



# Support for elderly clients to live at home via Caring TV



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SUPPORT FOR ELDERLY CLIENTS TO LIVE AT HOME  
VIA CARING TV

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The purpose of this study is to find out how healthcare professionals support elderly clients to live at home via caring TV. The Caring TV project is an interactive technology developed by Laurea University of applied sciences, TDC Song, Videra Oy and Espoo city. This project was developed from the Safe Home Project which seeks to provide a learning environment for various sub-projects seeking to develop supportive services according to a client-driven methodological approach.

The aim of the study is to find out how Caring TV is used as a tool to support elderly clients to live at home. The research question posed in this study is 'What kind of support healthcare professionals provide to elderly clients to live at home via caring TV. Qualitative approach is applied as the most suitable method with a focus on interactive interview as the primary source of collecting data. A total of five informants (n=5) consisting of healthcare professionals were involved in the interview process and the data collected were transcribed and categorized according to the themes that reflect the main concepts of the study. The method of analysis is qualitative content analysis using inductive approach.

Findings revealed the kinds of support healthcare professionals provide to elderly clients at home via Caring TV, which is a tool of the safe home project. The kinds of support include amongst others; emotional support( reducing loneliness, giving hope, showing respect, and providing safety as FIGURE 1 shows), social support( networking with others, and socializing with others as FIFURE 2 shows), guidance/educational support( creating awareness, providing information, promote motivation, and providing teaching as FIGURE 3 shows ), and situational support( flexibility in offering programs and providing individualized care as in FIGURE 4 ) of which assisting the clients to cope at home is considered the most important goal of the Caring TV project. It is worthy to note that the support provided via Caring TV is consistent with the findings of other researchers. The trend of homecare service to the elderly is increasing rapidly as the size of the elderly population continues to grow. The challenges faced by healthcare professionals make the application of new e-service technologies eminent.

As the services rendered to the elderly clients become more complex, a major challenge of the Caring TV project is to undergo structural change, which requires adopting strategies to accommodate the growing immigrant elderly class. This also requires the Caring TV to develop a platform for self employment of its own employees who could be trained to understand the vision and mission of the project.

Key words: Support, Home care, elderly clients, caring TV, safe home project

## TABLE OF CONTENTS

1	Introduction .....	3
2	Support for elderly clients to live at home .....	4
	2.1 Safe home project .....	4
	2.2 Support for elderly clients.....	7
	2.3 Homecare .....	9
3	Purpose of the study and research question .....	10
4	Qualitative Approach .....	11
	4.1 Method of data collection .....	11
	4.1.1 Participants of the study.....	11
	4.1.2 Interactive interview .....	11
	4.2 Data analysis.....	12
5	Findings .....	17
	5.1 Emotional support.....	17
	5.2 Guidance and Education.....	20
	5.3 Social support .....	23
	5.4 Situational support .....	24
	5.5 Summary of interview findings .....	26
6	Discussion .....	27
	6.1 Ethical consideration.....	27
	6.2 Trustworthiness .....	28
	6.3 Limitations of this study.....	29
	6.4 Discussion of findings.....	30
	6.5 Significance of the study .....	34
7	Conclusion and Recommendation .....	35
	7.1 Conclusion.....	35
	7.2 Recommendation .....	36
	List of References.....	37
	Appendix.....	41
	Appendix 1 Thematic question.....	41

## 1 Introduction

It is common knowledge that a growing number of elderly persons prefer their homes to care homes. This poses a greater challenge to health care professionals whose primary responsibility is to ensure that these clients receive enough support to make life safe, comfortable and dignified. As people grow older, they need extended special care especially as they can also be victims of neglect and abuse. Our focus in elderly clients stems from the fact that this age group is the most vulnerable to health-related issues. This is because they risk being abandoned, isolated, or under-looked by the society as they are no longer considered part of the active population. This group of clients constitutes the most fragile age group, and thus the challenges faced by health care professionals concerned with their care and well-being is enormous.

The rapid aging of the population and its impact on health care providers and systems are no longer the theoretical concerns of futurists and academicians but a reality that has now involved the government. Elderly care especially is increasingly becoming an important issue of governments' social policy framework. Most healthcare systems and many clinicians are frantically searching for ways to respond to the greater clinical demands without going bankrupt (Calkins. E et al, 2004). Care for the elderly is the most pressing problem now facing Japan and other European countries. To maintain a long and healthy life, it is important to refine the self-care of people and to create a well-balanced system of support involving healthcare, welfare, nursing care, and medical treatment.

The Purpose of this study is to find out how healthcare professionals support elderly clients to live at home via Caring TV. Although the functional capacity of those who are 60 to 75-year-olds has improved and long-term illnesses are common, nearly all people in this age group live in their own homes. Following the rapidly increase in the trend of the ageing population, there is a great challenge in arranging rehabilitation support, attention, and high-quality comprehensive health care services, for those with reduced functional capacity to help them cope with everyday life. (Publication of the ministry of social affairs and health ISSN 1236-1050)

The aim of this study is to find out how caring TV is used as a tool to support elderly clients to live at home. The study also seeks to provide other suggestions on how their services in collaboration with other health care professionals can offer good guidance as well as support the elderly at home. The basis of this study is to improve our awareness on the difference that

Caring TV is making on the general well-being of the elderly clients at home and to relate the results of our findings with similar research carried out in this field.

In Finland, services for elder care aim to give an opportunity for as many older people as possible to lead an independent life in their homes with support from community care services. The situation has steadily improved but more needs to be done as the number of people in long-term institutional care has dropped in all age groups (Finland Statistical Year Book, 2008).

The motivation of our study is drawn from our exposure during home-care placements organized by the department in part, of fulfilment of courses in the nursing degree program as well as part-time jobs. Through observations and interactions with some of the patients, families and health care professionals alike, it was realised that, most of these elderly clients hope to be independent until death. Our participation in one of the projects organised by Caring TV to improve education and guidance to the elderly at home also inspired us. The elderly, despite the fragility of their health and wellbeing as a result of their inability to live an independent and comfortable life, are able to recognize that the nursing home environment is not their home. However, because of their inability to carry out daily functions due to their physical and mental state of health, the role of the healthcare professionals in providing guidance and support to enable them fulfil these expectations cannot be over-emphasized.

## 2 Support for elderly clients to live at home

### 2.1 Safe home project

Safe home project in active life village seeks to develop and produce a new welfare service concept in exploiting new technology in innovative e-services. This project is implemented as part of a collaborative effort of some universities, municipalities, businesses and third sector actors in Espoo, Helsinki, Turku, Laitila, Salo, Kuusankoski and Kouvola.

The project supports the various counseling and guidance services in need of well-being and everyday lives. The aim is to support daily operations and self-care, participation, activity, vitality, sense of community and security. The concept offers customers a diverse corridor, and expert support peer. In addition, experts will be able to take advantage of the concept in their own work. The concept is by nature client-driven, participatory and interactive. Program production and e-services are delivered in an interactive Caring TV and other appropriate technology solutions.

The customer groups of the safe home project are elderly clients who live at home, service houses for the elderly, children and young people with disabilities and their families as well

as outpatient interventions within the child welfare client families. This study is very important as it seeks to find out the support that healthcare professionals provide to elderly clients to live at home. The Caring TV project is a new technology that supports and encourages the elderly clients to live in their own homes using different health promotion techniques and strategies.

In addition, the Safe home project benefits from welfare professionals as well as future employees or students. It is also involved in the organization of workers and welfare sectors through the experiences of students to realize ways to make health services work in different ways. Joint development of additional networking opportunity can also increase work efficiency and productivity ([www.turvallinenkotihaanke.fi](http://www.turvallinenkotihaanke.fi)). The Caring TV (Hyvinvointi TV) concept was developed by a consortium comprising public institutions, municipalities and commercial parties conceived out of the safe home project. The concept relies on an interactive TV system utilizing a safe broadband connection for delivering support services into the homes of elderly people. The system is developed in a framework of a national program (Finn Well/InnoElli Senior) directed towards developing supportive solutions for older people to live at home and for municipalities facing challenges providing health and social services to them (Kippola, J. 2009).

The Caring TV concept was developed by Laurea University of applied sciences, TDC Song and Videra Oy and Espoo city. This program provides a learning environment for various sub-projects seeking to develop supportive services according to a client-driven methodological approach. A range of needs dimensions were identified by means of this approach such as stimulation of the mind, safety of the environment, safety at home, active participation, belonging, togetherness, being with, activities of daily living, rehabilitation, caring and monitoring (Pesonen, M., 2007).

