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RESEARCH ARTICLE

A CONTEXT-BASED ELDERLY CARE THEORY: A GROUNDED THEORY APPROACH

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GTGrounded Theory

ABSTRACT

Background: Caring is the essence of nursing which is highly applicable to any type of clients. However, the concept of caring explored in the study focused on the elderly care and how this is approached and developed with consideration of cultural differences and backgrounds. **Objective:** This study developed a substantive theory on elderly care known as the Elderly Care Theory that defined what and how elderly caring is based on Filipino context of caring. **Methods:** This was developed using grounded theory with ten care providers interviewed and an actual observation of the caring practices in an elderly care facility. **Results:** The theoretical assumptions developed were: (1) Elderly care is an interplay of the caring culture, caring process and care agent which ultimately leads to the development of the elderly care satisfaction and quality of life; (2) Caring elements for the elderly are dependent on the quality/extent/status of delivery of caring culture, caring process and the care agent. The elements are affected by the physico-social-psychological-spiritual and political factors; (3) The care culture has its own elements which interact interdependently with each other such as nurturing, thriving and unifying culture. Its combined effect enhances the flourishing culture in an elderly facility; and (4) The care process and agents have interactive elements such as confident, enduring and strategic care and its combined effect creates the caring self. **Conclusion:** The care for the elderly is a holistic and specialized care. The elderly care elements necessary for the provision of care is a function of the environmental, socio-cultural, and spiritual factors of care and the personal competence of the care provider.

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INTRODUCTION

Nursing is most often equated with the concept of caring and is even considered as the central core of nursing (McCance, 2003; Leininger, 1991; Watson J. , 1985; Vance, RN Journal, 2000). In most caring theories, caring is not focused on a specialized population of patient or clients who are vulnerable and are in need of a different or specialized way of caring. One of the commonly deprived and vulnerable population are the older adults, otherwise known as the elderly or senior citizens aged 60 years old and above (Republic of the Philippines, 2010). There is a growing body of literature focusing on the concept of caring and its relevance to nursing practice. This includes an increasing number of empirical studies on various aspects of the nurses' and patients' experience of caring. However, more pertinent to this study are the theoretical developments within the caring literature.

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These theories by Leininger, Watson, Roach and more recently Boykin and Schoenhofer (McCance, 2003) focus on general perspectives of caring in nursing. Ray (1989; Turkel, 2007), provided an inspiration on this study in the Theory of Bureaucratic Caring which states that caring within the organization is differentiated in terms of meaning and context related to areas of practice or nursing areas. This provided a direction that there is a need to further explore elderly caring as a special field in nursing. Older adult care is recognized as intimate and sensitive, intensive and essential for the support of older people (WALSH & Shutes, 2013). There is a national mandate to address older adults' welfare, however, the quality of care and care facilities due for them is in need of improvement. An interplay of different elements consisting the care environment, relationship, structure, process and outcomes consist the concept of elderly care (McCance, 2003). Caring is the essence of nursing which is highly applicable to any type of clients. However, the concept of caring explored in this study focused on the older adult care and how this is approached and developed with consideration of cultural differences and backgrounds. It is the intention of this study to develop a theory with assumptions on older adult or elderly caring process based on the findings of the ethnographic study

on the environment of the elderly care facility that surround the caring for elderly and the phenomenological study on the interaction and experiences of the provider of elderly care and the one cared, the meaning of elderly caring (Turkel, 2007; Ray, 1989).

MATERIALS AND METHODS

An inductive process of theory development was adopted in this study. The theory developed emerged from three qualitative methods of ethnography and phenomenology used in developing the theory based on the methods used by Ray in her Theory of Bureaucratic Caring (Ray, 1989; Turkel, 2007). The grounded theory approach was utilized using the findings and databases generated in the prior ethnographic and phenomenological studies. Generally, ethical considerations were observed during the entire conduct of the study. The protocol of the study was approved by the Ethics Review Committee of the Research Institute for Health Sciences – University of the East Ramon Magsaysay Medical Center, Inc. (RIHS ERC Code 0270/E/O/16/12). The study purpose and design were also presented to the management and staff and a sample handout with brief informative text describing the study's aim and assurance of confidentiality was provided prior to the start of the study. Administrative consent as well as individual participants' informed consent were acquired prior to the start of the study.

