Research Article ISSN 3065-7636

Journal of Nursing Care & Reports

The Perception of Persons 65 Years and Older, In The Georgetown Community, St. Vincent and The Grenadines Regarding Access to Health Care

Agatha Gittens-Stay

Ministry of Health Wellness and the Environment. Kingstown. St. Vincent and the Grenadines.

***Corresponding author**

Agatha Gittens-Stay,
Ministry of Health Wellness and the Environment. Kingstown. St. Vincent and the Grenadines.

Submitted : 27 May 2025 ; Published : 11 Jun 2025

Citation: Gittens-Stay, A. (2025). The perception of persons 65 years and older, in the Georgetown Community, St. Vincent and the Grenadines Regarding Access to Health Care. *J Nurs Care Repo; 6*(3):1-6. DOI : https://doi.org/10.47485/3065-7636.1040

Abstract

Introduction

St. Vincent and the Grenadines is a multi-island state. The Census of 2013 showed that the total population is 110, 384,00 of which 13,811 or 12.6% are 60 years and older. The ageing demographics mimic that of the Caribbean and the rest of the world. Strategies are being put in place to cater to the aging population, however, consideration is not given to their perception of how their health care needs can be met (ECLAC, 2024). Aging is accompanied by a set of challenges, one of which is limited access to health services. Willie-Tyndale et. (2019) posited that, in Jamaica, older people are among the population groups that use health services the most because it is associated with higher prevalence of diseases and disabilities.

Research Objectives

- *To explore the experiences of persons 65 years and older in the Georgetown Community, St. Vincent and the Grenadines with accessing health care services.*
- *To identify perceived facilitators and barriers to accessing health care among older people*
- *To assess the level of satisfaction among older people with the affordability, availability and quality of health care services*

Methodology

A cross-sectional survey design was selected due to its appropriateness for measuring the perceptions of study participants at a single point in time. The study population was 200 adults 65 years and older. The sample of 60 was randomly selected from a list-frame

Results

The majority of the research participants were satisfied with their care by nurses and doctors with 7 (12%) are very satisfied, 45 (75%) satisfied, 2 (3%) neutral, 3 (5%) dissatisfied and 3 (5%) very dissatisfied. All respondents (100%) had a chronic health condition with 16 (27%) diabetes, 15 (25%) hypertension, 10 (16.5%) heart disease, arthritis 9 (15%) and visual impairment/blindness 10 (16.5%).

Conclusion

Aalthough most of the clients are satisfied in all areas investigated, those who are not satisfied must not be taken for granted. Frequent satisfaction surveys should be conducted and weaknesses acted on with urgency.

Introduction

St. Vincent and the Grenadines is a multi-island state. The Census of 2013 showed that the total population is 110, 384,00 of which 13,811 or 12.6% are 60 years and older. The aging population has doubled since the last census of 2012. The ageing demographics mimic that of the Caribbean and the rest of the world. Improvements in medical technology and a general improvement in the quality of life for populations resulted in longevity. Aging is accompanied by a set of challenges, one of which is limited access to health services. Willie-Tyndale et al. (2019) posited that, older people are among the population groups that use health services the most because it is associated with higher prevalence of diseases and disabilities.

According to (ECLAC, 2015), "young societies' of the past are giving way to communities where older persons form a much larger proportion of the total population". The consistent

increase in the population of persons over 60 years will result in an increase from 1.1 million (13 %) of the population to two million (22 %). Strategies are being put in place to cater to the aging population, however, consideration is not given to their perception of how their health care needs can be met (ECLAC, 2015). In addressing the issue of older person's health care needs, Simeck et al. (2021), stated that millions of people globally are not receiving adequate health care because the problems of older people are not known. Simeck et al. (2021) further stated that, as a result of limited access for older persons, public health policies should be crafted to ensure better access to care in order to address unmet needs.

Recognising that the demographic shift to an aging population will not be reversed in the near future, the government of St. Vincent and the Grenadines considered the opportunities which an aging population brings rather than focus on the burdens such as socio-economic challenges. By shifting the narrative, the government embarked on a program to meet the needs of the elderly population. There was widespread stakeholder consultation to garner input to draft a 'Care and Protection Bill' in keeping with global best practices (searchlight newspaper. August 18, 2023). Policies were also developed and implemented which addressed issues of safe housing, social engagement and improved quality health care. In discussing aging and health, the WHO (2024) advised that the challenge to maintain social and health systems to meet the demands of the demographic shift, is global.