Caring TV enables a new way of delivering healthcare and welfare services directly to home through interactive TV. The focus of this program is to relate with the elderly clients with the aim of improving the quality of life at home as long as possible. The system operates in the existing TV-set at home which is a familiar device to the elderly.

The aims of Caring TV among other things are to improve productivity of elderly services, ensure fewer visits to hospitals and healthcare centers and ensure reduced physical visits by home care personnel (Pesonen, M. 2007). This project is also to investigate, develop, produce and broadcast as well as evaluate interactive programmes and e-wellbeing services to elderly people, disabled persons, persons with mental health problems, young persons and families with small children.

During the early years of the Public Health Act (1999), home-help services were typically provided quite infrequently, perhaps once or twice a month. In the 1990s, the guidelines for the elderly frail have been laid down by the "Service Structure Project" under the Ministry of social affairs and health. The baseline was that the service system relies too heavily on institutional care and the scarce professional resources were wasted in functions with which the aging clients could in fact cope on their own (Health in Finland, 1999). The Caring TV project is, therefore, one of the most prominent innovative on-going projects at Laurea University of Applied Sciences that seeks to promote the health and wellbeing of the elderly to live at home.

Healthcare technology has become a common area of research (Kippola J, 2009). In a study carried out by Central Remedial Clinic in Dublin, the society for technology program advisory group (STPAG) stated some scenarios articulating a vision on how technology interconnected by ambient intelligence would particularly influence and affect the lives of people. This anticipated technology would involve providing the means for communication, information retrieval and entertainment (Kippola ,J. 2009).

Caring TV aims to design virtual, interactive service concept with and for elderly people in order to support their wellbeing and quality of life. This remains a huge task as the increasing number of elderly people and decreasing number of employees provides a challenge to seek for new solutions in the field of healthcare and social welfare. Also the changing structures of welfare organizations and service processes demand new approaches in order to respond to future challenges. The interest of Caring TV is in discovering new technology-based solutions which support elderly people in staying at home and improving their quality of life by allowing them to have more control of their own lives (Raij K, & Lehto P, 2008).

Acknowledging that children are not simply tiny adults, the elderly, on the other hand, are not simply older versions of young adults. Like the children, the elderly require special care and an understanding of the physiological and psychosocial impact of aging. Evaluation of the elderly patient must focus on (1) what the patient can do, relative to what the patient should be able or wishes to do; and (2) identification of recent functional deficits that may be reversible. Since elderly persons are vulnerable to loss of functional capacity arising from the interaction of medical problems with adverse economic, psychological, and social pressures, data must be collected in all these spheres (Beck P, 1990).

The emphasis in providing healthcare to the elderly should be on maintaining functional capabilities. Most elderly citizens live in the community and are intellectually intact and fully independent in their daily activities. Nevertheless, many elderly persons who are not institutionalized, report major activity limitations resulting from chronic conditions. These limitations include basic activities of daily living (walking, bathing, dressing, using the toilet, trans-



ferring from bed to chair, eating, going outside) and in home management activities (shopping, chores, meals, handling money) (Beck, P., 1990).

The analysis of the potential for technological innovation to contribute to the prolongation of independence of the elderly in the context of care needs to be considered in order to meet the growing challenges of the growing elderly population to ensure optimal quality of life and equitable treatment for the elderly (Holzinger, A. et al, 2007).

## 2.2 Support for elderly clients

Oxford English dictionary defines support as a way to maintain a person, family, establishment, institution, etc. by supplying them with things necessary for existence or survival. Support also means to provide the necessity of life for a family, person, friends, etc (Collins English dictionary & Thesaurus fourth Edition, 2006). In nursing, the concept of support is shown to be useful within several areas of the discipline. One of these is the area of family care of older people where intervention labeled "support" have been tested to balance the poor, well-being, depression, or coping ability that family carers struggle with when caring for elderly relatives at home(cf. Andr n, 2006; Larson et al., 2005).

Support entails the provision of general tangibles such as information, education, economic aid, goods and external services. They are prerequisites for facilitating nurses' competence or capacity in care. Moreover it entails necessary qualities such as individualization, adaptability, lastingness, room for verbalizing emotions as well as an idea of reciprocal symmetrical exchange between involved parties (Stoltz ,P., et al, 2007)

The connotations of the term "support" have contributed to a widespread, diverse, and imprecise psychological usage. The oversimplification of complex clinical issues is most likely to occur when the concept of support is applied by staff with various training and experience to patients with serious illnesses (Peteet, J. R, 1982. 19-23).

The importance of planning social policy, support and intervention for both care givers and elderly clients provides a better understanding of the time invested in care giving. This is a step in the right direction following the dramatic increase in elderly population. This increase is translated to reflect a large number of older adults likely to suffer from different health problems (Anders .W, et al 2002).

Studies have comprehensively examined the area of information needs with respect to older people. The information needs of disabled older people have perhaps been even more neglected. One of the first major studies was carried out by (Epstein, J. 1980) of the Research

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Institute for Consumer Affairs . This study examined the information on benefits and services available to older people in England and how they used it. Findings showed that there is a serious shortfall in the number of older people getting the practical support that they need, and the information that enables access to this support as compared to the number that actually need help. Substantial percentages of the survey respondents experienced difficulty with everyday tasks and with accessing the information they needed (Epstein, J. 1980).

Individual and group therapy as well as behavior modification techniques will provide alternative ways of treatment method for the elderly. Although the use of traditional diagnostic testing may have limited their applicability to elderly population, special assessment instrument may be designed to determine the level of functioning in areas such as self-care, instrumental activities of daily living and social behavior. It is suggested that the psychologist may also assume an important role as a psycho care planner whose responsibility would be to understand the client's needs and capabilities, the strengths and limits of need-meeting resources and to bring the needs and resources together (Powell, L. & Leonard ,E., 1974, p 489-693).

In Europe, as in other developed countries across the world, there are increasing numbers of older people. This well-known demographic trend is generally regarded as a positive signal of improved living conditions with the majority of people enjoying much higher life expectancies than in previous centuries. Indeed, approximately three quarters of people aged sixty-five and older are able to live relatively independent and healthy lives. Nevertheless, with increased life expectancy, this calls for an increase in the support that this group of clients needs to improve their ability for daily functioning.

In the search for finding new and innovative ways of solving this issue, increasing attention is being given to the role of technology and its potential role to help support older people and families within their own homes. As such, new technology is commonly used in the gerontological and ageing literature and is most often taken to mean the computer and the Internet. It is differentiated from familiar or existing technology that is available in everyday life and used by most people, such as the television and telephone, (Magnusson et al, 2010). It is difficult to develop appropriate outcomes to measure the effectiveness of support via e-care services given that many services are preventive and many older people and their family carers have progressive deteriorating health conditions. Recent reviews of cost-effectiveness studies point to the lack of rigorous scientific evidence to support cost-effectiveness of e-care services.

Projects to help support the ability of the client to explore social and personal resources as well as physical capabilities for promoting their equality was carried out in Hong-Kong and China. Volunteer health promoters provided intensive care and guidance to ten needy elderly

facing the deterioration of self-care capability and the unavailability of family support. The health promoters were responsible to carry out health assessment, develop a health education service model, train volunteers and evaluate the service output. The formation of a case management team also helped facilitate the service quality during the process. In this project, it was significant to illustrate that various disciplines could share with one another to collaborate joint efforts to find new alternatives besides the use of volunteer force for the promotion and education of health service in Hong-Kong. Also, it was expected to bring new insights for the professionals to explore new ways to examine and demonstrate the effects of health promotion strategies (Lam, Kai Lan, Julia 1999).

An article that examines health education action plan devised by the National Health Service Education for Scotland was published. The plan, titled "Better Informed for Better Health and Care. An Informative Literacy Framework to Support Health Care in Scotland," recognizes the importance of producing and utilizing effective health information in order to make Scotland a healthier country. Some of the recommendations in the plan include developing a National Health Knowledge Network that would allow individuals to take greater control over their health and well-being (Eilean, G., 2009).

### 2.3 Homecare

Homecare is a form of healthcare service provided wherever a patient lives. Patients can receive homecare services whether they live in their own homes with family members or in an assisted living facility. The purpose of homecare is to promote, maintain, or restore a patient's health and reduce the effects of diseases or disabilities. The goal of homecare is the provision of whatever a patient needs in order to live in his or her home, regardless of age or disability (O'Connor, P., 1996).

The services provided may range from such homemaking services as cooking or cleaning to skilled medical care. The main clients for homecare are those patients or elderly people who require home-health aides or personal care attendants to help them with activities of daily living. Homecare professionals often make regular home visits depending on the patient's specific needs. Often, elderly clients are more comfortable in their own homes rather than institutional settings. Homecare continues to grow in popularity as hospital stays have been shortened considerably as part of a continuing effort to reduce healthcare costs (started as early as the 1980s). The implication of this trend is that community-based healthcare services are expanding and giving patients more options for assistance at home (Rice, R., 1998).

