

RESEARCH ARTICLE

THE INTERPLAY OF C.P.A. IN ELDERLY CARE TOWARDS CLIENT CARE SATISFACTION

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Abstract

This study explored the interplay of the care culture (C), caring process (P) and care agent (A) in the care of older adults towards care satisfaction and quality of life. Two elderly care facilities (public and private) were considered as cases of this study. Using case study design, four elderly clients were asked to answer the Modified Patient Satisfaction Questionnaire, and five care facility personnel were interviewed and observed. The cross-case analysis derived the themes: a) a caring governance is a felt privilege for the elderly; b) housing arrangement: security or vulnerability?; c) How did you take care of me?: Its influence on patient care outcomes; and d) Elderly care provider: What am I?. The landscape of elderly care is a combination of the environment, culture, process and the agent who made the care more effective through patient outcomes and satisfaction. These factors have interacting relationship which one to the other but ultimately leads to a question of the elderly clients' present disposition and conditions.

Keywords: elderly care, Care culture, care process, care agent client care satisfaction

Introduction

Care for the older adults is contributed by many factors such as the influence of environment, the process and the agent of caring who is the nurse or care provider. Utilizing the Elderly Care Theory (Palompon, 2018), caring for the older adult is an interaction of three basic elements: caring culture (C), caring process (P) and care agent (A). Care culture refers to the attitude of caring which includes 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. Care process, on the other hand, 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. While care agent refers to the care provider characterized by confidence, competence, endurance, commitment in the care provision to older adults.

The interaction of these elements is supportive of and interdependent of each other. For elderly care to be effective and satisfying to the clients, the 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). This is considered in this type of care in order to promote client satisfaction. It is noted that structural quality and processes of caring influence satisfaction in elderly care (Kajonius, 2015; Curry, 2002). The study of client satisfaction is a complex

psychological process. Both structure, process and person can be considered as determinants of satisfaction. Hence, this study explored two cases of elderly care facilities based on their type of governance (public or private) and how its culture, process and agent of caring for elderly are demonstrated in these facilities including the satisfaction of the elderly clients. It also further explored how these two facilities operated and what made them successful in their vision as an institution.

The need to explore on the interplay of the three factors in this study is an important task that nursing or caring advocates should undertake in order to further explore how to provide adequate and effective care for the elderly. The number of homes for the aged facilities taking care of the older adults has increased in number. However, care for elderly at home setting requires the same consideration as that of the facilities. Filipinos might be known for the strong family system or kinship but families with older adults at home must know how to take care and provide appropriate care for them.

This study was conducted using the case study method. The philosophical stance of this method was the constructivist paradigm that claims that truth is relative and recognizes the individual subjectivity in creating meaning. It is anchored more on pluralism that the truth is created based on the social construction of reality (Baxter & Jack, 2008; Hetherington, 2013).

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Objective of the Study

This study explored on the interplay of caring culture (C), caring process (P) and care agent (A) in the care of older clients for the attainment care satisfaction and quality of life.

Methodology

For purposes of contrasting and in-depth study of elderly caring elements and client satisfaction, a case study design was utilized. This study was used in order to understand the context at which culture, process and agent of care for elderly are observed in the two facilities including the satisfaction of patients to the care provided (SAGE, n.d.). The study utilized case study methodology which explored the differences between two cases (Baxter & Jack, 2008; Hetherington, 2013; Hyett, Kenny, & Dickson-Swift, 2014). The involved cases are that of two elderly facilities which is a privately-owned (Center B) and a government-owned (Center A) facility. It is assumed that the type of governance whether private or public, differs in the implementation of the C.P.A. framework.

The two elderly facilities where the study took place were selected based on their acceptable reputation based on the recommendation of the City Social Work Division in one of the provinces in the island of Mindanao. Prior to the entry to these facilities, letters of request were sent and administrative permit was obtained. Participants of the study signed informed consent which was explained to the participants individually prior to the interview session. The study obtained an ethics clearance prior to the conduct of the study. The participants of the study were selected on the following parameters: a) facility administrators; b) nurses and caregivers; c) at least 1 year serving the elderly in the facility; and d) consented to join the study. There were three participants interviewed in Center A (government) and three elderly residents while in Center B (private) there were two interviewed and one elderly client.

The data collection was done using interview, the use of researcher-assisted questionnaire and on-site observation. In the interview, two (2) facility administrators and four (4) nurses and care providers were interviewed on the structure, process and agent care implementation. The modified Patient Satisfaction Questionnaire 18 (RAND Corporation, n.d.) was utilized in determining the patient satisfaction of the care provided in the facility. The questionnaire consists of twenty (20) items using a 3-point-scale. The scale ranges from agreeing to the statement, maybe and disagreeing the statements related to the care provided to the elderly. Elderly residents/ housemates were selected based on the criteria: a) has stayed in the facility for one year and above; b) no difficulty in hearing and speaking and c) not experiencing dementia, Alzheimer's disease or medical conditions that affect memory and cognitive functioning of the elderly.

