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THE CARING CULTURE FOR OLDER PEOPLE IN THE 21ST CENTURY

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ABSTRACT

A study of the culture and environment of caring among older people care providers including the policies and its interplay in the process of delivering care was conducted to develop an older people care culture theory. This study utilized focused ethnography which involves generating data by observing participants and the structure of an older people health facility in their natural setting. Administrative consent as well as individual participants' informed consent was acquired prior to the start of the study. Participant observation, dialogue and interview were utilized by the researcher and the research participants. Data analysis was done using the observations and dialogues on the caring governance which were transcribed in the individual journals of the researchers using NVIVO 11. Four major themes were generated: nurturing environment, flourishing milieu, thriving abode and unifying care. The elderly caring structure focused on the growth and empowerment of the older persons despite their limitations. These processes are developed through a nurturing-flourishing-thriving-unifying environment. An eclectic combination and complementary relationship between the physic-social-psychological-spiritual components of the care provider, venue of care and the one cared for provides a focus on the support for the caring culture of older people.

Keywords: Older People, Elderly Facility, Caring Environment, Focused Ethnography

INTRODUCTION

Asian practices of caring for the older people are largely done at home and by the younger family members. Often, the older people who are unable to perform personal care are left alone or placed under the care of a distant relative or hired helper. However, their needs are not met most of the times because of the lack of training of care providers or when the family providing the care has other priorities to address. As an alternative, an increasing number of elderly facilities have been established indicating an increasing concern for the welfare of the older population. It is often a question of how should we take care of the older people? Hence, this study explores the nature of care given by the caregivers to the old and their caring behaviors and structures in order to understand the nature of care endured to them. Understanding the culture and behaviors of the care giver governance at home for the aged provides an explanation of the structure of caring in the venue where caring is done. Governance is defined in this study as the rules and norms that structure the interaction among elements within the facility on a certain action once authoritative decisions have been made (O'Connor, 2005). In this case, a study of the culture and environment of care givers of older people's include the policies and its interplay in the process of delivering care was conducted.

The structure of the facilities for caring for the older people provides the physical support in the manner at which the facility operates. The equipment and supporting devices needed for their care form part of the care environment. Moreover, the social environment or milieu is composed of the interactions between the older people and the care providers. It is therefore an important assumption, that environment, care providers and the older people are the basic components when studying

their care environment. The physical and non-physical environment affect patient's and care providers' perception and interaction of the caring process (Becker & Douglass, 2008).

Guided by the aim of the study to explore the environment of an older person's facility and its caring governance, a focused ethnographic approach was utilized. "Ethnography aims to understand the cultural meanings people in a specific culture use to interpret their experiences" (Nightingale, Sinha & Swallow, 2014) whereas focused ethnography caters to an even more specific phenomenon or shared experience and in a particular subculture and setting "rather than throughout entire communities" (Cruz & Higginbottom, 2013) Focused ethnography utilizes small sample sizes as it explores participants' beliefs and practices looking into the context in which they take place (Nightingale, Sinha & Swallow, 2014).

The exploratory nature of the study provides the beginning of ideas and assumptions of the elderly care structure that contributes to the development of a holistic theory in elderly care. This study considers as its philosophical stance how people behave in a particular culture is perceived based on a world view of what reality is and how it is attained. In ethnography, reality is perceived with the way people construct their worlds. The ontological perspective is maintained, that reality is multiple and is constructed by people or culture. This is a constructivist paradigm which assumes that reality resides on the construction of meanings about broad concepts such as cultural values, or more specific issues or ideas and how they are created (Williamson, 2006). In this study, reality is investigated in the shared meanings that reflect social construction. The emphasis is on people developing meanings for their activities that are, socially constructing reality.

RESEARCH METHODOLOGY

The study utilized focused ethnography which involves generating data by observing participants in their natural setting (Nightingale, Sinha & Swallow, 2014). Focused ethnography differs from the traditional ethnography since focused ethnography is "typified by short-term or absent field visits, an interest in a specific research question, a researcher with insider or background knowledge of the cultural group, and

intensive methods of data collection and recording, such as video or audio-taping" (Wall, 2015). The study likewise used the same manner as having a research question, the researchers immersed into the actual care setting for six (6) days to conduct participant observation, audiotape recording of interviews and document reviews on the facility's activities and governance structure.