The first homecare was delivered by members of Roman Catholic religious orders in Europe in the late seventeenth century. This form of care-giving was later performed by registered nurses who "visited" people in their homes. Today, there are many home-care agencies that

continue to deliver a wide range of home-care services to meet the specific needs of patients living in their homes throughout Europe, the United States and Canada. Social factors have historically influenced homecare delivery and continue to do so today. Before the 1960s, homecare was a community-based delivery system that provided care to patients whether they could pay for the services or not. Agencies relied on charitable contributions from private citizens or charitable organizations, as well as some limited government funding. As the life expectancy of the developed countries of Europe and the United States population began to rise, more and more elderly or disabled people required medical care in their homes as well as in institutions (Rice, R. 1998).

Healthcare professionals visit the patient's home and draw up a plan of care based on assessing the patient, listing the diagnoses, planning the care delivery, implementing specific interventions, and evaluating outcomes or the efficacy of the implementation phase. Planning the care delivery includes assessing the care resources of the patient (Shaughnessy el Crisler, 1995).

Home healthcare professionals, on average, spend more time teaching patients and caregivers than in an institutional setting since the emphasis in homecare is to foster independence and to improvise with the tools at hand. Homecare nursing often involves more than biomedical-based care, depending on the patient's religious or spiritual background. Healthcare professionals who visit patients in their homes often spend more time with them and encounter situations and opportunities where each communicate on a higher level of understanding and sensitivity (Rice 2001). In this study, we focus on new ways of clients-centered support to elderly clients at home via Caring TV.

### 3 Purpose of the study and research question

The purpose of this study is to find out how healthcare professionals support elderly clients to live at home via Caring TV.

The aim of this study is to find out how caring TV is used as a tool to support elderly clients to live at home.

The research question addressed is;

What kind of support healthcare professionals provide to elderly clients to live at home via caring TV (R).

## 4 Qualitative Approach

Qualitative research is a broad cover term for many different research traditions concerned with the study of human experiences in and in relation to the natural contexts within which they occur for the purpose of understanding persons' responses and the meanings they bring to the experiences (Denzin N.K, 1994). In this study, qualitative approach has been used because the participants are experts who have the experience. Qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (Denzin N.K, 1994). The healthcare professionals (Nurse, physiotherapists and social worker) who provide support to elderly clients at home gave us information on how Caring TV is used as a tool to support elderly clients at home, and the kinds of support that they provide.

### 4.1 Method of data collection

Data was collected from healthcare professionals who provide support to elderly clients at home via caring TV. The interview meetings and the location were decided by the informants. Thematic questions were used to encourage the participants to tell their experiences from their viewpoint, providing rich descriptive details and thus guaranteeing the originality of information.

#### 4.1.1 Participants of the study

The target participants were healthcare professionals who provide support to elderly clients at home via Caring TV. The selection of our informants was based on experts who have the experience in this area. In this study, the participants are those who have experienced the phenomena or who have lived through the experience of supporting elderly clients at home via Caring TV. Another criterion for selecting participants was that they had to speak English for the purpose of securing adequate information for compiling and interpreting of data. This was done to avoid misinterpretation of data and to ensure the trustworthiness of the study. The researchers initially intended to conduct a group interview, but it was difficult to interview them at the same time. However, the thematic question was the same for all participants and they were free to choose the time and place for the interview.

#### 4.1.2 Interactive interview

Interactive interview is based on a direct meeting between interviewer and interviewee. The interview process is based on interactive dialogue in which the researchers could use audio materials like tape-recorder and later transcribe the data collected from the tape word verbatim (Morse, J., 1989). In this study, there was one thematic question that covered the content areas (see APPENDIX 1). This encouraged the participants to tell more about their experiences. The interview sessions were tape-recorded and later transcribed on paper. One thematic question was asked and the participants spoke freely while the researchers listened attentively and only use probe questions to encourage them to talk more on the content areas.

#### 4.2 Data analysis

Data is analyzed using qualitative content analysis. Qualitative content analysis is a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005, p.1278). Qualitative content analysis involves a process designed to condense raw data into categories or themes based on valid inference and interpretation. The main task of using this technique was to familiarize with the raw data as well as highlight relevant information.

The analysis process started with data collection in the early stage. The interview was tape-recorded. The recording of the participants' (Healthcare professionals) experiences facilitated credibility and dependability of the data collection process and to ensure that there were no aspect of bias. Data collected was transformed into written texts. After the data was transcribed on paper, the researchers got familiar with the data, highlighting the original expressions. The data was later broken down into groups, which were categorized following the contents of those key expressions used by the participants to answer our research question. The unit of analysis was defined using phrases and sentences, which represent themes or issues relevant to our research question. The categories were derived from the raw data and developed inductively. This allowed us to assign a unit of text to more than one sub-category simultaneously. The subcategories were combined according to similarities to develop categories which are; emotional support, guidance and education support, social support and situational support. These subcategories and categories formed the basis of our findings. (See FIGURES 1, 2, 3 and 4 below.

