Anybody Hear Us?
Attempting to Meet the Psychological Care Needs of Older People: an Ethnographic Approach

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ABSTRACT

Older people who live in residential settings need some psychological support because of vicissitudes of life they faced with. The aim of this study is to explore psychological care needs of older people in a residential home. We used an ethnographic approach from May 2011 till January 2012. Through purposeful sampling, 14 knowledgeable participants were selected. Data were gathered from participant observations, in-depth interviews, review of related documents and field notes. Thematic analysis revealed three key themes including: (a) Feelings of sadness (b) Emotional desires and (c) Choice and control. Findings of current study provided rich and useful information that is useful in charting new guideline for policy makers and care providers in order to support elderly residents' psychological care needs.

Keywords: Aged, Psychological Care Needs, Qualitative Research, Residential Facilities
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INTRODUCTION

There is evidence that older people who live in residential settings need some psychological support because of vicissitudes of life they faced with such as emotional depression, lack of meaningful social relationships and lack of reconnection to the outside [22; 26]. In other words, older people will develop institutionalism syndrome which reduces their social skills and ability to socialize with others because most of their time is spent inside the institution rather than with outside life. Moreover, their characteristics lie in their loneliness and loss of their primary support persons in their twilight years. Taking this concept a step further, Reiss and Tishler pointed out, many elderly people in long-term care settings have complex medical conditions, impaired physical functioning and depressive symptoms, therefore, policy makers must be alert to the psychological' potential risk for this kind of individuals [24]. Multiple authors have shown that older people with behavioral problems and aggressive behavior were most faced with psychological and physical abuse by care givers [1;13].

The need for principles of good practice and for a clear strategy in the delivery of psychological care in residential homes has been well documented by number of scholars [3; 27]. They have suggested that providing appropriate interventions such as improving care provider's communication and listening skills and supportive counseling could meet some elderly residents' psychological needs.

It is important to consider that, older people in residential homes have psychological needs that often go undetected or forgotten [7;4]. Therefore, every older people in the long term care setting have the right to basic psychological care. In truth, residential homes has to involve a range of services along a continuum of intermittent care that

addresses the psychological needs of individuals in a system that can rarely meet every resident's personal preferences and needs.

The older people's needs in residential homes are complex and related to their psychological care and the manner in which they experience their problems and expectations. A number of scholars posed that there is still a lack of agreement between providers and recipients about residents' psychological needs [8; 30]. In other words, the viewpoints of the recipients themselves regarding their psychological needs are crucial to their integral evaluation. Therefore, care providers should consider the elderly people's opinions in order to provide the appropriate psychological care plans. Importantly, psychological needs should be recognized through the elderly residents' perspectives to have a more in-depth understanding of what they really think, experience and expect [5; 19].

According to our knowledge, this study is the first, to explore the psychological care needs among elderly residents in the Malaysia. Therefore, the aim of this ethnographic approach is to explore psychological care needs of older people in a Malaysian residential home.

METHODS

Details of the study procedures have been reported previously (28). For the second stage of this study, reported here, we used four data collection strategies: participant observations, in-depth interviews, field notes, and review of related documents. The trustworthiness of the current ethnographic approach was ensured through prolonged engagement in the field of study, using four data collection methods; ask two knowledgeable colleagues to comment on the findings to eliminate any bias and finally returned data to the participants to validate the descriptions and interpretations of study findings.

Ethnography is a qualitative research method best suited to elicit the informants' perspectives to understand some phenomena that cannot be well understand from other approaches (18; 9). This form of study allows the researcher to enter into the context where the phenomenon occurs and collect data on the experiences of older persons in their familiar environment. Ethnographic study assists researchers in appreciating the world through the informants' eyes and what they perceive as meaningful (20).

Hill House is a governmental funded housing for physically disabled individuals and those with no financial resources. In other words, only needy elderly people who not supported by family, no dependable relatives and no work ability are eligible to enter Hill House. About 45 caregivers, who are mostly female, take care of 301 elderly residents in Hill House in three shifts.

A guiding principle in sampling is data saturation that is, sampling to the point at which no new information is obtained and redundancy is achieved. Data quality can also affect sample size. If participants are knowledgeable informants who are able to reflect on their experiences and communicate effectively, saturation can be achieved with a relatively small sample. Also, if longitudinal data are collected, fewer participants may be needed, because each will provide a greater amount of information. For this study, we purposefully selected 14 knowledgeable participants. The participating qualitative researcher becomes a part of the residents' society by being involved with their natural context. This enabled principal researcher to reflect on their experience of cultural practices. When principal researcher entered into the elderly people' daily lives for data collection, he was cautious to be as unobtrusive as possible, just like 'a fly on the wall'. In this regard, he immersed himself in the natural setting to look for any contextual nuances which are impossible to discover from any other method apart from participant observation. In this technique, he managed 'entry' into the world to be studied, established 'rapport' with informants and successfully acquired 'access' to places, people and interactions.