Grounded theory qualitative method was used to discover meaning, provide understanding and create a beginning substantive theory of elderly caring. Information gathered in the ethnographic and phenomenological studies were utilized in the development of the theory. The grounded theory (GT) approach used in the study is the Glaserian Approach. Data collection in GT begins with a "sociological perspective of a general problem rather than a preconceived conceptual framework" (Glaser, 1978, p. 44 as cited in Age, 2011, p. 1600). Lehmann's expanded research model (Fernandez, n.d.) was the guide used in undertaking the Grounded Theory process. Theoretical sampling was observed in the process of data collection where iterative cycles of data gathering and analysis was conducted. Inclusion criteria includes only nurses or caregivers who have provided elderly care for at least one year and are working in a private elderly facility managed by religious sisters. Theoretical sampling allowed emergent themes to surface in the study as data analysis and data collection continues until theoretical saturation (Glaser & Strauss, 1967, as cited by (Age, 2011; Fernandez, n.d.) is reached, which indicates that the substantive theory has been satisfactorily developed. The number of participants planned to be interviewed were based on data saturation. The informants were those nurses and caregivers who provided actual care of the elderly for at least one year and those who gave their written consent to be part of the study. There were ten (10) informants interviewed with data saturation achieved. The data sources for analysis are the interview transcriptions and field notes of the researcher. Open coding was initiated through examining of data to extract a set of categories and their properties. This also involves the generation of various categories by "constant comparison" of data (Age, 2011; Devadas, Silong, & Ismael, 2011; Charmaz, 2006; Walton & Molzahan, 2002). After continuing this procedure of constant comparison, a "core category" was established, a category that holds all other categories together. When the core category has emerged, the process of selective coding took place (Glaser, 1978; Age, 2011), In this process of "selective coding," only variables related to the core category were considered. Finally, concepts were compared to concepts in order to integrate the theory. The extant literatures were read as source of more data to be compared with existing grounded data. Transcriptions of interviews were exported into the NVIVO 11 file and extant literatures were included. Constant comparative analysis was undertaken from open coding to axial coding and categorization of themes and assumptions.

RESULTS

The findings are presented as theoretical categories with propositions derived from the ethnographic and phenomenological studies. The major theoretical categories are based on two major concepts derived from elderly care: a) Care Culture and b) Care Process and Care Agent.

Theoretical Category 1: Caring for the elderly is governed by a care culture: A group of people doing similar job directions usually develop their own patterns of thinking, doing and relating. The culture care for elderly includes the attitude of caring which includes their shared values, beliefs norms of caring, activities and lifeways specific for elderly welfare, and the structural designs and arrangement which address the needs of the elderly and improve their conditions. The culture consists of the interplay of a nurturing, thriving, unifying and flourishing care environment.

Nurturing Culture: The care providers in the facility constantly stays with the client in the facility. It is one strategy they used to establish rapport and trust between care provider and client. The nurturing culture is assumed to be a behavior or attitude of caring to the elderly through presencing and doing for and doing with. The presence of the care providers creates a sense of trust n the elderly to his/her care provider. It enhances care through a bond that connects between the elderly and the care provider (Halme, 2012). The nursing or care provider's presence helps improve not only physical function but also mental health (Halme, 2012; Bright, 2012). These are better described in the following written observations:

"*A care provider constantly staying with a lola, encouraging her to join the group,boosting her confidence."*

"There is one lola (grandmother) who seems to be so irate all the time that she wants her caregiver to stay away from her. But the caregiver with her patience makes up "reasons" of why she has to always be on the side with the lola."

