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A new senior caregiver for a new millennium- the EduCare project

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Abstract

Demographic changes in many European countries show a strong process of ageing societies. The situation proves the urgent need for action to the elderly population, the effect of which would be to improve the senior citizens’ quality of life not only by creating a framework for a medical care and support but also through the emotional support and promotion of active ageing. The concept goes beyond the purpose of preventing the disease in the elderly population; it seeks instead to mobilizing and optimizing the functioning of the social group in the physical, psychological and social, as well as technological spheres. Hence, the development of a professional caregiver of an elderly person is one of the challenges of a modern world. The paper is based on the research conducted by the EduCare Project team in several focus groups from Italy, Poland, Romania and Spain, in order to identify the main competencies, skills and experiences expected from a caregiver and consequently to create a profile of a new carer for a new millennium. The method chosen for the research was focus groups with 6 to 12 participants. The qualitative analysis was conducted on the data gained from about 132 people, put in three groups of interest: trainers of elderly caregivers, elderly caregivers and elderly people. The focus groups interviews were conducted with use of a set of open-ended questions that explored the perception of all the groups in relation to research objectives. The paper defines and exemplifies what is expected from the “new carer”, describes main difficulties in taking up and performing the role of a carer and presents a strategy of creating a proper relation on the “new carer” - “new senior citizen” level. The authors describe the favourable competences and skills needed for the carer’s role. The research revealed the need of creating professional courses for “new carers”, and also creating and using community forms of caregivers’ support.

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1. Introduction

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Demographic changes in many European countries show a strong process of ageing societies. The population distribution has changed, and the increase of the ageing population is producing important changes in terms of social, cultural, and economical issues, generating a higher impact on health and pension systems, social structures or economic organization. In the specific case of the health and social services in Europe, the changes in population distribution could have a great impact in these services as reported by the World Health Organization [1] and predicted by the American Society of Gerontology [2]. In fact, ageing is one of the main five problems in the European Union identified by the METRIS report in 2009 [3]. For example, Social Services in Europe have to deal with some problems such as their growing demand, austerity measures in the public budgets or problems to provide a quality health and social services despite the budget decrease.

However, this socio demographic phenomenon has also had positive effects allowing changes on the meaning around the concept of ageing. In this sense, a new concept of ageing has emerged: “active ageing”. According to the WHO, “active ageing” is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age [4]. The situation aforementioned proves the urgent need for action to the elderly population, the effect of which would be to improve the senior citizens’ quality of life not only by creating a framework for a medical care and support but also through the emotional support and promotion of active ageing. In this sense, currently, the European Union is promoting the European Innovation Partnership on Active and Healthy Ageing. The concept goes beyond the purpose of preventing the disease in the elderly population; it seeks instead to mobilizing and optimizing the functioning of the social group in the physical, psychological and social, as well as technological spheres.

In this paper we will focus on the reflection that older people should now be considered as an area of diverse population and on the observation that many of these subjects manifest the ability and willingness to continue to learn in order to stay active [5]. The elders would, in particular, the desire to learn knowledge and skills that can help them improve their quality of life, to engage constructively in their free time and considered capable of contributing to their communities. Among these activities, some research has reported an increase in "demand" of courses to learn how to use computers and the Internet, in the face of the importance of these technologies in today's society [6].

This implies the need for a rethinking of social policy with regard to training activities. According to the European Commission’s contribution to the Second World Assembly on Active Ageing, active-ageing involves “an orientation towards active-ageing policies and practices. Core active ageing practices include life-long learning, working longer, retiring later and more gradually, being active after retirement and engaging in capacity-enhancing and health-sustaining activities. Such practices aim to raise the average quality of individual lives and at the same time, at the societal level, contribute to larger growth, lower dependency burdens and substantial cost savings in pensions and health. They therefore represent win-win strategies for people of all ages [7]. Currently, there are available several programs and initiatives have been implemented in the active ageing field to promote personal autonomy for elderly. In this sense, the use of the Information and Communication Technologies can provide several advantages; in fact, there are already many works in this field such as “Age Invaders” [8], the “Butler System” [9, 10, 11] or the “Tele-service system” [12]; and also some learning programs for elderly caregivers [13].