Problem Statement

Within the Caribbean Community (CARICOM), there are several strategy papers targeting older people. The Sustainable Development Goals also address older persons and the importance of access to health services. However, there is little to no investigation in St. Vincent and the Grenadines to determine the extent to which the health care needs of older persons are met or the perception of older persons about the care they receive. One may argue that health care is available to all however, little is known about older people's perception about the care they receive.

Purpose of the Study

The study sought to explore how persons 65 years and older experience and understand issues surrounding barriers to health care, health care needs and insights which will inform effective policy development targeting specifically this demographic.

Significance of Study

Older persons are confronted by physiological, social and psychological conditions which act as barriers to health care. The evidence shows that older persons do not have ready access to health care services. The evidence has shown that longevity results in the need for increased health services. This will only be possible if the services are accessible to older people, 65 years and over. The consequences of inadequate services have the potential to increase the cost of care to the government and to older people and their families. This is because medical conditions which could have been controlled or prevented if access is adequate, is exacerbated in the absence of care. This research provided evidence of the perceptions of access to health care of older persons. The limitations of older people must be considered as the right to access of health services should apply to all.

Research Questions

1. What are the experiences of persons 65 years and older in the Georgetown Community when accessing health care services?
2. What facilitators and barriers do older people of the Georgetown community perceive in accessing health care?
3. How satisfied are persons aged 65 and older with the affordability, availability and quality of health care services offered to them?

Research Objectives

1. To explore the experiences of persons 65 years and older in the Georgetown Community, St. Vincent and the Grenadines with accessing health care services.
2. To identify perceived facilitators and barriers to accessing health care among older people
3. To assess the level of satisfaction among older people with the affordability, availability and quality of health care services.

Methodology

Research Design

A cross-sectional survey design was selected due to its appropriateness for measuring the perceptions of study participants at a single point in time.

Study Population and Sample

Two hundred adults 65 years and older who access the health services at the modern medical complex routinely.

Inclusion Criteria

Male and female 65 years and older at the time of the study who are cognitively competent, were included in the study. Persons who are visually or hearing impaired were also included in the study.

Exclusion Criteria

Persons with mental challenges such as Alzheimer's disease or mental illness.

Sampling Technique

A simple random sampling technique was applied. Sixty Participants were selected from a list frame prepared by the district nurses.

Data Collection Instrument

Data was collected using a questionnaire developed to identify disparities and the impact of the disparities on health care services offered by older people. The questionnaire consisted of twenty-nine (29) Likert scale and open-ended questions.

Procedure for Data Collection

Data collection was done over a four-week period. The data collection procedure was explained to district nurses and community health aids who assisted with data collection. The consent form and questionnaire were explained to the participants before their consent to participate was sought. Participants received an envelope with the informed consent form and the questionnaire to be completed. Some participants were interviewed at the clinic during their visits and others at their homes.

Ethical Consideration

The research was conducted with the consent of the study participants. No identifier was entered on the questionnaire. Permission was sought from and granted by the Ethics Committee of the Ministry of Health. Anonymity and confidentiality of participant's information was maintained and information was secured on a password protected computer.

Data Analysis

Statistical analysis was conducted using the Statistical Package for Social Sciences (SPSS) version 22 to analyse the data. Of the 60 patients, 18 (30%) were between the age range 65-70, 15 (25%), 71-75, 20 (33%) and 7 (12%), 80 years and older. There were 27 (45%) males and 33 (55%) females.

When asked about existing health conditions, 60 (100%) had a chronic health condition. Of this total, 16 (27%) had diabetes, 15 (25%) hypertension, 10 (16.5%) heart disease, arthritis 9 (15%) and visual impairment/blindness 10 (16.5%).

Participants were asked about mode of transportation to get to and from health centre, 25 (42%) walked, 15 (25%) utilized public transportation, 10 (16.5%) needed assistance, 7 (12%) are transported by friends and relatives and 3 (5%) are unable to leave home. Participants were further asked if their health limited their mobility getting around, 35 (58%) said never, 15 (25%) almost never, 2 (3%) were undecided, 5 (8%) and three (5) indicated their health inhibited mobility every time (figure 1).