Raw data

Subcategories

categories

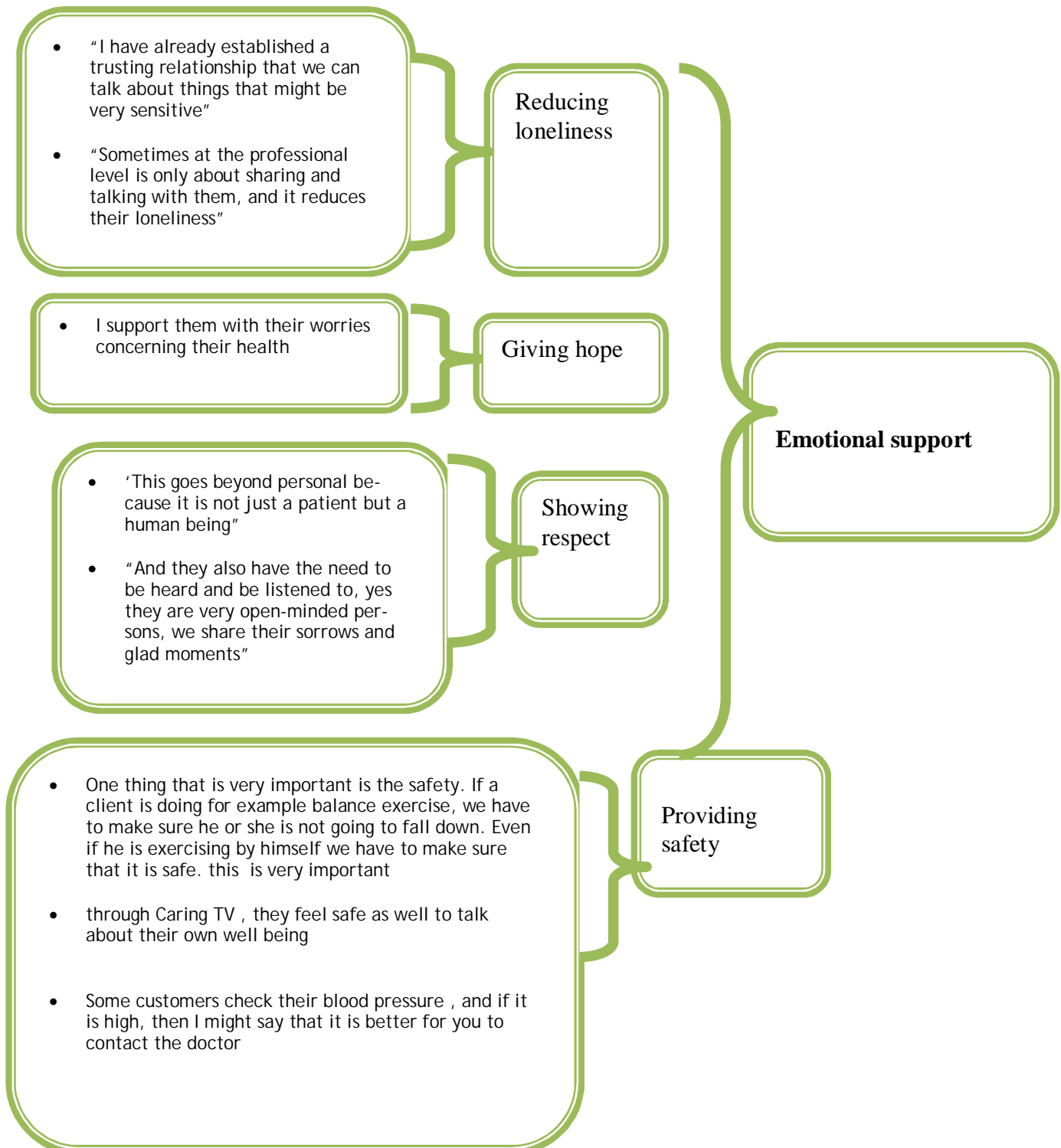


FIGURE 1: Emotional support

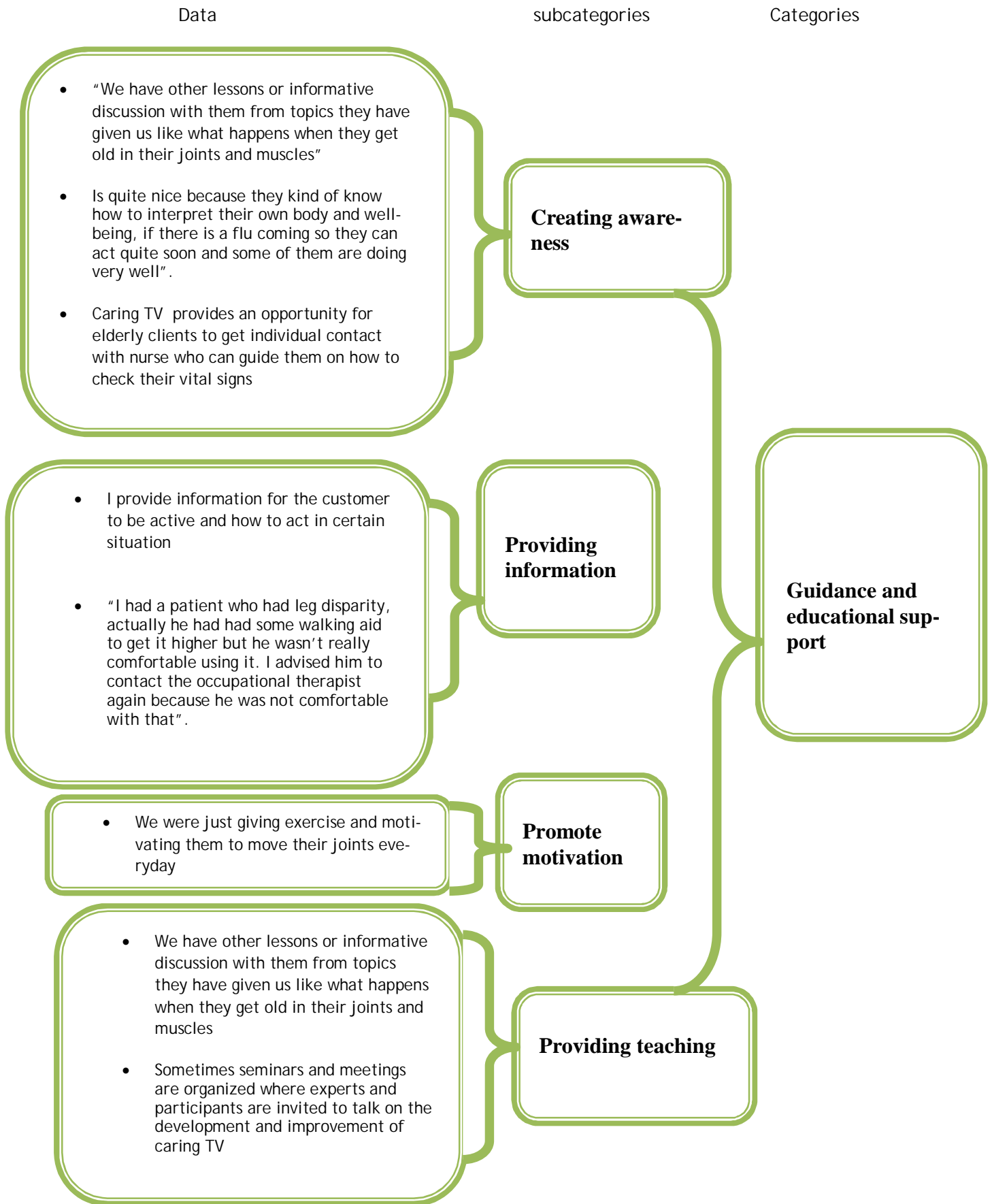


FIGURE 2: Guidance and educational support



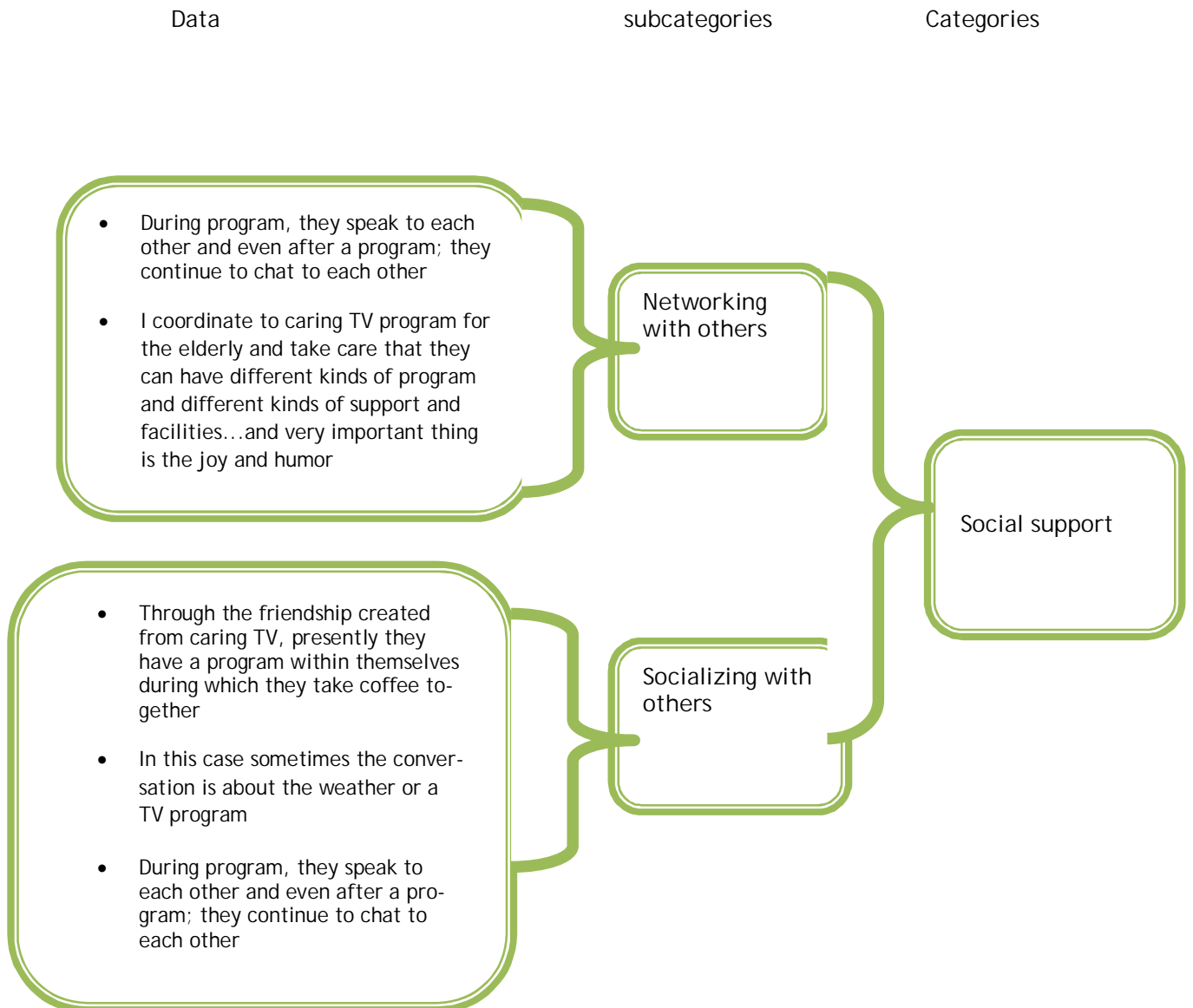


FIGURE 3: Social support



## 5 Findings

Data from Caring TV healthcare professionals provided considerable information about the kinds of support they provide and how Caring TV is used as a tool to support elderly clients at home. All participants gave similar descriptions on the following support; emotional, guidance and education, social, situational and other subcategories such as reduction of loneliness, giving hope, showing respect, providing safety, creating awareness, promote motivation, providing teaching, providing information, networking with others, socializing with others, flexibility in offering programs and providing individualized care. The development of health-care technology to promote well-being of the elderly was also identified in the literature search.