Ethical issues were addressed prior to the conduct of the study. The protocol of the study was approved by an accredited Ethics Review Committee (ERC) which reviewed the ethical issues involved in the conduct of the study. The study purpose and design were also presented to the management and staff of the older person's facility prior to the beginning of the study and a sample handout with brief informative text describing the study's aim, methodology and a copy of the informed consent was provided. Administrative consent as well as individual participants' informed consent was acquired prior to the beginning of the study.

Observing twenty (20) participants in their natural setting provides the development of insights particularly on the culture and practices of administrators, nurses and care providers in an elderly care facility settings. Cultural meanings of the caring rendered by the governance's behaviors and their interplay were explored, and in-depth understanding and investigation was done on the phenomenon. The participants were the care providers, institutional workers and office workers who were selected as a part of the study because of the number of working months in this arena which was at least five months and had personal interaction with the older residents and their family members. Two research assistants were hired to assist the researcher in the conduct of the study. Orientation and training of the research assistants were conducted to allow uniform assumptions and expectations of the study.

Trustworthiness of the study emanates from the sociological description of the focused ethnography method that focuses on cultural understandings and descriptions that define ethnography, rather than the form and amount of data collection that occurs" (Wall, 2015). Although the study focused on only one subculture of caring, the duration at which the data were collected has substantiated the understanding of the behaviors, beliefs and practices of the facility.

The ethnographic fieldwork was done in a Home for the Aged, managed by religious sisters. This system was selected because of the nature of their service which mostly caters to non-charity clients. The facility, like most facilities for older persons is mission-oriented and is non-profitable. Participant observation, dialogue and interview were utilized by the researcher and the research participants. A daytime participant observation was undertaken as the researcher and two (2) research assistants took part in the daily care routine of the elderly for one week. The first two (2) days were mostly spent on familiarizing with the tasks and establishing trust with the nurses, care providers and the patients. Observations were recorded in a fieldwork diary and reflection journals were also maintained by the researcher and research assistants in order to document their individual caring experiences. Interviews with the nurse supervisor and administrator were also conducted to address their concerns on existing policies and the effects they perceive. The interview questions include the caring mission and processes of the facility and their caring governance.

Data analysis was done using the observations and dialogues based on the caring governance which were transcribed in the individual journals of the researchers. "Through the observations the meanings were formed, units of experiences were captured"(Uhrenfeldt & Hoybe, 2015), in sentences or unspoken non-verbal gestures and expressions. Steps in data analysis were adopted from the study of Uhrenfeldt & Hoybe (2015). The first step involved the organization of data to provide an overview of the sample; second step required all field notes from observations and interviews to be transcribed into coherent text pieces; and third, reading and re-reading individually and together the pieces to identify any repetition or deviating patterns that would be further developed into themes and sub-themes. To aid in the analysis, NVIVO 11 was utilized to generate themes.

RESULTS AND DISCUSSION

The qualitative data were analyzed and themes were generated. These themes provide the description of the elderly facility in a care environment. The themes generated were: a) Nurturing environment; b) Flourishing milieu; c) Thriving abode and d) Unifying environment.

Theme 1. Environment that Nurtures (Nurturing Environment)

The facility for older adult or home for the aged is a place where old people live and are cared, those who live away from their families. This place serves as the home for the older people throughout the days and weeks. Being away from their loved ones make it more difficult for them to live. Hence, the facility needs to provide a supportive and encouraging environment. The observation of the facility milieu generated two major findings: a) Institution of care, affection and patience and b) Esteem booster. These portrayed the elderly facility as a nurturing environment to nurture the elderly soul (Killingsworth, 2008).

Institution of Care, Affection and Patience

The general milieu exudes warmth and kinship among caregivers and the elderly. There is a sense of valuing for the older people coupled with the competence of caregivers in their care. The manners at which they maneuver wheelchairs, prepare the table and set the food in front of them demonstrate their concern for the elderly. The nuns who supervise the care providers also take part in their care. This is depicted in the following transcripts from the researchers' observation journal:

"Sisters were with them urging the older client to smile by clasping their faces with both hands, hugging them."

"Every sister or care provider shows a smiling face, affectionate gestures to them."

"How care providers touch and handle the older person - dominated with sincere gestures, warmness."

