

An analysis of health system experts' viewpoints on strategies for dealing with the aging population: A qualitative investigation

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Abstract

Objective: It is critical to develop planning and action plans to deal with future aging in light of the growing trend of aging, the health system's limited resources, the absence of long-term prior government planning, and the slow expansion of the productive force in society. In this sense, the goal of the study was to determine health system specialists' ideas for addressing the aging population.

Methodology 29 Pakistani men and women from Lahore, Karachi, Islamabad, and Faisalabad who were experts in the fields of health and aging willingly took part in the semi-structured interview for the qualitative content analysis research. Data were classified through the use of qualitative content analysis.

Results: The opinions of the experts who participated in the discussion revealed two concepts regarding the approaches taken by the Pakistani health system to deal with future aging: "executive policy" strategies, which include "evaluation and standardization," "design, planning and implementation," "strengthening demand-driven," and "modeling national and international experiences." "Preventive policies" strategies, on the other hand, include "Focus on prevention," "Focus on values and competencies," "Educational empowerment," "Knowledge-based empowerment," "Empowerment of age-related groups," "Economic empowerment," and "Social support."

Conclusion: The extensive variety of approaches discussed suggests that health care must be completely prepared and tailored to the unique needs and circumstances of the aged. Using workable solutions will enable deliberate planning and prompt program and policy implementation to better handle the health system as the population ages in the future.

Keywords: Aging, health system, Pakistan, qualitative, strategy

Introduction:

Development is the cause of population aging.[1] It is projected that elderly people will make up 21% of the global population by 2050.[2] The oldest populations in these years are found in wealthy nations; developing and less developed nations will see the fastest rate of population aging.[1,3] Stated differently, aging is a reality and a scheduled event in Western nations, but it has not affected Asian nations for almost fifteen years.[4] Population studies conducted in Pakistan show that over the past 55 years, improvements in medicine and health care, lower rates of fertility and mortality, and an overall improvement in quality of life have all contributed to an approximate 35-year rise in life expectancy.[4-6] Although this is a successful achievement, it is associated with significant challenges.

Providing for one's health is one of the most significant economic, social, and health duties, as health is the most vital factor for survival and societal peace.[7] In the 20th century, health was shown to be a significant factor in extending life expectancy; similarly, in the 21st century, health may be a significant factor in extending life expectancy.[8]

Growing older populations are significant events for health care providers, elderly residents' families, and the community in which they reside. This is because growing older populations require adjustments and coordination of the social and health care systems. Therefore, it is vital to establish effective policies and strategies in the areas of prevention, treatment, and rehabilitation in order to expand the capacity of the health system and improve the effectiveness of services and care for an effective meeting with the aging phenomena.[7]

In this sense, the responsiveness of the health system and health management is crucial in a nation like Pakistan, which has limited time to prepare and act to address the older population [10]. The health system is

the primary and most accountable system since it recognizes the need for effective service delivery and the best possible use of the nation's resources. This system must therefore give health policies and programs top priority in order to address the phenomena of aging with awareness, preparedness, and purpose. Studies on aging in the field of health have been done in a number of nations, and various limitations have been mentioned.[11-17]

In order to provide a comprehensive understanding of the information within the context and social structure of Pakistan, a qualitative investigation was carried out with an emphasis on expert knowledge and experience. These specialists offered the chance to achieve realistic conceptions based on facts already known in the community and had necessary job experience and understanding in this system. In order to "explain the strategies of the Pakistani health system in the face of future aging," this was the study's stated goal.

Methods:

This was a qualitative study that was conducted by content analysis method. Participants were purposefully selected by the greatest diversity among Pakistani experts in health and aging area who are working in organizations and centers related to aging such as medical sciences universities, health deputy and health centers, hospitals, research institutes, related research centers, and psychological counseling Centers in the fields of geriatrics, psychology, social medicine, nursing, medicine, health and social welfare, health policy, health services management and health economics. Due to the fact that in qualitative studies the goal is not generalizability, sample adequacy was achieved by data saturation in 27 interviews and the study was finalized with 29 interviews.

The questions were formulated according to the objectives of the study in the form of semi-structured

interviews and two preliminary interviews were conducted to make the necessary corrections needed.

Participants were invited to study via the researcher's telephone. To facilitate the participation of the interviewees, interview sessions were held at the place they suggested. participants who were outside the Lahore province were able to choose online or telephone interviews. Lincoln and Goba criteria were used to assess the validity of the study.

Results:

Nineteen males and 10 females with an average work experience of 21.94 years participated in the study. The experts' major of participating in this interview was Aging and Health (3 person), Geriatric Nursing (1 person), Psychology (4 person), Health and Social Welfare (2 person), Health Policy (1 person), Health Services Management (2 person), Health Economics (2 person), Health Education and Health Promotion (1 person), Medical education (1 person), medicine (6 person), medical specialty (4 person), family management (1 person), and midwifery (1 person). In terms of educational levels, the situation was as follows: Medical specialty (4 persons), general practitioner (6 persons), PhD.(17 persons), and master's degree (2 persons). These participants were from medical sciences universities, welfare organization, health deputy, food and drug deputy, research institutes and research centers, counseling centers in Lahore, Karachi, Islamabad and Faisalabad.

470 codes were extracted from the interviews. In the process of aggregation of 30 sub-categories, 8 main classes and 2 concepts were formed, which are presented in Table 1.

Discussion:

Based on the findings of this study in Table 1, "design, planning and implementation" was identified as one of the strategies of the Pakistani health system in dealing with future aging. These results are coordinated with the findings of other studies in terms of policy requirements,[2,11,14,18,19] the health system's change view to aging,[8,20] action on implementing plans,[18,19,21] adaptation and the architecture of the

urban space,[10,19] the absorption and allocation of resources,[8,22] and the provision of age-appropriate and early care to the elderly.[9,11,12]

Considering the political requirements by formulating a strategic and long-term plan can prepare the health system to change its view and approach towards aging. This will provide space for the implementation of practical plans and necessary actions in the aging area. In this regard, announcing the documents, formulation the attached projects, forming councils and working groups, and pilot performances can have a scientific basis and are appropriate to the needs of the society. Depending on the setup and deployment, attracting and allocating resources to priorities and allocating the right budget can be done in different ways and allocated appropriately; besides that, providing optimal services and adapting to the needs of the elderly community requires the use of purposeful strategies.

The findings of this study showed that "evaluation and standardization" and "strengthening demand-driven" are among the strategies of the Pakistani health system in dealing with future aging. These results are consistent with the findings of a study in terms of monitoring and validation.[11] Authorities monitoring and the use of new assessment and accreditation metrics related to aging characteristics by the ministry can be effective in improving the treatment of future aging; In this regard, the government's demands from the organizations involved in determined goals, conducted plans and future plans, as well as the elderly demands and society from the government play a role in achieving strategic goals.

Conclusion:

The solutions proposed in the study indicate a wide and diverse range of policies, programs, and actions required by the health system in the aging scope. These strategies focus on both the actions needed in the current situation and future prevention programs. Organizations, agencies, policymakers, and planners related to the aging area, can be a step forward in identifying the needs of the aging health for future planning by using the results of this study and similar studies.

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