extraction processes. All authors reviewed the draft version of the manuscript and gave their consent.

D. Conflict of interest statement

The authors confirmed that they had no possible conflict of interest in this protocol.

E. Definition of key terms

a) Aged

Individual who is chronologically 60+ in years or age, with legibility for statutory and occupational retirement pensions and default by this definition.

b) Aged care

A caring system is rendered to the aged or individual in their own home environment in the community by a caregiver.

c) Assisted care

A system of housing and limited care is designed for senior citizens who need assistance with their day-to-day activities but are not sufficiently incapacitated to require care in a nursing home, and this care usually includes private quarters, meals, personal assistance, housekeeping aid, monitoring of medications.

d) Traditional care

A domiciliary care, social care, or in-home care is supportive care provided in the home. It also makes it possible for people to remain at home Rather than use residential, long- term, or institutional-based nursing care.

REFERENCES

- [1] H.Bergman, F. Béland, and Perrault A. The global challenge of understanding and meeting the needs of the frail older population. *Aging Clinical and Experimental Research*, 14(4) (2002) 223-225.
- [2] K.Kim, and R. Antonopoulos. Unpaid and Paid Care: The Effects of Child Care and Elder Care on the Standard of Living. *Levy Economics Institute*, (2011) www.levyinstitute.org/pubs/wp_691.pdf.
- [3] S.Zimmerman, A.L. Gruber-Baldini, P.G. Sloane, J.K.Eckert. et al. Assisted living and nursing homes: Apples and oranges? *The Gerontologist*. 43(2) (2003) 107-117.
- [4] UNFPA/HelpAge International. Aging in the Twenty-First Century: A Celebration and Challenge. Executive summary. United Nations Population Fund/HelpAge International (2012).[www.unfpa.org, www.helpage.org](http://www.unfpa.org/www.helpage.org).
- [5] Population Reference Bureau, World Population DataSheet, (2012). Access on October 2nd, 2016.
- [6] Ghana Statistical Service. Population and Housing Census.Summary Report of Final Results, (2012). Ghana Statistical Service, Accra 2010
- [7] Bryant LL, Corbett KK, Kutner JS. In their own words: a model of healthy aging. *Social Science & Medicine*, 53(7) (2001) 927-941.
- [8] D.C.Messecar. Older people perceived health as going and doing something meaningful. *Evid Based Nurs*, 5(3) (2002) 96. Accessed 13th February 2017.
- [9] S.Zimmerman and P.D. Sloane.—Definition and classification of Assisted Living. *The Gerontologist*, 47 (2007) 33-39.
- [10] L.F. Heumann, and D.P. Boldy. Aging in place with dignity: International solutions relating to the low-income and frail elderly. Westport, CT: Praeger, (1993).
- [11] K.J. Davis, P.D. Sloane, C.M. Mitchell, J. Preisser, L. Grant., and M.C. Hawes. Specialized dementia programs residential care settings. *The Gerontologist* 40 (2000) 32-42.
- [12] M.Mezey, M. Boltz, J. Esterson, E. Mitty. Evolving models of geriatric nursing care. *Geriatric Nursing* 26(1) (2005) 11-15.
- [13] S.A.Adebawale, O. Atte, O. Ayeni. Elderly Well-being in a Rural Community in North Central Nigeria, sub-Saharan Africa, *Public Health Research*. 2(4) (2012) 92-101.
- [14] B.Happell, J. Brooker. Who will look after my grandmother? Attitudes of student nurses toward the care of older adults. *Journal of Gerontological Nursing*, 27(12) (2001) 12-17.
- [15] B.Collins., The Dilemma of Ageing in Ghana, Lifestyle, Modern Ghana. Accessed 2005:25.19.7.2016. (2005). <http://www.modernghana.com/news/2/91059/1/the-dilemma-of-ageing-in-ghana.html>
- [16] B.I.L.K.I.S.H.Cassim. Aging and health-challenges and opportunities, *Continuing Medical Education*, 25(9) (2007) 14.