In the present study, both semi-structured in-depth interviews and informal interviews were conducted by principal researcher. An interview guide was used in this project. The first part was about the informant's primary data such as sex, age, education level (see table 1); and the second part was regarding elderly residents' perspectives. Each in-depth interview with participants lasted between 28 and 91 minutes depending on the participants' ability, knowledge and interest. In the research study, 18 interviews were conducted with participants. Most participants concluded the interview in one sitting, but four of them completed during two. In this ethnographic study, we also reviewed related documents including residents' medical charts (medical records, nursing notes and so forth) and review of policy documents.

Permission to carry out this study was given by the faculty of Medicine and Health Sciences' Ethics Committee and Malaysian Welfare Department as well (28). Participants and gatekeepers were assured that pseudonyms would be used for all names and that the information they provided would not allow readers to pinpoint their identity according

to the principles of research ethics. At the beginning of the each interview, the first author talked with participants about the aims, methods, benefits and risks of the study.

Data analysis involves working with data, organizing, breaking, synthesizing, searching for patterns, discovering, and deciding what you want to elicit from data (18; 29). All interviews from the digital-recorder were transcribed verbatim. After transcribing all the data, the data entered into a logical format that could be easily understood and analyzed. Before beginning analysis, the data read several times to obtain a general sense of the information, and to organize and clean the raw data. Researchers usually check data for errors and clean dirty data to prevent influencing the results (12; 34). Data was organized to analyze them and to find meaningful units, develop codes, code data, find sub-categories, categorize and themes.

RESULTS

Fifteen older people consisting of six males and nine females participated in the current study. One of the female residents refused to continue and asked to cease the interview. Profile of participants such as age, gender, marital status, educational level, and so on are shown in Table 1. The age of residents was between 60 and 84 with average of 68. They lived in studied setting for different lengths of time from nine to 186 months with an average of 40 months. In terms of educational attainment of the participants in this study, the majority do not have secondary and university degrees.

The need for psychological care was recognized by the older people. The analysis of the data gathered in the current study resulted in the development of three themes and seven categories illuminating psychological care needs of elderly residents. These themes are: (A) Feelings of sadness (B) Emotional desires and (C) Choice and control.

Table1: Profile of the Elderly Residents

Name (Pseudonym)	Age	Sex	Length of Stay (Month)	Marital Status	No of Children	Educational Level	Disease Diagnosis
Fatimah	84	F	49	W	1	S	HBP & Heart Disease
Hafizah	74	F	21	W	0	U	None
Halim	80	M	18	M	8	P	Gout & Asthma
Harum	65	M	12	M	2	P	Diabetic
Karim	64	M	9	S	0	S	Itchiness
Najib	61	M	18	M	5	S	Gout & HBP
Rahimah	65	F	24	M	3	P	Joint Pain
Raihana	63	F	16	W	4	S	Diabetic
Robab	65	F	19	M	2	S	Diabetic& HBP
Rokia	70	F	84	W	4	P	HBP & Gastric
Shafie	63	M	39	S	0	P	Stroke
Tiara	78	F	36	M	0	P	Diabetic
Zahra	60	F	186	M	3	S	Joint Pain
Zarina	65	F	31	S	0	C	Migraine

D: Disease, HBP: High Blood Pressure
Marital status: S=Single, M=Married, D=Divorce, W=Widow or Widower
Educational level: N=None, P=Primary school, S=Secondary school, C=College and U=University

A. Feelings of sadness
As people experience ageing and loss of loved ones in their lives, they will feel much more loss when they move to a long-term care setting. About 300 older people live in Hill House, and only about 120 persons are mobile. Therefore, most of them are bedridden or have some mental problems. This sad environment makes older people much more lonely, isolated, depressed and sad.

A.1 Loneliness
Nowadays, because of the transformation of population and society, families cannot take care of their elders as much as before. Therefore, aged parents must be alone at home or move to residential homes. Thus, the environment is very sad and lonely for older people especially for those who have lost their spouse and must stay in a residential home.
I myself wanted to be sent here, and not my children who sent me here. When I was at my son's house, I was always alone because my son and his wife go to work and my grandchildren are cared for by his mother-in-low. When I am alone I feel bored (Ms. Rokia).