Nurturing clients also includes doing for. A genuine desire of doing good for the patient is the motivation for caring and the main concern for the nurses and caregivers. Caring takes time and the nurses cannot just leave the patient, walk away, and hope that someone else will take over. The nurses thus feel a responsibility towards the patients and their relatives. When nurses sense that they fail in doing good, they also feel that they are letting the patient down, which may lead to frustration and powerlessness (Sandgren, Thulesius, Petersson, & Fridlund, 2007; Beckett, Gilbertson , & Greenwood , 2007).

Doing with refers to the involvement and or engagement of elderly clients in their care. Research demonstrates that patient participation has a positive influence on the patient outcomes

(Griffith University, 2015; Arnetz, 2004; Rachmani, 2002). Allowing the elderly clients to take part in daily activities of care provides the elderly the sense of autonomy and worth, thereby enhancing their ego and giving them a sense of well-being (Kieft, de Brower, Fancke, & Delnoij, 2013). The following observations show how doing with was exemplified the elderly care facility:

"In the dining area, while the two (2) sisters and one (1) caregiver were drying up the utensils, there was a lola who was with them and helped them in cleaning the sink. They were even motivating her and telling her that she was a good teacher. There is the presence of worth-appraisal."

"One lola (grandmother), who used a chair as her 'tungkod' [walker], to whom I offered my help declined saying politely that she can do it and that she was using the chair as her means to support, for balance in walking."

Thriving Culture: The physical arrangement in the elderly facility in terms of its architectural design has influence on the well-being and the quality of care rendered by the staff in a nursing home (Barnes, 2002; Sookyung, Dilani, Morelli, & Bryun, 2007; Lim, n.d.; Douglas, 2005). The general characteristics of an elderly home are community integration, placed near residential areas with a continuous flow of visitors of all ages, homelike environment, clustering of small scale units to allow more interactions, and accessibility to nature and garden (Sookyung, Dilani, Morelli, & Bryun, 2007; Lim, n.d.). The locale of the study shows these characteristics.

"*Architectural design of the ramp- very well designed that when one uses it, it does not require much effort, not slippery, including the floors - concern for elderly; design with a heart for the frail."*

"There are 2 floors all-in-all. There is the presence of an elevator in order to transport the lolas from the ground floor to the 2nd floor and vice-versa. There is the presence of a ramp at the back portion of the building. It was a well-planned ramp created with the thinking about the safety of the lolas being transported. There is the presence of a church within the compound."

The set-up of the facility including the furniture used implies a sense of concern of the administrators and care providers for the clientele. The limitations and impairments of the elderly should be considered in the interior designs of the institution so as to allow maximum functioning of the elderly without causing injuries or harm. This type of environment allows the elderly to function and sustain their stay in such a facility.

Unifying Culture: The elderly clients admitted in the facility came from different social, economic and epidemiological origins, creating diversities and changes in elderly health care and entailing greater interest to develop new alternatives to promote health (Falleri & MarconII , 2013; Fleming & Haney, 2013; Löckenhoff, De Fruyt, & Terracciano, 2009). In the care for the elderly, the environmental, psychosocial, cultural and economic problems that directly affect them require a person-centered and needs-based care for them (Löckenhoff, De Fruyt, & Terracciano, 2009). The respect of the care institution and the care providers towards the differences of the elderly clients promotes well-being and quality of life (Falleri & MarconII , 2013), as reflected in the following observations:

"The lolas inside the home are varied. Some are still quite able to do their own activities of daily living while some would really rely on their own caregivers. The lolas also had their own variety of interests and attitudes and even at times would get irate."

Elderly caring needs knowledge about the different care practices allowing them to plan and implement actions appropriate to each specific situation. The individual needs of the elderly promote their sense of worth and integrity (Falleri & MarconII , 2013).

