



Building a Cohesive Partnership: Perspectives of Staff Caregivers on Improving Self-Care Independence Among Older Adults Living in Long-Term Care Facilities

2018, 1(3), 101-107
doi: 10.5505/jaltc.2018.92486

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Abstract

This study was to understand how to establish a cohesive partnership aimed at improving self-care independence among older adults living in long-term care facilities. This was a qualitative research design. Results found that to build a partnership, staffs indicated three major elements are essential: (1) prior discussion, (2) building trust, and (3) reporting conditions of residents voluntarily. However, this study observed that *family caregivers' attitudes* and *health or characteristics of older adults* were of influence frequently affected older adults to regain/maintain self-care independence. To decrease the negative impact, the staffs should have attitudes of *compassion, empathy, and caring*.

Keywords: Self-care, aged, long-term care, caregivers, partnership

Key Practitioners Message

- To improve self-care independence of older adults in long-term care facilities, it is important to build a cohesive partnership between staff and family caregivers.
- Negative family caregivers' attitudes and health problems or negative characteristics of older adults could be negative impacts affecting older adults to regain or maintain self-care independence.
- To reduce the negative impacts, staff caregivers should have compassion, empathy, and caring.
- A solid partnership should be established between staffs and family caregivers.

Self-care abilities have special meaning as a way for older adults living in long-term care facilities to show independence. Cramm and colleagues (2012) indicated that older adults' self-management abilities were stronger indicators of well-being. Similarly, Chang (2009) studied beliefs of nursing home staff and residents about self-care. The findings showed that staff caregivers perceived being independent for residents living in a nursing home increase the adult's self-esteem, self-confidence, and maintain physical function. Residents perceived that being independence make them feel happy. Chang and colleagues

(2010) also suggested that improving activities of daily living performance can result in enhancing life satisfaction and self-esteem among nursing home older adults in Taiwan. In brief, it is important for older adults to perform self-care independently. Entering a long-term care facility constitutes one of the most difficult challenges to performing independent self-care among older adults. Although the current trend indicates that staff caregivers in long-term care facilities encourage elderly residents to continue performing independent self-care as possible (Askerud & Conder, 2016), however, due to various factors

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Received: 13 November 2017 | **Accepted:** 10 August 2018 | **Published Online:** 15 September 2018



including physical limitations, pain, depressed emotions, and family members and /or staff caregivers fostered dependency, older adults living in long-term care facilities seldom engage in independent self-care (Chang & Yu, 2013). Beedholm and colleagues (2016) conducted a qualitative study to understand what was at stake when a robot bathtub was implemented in a Danish older adults center. Data included interviews, participant observations, working documents, and media coverage. Results found that a robot bathtub for the bathing of the older adults resulted in two problems; 1) it is offensive to older adults integrity, damaging to their well-being, and 2) it also caused the staff physically strenuous. Chang (2009) also interviewed 10 residents and 10 staff caregivers of nursing homes to understand their beliefs about self-care. Findings showed that staff caregivers perceived they discouraged older adults in nursing homes to perform self-care because of staff shortage and family members supporting dependency. In contrast, receiving support from family and staff members facilitate older adults' motivation to regain self-care ability. Thus, staff caregivers constitute an important factor affecting older adults' behavioral dependency in self-care performance.

Although staff caregivers are taught to encourage older adults living in long-term care facilities to perform self-care independently, not every staff caregiver can follow and execute this notion. For example, Sacco-Peterson and Borell (2004) employed an ethnographic design using both qualitative and quantitative methods to understand why nursing home residents struggle with autonomy in self-care. Data collection involved more than 200 hours of fieldwork. Results showed that staff caregivers' conceptualizations of their responsibilities might lead them to assist residents in maintaining autonomy in self-care performance. Value-laden statements of staff caregivers, such as "she is a quiet woman... she never bothers anybody", indicate ways in which staff caregivers unknowingly encourage older adults to perform self-care independently. Change and Yu (2013) also investigated the perspectives of family caregivers about self-care