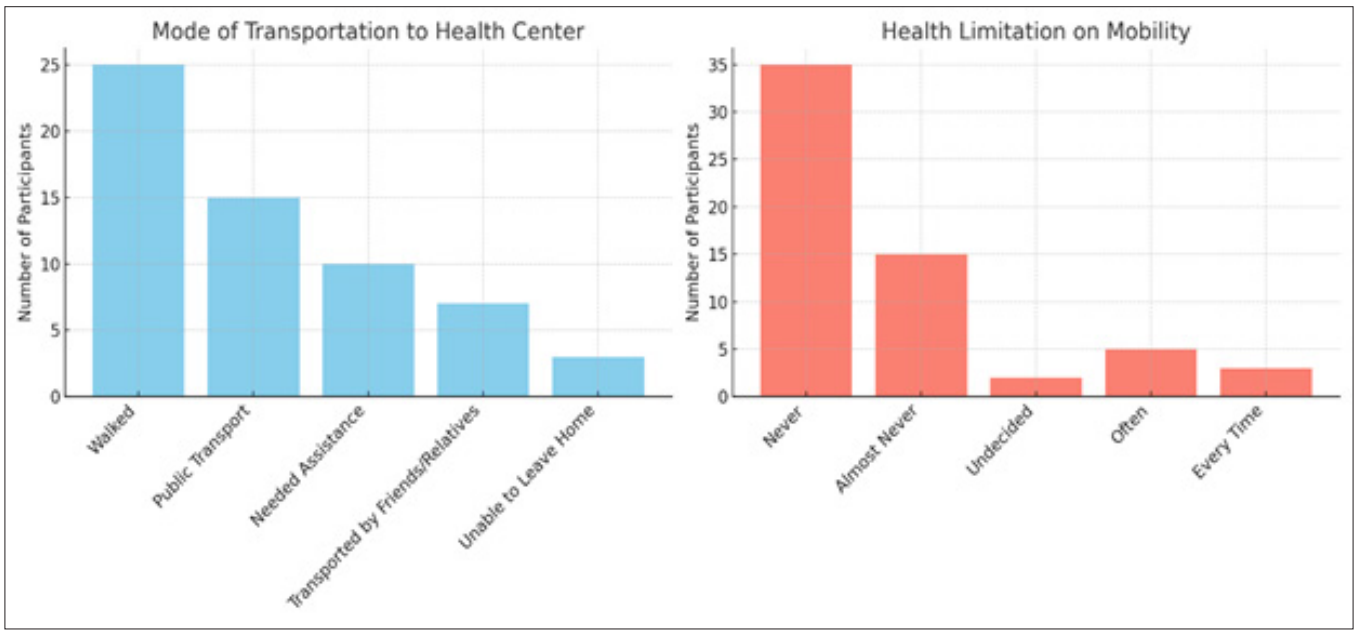

Figure 1 : Two Bar Charts
The left chart displays how participants typically get to and from the health centre.
The right chart shows how participants' health limits their mobility

When asked if they had difficulties walking for more than 15 minutes, 25 (42%) said never, 18 (30%) almost never, 8 (13%) neutral, 5 (8%) almost every time and 4 (7%) indicated that they experienced difficulties every time they walk for more than fifteen minutes.

Participants were asked if they experienced difficulties keeping clinic appointments, 20 (33%) said never, 30 (50%) almost never, 2 (3%) neutral, 5 (8%) almost every time and 3 (5%) said every time.

Participants were asked how well doctors or nurses listened to their concerns 33 (55%) said almost every time and 27 (45%) said that the nurses and doctors listened to their concerns every time. The participants were further asked how well the nurses or doctors explain their condition, 35 (55%) said their condition was explained every time while 25 (42%) said almost every time.

In relation to the question on if the doctors or nurses involved them in planning their care, 34(57%) strongly agreed, 15 (25%) agreed, 7 (11%) disagreed, 3 (5%) strongly disagreed and 1 (2%) neutral. Participants were further asked if the doctors were in a hurry when giving care, 20 (33%) agreed that they were always in a hurry, 20 (33%) disagree, 8 (13%) strongly agree, 7 (12%) neutral and 5 (8%) strongly disagree. In relation to whether nurses were in a hurry when giving care, 50 (83 %) strongly disagree, 7 (24%) neutral and 3(5%) disagree. The

next question sought to find out if the participants are satisfied with the care they receive at the doctor's visit, 9 (15%) strongly satisfied, 30 (50%) satisfied, 8 (13%) neutral, 9 (15%) dissatisfied and 4 (7%) very dissatisfied.

