PERCEPTIONS OF HEALTHCARE SERVICES AND PREFERENCE OF FACTORS RELATED TO CARE PLANNING AMONG ACTIVE OLDER PERSONS

INTRODUCTION: The care-planning process offers people involvement in how their care will be managed. It is intended to be a process of collaboration supported by the principles of person-centredness, partnership and empowerment. According to Swedish legislation, coordinated individual planning must occur for patients transferring to another level of care or when an individual, living in their own home, has the need of efforts from different welfare actors. Awareness of older peoples’ preferences regarding different factors related to the care-planning process may generate knowledge that can facilitate bridging the gaps between care recipients’ preferences and caregivers’ decisions during the care-planning process. The aim of the study was to explore active older persons’ perceptions of healthcare services and preferences of factors related to care planning.

METHODS: A qualitative interpretive description framework was chosen. Five focus-group were conducted with 40 members, aged between 70 to 88 years, from six different organizations and associations. Participants represent the growing older population in society that remains active for many years after retirement. The general principles of interpretative descriptions were used in the analysis.

RESULTS: Participants thought that many organizational changes had not improved healthcare services. They wanted more flexibility regarding decisions. Personal freedom and making choices independently were momentous. Participants worried about the lack of continuity and perceived that no one assumed overall responsibility. Overall, participants cared more about the quality of the interactions with personnel than about how services were organized. The majority were not aware of the development of a coordinated individual plan. A new service of being able to access the coordinated individual plan on the Internet is offered. A majority of the participants did not have Internet access. They did not resist the new technology but stressed the importance of not excluding anyone.

DISCUSSIONS: Older persons want their views and preferences to be taken into consideration. They want to be engaged in the decision-making process. Older people’s lives have become more individualized with the rest of society. This requires healthcare service solutions that include different options.

CONCLUSIONS: Older persons’ want to be active partners in healthcare and social services. They value a personal relation with the professional actor and more personalized and flexible services.
Lessons learned: Older persons value their independency and want to remain active and maintain functioning. Views of older people must be considered on different levels, from planning healthcare and social services to individualized care-planning processes.

Limitations: It is important to remember that older people are not a homogeneous group. The participants in this study are active in society and chose to participate. Majority of them had no previous experiences of the coordinated individual planning however, they can still have other experiences of healthcare and social services that influence their preferences, and made them participate in the study. Their views do not necessarily correspond with older persons’ views in general.

Suggestions for future research: More knowledge is needed about how individuals and their relatives experiences the Coordinated individual planning process.

Keywords: care-planning process; person-centredness; partnership; empowerment