independence among older adults living in long-term care facilities. Using a qualitative approach, data was collected via face to face interviews with 44 family caregivers. Results showed family caregivers perceived that high turnover rates caused negative impacts in re-constructing self-care independence, but guiding self-care performance can result in re-constructing self-care independence among older adults living in long-term care facilities. Therefore, staff caregivers in long-term care facilities play an essential role in maintaining the self-care independence of older adults. Few studies have focused on staff caregivers how they should conduct about improving the self-care independence among older adults living in long-term care facilities. This, the purpose of this study was to understand how to establish a cohesive partnership among staff, family caregivers and the facility administration.

Methods

This study used a qualitative design to explore the role of the staff caregivers on building a partnership aimed at improving self-care independence among older adults living in long-term care facilities. The data was collected via 31 in-depth qualitative interviews with staff caregivers, who were working in several long-term care facilities in Taiwan. This study was approved by the Human Subject Protection Program at the Chung Hwa University of Medical Technology.

Population and Sample

Participants were recruited from long-term care facilities located in southern Taiwan. Thirty-one staff caregivers were selected using the purposive sampling method. Subjects selection criteria were: 1) staff caregivers of long-term care facilities, 2) caregivers working in a long-term care facility for 6 months or more, 3) caregivers providing direct care to residents, and 4) caregivers willing to be tape-recorded during interviews.

Data Collection and Analysis

The face-to-face, in-depth interviews were conducted to collect data. In-depth interview data were collected through the process of

dialogue between the principal investigator (PI) and staff caregivers. Rich texture, details, and person-center narrative data were simultaneously collected. Each interview began with an open-ended question: "what has been your experience of working with residents' families in improving residents' self-care ability?" It was followed by the questions that attempted to clarify the causal nexus for staff. Moreover, each interview was conducted by the PI in a private, quiet, and comfortable room individually for 60 to 90 minutes. All interviews were audio tape-recorded, then, were transcribed verbatim for analysis. Each interview transcripts were recorded as a respondent code and did not include subject identification.

Verbatim transcripts of the interviews were analyzed using content analysis. This study used three-step data analysis (Guba & Lincoln, 1989). This process was repeated for each interview. First, the data was disaggregated into the smallest units. Next, these units of information were developed into tentative codes. Finally, the meaningful and accurate categories were sorted and generated.

Results

Participant Demographic Information

Thirty-one staff caregivers in long-term care facilities participated in this study. The majority of them were female ($n = 29$) and nursing assistants ($n = 19$). The average age was 43.59 years old ($SD = 10.43$), and the average working period was 69.13 months (Minimum = 4, Maximum = 60.13) (see Table-1).

Table-1. Demographic information of study subjects

Variable	N (%)	Mean (SD)
Gender		
Female	29 (93.5%)	
Male	2 (6.5%)	
Occupation		
Nurses (Major Caregiver)	12 (38.7%)	
Nursing Assistant (No-Major Caregiver)	19 (61.3%)	
Age		43.58 (10.43)
Months of working		69.13 (53.43)

Study Findings

Results of the study found that building a cohesive partnership is an important way to improve self-care independence among older adults living in long-term care facilities (see Figure-1). The partnership connects between staff and family caregivers. Staff caregivers indicated three major elements are essential to construct the cohesive partnership: (1) *prior discussion*, (2) *building trust*, and (3) *reporting conditions of residents voluntarily*.