The different kinds of support revealed during the interview include; emotional, social, guidance and education, and situational. It was noted that the goal for providing these support is to assist the clients to cope at home. The responses of all the participants exhibited the kinds of support that the healthcare professionals provide via caring TV to elderly clients who live at home which will be described as follows;

### 5.1 Emotional support

Through the interactive Caring TV project, elderly clients receive emotional support as forms of stress-relieving mechanisms which inspire a sense of hope since the rehabilitation process sometimes creates emotional stress on clients, given that most of them feel lonely and depressed. Emotional support can come from sympathetic and compassionate family members, friends and health care professionals via the caring TV because they share their burden and fears with others who are experiencing similar problems and those who can help them. An extract from the interview with an informant said;

“This goes beyond personal because it is not just a customer but a human being”

“Caring TV has created an opportunity for these lonely elderly to create peer group”

The concept of client developing coping skills has received maximum considerations by healthcare professionals. When people are in their own homes, they can share more intimate conversation or even sensitive topic via this secured interactive Caring TV technology. Loneliness is sometimes the cause of health related problems. Caring TV as a new remote technolo-

gy is trying to breach this gap where elderly at home could talk with friends, family members and healthcare professionals, sharing their happy and sad moments. The idea is about talking with these elderly clients to stimulate them cognitively and spiritually. Caring TV's exchange for compassion and love to these elderly clients encourage them to share their feelings, assuring them that they are not alone. Making new friends and interacting with people from far and wide via this rewarding technology is a way that promotes the quality of life for these elderly clients at home. It costs much money to buy medications but informative, emotional support cost almost nothing. As such, healthcare professionals are using Caring TV as a tool to realize these benefits due to feedback received from clients, and are working earnestly to develop this project in a way that will serve an extended population.

Participants revealed how emotional support is provided in the following ways;

#### Reducing loneliness

Humans are social animals who like having someone to talk to or comfort them when they are in difficulties. Caring TV is providing programs to outreach the elderly, giving them an opportunity to meet other people where they can talk as well as establish a trusting relationship without living their homes. Loneliness is common with elderly since most of them live alone at home. Through Caring TV, elderly clients have the opportunity to express themselves which is very important for their emotional wellbeing. This channel is a live technology that helps the elderly to share their experiences with others and their families, diminishing distances between families and friends and reducing feelings of loneliness.

"I have already established a trusting relationship that we can talk about things that might be very sensitive"

"Sometimes at the professional level is only about sharing and talking with them, and it reduces their loneliness"

#### Giving Hope

Giving hope to those who may not have the opportunity to enjoy certain privileges is a promise that most of the health care professionals revealed during interview. Caring TV seeks to reinforce the capacity of these vulnerable elderly to enable them create meaning and value in life. Creating a sense of hope to the elderly satisfies them emotionally. Designing programs that involve the elderly gives them hope that there are people out there who care and are ready to listen to their worries. Caring TV is a platform that helps to bring light in the lives of these elderly clients.

"I support them with their worries concerning their health"

### Showing respect

The fact that Caring TV regards the clients as human beings creates a holistic sense of respect for the elderly. To acknowledge that the clients have value is very important. This helps the elderly to understand that their presence is noted and acknowledged as those who have contributed positively in the society and can still take active part in the society. The views of the clients are shared especially as the concept is client-driven. It was said that clients are given the opportunity to express their opinion as they are expert of their own health, and can contribute to the development of the programs and activities. Healthcare professionals providing support via caring TV are very sensitive to the feelings and thought of the elderly.

'This goes beyond personal because it is not just a patient but a human being"

"And they also have the need to be heard and be listened to, yes they are very open-minded persons, we share their sorrows and glad moments"

### Providing safety

It was revealed that, since the healthcare professionals do not have the opportunity to touch these clients, all they could do is to ask them about their environment especially their bathrooms as well as guide them on how to take care of themselves to prevent falls and injuries in the bathrooms and even when doing simple exercises. Home accidents are a major source of injuries and can cause death. Older persons, whose bones are often less dense and more brittle, are especially vulnerable to serious injuries from home accidents. A simple fall that results in a broken bone can become a serious, disabling injury that limits one's independence. It was also said that these elderly feel safe at home since it is a familiar environment where they can express their thoughts. They are also cautioned on how to make contact to desired offices where they can get immediate help if they feel any abnormalities in their vital signs. This technology is expanding in such a way that from the touch screen button elderly clients can seek help 24 hours. In this way, their safety and a feeling of security are guaranteed even though they are alone at home (as FIGURE 1 shows)

"One thing that is very important is the safety, if a client is doing for example balance exercise, we have to make sure he or she is not going to fall down. Even if he is exercising by himself we have to make sure that it is safe. This is very important"

"Through Caring TV s, they feel safe as well to talk about their own well being"

"Some customers check their blood pressure, and if it is high, then I might say that it is better for you to contact the doctor"

## 5.2 Guidance and Education

Generally, there were no significant differences in participants' responses on this aspect of support that they provide via Caring TV. Most often, some elderly clients always live in fear and ignorance about their situation. Guidance and education for clients is one of the pre-requisites that health care professionals are aiming to address via Caring TV. During the interview sessions, instances of guidance and education were identified from the experiences of the participants (see FIGURE 2). This is what participants said;

"From the customers perspective I guide the customers to be an actor towards their own health"

"Caring TV provides an opportunity for elderly clients to get individual contact with nurse who can guide them on how to check their vital signs"

The following subcategories were used to describe guidance and education;

### Creating awareness

Creating awareness is an important first step towards building clients understanding, influencing opinion and motivating behavior. During programs, information on how to take their weight, blood pressure and other measurements are given and are guided how they could do it at home in order to strengthen their self-care skills.

“We have other lessons or informative discussion with them from topics they have given us like what happens when they get old in their joints and muscles”

Through this interactive channel, clients with problem of movements, diabetic, stroke, hypertension and other related diseases can gain more knowledge about their conditions and act on time. They become experts of their own health after effective guidance and education from programs organized by students and other experts under the supervision of Caring TV management. Sometimes seminars and meetings are organized where experts and participants are invited to talk on the development and improvement of caring TV. This creates a sense of awareness on some issues concerning their wellbeing.

“Is quite nice because they kind of know how to interpret their own body and well-being, if there is a flu coming so they can act quite soon and some of them are doing very well” .

#### Providing information

It is equally evident that Caring TV provides valuable information to the elderly with respect to important issues concerning their health through guidance and education. Providing clients with knowledge about their health and where to seek additional support reduces anxiety and depression. Healthcare professionals share confidential information only on permission from the client if they want them to contact homecare services or other services that can provide support to the clients. During programs, professionals are always ready to give the best therapeutic information to clients by providing them with phone numbers and websites that can benefit them. Information sharing takes place in two dimensions. First, information sharing occurs between the health care professionals and the clients and second between and among the health care professionals. Meaning that, there is a kind of respect for privacy within the various actors of Caring TV, which ensures client protection and confidentiality of information.

“I provide information for the customer to be active and how to act in certain situation”

“I had a patient who had leg disparity, actually he had had some walking aid to get it higher but he wasn't really comfortable using it. I advised him to contact the occupational therapist again because he was not comfortable with that”

Informative services are brought into the home environment of the clients via video calls. This video call helps them to participate in various programs of their choice. Elderly clients

use the video call daily as a virtual meeting channel which brings friends to their home sofas via the screen. They have a good communication network where they can express their opinions on what they want and how they can get other health services. Information sharing plays a big role in health promotion since clients may seek any kind of information to ensure their safety.

#### Providing motivation

Elderly clients need a lot of motivation in order to stimulate their ability to take part in daily activities. Caring TV programs encourage them to take part in activities of the day to keep them active. Programs are organized that motivates the clients to take part in simple exercises on how to move their joints, muscles and any other activity that can better their functional capacity. Healthcare professionals have a strong drive and passion to achieve optimism in providing services. Through effective communication via this interactive TV; clients are encouraged to use their body as much as possible.

“We were just giving exercise and motivating them to move their joints everyday”

#### Providing teaching

Client education enhances and improves their quality of life. This is an integral part of the role of the health care professionals when providing support. Students and experts provide teaching via caring TV following the interest and ability of the elderly clients. Guiding them on how to take care of their own body helps them to contact hospitals and other healthcare centers when they have flu or a signs that call for concern. Clients as a rule love to hear and understand health information, especially when it relates to them personally or to their families. If they develop a problem like hypertension, the more health care professionals explain to them about it, the more these elderly clients will feel that they are interested in their welfare and the more bonded will be their relationship with them. Even better, they will be more likely to follow professionals' recommendations and they will therefore do better in the long run, which is really one of the goals that caring TV is striving to achieve (See FIGURE 2).