I don't like to stay alone at my house. When I stay alone, I think back what had happened to me (Ms. Hafizah).
Obviously, family, friends and familiar environments play a significant role in providing psychological care for older people and this cannot be completely replaced by institutions.

I don't like to be alone, because I will feel lonely. I want friends so I can talk to them (Ms. Robab).

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From observations, new residents try to connect with senior residents in the first few days after entry, to know more and more towards a new environment. There is also a desire in senior residents to get new information from outside of the residential home, but after a while, new residents observe more, think more, talk less and review their past. When they sit alone, they often experience more loneliness and sadness. As one resident, Ms. Raihana pointed out:

They (staff) usually do not want me to sit alone because I will think of many things. They want me to join in with the other residents. Sometimes I feel sad, and do not want to speak with others and I want be alone.

A.2 Relatives' problems
The majority of elderly people in Malaysia are supported and assisted to live at home by family members. In view of Islamic and Malaysian cultural norms, family is an important source of support for older people. But a few elderly residents moved to Hill House due to some challenges they had with family members especially with their children and in some cases, with their wives.

Actually I was sent here by my relatives. I already broke up with my wife since first I came here. I never contacted her because it's just useless and a waste of my time. She hates me and does not want to talk with me, so what to do (Mr. Najib).

It is ironic that when the elderly are in increasing need of support, they become more hesitant to ask or accept assistance from their children as they prefer move to residential home instead of burdening their children.
I wanted to come here. Nobody forced me (Ms. Fatimah).

B. Emotional desires
The need for emotional desire fulfillment was recognized by the older people. In this, residents marked their desire in the three aspects including desire to live with family, hope and still feeling like a family.

B.1 Love to live with family
Family members are primary emotional support resources for the elderly persons, especially aged parents. Family members feel guilty because they are aware that the life of their elderly parents in the residential home is full of loneliness and marked by misery even if the setting provided the best quality of care for them. Maybe they would allow their aged parents to go back home and live with them; as two elderly mothers expressed:

My children commented nothing about my decision to live here. But I am not sure if one day they will come to take me back because you know, I am their mother. If one day I go out from here, I will not come back again and will permanently live with my family. I'm just waiting for them, only God knows when (Ms. Zahra).

I don't want to (go home) but I don't know, maybe someday I will go home (she has tears at this time). I'm happy when my sons come here to visit me. Before this and after my sons go home, I feel sad and cry (Ms. Rahimah).

It is important to note that, the duty of one staff is to find the resident's children and encourage them to pick their parents up from Hill House to live with the family, but unfortunately, most of children's' answers are disappointing.

B.2 Hopeful
The residential home and separate from family members are a place of sadness where people spend the end of their lives and are enough to make any person depressed and hopeless, but in Hill House several elderly residents still think about the future and made plans for themselves.

I'm already 80 plus years old but I'm still healthy. My memory is still good. I want to go to Mecca (the Muslim holy city) (Ms. Fatimah).

I do get privacy here and my heart will not be at peace. I like to be alone and whenever I am alone, I will be thinking about my future whether to work or to continue my life here (Ms. Tiara).

B.3 Still like family
Although their families made the decision to send their parents to Hill House, causing them to lose their independence as well as their home, family, friends, neighbors, belongings, and freedom, but still they love their family members. An elderly resident commented that she sacrificed herself because of her family.

When they (relatives) come, I put on more lipstick, double my grooming and double everything to make sure them I'm fine. It does not matter. I'm quite happy here, quite ok, I do have friends (Ms. Zarina).

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C. Choice and control

For older people, the issues authority and privacy were important, in which their comments on this matter far exceeded those related to any other care needs.

C.1 Authority

Participants also revealed authority as one of their concerns, because Hill House, like other residential homes does not provide an environment where the residents' autonomy is protected. In this regard, a number of participants stated that:

In terms of decision making, the staffs here are the ones who will make the decisions and I will just obey (Mr. Karim).

I don't think I can suggest anything here because I have no authority. At home, we are totally free. But here, we already have everything, so we just accept everything provided for us. The thing is we cannot demand special facilities (Mr. Najib).

C.2 Privacy

One of the most common disadvantages of long-term care facilities is loss of privacy. But a number of participants expressed that Hill House is a big setting with benches where residents can sit and have privacy.

So many places you can look or you can just sit down alone and think whatever you want to think. There's plenty of place for privacy. They won't touch you, they won't disturb you. They respect your privacy (Ms. Zarina).

