

# THE EXPERIENCE OF ELDERLY CAREGIVER LEADERS AFTER TRAINING FOR CAREGIVER PROGRAM IN A LOW-INCOME URBAN AREA.

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## ABSTRACT

The purpose of this qualitative research was to study the experience of caregiver leaders after training of the caregiver program. Data were obtained from 8 key informants, by in-depth interview during April, 2019-June, 2019. Triangulation was used to facilitate the validation of the data. Content analysis was employed to analyze qualitative data. The participants have passed the training from the course on 100 hours integrating nursing knowledge for the elderly caregiver. This course objective was to produce leaders for the elderly caregivers, in order to be volunteers for health promotion in low-income community or as an extra income for elderly caregiver and used as a way to help society by having a health teaching.

The finding showed that 8 participants were female, aged between 23-45 years, were employed as daily employees in public health centers, daily income was 300 baht, average annual income was between 50,000 - 70,000 Baht/year. They want to develop more as professionals, create an additional income. The experience after the training found that the trainers gained of knowledge and ability in basic elderly health care with common problems, techniques of communication for health care, nutrition for the elderly, health care in accordance with Thai traditional medicine and alternative medicine, ethics for the elderly caregivers and related laws. All participants increased in careers for the elderly caregivers on holidays, healthy promotion activity such as nutrition for the elderly, fall prevention, healthy food cooking for selling, massage and created exercise health promotion activities for the elderly in the community. At the same time that some of the activities can be used to gain a good extra income, it also provides knowledge on health care for the elderly in the community as well.

The transferring of knowledge about health care for the elderly in urban poor communities was necessary, it is the way to strengthen the community in elderly healthcare. This is an important public health responsibility. This study created a model to transfer the health care of the elderly to the community. At the same time, they can become professionals. This will help the elderly to have a good quality of life and live in Thai society with value and dignity.

**Keywords-** caregivers, elderly health care, experience of caregivers, community elderly health care

## INTRODUCTION

According to the Thai population survey, 67.6 million people in 2017 were 33 million men and 34.6 million women with 11.3 million people aged 60 years or older, accounting for 16.7 percent of the total population, 5.08 million men (15.4%) and 6.23 million women (18.0%) when dividing the elderly into 3 age groups, namely the elderly (60-69 years), the middle-elderly (70-79 years) and the late-elderly (Aged 80 years and over) will find that the elderly. Most of the Thai youth are aged at the age of 57.4% of the total elderly. Considering the trend of the elderly rate, the ratio of the elderly to the total population of 100 people will find a significant increase (from a hundred 6.8 percent in 1994, increased to 9.4 percent in 2002 to 10.7 percent in 2007, 12.2 percent in 2011, 14.9 percent in 2014, and increased to 16.7 percent in 2017) [1]. It is expected that in 2019, it will be the first time in history that the proportion of older people will be greater than children and within 3 years Thailand will enter the aging society completely with the proportion is as high as 20 percent. There are 4.6 million elderly with aged 70 years and over. It is estimated that in 2040 there will be up to 20.5 million elderly or 32 percent of the total population, while the working-age population is only 35.18 million people, compared to the number of working-age workers in 2010 there are 42.74 million people or a decrease of 7.6 million people which will definitely affect national development [2]. Elderly getting can bring senior health challenges such as Hypertension, Arthritis, Heart disease, Cancer, Respiratory diseases, Alzheimer's disease, Osteoporosis, Diabetes, Influenza and Pneumonia [3]. The most common health concerns for getting older that can bring senior health challenges to chronic non-communicable, about 92 percent of elderly have at least one chronic disease and 77 percent have at least two, the most common are stroke, cancer, and diabetes and heart disease. (National Council on Aging, 2016) Once person with more than 65 years, the data from the Centers for Disease Control and Prevention (CDC) suggest that person can live another 19.3 years, for an elderly caring living must be carefully managing chronic conditions in order to stay healthy. Caregivers have a very important role especially the elderly with loss of cognitive functions who need care all the time [3]. Caring for the elderly in the community is a very important responsibility in Thai society which is stepping into the aging society because the population of the elderly has increased and has a tendency to live longer as well. The elderly care management system is important it will enable the elderly to have good quality of life and continue to live in Thai society with value and dignity.

This study was conducted in the Huai Khwang community Bangkok Thailand. This project was a pilot project, by training low-income people in urban areas to train the elderly caregiver course with learning the theory and practice as a total of 100 hours of practicum, after the training participants can be a leader to provide knowledge for helping the elderly or as a volunteer to advise elderly caregivers in the community. Sometime participants can use the knowledge from this training as a caregiver for the elderly as an extra income.

## OBJECTIVES

To study the experience of participants after training the caregiver program.