These are gestures which portray a place where acceptance and loving affection abounds, an institution that cares and provides a home away from their homes. The facility also provides immediate therapeutic management for the elderly and has a resident physician who takes charge of such duties. The care providers are very keen in observing the medical needs and regularly bring the older people to the hospital for their routine laboratory examinations. In elderly care, Gallo *et al.*, (1999) state that more than the therapeutic management is for the care providers stop being care providers but more of being friends or families to the

residents or the older people living in the facility.

"The caregivers during morning time do their routine morning cleaning works such as cleaning the rooms of the lolas (older persons) and changing the bed linens making sure that the beds are all clean."

"It can be seen that the staff really puts extra effort in keeping the lolas (older persons) well-fed, clean and safe."

A gesture of acceptance for every elderly placed under their care. The facility exudes a feeling of confidence that the older person placed in their care will be treated with patience and acceptance. Care providers do not just do the routine management for the clients but offer a type of care which exceeds the physical needs of the older persons - the type of caring milieu where the need for physical care is exceeded by the need for recognition, acceptance and concern.

The caregivers also provided constant support and company to the elderly who need supervision. The care provider did not only stay with the older resident but was constantly talking to the resident, urging her to join the group and motivating them despite their resistance. The care providers showed that they understood their clients and their previous experiences which may have led to the negative behavior they manifested. Resistance is common among older persons but one needs to understand the person and provide consistent presence and support (Mayo Clinic, 2014).

Esteem Booster

The care provided to the older people is focused on sustaining the dwindling self-esteem of an aging person. The effect of separation from the family, whether staying in the home for the aged is within or against the will of the elderly, will further create a sense of powerlessness and discouragement in the elderly. This event in their lives usually requires adjustment, leading into depression (Hoover *et al.*, 2010). Thus, there is a need for supportive and unconditional treatment for them in order to regain their lost self-esteem or to boost their morale and make them feel good and acceptable again. This is particularly reflected in the following observations:

"A care provider constantly staying with a lola (older person), encouraging her to join the group,
boosting her confidence - genuine concern, words are important instruments for lolas (older person)."

Care providers have created their own culture of caring as well. They have demonstrated teamwork by taking turns in caring for the older persons. There is a smooth flow of actions which blends with routinely flowed activities. They seem to anticipate the actions of others; even the nuns step in to take care of them when they see the care providers busy with their tasks. They allow them to do things according to their capabilities but are alert enough to anticipate consequences that may harm the elderly.

"Everyone is seen to be helping one another. Even the special/private caregivers take turns to help other caregivers do their job."

"As verbalized by a caregiver, they do not compete with each other. Instead, they are helping one another do their daily tasks and responsibilities."

Caring for the older persons requires an environment that accepts them as a person holistically, regardless of her defects or limitations. Care milieu is characterized with affective valuing and respect to the elderly clients. Providing an environment that supports and encourages growth among elderly requires both a supportive relationship between the older persons and caregivers and among caregivers themselves.

Theme 2. Milieu to Flourish (Flourishing Milieu)

To flourish means to grow successfully. At the setting years of elderly person, it is quite difficult to think how they could still continue to flourish despite their physical weakening and mental deterioration. However, the older clients observed in the home for the aged has this certain glow in them and a sense of dignity among themselves except for those who are already bedridden. The picture of the facility as a flourishing environment was substantiated with four (4) major observations: structured flexibility, anticipated joy with family engagement, doing for and doing with and presenting.

Structured Flexibility

Caring for the old requires routine activities such as bathing, feeding, daily maintenance medications, dressing and toileting, among others. These are non-

negotiable services that should be done for them. However, in providing these ordinary activities, there is a need to ensure that caring is flexible according to their moods or feelings. The flexibility component allows them to exercise his/her freedom to do what he/she is most interested to do and allows expression of his/her personal needs as long as this will not harm them. The flexibility of care allows them to continue their interests when they were still at home, thereby providing quality of life for them. Below are some examples of routine activities that contribute to the quality of life of the facility residents:

"By 8am, the lolas (older person) are already out at the lobby, and are wheeled in by 9:40am for their lunch by 10am."

"...schedule is not structured, allowing changes to take place - birthday celebration of a lola attended by family members - simple yet meaningful with the care providers and sisters celebrating with them."

"During their morning stay at the lobby, a caregiver was leading the lolas (older person) in reading some passages of the Bible. They were also singing spiritual songs and praying together with the hymn leader."