Flourishing Culture: Flourishing means growing and blossoming into a better person with dignity intact even in the later years of life. This aspect of elderly milieu and culture is reinforced by the preceding cultural elements of a caring culture for the elderly. This culture includes the activities of the elderly, the scheduling, the people involved in the care, and processes involved in care provision which are believed to promote autonomy or independence, recognition and belongingness, boost ego and anticipate joy or actual joy for the elderly. A culture seen in the elderly institution was the structured flexibility. Care for the elderly is supposedly routine in terms of the basic activities of daily living (Feeney & Achilich, 2014). However, there are instances at which the elderly's interest emerged and needs to be addressed. Hence, in this institution there is a culture of flexibility as the older adults choose certain activities which she is interested to do. Moreover, the unstructured schedule of allowing family members to visit the clients anytime of the day provides flexibility favorable to the elderly, thereby promoting independence and respecting dignity.

Involving the family members in the care for the elderly promotes well-being and inspiration to the elderly (Bolkan, Bonner, Campbell, Lanto, & Zivin, 2013). Family involvement and social support are associated with recovery and prevention of depression. It also enhances family relationship and positive staff interactions in the care(Maas, Reed, Park , & Specht, 2004; Prohaska & Glasser, 1996). The support that the family provides for the client also addresses need for belongingness. With the involvement of the family in the care, the elderly feels her importance to others and improves their responses to therapy and care(Wolff, Roter, Given, & Gitlin, 2009). Reminiscence among elderly often involves themselves and their families. Reminiscence engages older patients throughout the day with positive interactions during meal and bed times, bath/shower times, when assisting with walking, or when giving medications (Klever, 2013; Gaggioli, Scarrati, & Morgantia, 2014). This practice often gives joy to the elderly and encourages them to cooperate in their care. This indicates enhancement of well-being.

Theoretical Category 2: Elderly care involves care process and care agent: In elderly care, culture is associated with the care process and the agent of care. The care process would not be implemented without considering the care agent.

Confident Care: The care providers demonstrate an emergent competence in caring for the elderly brought about by the many years of experiences. Based on the observations done, care providers in the facility have shown knowing care and talking care attitude. They develop acceptable techniques in their care for the elderly attributed to their constant practice of doing the procedures (Wrzesniewski & Dutton, 2004; Lenburg,

1999). Elderly clients are sensitive to inadequacies and incompetent care provided to them. They are frank in verbalizing their comments and complaints. Competence does not only speak of adequate knowledge of care but also include psychomotor and affective care. In order to arrive at a caring self, competence in caring is an important factor to attain this objective.

Enduring Care: The caring experiences of the elderly care providers are marked with either hardships or success and a combination of both.

"It is more difficult to take care for an elderly. It is difficult to care or elderly because you need to adjust to their attitudes. Their attitude differs. There are good and naughty ones but for mother and child, it is also nice to take care of them but it is simpler from delivery, immunization; for the mother you do post partum care but for the elderly it is difficult because of their attitude. Their medicines. You need to ask their history at home. What are their illnesses [Ms. N]

The patience of the care providers in dealing with the elderly implies a type of care that endures negative experiences. In elderly care, the commitment and desire of the care providers in taking care of the elderly assures the clients of a continuous quality care (Young, Challenges and Solutions for Care of Frail Older Adults, 2013).

Strategic Care: The type of care shown by the care providers were characterized as a care beyond boundaries. The care providers were able to develop strategies of caring based on their experiences with the older adults. Learning enhances as they continuously perform their daily routine. Their routine, in turn, enables them to lay down and organize sequences of events which will successfully perform caring actions (Jong & Ferguson-Hessler, 1996). Strategic knowledge is used by an agent to decide what action to perform next, where actions effect both the agent's beliefs and the state of the external world. Strategic Care refers to the personal caring strategies developed and practiced by the elderly care providers which include storytelling, cajoling, avoiding direct confrontation, being there, showing affection among others.