## METHODOLOGY

This study uses qualitative research by applied phenomenological study to focus on the experience of the trainees for applying health knowledge about health care elderly in urban poor community at Huai Khwang community Bangkok Thailand. Data were obtained from 8 key informants, by in-depth interview during April, 2019-June, 2019. Triangulation was used to facilitate the validation of the data. Content analysis was employed to analyze qualitative data. The participants have passed the training from the course on 100 hours integrating nursing knowledge for the elderly caregiver.

### **Research methods are as following:**

1. Contact with community leaders in Huai Khwang District to publicize this research project that will be introduced into the people and recruit.

2. Individual interviews to assess the concept of life after the training about changing working life applying knowledge to increased income and delighted to join the program and working as a transfer of knowledge and basic health care skills to families of the elderly in the community, at home, individually and publicize this research project. That will be introduced into the people and requesting volunteers as a sample.

3. Learners group meeting and set up a group committee.

### **Research tools**

This research instrument consists of a structured interview and key informants as following: 1. In-depth interview questions and ideas. There are questions related to the following. Concepts of living after training Experience in transferring knowledge to care for the elderly Applying knowledge. The feeling of being a leader in caring for the elderly in the community 2. Key informants and personal information record form.

### **Data collection**

Information was collected by using the in-depth interview method with a structured interviewing used as a guideline, by in-depth interview during June 2019. The individual data by แบบบันทึก data collection was the researcher and the recording. Collect data according to the specified procedures follow as appointment days and time, and locations for data collection. The research team conducted to collect data according to the methods already practiced and protecting the rights of informants. The researcher protects the rights of the informants throughout the research process is as follows

1. Voluntary research participants after the researcher explained the details, told about the topic to be interviewed, by in-depth interview requesting recording permission voice conversation, the number of times, the interview was requested maintain confidentiality by erasing and destroying voice recording bands at the end of the research.

2. Not disclosing any information that can be linked to the data provider, disseminating information from the interview in the form of information from the data providers by collecting and only for academic presentations.

3. While interviewing, the informants were not able to answer any questions that make them uncomfortable or terminating participation at any stage of the research by the participants. Data denial of information will have no effect on the data provider, the researcher explains the information and gave an opportunity to ask questions and gave time to think first. Decided to participate in voluntary research along with signing the consent form to participate in the research.

4. While interviewing, if there are situations that affected the psychological impact on the primary informant if the informants are mentally affected they must end the interview and change their role to the giver. Counseling by listening to the giver's problem, encouragement to find solutions to basic problems.

## **Data Analysis**

Qualitative data analysis from the in-depth interview by using content analysis when researchers began to collect data until the end of data collection qualitative data analysis procedures consisted of 5 main steps as follows: 1) Data organization 2) Indexing or coding of data 3) Creating a temporary conclusion 4) Creating a summary 5) Proven the reliability of the analysis results.

## **RESULTS**

The finding showed that 8 participants were female, aged between 23-45 years, were employed as daily employees in public health centers, daily income was 300 baht, average annual income was between 50,000 - 70,000 Baht/year. They want to develop more professionals, create an additional income. The experience after the training found that the trainers gained of knowledge and ability in basic elderly health care with common problems, techniques of communication for health care, nutrition for the elderly, health care in accordance with Thai traditional medicine and alternative medicine, ethics for the elderly caregivers and related laws. All participants increased in careers for the elderly caregivers on holidays, healthy promotion activity such as nutrition for the elderly, fall prevention, healthy food cooking for selling, massage and created exercise health promotion activities for the elderly in the community. At the same time that some of the activities can be used to gain a good extra income, it also provides knowledge on health care for the elderly in the community as well. The presentation of this research has 4 parts:

### **1. The summaries of reflection of action towards the goal of volunteer spirit, goals, planning, performance, evaluation activities as follow:**

- To transfer nutritional knowledge to elderly caregivers in the community to reduce chronic diseases.
- To suggest about controlling blood sugar level, blood pressure and lipidemia.
- To Increase public awareness about elderly health care in the low-income community
- To demonstrated food practices, exercise, weighing and recording weekly (every Friday morning).
- To adjust individual consumption behavior.
- To become a volunteer leader for community activities every month.
- To learn about Thai food and disease prevention, exercise for body weight care.
- Awareness of caution in diabetes and blood pressure.
- Warning from the leader of the activity that has received attention from the elderly community.
- To create a consumer guide for group members and those interested to stimulate the calorie intake.
- Changing an experience about elderly health care for NCDs prevention.
- Organize activities to demonstrate health food and Thai massage and distribution of healthy food in the community.

### **2. The summaries of reflection of experience of health promotion activities caregivers volunteer spirit as follows:**

- Setting up a lunch menu to come and eat together.
- Reducing snacking as coffee, bakery.
- Arranging example of healthy lunch menus.

- There are more healthy snacks to choose from, such as tofu, snacks, flavors, and to drink fresh water instead of fruit juice water, vegetable salads.