"During their afternoon prayer time, there were children sitting on the floor praying together with them. Some older kids were even allowed to transport the lolas from the elevator to their prayer area. Knowing that the presence of these children may have impact on the psychosocial well-being of the lolas (older person)."

"The institution allows the interest of the lolas (older person) to be manifested as long as it does not interfere with the daily routine of the lolas (older person). One example is a lola (older person) who is a catechist who is allowed to conduct catechism classes of the children living near the institution. She is to conduct it for the entire month because of the Flores de Mayo."

Structured flexibility refers to a "decision making system where the strength of a programmed decision model's planning and controls are coupled with a non-programmed process model's flexibility and iterative learning orientation" (Smith, 2012). The point in creating an environment with structured flexibility is to provide a certain extent of freedom in deciding the activities of the

facility based on the interest, capability and optimum functioning of the elderly. Providing too many rules and limitations in the daily activities of the elderly will make them feel stifled while following such rules. Providing them freedom would not be harmful to them as long as these are guided by the goals and direction of their care (Sills, 2014). These premises are important contributing factors to make the life of the elderly more meaningful with a sense of independence.

Anticipated Joy with Family Engagement

The elderly has established permanent relationship with their family members. The many years that they were together created a bond among them. With the admission in an old age home creates separation between the elderly and the family, loneliness is usually felt having been isolated from their families. A significant observation which the researchers have actually witnessed is the smiles the elderly have on their faces when the nun informed them that their families are visiting them. The excitement and anticipation of waiting and looking forward to the arrival of their sister, grandchildren or daughters is clearly written on their faces especially when they see their family members at the gate.

"...a lola (older person) was very happy telling us that her sister will fetch her...she rode the elevator immediately because she needed to dress up and put make up on then she went down again waiting outside the building for her family."

"I saw the joy of one lola (older person) being visited. She was telling us that her sister is coming to pick her up and that they are going to eat outside because they are celebrating something. The joy of being remembered and the joy of being loved. Such a lovely sight."

The family is a source of joy for them. It allows them to grow as a person and create more meaning into their personhood. This may not only refer to biological family but to significant people in their lives. It is therefore an important aspect in the care of the older persons to allow them to have family member visits, communication or even to reminisce about memories with the family.

"While walking at the corridor, a lola mistook me

(researcher) as her child/ grandchild. Asking me for my name and was so happy seeing me. Her caregiver verbalizes that she has been missing her family this time and has been longing to see them."

According to King (1982), reminiscence is "the process of remembering one's past, either verbally or internally") currently, reminiscing or life review is considered as an adaptive mechanism for the older people. Most often, their reminiscing is focused on their family members. Oftentimes, they remember the happy thoughts which provide them with a source of inspiration. In the flourishing stage of their life that is old age, significant people are always remaining part of their growing stage despite their age, and hence, this should be part of their caring environment.

Doing for and Doing with

The care providers are basically providing care to the older persons. The clients usually wait for the care providers to assist them in their daily needs. In most cases, they feel frustrated for not being able to do anything by themselves and a sense of worthlessness sets in. This amplifies their weakness, making them feel dependent to the care providers. They need to feel that they are still of value to others A flourishing environment for the elders is one that allows them to see their worth, support their self-esteem, respects their dignity, allows them to have control of their immediate surroundings and provides avenues for self-fulfillment.These are shown in the following statements recorded in the observation journal:

"In the dining area, while the two sisters and one caregiver were drying up the utensils, there was a lola (older person) who was with them and helped them in cleaning the sink. They were even motivating her and telling her that she was a good teacher. There is the presence of worth-appraisal."

"One lola (older person), who used a chair as her 'tungkod [walker]', to whom I offered my help declined saying politely that she can do it and that she was using the chair as her means to support, for balance in walking."

Presencing

Being in an older people's care-giver organization often creates a sense of loneliness to its clients. It was observed that care providers stayed with them, talking and checking up on them. The presence of the care providers with the elders somehow lessens the aloneness they felt. However, being present is more than just the physical presence. It is the meeting of the one cared for and the care giver's loving concern for the once cared for. As defined by Scharmer, (2002):

Presencing is the ability to act in such a way that the actions we perform originate in the coming-into-presence of the future. When acting on this level, we let go of our 'small selves' and turn into vehicles for the coming-into-being of a deep evolutionary stream. How do we do this? By carrying out a certain inner work, an inner work that is related to a three-fold reversal process: turning one's thinking away from judging to exploring; the reversal of feeling away from emotional reaction to appreciation and seeing with the heart; and a reshaping of the will away from hard ego intentionality to a softer, more future-receptive will.