“We have other lessons or informative discussion with them from topics they have given us like what happens when they get old in their joints and muscles”



"Is quite nice because they kind of know how to interpret their own body and well-being, if there is a flu coming so they can act quite soon and some of them are doing very well"

### 5.3 Social support

Information from participants' experiences revealed this aspect of support provided via Caring TV. It was acknowledged that when clients participate in this program, they get in contact with the world around them. Caring TV is providing a framework of social support to these elderly clients who are always at home and lack the required social network that can help them meet and interact with other people. A wide variety of social activities sometimes take place via caring TV that gives an opportunity for the elderly to talk with their families, friends and other health care professionals. Caring TV is used as a tool to connect people and facilities. This gives them an opportunity to create peers acquaintance which is very important for their emotional as well as social health (see FIGURE 3). Some of the participants said;

"Through the friendship created from caring TV, presently they have a program within themselves during which they take coffee together".

"Caring TV enables participants to get in contact with the world around them. During caring TV programs, they meet with other participants and become friends"

The following are some of the subcategories that were identified to form social support

#### Networking with others

Most elderly people have recognized benefit of developing their knowledge and understanding through networking with others via the caring TV. During programs, elderly have the opportunity to exchange information with peers, experts and students, and could share their views on how best these they could take care of themselves at home. This interactive medium is a platform where participants pass on skills necessary for activities of daily living. It involves sharing their experiences through dialog and interaction with other people.

"During program, they speak to each other and even after a program; they continue to chat to each other"

"I coordinate to caring TV program for the elderly and take care that they can have different kinds of programs and different

kinds of support and facilities...and very important thing is the joy and humor"

#### Socializing with others

Life challenges cannot be faced alone without the help of others. Caring TV pays attention on the lifestyle of its clients not only to minimize stress but for them to live a rich life, socially and physically. At the hospital environment, healthcare professionals sometimes concentrate on the traditionally clinical issues, but in caring TV forum, the client is seen and considered as a whole. Healthcare professionals via caring TV belief that social interaction has a positive influence on health promotion and thus the quality of life for these elderly especially those who live at home. Caring TV creates that feeling of belonging in a group (see FIGURE 3).

"Through the friendship created from caring TV, presently they have a program within themselves during which they take coffee together"

"During program, they speak to each other and even after a program; they continue to chat to each other"

"In this case sometimes the conversation is about the weather of a TV program

#### 5.4 Situational support

The availability of Caring TV staff at all times makes it easy for them to respond promptly to the needs of the elderly clients at home. This reactive response assures the clients that there is someone to depend on in time of need. The planning of Caring TV programs follows a well organized sequence of how events and programs are delivered. It was said that, programs take place twice every day and there are no empty days on the calendar. The idea is to ensure that all elderly clients participating in this program have the opportunity to choose what time they would like to log on to the program and what programs they are interested in. The different experts, professionals and students alike deliver programs only on invitation from Caring TV management. Programs cover a wide range of care areas like; recommended diet for clients with diabetic, care of the teeth, movement exercises, programs about hobbies, cognitive questions and answer sessions, to name but a few ( see FIGURE 4 )An informant said;

"I guide the clients on how they should act during a situation"

"Clients get guidance from doctors depending on their situations".

"Caring TV provides opportunity for elderly clients to get individual contacts".

It was also revealed that clients are given the opportunity to attend meetings organized by Caring TV staff and management in order to find out more ways on how to make this project beneficial to them. The clients are considered as experts of their own health and know what is best for them. Daily activities and chatting with friends and relatives bring some life in them. Clients can take their medication and blood pressure directed by a nurse in front of the screen. They are used to this new technology and it is easy to use. Healthcare professionals who are registered in this program can read the vital signs of individual clients on the computer specially programmed for this purpose and make contact with the clients if they find out some abnormalities in the values of the measurements.

#### Flexibility in offering programs

Information from participants revealed that programs in Caring TV are organized in such a way that considers individual client's need. Programs take place twice a day and clients are given the opportunity to choose according to their interests which programs to take part in. Elderly clients have more control over their decision to take part in program. They are not forced to do so and are encouraged to give feedback on programs that they would like to take part in (see FIGURE 4).

"Clients can choose which program to participate in"

#### Providing individualized care

Individualized care is considered as an important indicator of quality care. Caring TV wants to make things as easy as possible to their customers, by planning support provided according to the needs of the clients. The healthcare professionals know these elderly clients so well so that, they know what programs most of them would like to participate in. Sometimes their conversation is on a daily basis making sure that each client's feedback is taking into consideration. Caring TV strives on clients' education to assist them to become more informed. This project assists clients in different ways following their situation since they have different functional deficit to perform activities or cope in their daily life.

“Caring TV provides an opportunity for elderly clients to get individual contacts”

### 5.5 Summary of interview findings

Information gathered from participants identified the main support provided to elderly clients who live at home and how healthcare professionals work towards implementing these support (Emotional support, social support, guidance/education support; and situational support) via Caring TV. The Caring TV is a new technology but it is developing in such a way that covers a broad group of people. This project was designed to assist in the coping of everyday life at home. It was also designed to create a sense of security, providing clients with practical suggestions on self-care. It offers clients a diverse corridor to contact experts and peers and thus improve their quality of life and health promotion. The different players have different roles in broadcasting the programs. Safe home project seeks to develop and produce a new welfare service concept and the fact contained in exploiting new technology in innovative e-services. Caring TV is the tool that channels information to customers, students and experts who are working towards the development of the project. It should, however, be noted that the ultimate goal of the Caring TV project is to assist the elderly clients to cope at home. Home assistive support strengthens and enriches clients' emotional, social, spiritual, psychological, and even economic health. Technology in health care has come to stay, and as such the Caring TV is moving towards reducing health care cost and assuring high quality care especially to the elderly clients at home.

## 6 Discussion

### 6.1 Ethical consideration

The concept or principle of informed consent has its roots from the protection of human subjects of biomedical and behavioral research (Byrne, M., 2001). Many professional and organizations have identified procedures for the protection of human subjects. Participants have the right of self-determination, privacy or confidentiality.

#### Self-determination

Self-determination supports people's right to choose and control their own destiny (Byrne, M., 2001). Participants have the right to choose to participate in a study and to withdraw at any time. In this study, a letter of informed consent (see APPENDIX 1) was sent to the management of Caring TV before the interview, stating the purpose of the study and how privacy and confidentiality will be ensured as well as their decision to take part in the study. From the process of data collection, the researchers recognized that participants are autonomous people who will share information willingly. During data gathering and interaction with participants, the focus of our study was clearly stated and participants were not forced to disclose any information that they were unwilling to. Also, participants in this study were given the autonomy to choose freely whether they would like to take part in the study and their right to continue or withdraw at any time.

#### Privacy

This refers to the rights of individuals to decide how information about them is to be communicated to others. Privacy is violated if data is collected or disseminated without participants' knowledge. Participants' privacy can be achieved by ensuring anonymity or confidentiality. Privacy was addressed from the inception of this study to the publication of the results. Considering the above principles, a letter of informed consent (see APPENDIX 1) was sent to the participants stating the purpose of the interview; how their privacy will be protected, and that information will not be used in any form other than the development of the services they provide to improve the quality of support and care.

#### Confidentiality

Confidentiality refers to what happens to the data. It is an extension of the concept of privacy and as such is governed by the Privacy Act (Parker, J. & Williams, L. M. 2003). The participants of this study were given reasons to be able to trust that strict confidentiality will be maintained during the collection, storage and use of the data they would provide. The data collected were used only for this study and participants' anonymity was respected.

## 6.2 Trustworthiness

Trustworthiness in research means the extent to which findings are authentic reflections of personal or life experiences of the phenomenon under investigation. Trustworthiness encompasses several different dimensions such as credibility, transferability, and dependability and confirmability (Lincoln, S. and Guba, E. 1985).

### Dependability

Dependability refers to when a research process provides evidence to its readers such that, if the process is replicated with the same or similar respondents in the same context, its findings would be repeated (Lincoln, S. and Guba, E. 1985). The researchers of this study have stated clearly all the steps and method used in the realization of this project. If the same phenomenon is studied following the same method, the findings will be the same.