Data analysis was focused on the structure, process and care agent qualifications contrasting on their level of care satisfaction using Modified Patient Satisfaction Questionnaire (RAND Corporation, n.d.). Cross case analysis was used in analyzing the data. This is a research method that facilitates the comparison of commonalities and difference in the events, activities, and processes that are the units of analyses in case studies (Khan & Wynsberghe, 2008; Baxter & Jack, 2008; O'Kane, 2004). In establishing trustworthiness of the study, the researcher followed the following steps: the case study research question was clearly written, case study design was appropriate for the research question, purposeful sampling strategies appropriate for case study was applied, data are collected and managed systematically and the data were analyzed correctly (Baxter & Jack, 2008).

Results and Discussion

The two cases of elderly facilities are presented in a narrative form.

Center A: A Government-Owned Elderly Facility

Care Culture/Governance. Center A is a government-owned elderly care facility financed and supervised by the city government. The facility's vision is to become a worldwide residential facility caring for the disadvantaged older persons. The center caters to abandoned elderly mostly were seen in the streets and referred to the city government. The residents (clients) are allowed to move around freely with the assistance of the rails along the corridors. The facility is very clean, has good ventilation and no typical odor of an elderly can be observed in the area. There is a regular schedule of bathing, feeding, exercise, prayer time or bible sharing, park visits, movie time in theaters, beach outing and party time. The elderly has the buddy system. The most challenging experiences which the care providers shared were the group dynamics with the older persons, the sharing of their memories in which in this facility they have vivid memories of their childhood rather than the recent ones, the family-like relationship when elder adults sought the attention from them and the instances where some of them have to be rushed to the hospitals because of illness and the loss of the old clients when they die. The facility care providers are the ones who bury them through a pauper's grave program of the government.

"Lisod para namo magsud-ong sa mga residents nga walay pamilya. Kong masakit sila, kami magbantay sa hospital. Kami ra sad maglubong sa ila" (It's difficult for us to see the residents without their families. When they get sick, we are the one taking care of them in the hospital. We are also the ones to bury them) **Admin Carol**

Families are supposedly a constant source of strength for them but in this facility, there are no family visitation and to counteract

this need, the center organizes outings and accepts visitors from religious and non-religious groups to sustain their need. There are cases where some of the residents were re-united with their families which also moved the care providers emotionally in these rare occasions.

Care Process. For the center head, her caring approach is through the finding ways of providing for the logistical needs of the center. She considers her governance as a governance of service, servant leadership and love. The center caregivers provide a system of reward for them when they are able to take a bath among others. There is a system of recognition to allow the residents to continue engaging in their self – care management.

“Serbisyo lang gyud ang amo dinhi kay maluoy man mi sa mga pasyente. Gidala ra man na sila diri sa mga taga City Social Welfare Department. Ang gobyerno nagprovide nila sa tanan, so kami tabang lang gyud nila” (We just serve the patients here because we pity them. They were just referred by CSWD here. The government is the one providing them with their needs, and we are here to help them) **Admin Carol**

During instances when some residents scold the care providers or call them names and shout at them, they leave the resident alone and at a distance to allow him or her to express his/her anger and to prevent themselves from engaging in verbal abuse.

“Usahay mokalit lang na si lolo ug pangasaba namo sa station or tawagon mi ug sakit nga mga pangalan, amo ra sila i-allow, magpalayo lang mi gamay kay para dili maprovoke”. (Sometimes the grandpa just shouts at us (nurses) at the station or call us offensive names but we just allow them (to express their feelings). We just keep our distance to avoid provoking) **Nurse Beth**

They also consider the approach of gratitude as they always appreciate that the residents are placed in the facility rather than allowing them to roam around the city streets exposing them to all weather and social increments. Instances at which there are special occasions like Father's Day, the center personnel used themselves as substitutes for the lost family members. Theirs is a service of sincerity, transparency and accountability. As the center head said, “our love for them makes us served them better”. **Admin Carol**

Care Agent. A Center Head supervises the facility, with one Center Nurse and 27 caregivers. Most of the care providers in this facility have an average of 6 years in service with the maximum of 8 years and a minimum of 2 years and they are paid by the city government. The center does not provide them with trainings and continuing education opportunities. One caregiver believed that her service to the residents is her way of giving back for the lost years which she had not served her mother. The

center head believes that the values inculcated in her in paying respect and caring for the residents is what makes her continue her job.

“Mao ni ako paagi pagbawos sa mga katigulangan kay wala man ko kaserbisyo sa ako nanay. Ang ako mga maayong pagtulun-an nga nakat-onan dinhi sa facility maoy rason nga nidugay gyud dko dinhi”. (This is my way of giving back to the elders since I have not served my mother (before she died). The values that I have learned here is what makes me continue my job) **Caregiver Net**

The aspirations that when she becomes old herself, she would also be treated appropriately as what they are doing now in the facility. There is also a consideration that her job in the facility is a destiny that the Almighty has provided for her because even if she was transferred to the hospital she was still requested to go back to the facility.