Presencing in the care for older persons means opening up oneself to them, exploring and appreciating the beauty of the elders and erasing the stereotypes against the elderly. In dealing with them, the environment shows a non-judgmental atmosphere and the realization that caring for them is a mission in life.

"A care provider is constantly staying with a lola (older person), encouraging her to join the group, boosting her confidence."

"There is one lola (older person) who seems to be so irate all the time that she wants her caregiver to stay away from her. But the caregiver with her patience makes up 'reasons' why she has to always be by her side."

Theme 3. An Abode to Thrive (Thriving Abode)

The way people think about their living environments as they age has transformed throughout the years. The word 'home' does not anymore define a building where older people stay to end their days; it is now venues where older people stay to enjoy and spend the remaining phase of their lives. Older people desire to stay in homes that give them independence, choice and the ability to maintain their friendships and family contacts. They do not consider their homes simply as a place where they receive health or social care (Ongeri, 2009). Elderly facilities which serve as the second home for the elderly

create an impression and impact on their lives.

This old age caring home is a source of care for the elderly needs a design that allows them to live in a comfortably built environment that provides equipment to compensate for physical disabilities and self-care, a space to walk and move independently with or without assistive devices and a place where they can live comfortably. In caring for them, relationships and professional care need a physical design that compliments the promotion of holistic care. Care settings should play a significant contribution to the optimum functioning of the aged. The observations below prove that the place of study catered to elderly care:

"Architectural design of the ramp-very well designed that when one uses it, it does not require much effort, not slippery, including the floors - concern for elderly; design with a heart for the frail."

"There are 2 floors all in all. There is the presence of an elevator in order to transport the lolas (older person) from the ground floor to the 2nd floor and vice-versa. There is the presence of a ramp at the back portion of the building. It was a well-planned ramp created with the thinking about the safety of the lolas (older person) being transported. There is the presence of a church within the compound."

Theme 4. The Care that Unifies (Unifying Care)

Diversity is common when dealing with more than twenty residents in a care facility. Differences arise from their cultural upbringing, personality and their personal biases which they have developed over the years. Differences are also observed as some elderly have their own capabilities and limitations, mood changes and demented minds. Cultural differences among care providers is also a common observation as each of them differ in age, marital status and family upbringing.

"The lolas (older person) inside the home are varied. Some are still quite able to do their own activities of daily living while some would really rely on their caregivers. The lolas also had their own variety of interests and attitudes and even at times would get irate."

"One lola (older person) wanted to go out and go to a place where her friends are because she feels lonely inside."

In the home for the aged, the acceptance which the care providers show towards them serves as a unifying force for them to attain unity in diversity. The empathic care provided to them enables the care providers to understand each of them and embrace them as part of one family. Each one is treated fairly and provided attention as they need it. In the facility, there were only two elderly who had no family members to regularly visit them. It was the staff who served as family members to them.

CONCLUSION

The care for the older people is governed by a caring culture. This culture is characterized by its caring environment, its structure and governance. The culture of caring is based on its environmental element which consists of affection, interaction, patience and sustained self-worth for and of the elderly. The caring structure focused on their growth and empowerment despite their limitations with special considerations on the architectural design and landscape of the old age home environment. The culture of governance includes the mission and unifying attitude in the caring milieu. The elements of the caring culture are developed through a nurturing-flourishing-thriving-unifying environment. This is an eclectic combination and complementing relationship between the physic-social-psychological-spiritual and political elements which are important components that support elderly care culture. The nurturing, thriving and unifying elements of the caring culture for the elderly have interdependent relationships and the combined effects of these three elements shape and strengthen the flourishing milieu of care for older persons.

Older person's care facilities should maintain a nurturing, flourishing, thriving and unifying environment. Through this structure, the elderly facility will able to empower and provide a supportive caring environment for their clients. One of the limitations of this study is the single locale used as basis for the findings. Moreover, the clients observed were female only. It is recommended that further studies be done in a different locale and with male clients.

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