However, despite these interventions, the creation of activities that can support the transition from a commitment to work to a state of quiescence and promote active ageing as a resource, still seems lukewarm. Hence, the development of a professional caregiver of an elderly person is one of the challenges of a modern world. The European Consortium called EDU.CARE (Education for Care) emerged with the aim to contribute to the research in this field. It is funded with support from the Lifelong Learning Program (527360-LLP-2012-IT-GRUNDTVIG-GMP) of the European Commission. The Consortium is formed by a group of public and private organizations in Italy, Romania, Poland and Spain with the aim of developing a Training Program for trainers and caregivers to enhance the active ageing in elderly population [14]. The first step before the design of the training program was to carry out the analysis of the different implemented initiatives. In this way, this paper is based on the research conducted by the EduCare Project team in several focus groups from Italy, Poland, Romania and Spain, in order to identify the main competencies, skills and experiences expected from a caregiver and consequently to create a profile of a new carer for a new millennium.
2. Methodology

The method chosen for the research was focus groups with 6 to 12 participants from Italy, Poland, Romania and Spain. The qualitative analysis was conducted on the data gained from about 132 people, put in three groups of interest: trainers of elderly caregivers (33 people), elderly caregivers (43) and elderly people (56). The focus groups interviews were conducted with use of a set of open-ended questions that explored the perception of main features expected from a senior caregiver. The participants were chosen on purpose, as they should have shared social and professional experiences: such as age in the elderly group, and professional experience and/or education in the groups of caregivers and caregivers’ trainers. All participants shared the area of concern that was situation of elderly people and the search for the satisfying relation between the elderly people and their caregivers.

3. The senior caregiver’s profile- the result of the research

It turns out from conducted focus research that a new senior caregiver should have new skills for a new millennium. What is important is emphasizing family spirit and a bond that can be created between an elderly person and his/her caregiver; somehow substituting for a missing son or a missing daughter. “A new caregiver is to, most of all, keep an elderly person’s company” - as the respondents said, is expected to “treat him/her subjectively”, “listen to him/her intently” (and respect his/her practical wisdom and needs), and cannot treat a senior “like an object”. A caregiver should most of all show ability of emphatic understanding, warmth and merciful (charitable) love towards an elderly person (that is why a smaller age difference between the caregiver and the charge is advisable). Instrumental competences however are needed as secondary ones, most of all in relation to coping with an elderly person’s health condition. Being, keeping company, support, constancy all seem to be most important.

The key words for delineating the profile of a “new senior caregiver” are a triad: subjectivity, relationality, and responsibility. Subjectivity is expressed through autonomy, high self-assessment, multi-dimensional being and multi-directional becoming. Human being, irrespective of their age, race, and health condition can never be brought down to a role of a “thing” and treated subjectively. Relationality means a constitutive and not accidental feature characterizing each human being, and based on preventing isolation, loneliness, self-development through love and a selfless gift from oneself. Responsibility is closely connected with freedom (human being’s subjectivity) and love towards the other (relation). This means watching an elderly person’s well-being (his/her independence and activeness) and developing skills and competence aiming at the true well-being of the charge.

What is indicated and very strongly emphasized in partnership countries are the needs of personal contact, conversation, respect and acceptance, accompanying not only in the basic existential activities but mental accompanying – being and becoming in an interpersonal and intergeneration relation. What is expected from the “new caregiver” “new senior citizen” is most of all empathy, patience, kindness, availability but also enthusiasm, good manners, communication skills, dedication as well as competence (proper knowledge, skills and know-how). It is about combining what is personal and subjective (personal) with what is connected with career and objective (professional). “New senior citizen’s” empowerment is favoured by all treatments aiming at self-steering, self-sufficiency, independence and activeness. What are important from the “new caregiver’s” side is regard and respect as well as knowledge of the senior’s biography; maintaining good traits and creating a favourable environment (optimum conditions) for development.