They were asked if doctors and nurses use medical terms which they do not understand, 4 (6.5%) strongly agree, 6 (10%) agree, 10 (17%) neutral, 15 (25%) disagreed and 25 (41.5%) strongly disagree. The next question asked if it is sometimes difficult to get an appointment to see a medical consultant; 29 (48%) agreed that it was difficult, 6 (10%) remained neutral, 10 (17 %) disagreed and 15 (25%) strongly disagreed. The next question sought to find out whether the doctors or nurses are respectful when speaking to the participants, 15 (25%) strongly agreed, 38 (63%) agreed, 4 (7%) neutral, 2 (3%) disagreed and 1 (2%) strongly disagreed.

Did participants experience difficulties accessing medicines from the public health pharmacy? 4 (7%) strongly agree, 7 (12%) agree, 5 (8%) neutral, 35 (58%) disagree and 9 (15%) strongly disagree. The next question sought to find out if participants experienced delays accessing care over the past 12 months, 5 (8%) agreed, 9 (15%) neutral, 1 (2%) disagreed and 45 (75%) strongly disagreed that there were difficulties accessing care over the past 12 months.

In relation to whether they believe that the nurses and doctors know enough about their condition to deliver care, 22 (36%) strongly agreed, 30(50%) agreed, 3(5%) neutral, 4 (7%) disagree and 1 (2%) strongly disagreed. Whether special provisions were made for them whenever they kept doctor's appointments (senior's preference), 2 (3.34%) strongly agreed, 5 (8.33%) agreed, 3(5%) neutral 45(75%) disagree and 5(8.33%) strongly disagree.

Participants were asked about the level of satisfaction with the quality of care given by the nurses,20 (33%) very satisfied, 30 (60%) satisfied, 2 (3%) neutral, 4 (7%) dissatisfied and 4 (7%) very dissatisfied. When asked how satisfied they were with the quality of care given by the doctors, 5 (8%) very satisfied, 30 (50%) satisfied, 3 (5%) neutral, 15 (25%) dissatisfied and 7 (12%) very dissatisfied.

They were asked how satisfied they are with the length of time they wait at the clinic before they are seen by a doctor, 2 (3%) very satisfied, 4 (7%) satisfied, 3 (5%) neutral, 45 (75%) dissatisfied and 6 (10%) very dissatisfied. The next question sought to find out how satisfied they were with the time the doctors spent with them, 8 (13%) are very satisfied, 10 (17%) satisfied, 2 (3%) neutral, 30 (50%) dissatisfied and 10 (17%) very dissatisfied.

In relation to how satisfied they were with overall care given by the nurses and doctors, 7 (12%) are very satisfied, 45 (75%) satisfied, 2 (3%) neutral, 3 (5%) dissatisfied and 3 (5%) very dissatisfied.

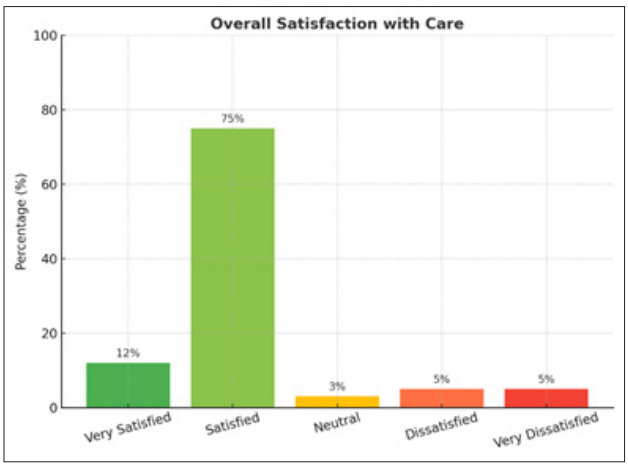

Figure 2

Discussion

Although a high percentage of the participants did not have formal education, it is understood that most existed in the era when education was not a priority for, not only St. Vincent and the Grenadines, but developing nations on a whole. This, however, did not impede their understanding of the questions asked.

