

Jordanian Nursing Homes: Admission Policy Analysis

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Abstract

Description of Problem Situation: Although the elderly have many physical, mental, and psychosocial needs, nursing homes are still a new emergent concept in Jordan. Moreover, the elderly who have access to nursing homes, are often not admitted, based on specific criteria, nor have access to governmental funds. The elderly that are admitted to nursing homes are admitted for a myriad of reasons, such as families' desires, referrals from the ministry of social welfare due to socioeconomic issues, health issues (i.e. disability), and absence of caregivers (Al-Qudah, 2011). What is lacking in Jordan, is a well-defined admission and screening tool that clearly defines eligibility for nursing home admission

Policy Alternative: The policy alternative is leaving Jordanian elderly with special needs in their homes without receiving appropriate care predisposing the elderly to a higher risk of health complications. North Carolina has been chosen as an example of a state that implements a screening tool for admission.

Recommendations: The Ministry of Social Development might tailor the NC Medicaid forms (Level I and Katz and MoCA, and Level II of the NC Medicaid screening tool) as an admission screening policy that could be successful in identifying the eligible older adults to admit to nursing homes and receive designated aids from the Jordanian governmental organizations.

Keywords: Jordanian, nursing homes, admission policy, analysis

1. Background and Description of the Problem

Merriam-Webster dictionary (2015) defines a nursing home as "a place where people who are old or who are unable to take care of themselves can live and be taken care of" (Para 1). In other words, it is a facility for housing elderly who are not able to reside independently at their homes and not sick enough to seek hospital care (Khader, 2011). Nursing homes offer qualified geriatric services, including food, drink, clothing, health services, and recreational and social activities (Al-Qudah, 2011).

The Ministry of Health in Jordan predicts that by 2020, the percentage of elderly aged 65 years and older to be 7.6 % of the total general population (Mohammad, Kassim, & Yasir, 2013). Along with the growth in the elderly population, social changes germane to Jordanian culture have increased in the last few decades. In particular, the shift from extended families to nuclear ones. This shift predisposes the elderly to care for themselves which includes medical, social, and financial care. As a result for many elderly, nursing homes become the only refuge (NCEA, 2008).

The Ministry of Social Development (MOSD) regulates the nursing homes and elderly day clubs in Jordan. There are nine nursing homes and six elderly day clubs, divided into two sectors which are public and private (MOSD, n.d.). The MOSD grants have been used for building new nursing homes and oversee the homes through regulations, supervision of progress, and detection of any violation of nursing homes residents' rights. However, Jordanian nursing homes do not have a national standardized admission policy. Jordanian nursing homes are divided into voluntarily (Charity) and private nursing homes. According to what is published on the website of Center for Medicare Advocacy, For-Profit and Non-Profit nursing homes are not similar in terms of quality of care,

nurse staffing levels, and health care deficiencies. Non-Profit nursing homes have higher quality of care, higher nurse staffing levels, and fewer healthcare deficiencies compared to For-Profit ones.

The elderly are admitted to nursing homes in Jordan for various reasons, such as families' desires, referrals from the ministry of social development, due to socioeconomic issues, and health issues (i.e. disability), particularly when there is no caregiver (Al-Qudah, 2011). Prior to admission at a nursing home, the MOSD conducts several field visits to determine if the elderly people are in urgent need to be admitted to nursing homes. The criteria for admission are largely based on socioeconomic status. A doctoral dissertation entitled *A Jordanian nursing home: An ethnographic study* (Hweidi, 1999) found that admission to a nursing home was based on the decision of an admittance committee. This goes alongside with what the MOSD decides if an elderly is eligible for admission. The committee is comprised of four members from the administration, the manger of the nursing home, a physician, and a social worker (Hweidi, 1999). However, some of the nursing home residents are aged 55 years and younger. They were admitted because of social and economical hardships, rather than medical reasons taking up beds for the elderly (Al-Qudah, 2011). Eligible elderly people are those who have physiological or cognitive impairments and do not have any infectious or mental diseases (Al-Qudah, 2011). Those eligible nursing home residents should be admitted through a well-defined admission policy implemented by the MOSD and the MOH in Jordan, which does not exist.

The existence of well-defined nursing home admission policy assists the health professionals and nursing homes' personnel in decision making pertaining to the older adults who are in a real need of nursing homes' services. This policy also contributes inevitably to steer the allocated health resources from the MOSD to the eligible nursing home residents and save the nursing homes' expenses through by admitting ineligible residents.

2. Outcomes of Prior Efforts

To the best of the author's knowledge, no previous efforts have been made to explore a standardized well-defined admission policy for nursing home residency in Jordan.

