Leading Article

Status of long term care in Saudi Arabia

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ABSTRACT

Due to socio-cultural reasons, Saudis care for their elderly at home longer than those in western societies until it becomes very difficult or impossible to care for them. As a result, there are no long-term care facilities in Saudi Arabia. An estimated 9,041 of the elderly in the capital city of Riyadh, with a population of over 2 million, are dependent on others, mainly family and acute care hospitals for activities of daily living. Current population data suggest that the proportion of those 65 years and over needing institutionalization is 2.5%. Therefore, long term care or assisted living facilities to care for 1,891 elderly people in Riyadh are urgently needed. This paper examined the results of a market analysis and attitude survey of relatives of elderly, long-stay patients in acute-care hospitals in Riyadh to determine the feasibility of establishing long term care centers.

Keywords: Acute-care, long term institutionalize religious socio-cultural.

be adapted to the Saudi culture. (d) 81% would prefer a nursing home attached to a hospital.

As in Dr. Umeh’s survey, all the respondents agreed that sending one’s relation to a nursing home would attract disrespect from peers and colleagues.

Since institutionalization, as a means of providing long-term care to the elderly, has not existed in Saudi Arabia, how did Saudis come to have a negative attitude towards the idea? The answer is that it is commonly believed that in the western industrialized countries nursing homes are merely a convenient “dumping ground” because the frail elderly are seen as a burden. To counter this attitude, the Saudi government needs to demonstrate that nursing homes are compatible with the teachings of Islam, and if established they would respect all religious and cultural norms. This is essential if nursing homes are to become viable.

Table 1 - The population of Riyadh

<table>
<thead>
<tr>
<th>Population of Riyadh</th>
<th>2,292,928</th>
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<tbody>
<tr>
<td>Population 65+</td>
<td>3.3%</td>
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<tr>
<td>Population 75+</td>
<td>.8%</td>
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<tr>
<td>Population 65-75</td>
<td>2.5%</td>
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<td>Limitation on ADL</td>
<td>20% of 75+</td>
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<tr>
<td>Limitation on ADL</td>
<td>10% of 65-74</td>
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ADL - Activities of daily living

major predictor of nursing home need. Chronic illness, the inability to prepare meals, and the activities of daily living for those over age 65 and prevent 20% from carrying out basic activities of daily living.

A conservative estimate of the proportion of the Saudi population over 65 is 5.5%, indicating a very young society. However, this proportion over 65 is expected to continue to rise as a result of the improved economic, health, and living standards. As Table 1 shows, the population over 65 in Riyadh is 5.6%. Of these, 18,343 are over 75 years of age (0.8% of total). If a long-term care facility were established, it would need to focus on the frail elderly, mostly who are on regular medications and who are highly dependent on others for ADL. Again, few will elect to send relatives to a nursing home if they can reasonably cope with the situation at home. Cases severe enough to warrant medical care will be dealt with in the hospitals. As Saudis will not institutionalize their elders for social care, the proposed nursing home model will be between the medical care and social care nursing home. In the West, particularly the U.S., these are referred to as assisted living centers.

Macro-environmental analysis. The proportion of the Saudi population over 65 years is expected to continue to increase because of improved economic and health conditions in the Kingdom of Saudi Arabia, while simultaneously, declining per capita health expenditures make health agencies more cost-conscious, thus this may create the incentive to provide care in a less expensive setting. Any government decision requiring citizens to pay for unnecessary care will get the attention of those leaving their elderly relatives in acute-care settings. Taking the main objective of any program to establish long-term care facilities one must carefully consider the following factors and create programs and policies that deal with the following factors: (1) Achieve a measurable change in the attitude of Saudis toward nursing homes. (2) Reducing the number of custodial care patients in acute-care hospital beds. It costs about $200,000 annually to
operate the acute-care bed, compared to about $36,000 for nursing home care. (3) Reduce the social and economic burden on families. Some families have to forgo certain job offers and promotional opportunities to take care of the frail elderly. The same also goes for social activities such as vacations, etc. Certain career opportunities, education, etc., are simply lost. Furthermore, some of the elderly have conditions beyond the capabilities of family caregivers, and it is expensive to hire home-care nurses. The cost of nursing home care will represent a small fraction of family caregiver’s income.

**Strategy to increase acceptability.** Even though respondent of the attitude survey made reference to passages in the Holy Qur’an, the attitude of Saudis towards institutionalization are mostly socio-cultural. It is feared reactions of Saudis towards institutionalization are mostly socio-cultural. It is the feared reactions of significant groups (peers, colleagues, other family members, etc.) rather than the religious obligations that mostly influence their attitude. Therefore, in order to promote change, educational and promotional efforts will need to highlight the following: (1) The changing nature of the society and the need to change attitudes. (2) The changing demographics (i.e. more now living in cities). (3) Increasing number of working couples. (4) Increasing mobility of the society. (5) The economic benefits to society in providing care in different settings. (6) Unnecessary burden and sacrifices by family members. (7) Benefits to the elderly in providing skilled nursing care.

Participation of the religious authorities in spreading a positive message about long-term care facilities will be very effective in gaining public acceptance of long-term care facilities.

Initially as a model, and to help the society accept the need for change, a nursing home affiliated with a hospital should prove to be advantageous. Pricing approval, based on cost plus certain percentage, will enable the nursing home organization to continue to expand, offer new services, and improve on the ones it provides. The pricing can also be monitored to ensure

$100, administrators will ensure that the government and other potential customers know that this represents a small fraction of the cost of keeping one individual in an acute-care hospital, which costs about $600. This represents significant cost savings, and in preliminary contacts with customers, show this to be a reasonable fee they would be willing to pay.

The public and the religious authorities need to be convinced that nursing homes in no way contravene religious teachings and guidelines. The different features of the nursing home intended to address the religious aspirations need to be demonstrated, and the pledges to continually seek the opinion and advice of the religious authorities on the various issues arising in the home, are a very important part in establishing nursing homes.

In conclusion, any health authority in the Kingdom should feel confident that the concept of providing skilled care nursing home services is both practical and economical in Saudi Arabia. Through the implementation of a strategic plan, a pilot facility can operate at an efficient, profitable level within one year of opening. By constantly monitoring the results of the internal and external environment, and focusing on strategies to incorporate all important constituents, old cultural barriers could be broken and skilled nursing care, as an alternative to acute-care, could then be established in Saudi Arabia.

**References**

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