Staff caregivers perceived that: *based on prior discussions, staff can receive support from family caregivers in improving the self-care independence of older adults*. A staff caregiver indicated that "...We discussed with older adults and their families (how to improve or maintain the older adults independence). Actually, most family caregivers have been very supportive (for older adults to maintain and improve self-care independence). (#9)" Another staff said: "...the most important (for improving self-care independence) is prior discussions (with older adults' families) ...if family caregivers are very aggressive and supportive (in improving self-care independence of older adults), we will act the same way. (#16)"

Staff caregivers perceived that *building trusting relationships with family caregivers is one way to enhance their support in improving the self-care independence of older adults*. One staff caregiver indicated that "...I encouraged older adults to self-feed.... they (family caregivers) support whatever I do for older adults because they (family caregivers) trust me... (#15)". Another

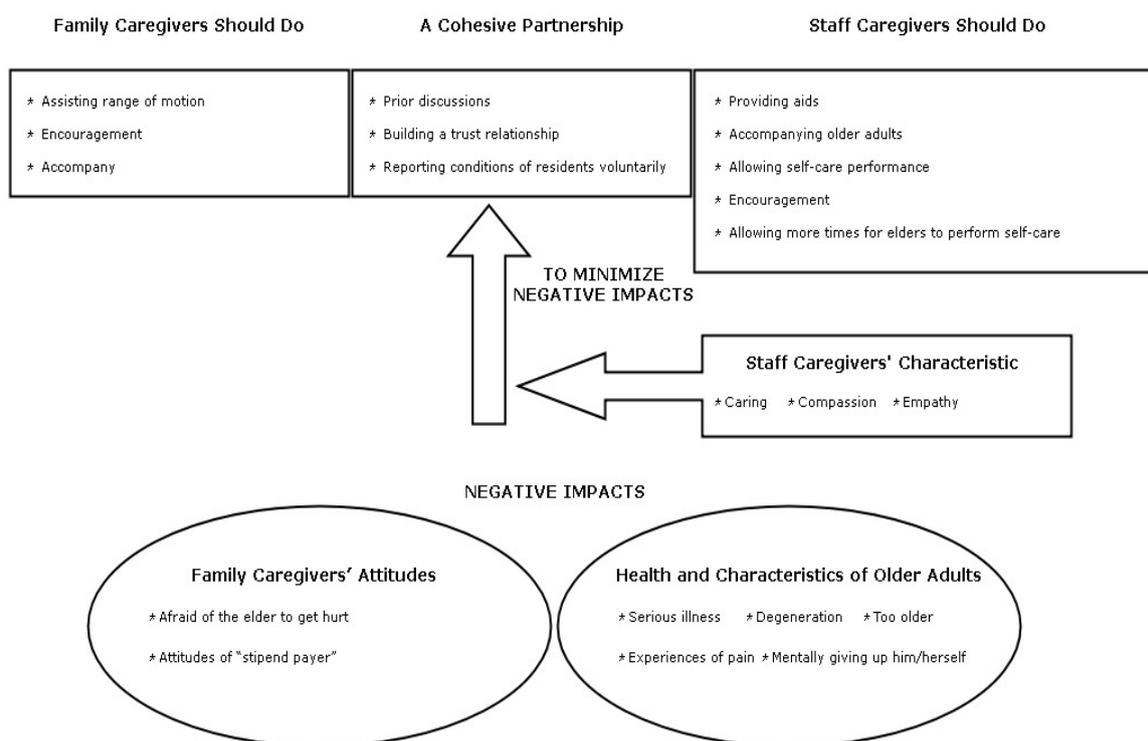


Figure-1. Perspective of staff caregiver on building a cohesive partnership aimed at improving self-care independence among older adults living in long-term care facilities

staff caregiver indicated the "...lack of trust from family caregivers; we (staff caregivers) receive no support (in improving self-care independence of older adults) ... (#22)"

Staff caregivers should *report conditions of residents voluntarily, without family caregivers asking*. Staff caregivers said: "...if we (staff caregivers) report older adults' conditions voluntarily, without (family caregivers) asking, then, asking for their agreement, they become more supportive in allowing older adults to perform self-care independence...(#30)"; "...we should allow older adults to perform self-care, ...it is one of the ways to assist them (older adults)... we also should report older adults' conditions to them (family caregivers); then they (family caregivers) will provide support and encourage older adults to perform self-care...(#31)"