I like to be alone because I want to calm my mind. It is a normal thing to want to have our own time without anyone disturbing. If I want to be alone the others understand and do not disturb me (Mr. Halim).

On the contrary, some older people believed that they did not have privacy in this residential home.
We do not have much privacy because there are many people here (Mr. Shafie).

Usually the treatment or the check-up will be done in our wards near our beds and they do not have a special room for it (Mr. Harum).

DISCUSSION

Psychological care needs is the contentment and satisfaction with elements of life, a feeling like one has accomplished something in one's life, attained peace, and achieved happiness [30]. In the current work, feelings of sadness, emotional desires, choice and control were identified by the older people as three important elements of their psychological care needs.

Older people who are residents in a residential home may experience distress, social isolation, feelings of sadness and emotions of profound hopelessness, resulting in an overall decline in physical and psychological functioning [2; 11]. Elderly residents reported feelings of loneliness caused by a loss of their surroundings and familiar environments; lack of visitations, lack of personal freedom, restrictions placed on their movements, and loss of control over many aspects of their life. A lack of someone to speak to about everyday issues leads to loneliness and boredom. From the older people's perspectives, the caregivers and staffs did not have the time or simply did not desire to converse with them. The most awful part of staying in Hill House seems to be the loneliness and the lack of contact with family, friends and caregivers. The residents found that it was rather difficult to find new friends at the residential home [27]. A number of older people expressed their feelings of loneliness which included feelings of neglect by the community, inability to have social contacts, or having too few conversations with other older people or inability to partake in meaningful social activities organized by Hill House. During the last two decades, a variety of interventions to prevent or reduce loneliness among elderly residents was developed. Numerous scientific studies have demonstrated that to improve the psychosocial well-being of older people, care providers at long-term care facilities must recognize the importance of implementing meaningful activities [10; 31]. The aim of many interventions focusing on loneliness is to engage people in new social relationships or social activities for meeting residents' psychological needs.

Furthermore, problems with relatives were another important issue regarded by key participants as a psychological care need. Several residents moved to the Hill House personally or were moved there by their family due to problems they faced at home. Those who believe that family members will not take care of them and deem themselves incapable of living independently tend to be cared for by residential homes. Residents came from groups of people who have major problems in handling their lives due to the lack of familial supports and a number of them were sent by their family due to some challenges they had with family members. A few male elderly persons who reside in Hill House were sent here by their wives [although they were able to look after themselves] and were not visited and

supported by family members. Numerous scientific studies have demonstrated various factors as to why older people enter into residential homes [25; 6], but wives sending their husbands to residential homes with or without the agreement of their children and without visiting and supporting them has not been documented elsewhere in literature. These new finding also contribute immensely to this field.

As expected, a high proportion of older persons live with their family members. However, the role of the family as the main provider of informal care has changed nowadays. Therefore, the number of families placing their older relatives in residential homes has increased [16; 17]. Most informants acknowledged that they never imagined that they would experience a long stay in a facility towards the end of their lives. Perhaps from the relatives' perspective, there is nothing else they can do and placing their loved one into residential care was an ideal decision that was made out of desire rather than requirement. Some groups of elderly people opted to live in the long-term care facility, but still secretly desired to live with family. Older persons with a spouse or children are less likely to stay in residential homes because they want to enjoy the rest of their life with family members and be taken care of by them.

Moreover, to meet psychological care needs, residents must have choice and control on most of their activities within the facility, as well as outside the facility [32]. Older people prefer to live with dignity and independence. They are fond of being self-reliant, self-sufficient and productive; they dislike being thrown into a residential home [11; 23]. Each resident must receive proper care; and Hill House must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being in accordance with comprehensive assessment and plan of care. Therefore, facilities must employ some strategies and interventions to meet the needs of older people who are grieving and finding answers, and meet their psychological care needs. There is evidence that care providers and policy makers should be persuaded to provide psychological care alongside physical and functional care [15]. The present study indicated that older people are diverse in their psychological care needs. Therefore, residential settings must plan diverse interventions to meet these needs. For this reason, some counseling services are required to identify and explore ways to support older people's psychological care and meet their preferences, concerns, and choices [21].

CONCLUSION

These results show that psychological care needs have profoundly impacted the elderly residents' quality of life. In this regard, various psychological cares needs have been unveiled relating to residents' expectation from family members and relatives and also the rule and structure of residential home. They were aware that the rules and terms of residential home are difficult to change, but most of them have been trying to find possible reasons for their psychological care needs remaining unmet by family and relatives.

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