### Credibility

Credibility is achieved to the extent that the research method engenders confidence in the truth of the data and the researcher's interpretation of the data. According to Lincoln & Guba, 2004, ensuring credibility is one of the most important factors in establishing trustworthiness in research. To achieve credibility, the findings of this study are a representation of the experiences of the healthcare professionals. The methodology adopted in this study is qualitative and the data analysis process provided answers to the research question. The researchers are also familiar with the culture of the healthcare professionals as well as with the project under study.

### Confirmability

The concept of confirmability is the qualitative investigator's comparable concern to objectivity. Steps must be taken to help ensure as far as possible that the findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researchers' (Lincoln & Guba, 2004). In this study the researchers used inductive approach, which is the subjective interpretation of the content of text data through the

systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005, p.1278). This process was followed systematically leading to the findings of this study. Diagrams were used to demonstrate how participants' original responses were used as much as possible to form the subcategories and categories.

### Transferability

Transferability is the extent to which qualitative findings can be transferred to other settings as another aspect of study's trustworthiness, (Lincoln & Guba 1985). To ensure transferability of this study, a thick, rich and thorough description of the research setting was given in such a way that others can make inferences about the similarities of the data. This study provides a first-hand perspective on the experiences of the healthcare professionals who provide support to the elderly clients at home via Caring TV. The 5 participants were asked to talk about their personal experiences of the kind of support they provide to elderly clients via this interactive TV program. The interview sessions were audio-taped and then transcribed. The raw data of the interview transcription revealed the contents that were used for the analysis. Trustworthiness of the findings was enhanced because other participants of this study confirmed important contents.

The method of data analysis provided a systematic classification of the raw data in the content areas thereby providing a rich categorization using the exact words of the participants as much as possible. Data was transcribed on the same day after the interview while the encounter with the participants was still fresh. This allowed the researchers to recall unclear pieces of recorded speeches. The researchers spent long hours trying to get used to the data as well as highlight important information relevant to the content areas. In the areas of findings, the researchers have used numerous quotations from the health care professionals' interviewed, thus allowing the reader to conduct their own reading of the expressions of the participants. This process was well taken care of and thus produced positive result as evidenced by the findings.

### 6.3 Limitations of this study

The problem of time management was experienced by the researchers and posed a major constrain in the development of the study. Language also constituted a major barrier in this study especially during the literature search with respect to our case study. There was expansive literature in this area but were unfortunately entirely in the Finnish language. We were left with limited sources of information and thus affected our ability to develop a broader perspective on the phenomenon. Furthermore, the study could be seen as one-sided as it involved exclusively the health care professionals' perspective. A more balanced study should have included the clients' perspectives on the Caring TV support services.

#### 6.4 Discussion of findings

This Study describes the support health care professionals provide to elderly clients at home via Caring TV. It emphasizes the kinds of support provided to these elderly clients. The data collected may be useful in assessing the importance of Caring TV project in satisfying the daily needs of the elderly clients at home. The purpose of the study was to find out how health care professionals support elderly clients to live at home via Caring TV. The aim of the study was to find out how caring TV is used as a tool to support elderly clients to live at home. The research question addressed provided answers to the following support provided to clients at home; emotional support, guidance/education support, social support, and situational support. The subcategories of support that were identified are; reducing loneliness, giving hope, showing respect, providing safety, creating awareness, providing teaching, providing information, promote motivation, networking with others, socializing with other, flexibility in offering programs and providing individualized care. The above mentioned subcategories of support were used to form the categories of support (see FIGURE 1, 2, 3, 4). The subcategories and categories form a whole and thus show the kind of support healthcare professionals provide to elderly clients at home.

Safe home project supports various counseling and guidance services in need of well-being and everyday lives. The aim is to support daily operations and self-care, participation, activity, vitality, sense of community and security. The concept offers customers a diverse corridor, and expert support peer. In addition, experts will be able to take advantage of the concept in their own work. The concept is by nature client-driven, participatory and interactive. Program production and e-services are delivered in an interactive Caring TV and other appropriate technology solutions. Caring TV is used as a tool for safe home project to promote services that support daily activities of the elderly clients at home.

There were similarities in the findings of this study with other studies conducted by Pesonen, M., 2007 and Kipola, J. 2009, which revealed that reactive technology and services to meet the needs of the elderly clients have only picked up pace. The trend will continue to rise even beyond the foreseeable future.

This study predicts a structural change of homecare administration by the creation of a common platform for interaction in order to provide supportive services as more and more areas of care are incorporated within the homecare service. The challenges associated with this continuous expansion of homecare support to the elderly imply that clients support should be more client-driven rather than task-oriented. This approach is consistent with the Caring TV project, which considers the clients at the center of their services, as these clients are now



given more and more responsibility and autonomy in decisions -making that affect their well-being.

Findings from participants are in direct relationship with a research study carried out by Epstein, 1993 at the Institute for consumer affairs that showed that there is a serious shortfall of the information needed by the elderly to get the support they need. This evidence strengthens the claims of Caring TV project to create availability and accessibility of healthcare facilities that support their independent and safe living at home. The fact that clients feel safe when they are at their own home, which is a familiar environment, makes it easier for programs to be delivered directly to their homes.

As the Caring TV project is designed to develop clients' daily coping skills, it is evident that health care professionals become more focused in identifying the need for assistive techniques for daily living through individual care planning as well as meeting those needs with clients-centered care provision. The result is that intimacy and confidentiality become stronger between the Health care professionals and the clients with increasing information sharing.

Furthermore, people living at home can still be supported to exercise self-determination and live as independently as possible. This is true because the primary objective of Caring TV is for most elderly people to live a decent quality of life in their own homes as long as possible. The increasing role of home care in care provision implies that they can as well have an active role to play in local communities and external links can be forged and maintained with clubs, society and organizations. At present, the Caring TV project is experiencing enormous expansion into other domains and geographic regions. Through this interactive medium, clients receive guidance and education from other healthcare professionals which can create awareness, provide teaching as well as promote motivation.

Information from participants also revealed that professionals work with individual clients to maximize their independence. This is evident from the services delivered by health care professionals that focused on the aspects of support that enables the clients to withstand the capacity for self care. These elderly clients are encouraged during this process to perform simple mobility exercises which motivates them to walk short distances rather than use the wheelchair.

Many advantages have been highlighted by the concept of support in home care as one of the most recent approach towards achieving health autonomy of elderly clients who live at home. A typical advantage is that it reduces hospitalization rate and the cost of administering treatment and conducting follow ups of the clients. This approach of home care builds the

client's self-learning and adaptation of his or her health situation as well as develops a sense of control over his or her health. The advantage in this also is that it minimizes wastage of scarce professional resources (Health in Finland, 1999). The findings revealed that the development and expansion of an interactive support program such as the Caring TV project in Active Life village (Laurea University of Applied Sciences Otaniemi) provides an opportunity for easy communication, information retrieval and entertainment as cited by (Kippola, J.2009).

The support that Caring TV provides to elderly clients at home encourages the design of safe homes, which reduces physical visits and minimize the danger of infections common in the hospital environment (Pesonen, M. , 2007). Furthermore, home care services provided via Caring TV enable the clients to become more familiar with their environment and feel more comfortable and safe to communicate personal matters with the Caring TV professionals as confidentiality is ensured during the interaction process. The elderly clients have developed a trusting relationship with the healthcare professionals via caring TV where they can express their views. This does not only reduce loneliness but also creates a social forum where they can make friends and exchange ideas.

The findings also disclosed the importance of emotional support, which gives clients hope, a sense of security or safety, respect and reduces the fear of loneliness. These factors are very vital in promoting well-being and quality of life for the elderly. The strategy adopted by Caring TV to promote emotional, and social health of the elderly clients is clearly visible in other research findings. According to Pesonen, P. , 2007, the approach of stimulation of the mind, safety of the home environment, belonging, and togetherness helps the elderly in their daily life and the process of rehabilitation adaptation. Socializing and networking with others gives clients a sense of belonging and feeling that they can still play an active role in the society.

The development of e-services for providing education and guidance has the advantage of reaching many clients at the same time. The collaboration of experts and students in the network of education and guidance via Caring TV prepares the students to discover different ways to make health care services work differently with the possibility to increase work efficiency and productivity. Elderly clients can learn how to check their blood pressure, blood sugar and other vital signs. Programs are organized to inform them on how to use various measurements at home and they could call a homecare nurse if they realize any abnormalities. The healthcare professionals are also connected to a computerized system that monitors clients' vital signs to ensure safety in time of emergencies. This shows that the caring TV technology is expanding to cover a wide area of supportive services.