I tell stories. Any story. What is happening to you lola? Who is your husband? Where are you from? Your husband, was he strict? Despite the strictness of the elderly if you can hit her interest in the story, she becomes nice to you. Then she will keep looking for you because she likes talking with you. You really have to find ways... [Ms. A]

"There are times that they become irritated. Really very irritated. We place her in her room. we do not touch her but we just watch her. Later on, she will be appeased. Her irritation is only short-lived. As long as you will not confront her directly. You just put some distance and just watch her and what is doing, give quick looks, check if she is already calmed. [Ms. B]

Caring Self: The caring self refers to the care agent characterized by competence, endurance, commitment, and strategic in the care provision to older adults. The caring self emerged as the care providers explained that the motivation for caring is the mirroring of the older adult as their old parents or their old self (Picard, 2000). This is further reinforced by the their traits of loving and patience towards the elderly spending time as needed (being there, flexibility) and their spirituality which ultimately is believed to be the holistic cause of the quality of care agent they have become(Stacey, 2011; Puchalski, 2001). Care providers aspire to create a caring self as they internalize their personal and social motivation as well as their spirituality. Spiritual beliefs and spirituality help care providers cope with the challenges they encountered in the caring process(Puchalski, 2001). Figure 1 shows that the caring self is developed when the care provider has confidence in caring, enduring care and is practicing strategic care.

DISCUSSION

Caring for the elderly is an interaction among three basic elements: caring culture, caring process and care agent. The interaction of these elements is supportive and interdependent of each other. For elderly care to be effective and satisfying to the clients, the elderly environment should demonstrate a culture of acceptance, understanding, respect for individual differences, customized to the needs of a frail being and a flexibility favoring client needs (Leininger, 1991; Killingsworth, 2008). Embedded in the care culture is the caring process, the substance of elderly care, which is also dependent on the care agent's characteristics and attributes(Hoover, Siegel, Lucas, Kalay, & Gaboda, 2010; McSweeney & O'Connor, 2008; Davison, McCabe, Mellor, Ski, George, & Moore, 2007).

Generally, *elderly care is an interplay of the caring culture, caring process and care agent which ultimately leads to the development of the elderly care satisfaction and quality of life granting that all these elements are assumed to be efficient.*

The delivery of the elements of elderly caring is influenced by social, political and cultural factors. The caring environment is affected by the political governance of the facility, its vision, mission, policies, support to personnel and directions of care (Department of Health, 2005) (Frisch, 2001). The caring environment varies depending on the governance and directions of the operations of the facility. It is assumed that non-profit oriented facilities are mostly religious-oriented hence the sense of mission and volunteerism is common. Furthermore, the support and directions of facility administrators is assumed to influence the caring process such as availability of equipment and resources for care, commitment to care and the performance of caregiving duties. In the same way, the governance will also influence the care agent or care provider in terms of his/her disposition to care and the extent of support for professional development(Hanssen & Helgesen, 2011; Izzo, 2009; Klavus & Poras, 2011; Kieft, de Brower, Fancke, & Delnoij, 2013; Rafferty, Philippou, Fitzpatrick, & Ball, 2015; Frisch, 2001). The culture care is best supported with the resources to deliver quality care, the support needed to do a job, a job that offers the chance to develop and improve opportunity for team work (Rafferty, Philippou, Fitzpatrick, & Ball, 2015). Hence, it is noted that *the caring elements for the elderly are dependent on the quality/extent/status of delivery of caring culture, caring process and the care agent. The elements are affected by physico-social-psychological-spiritual and political factors.* Care culture is composed of the nurturing, thriving and unifying culture. Each of them interact constantly with each other in the process of providing care. The combined effect of these elements leads to the improvement of flourishing culture.