Based on the findings, all participants had at least one chronic condition. This indicates a population with significant healthcare needs. This insight highlights how pervasive chronic diseases are within this age cohort and reinforces the need for accessible and sustained health care and community support. The most prevalent were diabetes and hypertension. These two conditions usually coexist and are considered major risk factors for complications such as cardiovascular and kidney diseases. The high prevalence underscores a need for medication management, monitoring and lifestyle support. Of significant concern is heart disease at (16.5%), representing a substantial burden considering that it overlaps with hypertension and diabetes. It can be an indication of a cluster of comorbid diseases which further complicates the management of these conditions. The findings were supported by Khan, Kwaku and Findlay (2024) when they stated that the risk for preventable morbidities and co-morbidities, the rising chronic disease burden, and disability and dependencies are among key public health challenges. The significance of arthritis (15%) is its impact on mobility which potentially limits the ability to access care independently and to perform activities of daily living.

A nuanced image is given of how the participants accessed healthcare services and how the state of health affected their ability to be mobile. The majority (42%) walked to and from the health centre. This indicates that the facility is reasonably accessible by foot. It is also indicated that public transportation is readily available (25%). There is also some measure of reliance on others to access care (16.5). The concern with dependency on others raises concern about consistency of access and autonomy. A notable 5% cannot leave their homes indicating a group who may be at risk for unmet needs unless

home care is given. According to the United Nations (2015), globally, 63% of older people have difficulties accessing health care when they need to. Notwithstanding this, the health of 58% of the participants was never limited due to health-related mobility problems. This suggests that in spite of the existence of chronic diseases, the majority of participants remained functionally independent.

Participants expressed a high level of satisfaction (55%) almost every time and (45%) every time, with interaction with their healthcare providers especially being heard and having their conditions explained in terms they could understand. This shows that all participants felt heard almost every time. It suggests also that there is room for improvement among those who said almost every time. The level of communication quality is high as 97% reported always receiving clear explanation from their health care providers. The fact that this shows a slightly higher percentage by selecting every time compared to the question on listening, suggests that health care providers are more consistent with providing explanations than active listening.

It is an encouraging indicator that 82% felt that they were involved in planning their care. This signals patient-centered care. The minority (16%) should not be overlooked as it shows an engagement gap which could erode adherence, trust and overall health outcome. The mixed responses to the perception of doctors being in a hurry and always in a hurry totalled 46%. This can negatively affect the experience of patients and their perception of care. Ford et al. (2018) found that older people are careful not to bother the doctor; in return they will be treated well whenever they become ill. Gibney and Moore (2018) investigated the link between older patients' perception of encouragement to discuss sensitive health issues and health care provider communication. Where there is an almost equal percentage who disagreed, the divide signifies a need to institute time management strategies. When the comparison of doctors is made with nurses being in a hurry, the perception of the respondents is that the majority (83%), disagreed that the nurses were in a hurry. This perception reflects a high level of satisfaction with the attentiveness and presence of nurses during care delivery. These findings were supported by Shaban et al. (2024) who indicated that the critical nurse patient relationship results in an understanding of the preferences and unique needs of older people. Shaban et al. (2024) further advised that the special connection between nurses and older people is as a result of the partnership shared. Not only does the nurse gives care, she listens to and understands the values and life experiences of the patients.

Seventy-three percent did not experience difficulties accessing medicines from the public health pharmacy. This indicates that access to medicine is generally satisfactory. A large majority (77%) did not have delays in accessing care over a twelve-month period, suggesting that access to care is timely for most persons. In reviewing the perspectives of older persons accessing specialized care, Parsons, Gaudie and Swab (2021) concluded that older people who live in areas where specialized care is not available or the distance to the services is far away, impact the experience of persons. The findings support the outcome of this study as not all persons have the same experiences. Some had mobility issues while others did not. A strong majority felt confident that the nurses and doctors are knowledgeable about their health conditions signifying a high level of trust in the competence of their health care providers. There is a drawback in that the majority reported that no special provisions were made for them, no senior privilege during their appointments. This indicates that there is an absence of special accommodations for this vulnerable group and that attention should be paid to this concern

Implications for Nursing Practice

The findings show a high level of satisfaction and trust with the nursing service and underscores the critical role nurses play in patient-centred care. considering that the patient perceived that doctors rush their care, nurses are strategically positioned to bridge any communication gap and clarify misunderstandings. It cannot be slighted that 35% of the respondents were neutral, they had no position on the quality of their care. There should, therefore, be on-going assessment of responsiveness to individual patient concerns and patient satisfaction.