Life for the elderly who live at home can be very challenging especially as they experience a degree of diminished physical capacity. Assisting the elderly to cope at home is one of the objectives of Caring TV. Most of the programs via Caring TV are designed to encourage the elderly to do as much as they can for themselves, even if it is sometimes met with reluctance. Maintaining and promoting independence of the elderly clients give them a sense of achievement and prevent them from giving up on life completely. Programs via Caring TV are organized in such a way that clients have different kinds of facilities to increase their capabilities and hence self-care skills.

When people are well informed, and motivated, they become very aware and involved in the community. Elderly clients have access to valuable information via the caring TV which is a similar view recommended by Eilean, C., 2009. According to Eilean, C. 2009 better informed leads to better health. It is possible for these elderly to be actors of their own health if they have access to the information that they need. Programs are very flexible in such a way that those who could not take part in the morning programs could still participate in the afternoon. This is an indication that caring TV provides flexible and individualized support.

Living alone is one of the most salient factors affecting the well-being of the elderly. Moreover, it is not uncommon for elderly people living alone to be found helpless or dead in their own homes. Caring TV connects with these clients every day to make their life colorful and joyful. The network that Caring TV creates helps them to meet other people and make new friends. The social support provided by the healthcare professionals directs them to where they can get facilities that will help them socialize. Meeting other peers can be just what these elderly clients need. Caring TV is a social network that creates a chance for these elderly to socialize with their families and peers which is very important in relationship building.

Coping with everyday life has as well been the focus of caring TV since most of its programs target individuals at home. Through this channel clients can get individual contact to department where they could get additional service. It was said that caring TV targets elderly at home because most of them prefer to live in their own homes rather than the hospital or institutional care. This is related with the publication made by the ministry of social affairs on the government resolution on the health 2015. This publication revealed that there is a great challenge in arranging rehabilitation support for those with reduced functional capacity to help them cope with everyday life (Publication of the ministry of social affairs and health ISSN 1236-1050). Caring TV brings different kinds of services together, connecting people and facilities.

Participants also emphasized on safety at home as being one of the priorities of the Caring TV. The various professionals who provide support to these elderly clients are concerned with the safety of these elderly. They provide information to the elderly and also contact experts of other fields whenever there is need. The safety guarantee measures cover exercises, medication, contact with nurses and doctors when necessary and other emergencies. It was said that there is a computer system that records the vital signs of the clients and transmits it directly to the computer of the healthcare professionals who are registered on this program. Healthcare professional could check the values online and make contact to the elderly about the values and if the values are high or low and need any emergency, they seek permission from the elderly to contact homecare nurses or direct them on what to do.

The fact that the Caring TV project is by nature client-driven, gives an opportunity for the clients to learn from their own suggestions on how to develop the Caring TV to respond to their needs. The flexibility of the programs gives an opportunity for the elderly clients to choose any program that suits their interest and capability. The significance of this approach is that it falls within the objectives of the healthcare professionals to deliver holistic support. The clients are considered as human beings that need, emotional, social, guidance and education, as well as situational support. This enhances dignity, respect and hope for the elderly. The introduction of e-service technology like Caring TV helps to meet the challenges faced with increasing number of elderly clients and the decreasing number of health care employees. Caring TV in reaction to this situation is to design new ways to face the changing structure of homecare. This change is characterized by the increase pressure on hospitalization. Caring TV programs helps to reduce this pressure and to prove the client's right to choose his or her own environment and get the services that will provide access to information regarding his or her health. This strategy is undoubtedly geared towards ensuring home support for the clients. Finally, as homecare continues to grow in importance it is increasingly clear that homecare support services are now becoming an essential part of government policies especially in most European countries with the possibilities of extending to other countries.

#### 6.5 Significance of the study

Nursing research seeks to improve client care and enhance nursing scientific knowledge-base, which is one of the priorities of Laurea University of Applied Sciences to improve learning by development. Safe home project is an on-going project at Laurea University of Applied Sciences that seeks to create a learning environment for other sub-projects seeking to develop supportive services for clients at home. This study is also very important as it

provides an evident-based practice arising from the experiences of the healthcare professionals whose role has traditionally encompassed the, improvement of coping skills and capabilities of the clients through emotional, social, situational and education/ guidance support services to elderly client at home via caring TV. A study of this kind will provide a better understanding of how these healthcare professionals support elderly clients at home via Caring TV and how Caring TV is used as a tool for health promotion.

The findings will also help to determine how different healthcare professionals could intervene in providing support services, to improve the life, living condition and wellbeing of elderly clients at home. In addition, it will increase the awareness of students and other professionals of the services provided by caring TV. This will encourage more students to carry out studies in this area. The concept of support via Caring TV in this study is by nature client-driven especially as the population aged 65+ seems to increase relatively to the size of the population which identifies the need for supportive services.

## 7 Conclusion and Recommendation

### 7.1 Conclusion

Supports that healthcare professionals provide via Caring TV were clearly stated by the informants. It is also noted during the study that the Caring TV project is still a pilot project and therefore at its preliminary stage of development. The concept of Caring TV is basically client-driven, which is commonly evident in the findings and the previous literature reviewed. Assisting clients to cope at home was noted to be the central finding of this study. Through the implementation of emotional support, guidance/educational support, social support, and situational support, clients develop a sense of hope, dignity, self-esteem, security and awareness. The subcategories of support that were used to come up with the categories of support are; reducing loneliness, giving hope, showing respect, providing safety, creating awareness, promote motivation, networking with others, flexibility in offering programs and providing individualized care (see FIGURES 1, 2, 3 and 4 above) The above mentioned subcategories have clearly been described in the findings. These aspects of support seek to create a sense of importance, value and self-esteem of the clients. Assisting elderly clients to cope at home is a common phenomenon among all nations irrespective of the level of development and therefore requires total government support in directing and regulating this service to guarantee the needs of the elderly. The vision of the safe home project is to provide technologies for supporting (elderly) people in their daily lives, allowing them to stay longer within their own home aiming at living independent and self-determined.

The methodology was well suited for the study since the target group (participants) involved healthcare professionals with the relevant expert knowledge and competence. The interview

was straight-forward and facilitated analysis. The environment, participants and the project were familiar to the researchers, and thus facilitated the data analysis process. The choice of qualitative content analysis was the most suitable technique to categorize and classify the raw data.

## 7.2 Recommendation

Following the non-inclusion of the clients of the Caring TV project, this study recommends further research to include clients' perspective (as recipients of the Caring TV services) on the quality of service provided. This will rightly establish a true picture of how well Caring TV is functioning with the possibility of generating feedback that may be used to develop the project. The growing immigrant population (Somali, Swedish other Europeans and Africans in general) in Finland implies that in the nearest future more people from different cultural background and nationalities will join the elderly class. The challenge is "How does Caring TV plan to incorporate this variation in culture in the provision of services?" This study recommends that in order for Caring TV to address this challenge, it should embark on a policy of direct employment of own staff (to include different ethnic background and internal training) rather than rely on out-sourcing professionals who may not be orientated on the actual, vision and mission of the project. Given that e-services provide only preventive support, the researchers would recommend future studies in this area to test the effectiveness of support via e-service and other support services like Caring TV. If researchers include the effectiveness of e-services in their study, readers could have the opportunity to confirm this view.

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<http://www.turvallinenkoti.hanke.fi> : Safe Home project

## Appendix

### Appendix 1 Thematic question

#### Sample Questionnaire

- 1) How do you support elderly clients to live at home via caring TV?

#### Letter to participants

Dear Participants,

We are third year students studying degree program in nursing at the Laurea University of Applied Sciences. We hereby ask for permission to carry out an interview session to enable us complete our thesis.

The major objective of this interview session is to give us information on your experiences as professionals taking care of elderly clients at home via caring TV. Your responses will provide valuable feedback that will enable us proceed with our study and will promote the entire project (Safety and living which is under the safe home project) which is one of the learning by development projects via caring TV being carried out at Laurea University of applied sciences Otaniemi to contribute to the well-being and safety of patients, their families as well as other areas of health promotion.

The purpose of our study is to find out how health care professionals support elderly clients to live at home via caring TV .The aim is to find out how caring TV is used as a tool to support elderly clients to live at home. The experience of the healthcare professionals when providing services to these clients at home is very valuable as far as this study is concerned. Your responses to the questions are extremely important. So please honestly and freely respond to our questions and include the whole aspect of support that you provide to these clients and how you concretely carry out the support via caring TV.

All information that you provide will be confidential and will be grouped with responses from other participants and you will not be identified by name in our study. You are free not to answer any question you feel you do not wish to answer. If you have any question you want to ask concerning this study feel free to contact us for more information. The final decision to take part in this study is yours.

Thanks for your contribution

Yours sincerely

Students: Helen & Victorine