The attitude of caring in a well designed environment fit for elderly and the sense of acceptance from the carers and the elderly themselves can lead to the elderly-friendly activities and interactions within the elderly care milieu. In providing care to the client, there are factors that are considered as basic in nature which need to be established first in order to provide enhancing effects to other factors. This is a synergy of factors that describe elderly care. In the care implementation, the culture of loving and acceptance provides the groundwork for the caring culture supported with the caring structures of the physical and operations of the facility. These will in turn lead to the initiatives or innovations of caring activities which address the welfare of the elderly (McCance, 2003; Lehman, Fenza, & Hollinger-Smith, n.d.; Wolff, Roter, Given, & Gitlin, 2009). The same process happens in the caring process and agent. The caring processes helped in developing the caring self of the care providers. A caring self requires competence and persistence, aided with personal strategies needed to provide effective care for the elderly (Stacey, 2011). Thus, *the care culture has its own elements which interdependently interact with each other such as nurturing, thriving and unifying culture and its combined effect enhances flourishing culture in an elderly facility.* And *the care process and agents have interactive elements such as confidence, endurance, and strategic care and its combined effect creates the caring self.*

The Context-Based Elderly Care Theory: Elderly Care Theory assumes that the elderly care requires a holistic approach governed by the synergistic relationships among critical caring components of the caring culture and the human care providers while these two elements influence the process of care towards attaining well-being and satisfaction of care. It exclusively dedicates its caring concept and practices towards the elderly population. Elderly care is a function of the combined actions and interactions between the environment, socio-cultural and spiritual relationships and the psycho-emotional make-up of the carer.

The theory generally propose that the caring elements for elderly is dependent on the delivery of caring culture, caring process and the care agent. Care culture refers to the attitude of caring which includes shared values, beliefs, norms of caring, activities and life ways specific for elderly welfare and the structural designs and arrangement which address the needs of the elderly and improve their conditions. This has four basic elements: Nurturing culture is assumed to be a behavior or attitude of caring towards the elderly; Thriving culture refers to the architectural designs of the facility which is need-responsive, allows mobility and promotes socialization; Unifying culture refers to the type of caring milieu which addresses the individual differences and needs of the elderly. The combined effect of a nurturing, thriving and unifying culture enhances the flourishing culture. Flourishing culture refers to the activities of the elderly, the scheduling, the people involved in the care, and processes involved in care provision which are believed to promote autonomy or independence, recognition and belongingness, boost ego and anticipate joy or actual joy for the elderly. Caring Process refers to the caring activities provided to the elderly and how the care is implemented using the strategies or innovations made by the care providers. Care Agent refers to the care provider characterized by confidence, competence, endurance, commitment and strategic in the care provision to older adults.

The elements are affected by socio-cultural factors. There are external factors that contribute to or hinders the delivery of elderly caring based on its care culture perspectives. The care culture has its own elements which interdependently interact with each other such as nurturing, thriving and unifying culture and its combined effect enhances flourishing culture in an elderly facility. While the care process and agents have interactive elements such as confident, enduring and strategic care and its combined effect creates the caring self. The synergistic actions of the basic elements of both care culture and the care agent are the main driver which dictate care process that will take place ideally describes elderly caring.

Conclusion

The care for the elderly is a holistic and specialized care. The elderly care elements necessary for the provision of care is a function of the environmental, socio-cultural, and spiritual factors of care and the personal competence of the care provider.

Recommendations

This study recommends the utilization of the assumptions of the Elder Care Theory in the care provision for the elderly. The use of this theory can also be applied to non-institutionalized or home-cared elderly. The theoretical assertions are very simple which can be utilized either in the home or facility setting. Moreover, strengthening the advocacy for elderly care can be done by translating the Elderly Care Theory into a module or monograph which can be used in family orientation or teaching or be integrated with the nurses or elderly care providers. Implications of the caring elements and their interplay towards quality of life of the elderly could also be investigated using this theory. This can be applied either in studies related to the caring milieu for elderly cared for in the facility or in community-based setting. The findings of this study could also be utilized in formulating policies or guidelines in accrediting elderly care facilities.

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