Recommendations

1. There should be patient education and engagement by utilizing clear, concise and patient-friendly language to enhance understanding. 2.
2. Ask patients if they feel involved in decisions about their care as a means to encourage active participation.
3. Nurses should continue to be the liaison between physicians and patients by clarifying instructions.
4. There should be structured patient satisfaction surveys to garner feedback in order to promptly address patient concerns.

Limitations

The study was conducted in one district with clients 65 years and older. It does not generalize to the other age cohorts or elderly persons in the country.

Conclusion

The project indicated that although most of the clients are satisfied in all areas investigated, those who are not satisfied must not be taken for granted. In an era of information technology and access to technology, dissatisfied clients use this medium to air their grievances with the health care system. They express dissatisfaction with the system on social media platforms. Health care practitioners should not be comfortable until all efforts are exhausted to meet the need of the older clients. It is important to note the percentage of clients who maintained a neutral position on some areas of satisfaction as these could be dissatisfied clients. Data collection was done by health care staff and could be the reason why some chose not to express their level of satisfaction. It is reasonable to conclude that if they were happy with the service, there would have been no inhibition is expressing same.

References

1. Economic Commission for Latin America and the Caribbean (ECLAC) (December 17, 2024). A progress report on the implementation of measures for older persons in the Caribbean, 2022 to 2024. https://www.cepal.org/en/insights/progress-report-implementation-measures-older-persons-caribbean-2022-2024
2. Willie-Tyndale, D., McKoy Davis, J., Holder-Nevins, D., Mitchell-Fearon, K., James, K., Waldron, N. K., & Eldemire-Shearer, D. (2019). Predictors of Health Service Utilization Among Older Men in Jamaica. *Europe PMC, 74*(6), 999-1006.
   DOI : https://doi.org/10.1093/geronb/gbx168
3. Economic Commission for Latin America and the Caribbean (ECLAC) (June, 11, 2015). Ageing in the Caribbean and the rights of older persons.
   https://www.cepal.org/en/notes/ageing-caribbean-and-rights-older-persons
4. Simsek, H., Erkoyun, E., Akoz, A., Ergor, A., & Ucku, R. (2021). Unmet health and social care needs and associated factors among older people aged ≥ 80 years in Izmir, Turkey. *East Mediterr Health J, 27*(8), 772-781.
   DOI: https://doi.org/10.26719/emhj.21.009
5. Searchlight newspaper (August 18, 2023) Draft Bill for care and protection of older persons to be discussed today. https://www.searchlight.vc/news/2023/08/18/draft-bill-care-protection-older-persons-discussed-today/
6. World Health Organization (2024). Aging Life-Course. Healthy Aging and Sustainable Development Goals. Ageing and health
7. Khan, H. T. A., Addo, K. M., & Findlay. H. (2024). Public Health Challenges and Responses to the Growing Ageing Populations. *Wiley, 3*(3), 213.
   DOI: https://doi.org/10.1002/puh2.213
8. United Nations (2015). Sustainable Development Goals. Transforming our world: the 2030 Agenda for Sustainable Developmenthttps://sustainabledevelopment.un.org/?menu=1300
9. Ford, J. A., Turley, R., Porter, T., Shakespeare, T., Wong, G., Jones, A. P., & Steel, N.(2018). Access to primary care for socio-economically disadvantaged older people in rural areas: A qualitative study. *PLoS ONE, 13*(3),
   DOI: https://doi.org/10.1371/journal.pone.0193952
10. Gibney, S., & Moore, T. (2018). Older Patients' Views of Health Care Interactions in Ireland. *Health Lit Res Pract, 2*(4), 180-191.
    DOI: https://doi.org/10.3928/24748307-20180831-01
11. Shaban, M., Mohammed, H. H., Gomaa Mohamed Amer, F., Shaban, M. M., Abdel-Aziz, H.R., & Ibrahim, A. M. (2024). Exploring the nurse-patient relationship in caring for the health priorities of older adults: qualitative study. *BMC Nurs, 23*(1), 480.
    DOI: https://doi.org/10.1186/s12912-024-02099-1
12. Parsons, K., Gaudine, A., & Swab, M. (2021). Experiences of older adults accessing specialized health care services in rural and remote areas: a qualitative systematic review. *JBI Evid Synth, 19*(6), 1328-1343.
    DOI: https://doi.org/10.11124/jbies-20-00048.