Family caregivers should do for older adults

Results also revealed that family caregivers can construct when they visiting older adults, including; 1) assisting in promoting the range of

motion of older adults and 2) accompanying and 3) encouraging older adults as well. For instance, staff caregivers indicated that "...to improve older adults' self-care performance, when they (family caregivers) visit the facility, they (family caregivers) should accompany them (older adults), talk to them (older adults) and assist them (older adults) to do various activities... (#1)"; "... (to improve confidence in improving self-care independence among older adults) ... family caregivers should accompany them (older adults) during meal time, ...and provide encouragement... (#18)"

Staff caregivers should do for older adults

Staff caregivers perceived a number of things that they can contribute facilitate in improving self-care independence among older adults, including; 1) providing aids, 2) accompanying older adults, 3) allowing self-care performance, 4) encouragement and 5) allowing more time to perform self-care. Several staff caregivers gave examples: "... we (staff caregivers) have to accompany older adults, ...allow self-feeding, ...

we also need to pay a lot of attention when training older adults to self-feed.... (#3)"; " ... allow older adults to do self-feeding. We (staff caregivers) provide little assistance. ...we (staff caregivers) also use aids or equipments, and allow them (older adults) to have more time to practice self-feeding... (#18)"; " ...we (staff caregivers) guide her (an older adult) to do self-feeding...we always tell her to slow down (each self-feeding step) we don't push her... (#30)"

Factors have a negative impact on older adults to regain or maintain self-care independence

Two factors were frequently observed having a negative impact: *family caregivers' attitudes* and *health or characteristics of older adults*. Staff caregivers perceived that *faulty perceptions of family caregivers* delay older adults in regaining self-care performance, including afraid of older adults to get hurt and attitudes of "stipend payer". For example, staff caregivers indicated that "...he can do self-bathing, but they (family caregivers) ask us (staff caregivers) to do it for him (an older adult). ...they (family caregivers) are afraid (an older adult) will fall and get hurt. ...they (family caregivers) love him (an older adult) too much. some family caregivers perceived that they spend a lot of money here (the long-term care facility). We have to do it for him (an older adult) and he should be treated as a boss.... (#24)"; "... they (family caregivers) think that they spend a lot of money per month. We (staff caregivers) should provide good services (to older adults). So, we have to feed him (an older adult) ... (#25)". These attitudes obviously also have a notably negative impact on the partnership.

Staff caregivers also perceived that *health or characteristics of older adults* impacted staff and family caregivers' beliefs in improving self-care performance among older adults living in long-term care facilities. They mentioned the following characteristics: 1) too old, 2) serious illness, 3) degeneration, 4) lack of motivation, 5) pain and 6) mentally giving up on themselves. For example, staff caregivers indicated that "... based on the no harm principle, we allow older adults to do self-care. However, some older adults have no intention to do (self-care) due to their

characteristics, such as being too lazy, being too old, and degeneration. Some older adults believe that it was not necessary for them to work too hard. They usually lie on the bed or sit on the chair and watch TV, but asking for assistance (in performing self-care) (#2)"; " ...due to illness, such as stroke, dementia, ...older adults' self-care performances are affected... (#11)"; "...pain, degeneration, older adults are unable to perform self-care... (#14)". In addition, due to *staff shortages*, staff caregivers are unable to encourage or allow older adults to perform self-care independently. For instance, staff caregivers said that, "the staff shortage problem should be solved; otherwise, it is hard to improve (older adults) self-care abilities... (#21)".