- Eating foods that are hygienic.
- Adjustment of inappropriate eating habits such as high-fat foods, soft drinks
- To create a network for meeting and more often activities.
- Discussion about the method to prevent falls in the elderly.

The reflection of the community

“organize exhibitions and demonstrations of healthy food, fall prevent, are valuable an important issue.”

### **3. The reflection of the community from caregivers volunteers activities about elderly health care in Huai Khwang flat community:**

- Members of the consumer group can weigh, track and record the weight on a weekly basis.

- with careful care more daily food.
- Organizing activities and eating healthy food, less sweet, less salty together.
- Members of the seasonal fruit procurement group come to eat together instead of sweets.

- Increase tofu intake in the morning.
- Adding food items at the cafeteria to have fish, vegetables, curry with coconut milk.

- members jointly proposed to exchange food menu demonstration
- Caregivers volunteer and members establish Community Health Kitchen center in Huai Khwang flat community.

The reflection of the community

“Is to bring good things to warn before getting sick and things that everyone must act before becoming sick specially for caring child health”

“The Community Health Kitchen Center is very good, able to learn cooking and cooking for cheap prices in the community, and increasing income for myself and the community”

“This has never been seen in this place.”

### **4. The reflection of the knowledge gained from experience and from the training is compiled into a category of knowledge that can be passed on in the community with 7 points as follows:**

1. Knowledge about the elderly, including concepts of health problems of the elderly, caring for the elderly, both self-help situations, non-self-help situations and crises such as first aid, medication, care for the elderly and cleaning wounds, feeding through personal hygiene pipes caring and promoting oral health care and fall prevention.

2. Knowledge about health promotion for the elderly in food, exercise. reducing stress, basic mental health care, fall prevention and creating happiness exercise for the elderly. Especially nutrition for the elderly, learn Thai food with the recipe Suan Suan Sunandha and local food for health of the elderly care.

3. Knowledge of technology and English for communication in health care, be using the information technology to search for information related to health care with knowledge.

4. Knowledge of law and ethics for the elderly caregivers. To know and be aware of the laws related to the caregiver for the elderly including the ethics related to the care of the elderly.

5. Experience in health promotion training methods, namely, the elderly club in public health center, home visits in the community responsible for the public health center, Ban Chanphen elderly center and Nawasri elderly center.

6. Knowledge of Thai traditional medicine and alternative medicine for the elderly such as basic massage, body massage, relaxing facial massage, stimulating blood circulation and balancing the body Herbal Compress Massage.

7. Knowledge for generating income from services and health products such as local food for the elderly, including traditional chili paste for health, herbal compress ball and facial massage, relaxing body massage.

## CONCLUSION

The results of the research showed that the experience of the 8 health care program participants, were female, aged between 23-45 years, were employed as daily employees in public health centers, daily income was 300 baht, average annual income was between 50,000 - 70,000 Baht/year. They want to develop more professionals, create an additional income. The experience after the training found that the trainers gained of knowledge and ability in basic elderly health care with common problems, techniques of communication for health care, nutrition for the elderly, health care in accordance with Thai traditional medicine and alternative medicine, ethics for the elderly caregivers and related laws. All participant increased in careers for the elderly caregivers on holidays, healthy promotion activity such as nutrition for the elderly, fall prevention, healthy food cooking for selling, massage and created exercise health promotion activities for the elderly in the community. In the same time of some of the activities can be used as a good extra income and also provides knowledge on health care for the elderly in the community as well.

## DISCUSSION

Although caring for the elderly is boring, most of them have relatives to look after. Elderly people in communities that need to have close caretaker for caring them. The loss of ability to do daily activities in the elderly was a result of NCDs, especially stroke, which takes a long time to look after and spend a lot of money.[3][4] Creating a volunteer health caregiver in the community low-income was very necessary, to help, to educate and encourage or follow and visit regular caretakers for low-income communities. From this study, it was found that the issue of falling is another community problem which results in chronic injuries, and then they needs caregivers as well as stroke [5],[6],[7]. Fall prevention toward sustainability in community must be careful that one strategy can throughout caregiver leader volunteers about risk of fall. Additional emphasis on caregiver leaders training and transfer the knowledge of risk factors for prevention in community [8],[9]. The most of family caregivers were stress and need someone to help them about how to take care, how to support for daily life and worried about availability of resources and financial support.[10],[12],[13] in the case of stroke had a sudden onset, family members must quickly assume the role of family caregivers without an opportunity to learn new skills, thus, they may be a stressful event and may experience a burden even.[13].[14],[15] Expanding strategies for creating volunteer caregivers in the community in order to visit, transfer health knowledge, stress management, encourage, and give a way as a friend to share suffering and happiness.[13],[16] This is the one strategies that to help and increase the quality of elderly viewers in low income community especial in urban.

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