Trainers and carers expect professionalism in taking care of a senior whereas the very senior citizens expect that the care takes form of a regular, inter-human relation in which they can be themselves, but being aware that in this relation it is them who are the subject and it is to serve their well-perceived interest (shopping, offices, doctor, a walk, mediator or just a trustworthy listener, “yes-man”) (as can be thought, this will be changing not only due to the age of the elderly but also their health condition) and what is characteristic, senior citizens do not like sourpusses, they also expect from their carers or companions a sense of humour, natural joy of life and introducing them into the world of problems and novelties “from their world”.

The knowledge usually expected from a new professional caregiver includes the knowledge concerning the
specificity of old age, medical knowledge, knowledge from the area of social communication and ethical knowledge. The skills needed are: using medical equipment, nursing skills, organizational and managerial skills, social and communication skills (also to cooperate on the level of a community), and animation skills. The research was used to collect a list of competences expected from a new-millennium-caregiver. They are: being open to others’ problems, psycho-physical autonomy, ability for empowering others, emotional maturity, communicativeness, readiness to bring help, learning the senior citizen’s biography and including it in the process of cooperation with the senior, and appropriate moral attitude.

The EduCare research revealed that the European societies are facing the tasks that are: changing negative stereotypes connected with the caregivers and elderly people, answering challenges connected with elderly care, including cognitive stimulation, ensuring health safety, stimulating senior activeness and active ageing, and emotional support as well as psychological help, and creating professional courses for “new caregivers” to equip them in useful skills and wide knowledge valuable in promotion of active ageing and support.

Professionalization of care of senior citizens is favoured by preparation for the role of a carer by taking part in gerontological training or trainings preparing for working with seniors. Such a professionalization of care and work with senior citizens is also favoured by appropriate attitudes towards the elderly and understanding the specificity of ageing process. Undoubtedly, in the examined groups’ opinion, a way of making the occupation of an elderly people’s carer professional are training, courses, training periods by means of voluntary service, everything that may serve understanding the specificity of old age and adapting to it a strategy of building a senior – carer relationship. What is also important to trainers and carers are carers’ personal predispositions and their skills as well as self-education of the latter. Moreover, what is important to the trainers is controlling the carers’ work and to carers – positive experience from family home and a good, appropriate media pattern.

4. Conclusion

The research conducted by EduCare partners showed that at present the person of an elderly person’s carer is somehow “suspended” between the duty (informality) and occupation (professional education). On one hand we think about the obligation in terms of appropriate attitudes, and on the other in terms of being professional in understanding certain skills. One question should be answered first though – if it is worth going towards professionalization of the caregiver. If yes, and the research clearly revealed that yes, then the next step would be a suitable selection of candidates to the profession of the carer (for example a year-long voluntary training period among senior citizens) and creating a suitable education and upbringing model including specific, innovative tools enabling to educate an elderly person’s caregiver. These are some of the main objectives of EduCare Project.

Innovation in learning practices is an important expected outcome of the EDU.CARE project. The Internet and communities of practice could offer great advantages such as availability, flexibility, lower costs, and possibility to doing collaborative works or sharing information, among others.

The analysis of the implemented initiatives provides a general framework about the state of the art of the lifelong learning in elderly population, based on an active ageing perspective. This general framework point out the requirements needed to develop a training program for the elderly people carers. An adequate training program based on the real needs of elderly people, can offer a better support to the carers and, in consequence, to the elderly people. The EDU.CARE Consortium intends to reach this goal thanks to an original learning methodology, which will include classroom training, coaching, project work and training on platform web 2.0.

Achieving EduCare goals and challenges could provide important data about innovative ways to improve the opportunities for active ageing in general, living independently and, ultimately, enhancing the elderly’s quality of life.

References


Torp, S., Hanson, E., Hauge. S., Ulstein, I., Magnusson, L. (2008). A pilot study of how information and communication technology may contribute to health promotion among elderly spousal carers in Norway. Health & Social Care in the Community, 1 (16), 75–85,