Staff caregivers' characteristics can minimize the negative impact

To decrease the negative impact staff caregivers should have attitudes of *compassion, empathy, and caring* when they are taking care of older adults. Staff caregivers indicated that "...we provide positive encouragement. That can stimulate him (an older adult) to do (self-care). ...I also feel that caring and empathy are important (for improving older adults; self-care independence) ... (#6)"; "When we take time to or accompany them (older adults), they experience caring. They may feel that they are not abandoned due to being older.... Then, we (staff caregivers) should provide encouragement (on maintaining self-care independence) Doing these things might help older adults to maintain self-care performance (#27)".

Discussion

To establish a solid partnership aimed at improving self-care independence among older adults living in long-term care facilities, "trust", "prior discussion", and "initiative to confirm older adults' condition" are essential elements. The present findings are in accordance with previous studies. In a healthcare environment, trust is fundamental to all helping relationships (Clair, Beatty, & MacLean, 2005). The published report indicates that communication is a major tool for health care providers in improving health

care services (Jones, Postges, & Brimicombe, 2016). With trusting relationships and successful communication, health care providers can take responsibility for the care that clients need. Hence, Change and Yu (2013) investigated 44 family caregivers to understand their perspectives on re-constructing self-care independence among older adults living in long-term care facilities. The results showed that setting goals, building trusting relationships and routinely reporting older adults' conditions to families were the major elements for older adults re-constructing self-care independence.

The results of this study also found that care facilities for family caregivers and staff caregivers have the same goals for improving self-care independence among older adults living in long-term care facilities. In a previous study, Chang (2009) investigated beliefs about self-care among 10 nursing home staff caregivers and 10 older adults. The results showed that two factors that allow older adults to regain self-care ability include receiving support from family members, when they gave older adults praise, and receiving support from staff members when they encouraged and allowed older adults to perform self-care. Similarly, Weman and colleagues (2004) investigated 210 registered nurses to understand their views about their working performance and co-operation with family members in nursing homes and community care facilities. The results showed that all of the registered nurses expressed that co-operation between themselves and family members is important in their working performance. Results also showed that registered nurses believed it is important for family members to show engagement in caring for older people. Moreover, when older adults receive support from staff and family caregivers, older adults living in long-term care facilities will have stronger motivation in improving self-care independence.

The present results have also pointed several factors inhibiting self-care independence among older adults living in long-term care facilities. The factors include attitudes of family caregivers, older adults' characteristics, and staff shortages, which are consistent with those of previous

studies (Chang, 2009; Chan, et al., 2011; Chang & Yu, 2013). For instance, Chan and colleagues (2011) reported that older adults with physical illnesses are more likely to experience a decline in functional abilities. Chang (2009) also indicated staff caregivers often do not allow older adults to do things for themselves because of time and staff constraints. In addition, Change and Yu (2013) indicated older adults' characteristics, such as degeneration, pain, laziness, and stubbornness, might lead to declining self-care independence. However, these negative impacts can be minimized, if staff caregivers show compassion, empathy, and caring attitudes, they can help to improve self-care independence among older adults living in long-term care facilities.

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Conclusion

To establish a solid partnership aimed at improving self-care independence among older adults living in long-term care facilities, staff caregivers perceived that it is important for staff and family caregivers to work together. Although a few factors have negative impacts, with compassion,

empathy, and caring attitudes of staff caregivers, older adults might regain or improve self-care independence. This study provides important information on how staff and family caregivers should work together to improve residents' self-care ability. In addition, psychoeducation programs for family and staff caregivers, and planning routine interviews conducted between family and staff caregivers can be organized to build a trustworthy relationship. Hence, how to deal with barriers and strength facilitator should be considered as an important issue by health care workers and policy makers. If older adults are able to perform independent self-care, the costs of care may be decreased because fewer nursing staffs are needed. The financial burden of residents' family members and the Taiwanese government would also be decreased as a consequence. Finally, older adults' quality of life would increase along with their ability to achieve conform with nature, allowing them to enhance health and wellness.

Acknowledgments

The authors would like to thank subjects who graciously agreed to participate in this study. This study is funded by NSC98-2314-B-439-001.

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