3. Scope and Severity of the Problem

3.1 Assessment of Past Policy Performance

Nursing admission policy in Jordan varies across nursing homes. Some nursing homes have elderly who do not have a place to live or do not have a caregiver or family members to live with. Other nursing homes have elderly who have health, social, or financial challenges. Private nursing homes in Jordan do not even ask for a medical report stating the need of the referred older adults to be admitted. However, voluntarily (Charity) nursing homes require a medical reason for admission to nursing homes. The medical referrals, as well as, physical, psychological, social, or economic needs are not structured in a clear policy. However, a definite criteria or form filled by health professionals does not exist in hospitals or clinics in order to refer eligible residents to nursing homes. A report issued by the Investigation and Evaluation Committee of the Social Welfare Sector (IECSWS) in 2012 found that the number of nursing home residents in 10 nursing homes visited by the committee was 343, including 44 female residents. These nursing homes had elderly that 33 have no family members or caregivers, who have health issues, or who favor living with their peers to avoid feeling bored (IECSWS, 2012).

The admission policy is varied based on whether older adults are going to reside in either voluntary or private nursing homes or whether the older adults are transferred by the MOSD (Al-Qudah, 2011). Older adults admitted to private nursing homes are accompanied with and brought by their families who pay their expenses. In contrast, older adults admitted to voluntary nursing homes are required to justify the need to take care of them. The cost of each nursing resident at the nursing home is JD360 (\$510) per month based on an article published in the *Jordan Times* newspaper in 2009 (Mohammad, Kassim, & Yasir, 2013). The same article reported that the MOSD covers JD170 (\$241) of this cost. Hence, funding the eligible nursing home residents through the MOSD constitutes the basis of providing the appropriate care for elderly people with special needs, particularly those who have low socioeconomic status. The existence of an admission policy permits the MOSD to reallocate the funds to eligible applicants or referrals to nursing homes.

3.2 Problem Statement

3.2.1 Goals and Objectives

This policy could be developed by the following steps: developing eligibility criteria of nursing home admission; empowering health professionals working at nursing homes to determine the eligible residents by assessing their medical, physical, and psychosocial condition; providing adequate financial support to nursing homes to maintain their sustainability; reconstructing the existing nursing homes to meet the international guidelines of nursing

homes; rescreening the current nursing home residents based on the new eligibility criteria to check whether they need another healthcare service other than nursing homes, such as day club, hospital, or home.

3.2.2 Policy Alternation

Leaving elderly with special needs in their homes alone exposes them to numerous risks. The risks include family members working, studying, and traveling out of home making it difficult for family members to provide care to the elderly on a daily basis. In addition, elderly discharged from hospitals are in an urgent need to be in-touch with care specialists to avert any potential complications.

North Carolina Pre-Admission Screening and Resident Review (PASRR) has been adopted as an admission policy of nursing homes. The PASRR is used as a checkpoint for any individual who is applied for or referred to a Medicaid certified nursing facility. This federal act (42 CFR 483 Subpart C) requires from each individual who desires to reside in a nursing facility to undergo the PASRR, irrespective of the source of payment (NCDHHS, n.d.). The PASRR is available online and feasible to administer in nursing homes. The PASRR consists of two screening levels, II and I. Level I aims to determine the eligibility of applicants to get access to health care services of nursing home. Level II aims to determine which special needs should be met within a nursing home and whether the nursing home is appropriate to meet such needs, or if a psychiatric hospital or a specialized setting could be more useful. Level II is face-to-face evaluation. Both screening levels should be implemented prior to admission. Level I has a certain form entailing the questions germane to mental illness, mental retardation, and related conditions. Level II filled out by an on-site/field assessor (NCDHHS, n.d.).

The effectiveness of admission policy will be measured through Level I, Katz, MoCA, and Level II of the NC Medicaid screening tool to assess the physical performance and medical conditions deemed necessary for admitting older adults to nursing homes. These tools entail activities of daily living (ADLs) and cognitive ability instruments, which contribute ultimately to discriminate eligible nursing home residents from the non-eligible ones. For example, via Level The Katz Activities of Daily Living Scale (Katz, Moskowitz, Jackson, & Jaffe, 1963) is used to detect any impairment in activities of daily living, such as eating, bathing, dressing, toileting, and transferring, and Montreal Cognitive Assessment (MoCA) is used to detect any cognitive impairment (Nasreddine et al., 2005). These tools should be validated in Jordanian culture and used at the time of admission by healthcare professionals. Nursing home residents should have impairment in their activities to be eligible. The MOSD should evaluate the effectiveness of these medical screening tools and their feasibility before applying them.

In light of the scarce resources about the individual costs of the health care provided in nursing home settings in Jordan, the adoption of an admission policy could be cost-effective. The concept of nursing homes in Jordan has become more culturally and socially accepted due to the recent shift from agriculture to industry (Hweidi, 1999). The Jordanian Government rather than charitable or non-profit organizations should take the initiative to fund the admission policy. Giving more privilege to the Jordanian government to fund the eligible nursing home residents assists in reallocating nursing home services toward eligible residents, rather than depending only on charitable or public organizations. This point implies shifting in the funding from such charitable or public organizations to the MOSD.

There are a myriad of spillovers implied in the nursing home admission policy. They result from the MOSD, the MOH, hospitals, primary healthcare centers, and community dwelling older adults as well as nursing home residents, who are primarily influenced. The products (health services) of the nursing home admission policy will affect the discharge plans of hospitalized older adults, in which they have more opportunity to be admitted to nursing homes to meet their needs instead of being home (Production to production spillovers). The healthcare professionals would consider referring their older adult patients to nursing homes rather than primary healthcare centers. Consequently, the cost of healthcare services, which has been offered in primary healthcare centers to older adults on daily basis, will be reduced (Consumption to consumption spillovers). Putting this policy in action will affect the quality of life of hospitalized older adults by decreasing their length of stay. These older adults could be referred or discharged early to nursing home settings after their condition become stable. Nursing home setting would become more proffered place to stay for older adults than hospitals. Therefore, the government would cut more budgets in favor of nursing home settings (Production to consumption spillovers). Lastly, utilizing nursing facility services based on a well-defined admission policy will compete with the services provided to elderly people from day care clubs and informal caregiving. Older adults with special needs will desire to apply for nursing facility services, rather than reliance on care offered from family members and private health care settings (Consumption to production spillovers).

The catalysts of formulating the nursing home admission policy will be from both the ministries of health and social development (MOH and MOSD). The MOH has the authority of implementing health policies in Jordan

relying on its priorities and the MOSD supervises the nursing homes in Jordan. The nursing home personnel and health professionals need to familiarize themselves with the medical screen that qualifies older adults to use nursing facility services. In order to run this policy, the MOSD needs to provide the benefits and funds to the nursing homes that implement the medical screen admission, including the expenses of eligible residents. This fund could be a part of annual fiscal review of the governmental budget before the Jordanian parliament. This could take some time. The timeline is not merely the policy constraint, but the social and cultural aspects in disheartening family members to apply for nursing facility services for their parents who have special needs, and for the family members that could not be available all time to take care of their parents

A committee of qualified physical, psychological specialists, and nurses should be on a board to take part in the admission policy and assess nursing residents who have special needs. This assessment would then be communicated to the MOSD to satisfy their financial needs while residing in the nursing home. Promoting current nursing residents' health services via regular medical check-ups, serving healthy nutrition, encouraging a healthy life style, and satisfying social needs, all contribute genuinely to more retention of residents and social acceptance of applying the admission policy in the Jordanian culture. Using a policy, such Level I and Katz and MoCA, and Level II of the NC Medicaid screening tool, redistributes the expenses funded from the MOSD to eligible nursing home residents. A medical screen of activities of daily living and cognitive ability implies a first level of screening. Then, the applicants who passed the first level of screening undergo a face-to-face evaluation by the committee mentioned earlier. In doing so, all applicants or older adults referred from health settings are screened equally, and the special needs are addressed effectively at admission, thereby averting the health complications of not treating the impairment in daily activities and/or cognitive ability. One of the Jordanian nursing homes has an "Admittance Committee", comprised of the chief of association, a chief assistant, a secretary, a cashier, the manager of the nursing home, a physician, and a social worker (Hweidi, 1999). This admittance committee could be enhanced by health specialists to conduct the face-to-face evaluation, whereby the special needs are identified. A certified report is, later on, issued and submitted to the MOSD, which already covers the costs of residency at the home for eligible residents. Around 350 of 850 residents are covered by the MOSD due to poverty and no living kin (Khader, 2011).

The MOSD would delineate a preadmission form used throughout nursing homes in Jordan. This form would be similar to the Level I screening that addresses physical and mental abilities alongside Katz, MoCA, and Level II, which is demonstrated by on-site assessors by the admittance committee. The expenses of eligible older adults to nursing home admission are funded by the MOSD. To eradicate the stereotypes pertaining to the stigma of admitting older adults to nursing homes in the Jordanian culture, the government needs to raise Jordanians' consciousness about the importance of nursing homes in providing high-specialized care to older adults through providing educational campaigns.

The MOH and the MOSD mandate the regulations of preadmission policy, entailing the level I and II screens alongside Katz and MoCA, the certified application, the members of admittance committee, and the list of eligible residents and their expenses while residing at homes. A delegated team from the MOSD supervises and assesses the nursing home residents to ensure they are still eligible for funding unless there is a change in physical and/or mental ability, which in turn, necessitates conducting both level I and II screens alongside Katz and MoCA to renew their eligibility or discharge them from the nursing home.

4. Conclusion

Utilizing an admission policy is necessary to get eligible nursing residents funded by the MOSD. The admission policy consists of two screens to detect physical and psychological impairments. Level I uses the KATZ and MoCA, and level II is a face-to-face evaluation. Nursing homes contribute genuinely to provide a complementary care to older adults with special needs, thereby averting health complications of leaving them at home without assistance. The MOSD is already willing to assist financially in hosting older adults at nursing homes. The admission policy, as its end-product, will rechanneling the governmental resources toward eligible residents.

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Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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