“Naa to time nga ganahan na ko mohawa diri pero dili man gyud ko kabiya ma'am uy. Magsakit man ako dughan nga biyaan sila mga lolo ug lola. Grabe a gyud ako commitment diri sa center”. (There were times that I want to leave my job but I just can't bring myself to do it. It pains my heart to leave the granpa and grandma. I just have too much commitment to this job) **Admin Marie**

There is also a sense of commitment and the love for the elderly that if she will be absent or if she will leave her job, would the next nurse or caregiver be doing the same conscientious care that they have provided to the residents. There were times when some of them would want to give up from their job but the pains and insults they have received from the elderly will ultimately fade because of their love for the elderly. They consider their job as their mission for the elderly and being accountable for their job at the end of their daily duty.

Patient Satisfaction Outcomes. Using the Modified Patient Satisfaction questionnaire, the average scores of three (3) resident informants were obtained at 2.97 which indicates very satisfied. The residents state that the facility personnel really find ways to provide for their needs for food or medicines. The residents are cleanly dressed and has no offensive odors. They enjoyed sharing their snacks near the nurses station as they were allowed not to eat in the dining area. They are communicative of each other although according to the nurse there are times when some of them are irritable.

“Nindot gyud diri ma'am. Limpyo mi unya daghan sila nagbantay namo. Inatiman gyud mi ug maayo. Ang ako lang suggestion ipa-improve gamay ang pagkaon”. (It's nice here ma'am. Clean place and there are many caregivers taking care of us. My suggestion is just to improve the quality of food) **Resident Alfon**

Based on the observer's perspectives, the residents are contented and happy.

Center B: A Privately-Owned Elderly Facility

Caring Culture/Governance. Center B is privately owned care facility located in a distant urban barangay and managed by a private individual. The vision of the facility puts emphasis on providing a home with peaceful and caring environment for the older persons. The center supervisor believes that it is their mission to continue the work because every time she decides to close the facility, clients come and families will always request for their assistance. The structures are on a one-story set-up, with the residents housed in small native house with individual and shared arrangements. The facility has a chapel, covered activity center which houses the nurses station and surrounded with flowers and fruit trees, aquariums, chickens and rabbits. It has also small open cottages where the residents also known as housemates can stay and watch the gardens. The residents are free to move around but during rainy days they would have to cross an unshaded area before they can arrive at the activity center. The housing strategy used enhances autonomy of the clients but requires consistent monitoring by the caregivers. The facility allows visitors and family members to visit anytime and a regular mass is also scheduled for the housemates. The facility has a culture of caring which is structured.

Clients upon admission are assessed, subjected to medical and laboratory examination, and family orientation prior to admission. They start the day with morning praise, personal hygiene which is done in their respective houses with the assistance of the caregiver for those who are unable to do self-care, breakfast, vital signs monitoring, exercise, outdoor walking, snacks, movie time, and lunch. Afternoon activities starts with siesta, spiritual activities, snacks, social time, clean-up and dinner. It is observed that the housemates were gathered in the activity center which is quite humid since the area is enclosed with screen to ward off the flies. The housemate seem to have worlds of their own as most of them have Alzheimer's or dementia according to the facility supervisor. The elderly in the facility do not have much activities and a sudden outburst from a housemate or two suddenly takes place. They are more subdued and apathetic expressions are observed most probably due to the extent of abnormalities of the elderly. Verbal appreciation is observed from the caregivers usually eliciting smiles from the elderly.

Caring Process. The caring process of Center B is the emphasis on close monitoring or roving of the residents. This is because of the set-up of the facility.

"Sa amo center gusto mi nga ang mga residents makakita ug mga kahoy ug mga halaman. Unya naa man mga residents nga gusto naa ila mga pamilya

makabisita, amo gihimo nga by cottage ang set-up". (In our center, we want the residents to see trees and plants. And there are residents who wants to have their families so we used the by cottage set up.) Admin Bes

They have a structured care and less stimulating activity area.

"Importante sa amo ang pag-monitor sa mga residents. Kon magpabalong, face the wall o dugayon hatag sa pagkaon para makasabot nga dili maayo ila gibuhat". (It is important for us to monitor our residents. If they become misbehave, we use strategies like face the wall or delay giving of food so they will understand that what they did was wrong) Nurse Clem

As the nurse shared during the interview, monitoring is also important because some of the housemates have their own culture such as having one Chinese patient who drinks her urine because it makes her strong. When the older persons become irritable or will not listen to the caregivers, they resort to "face the wall" strategy or "delaying snacks or meals". Leaving the patient on his or her own when they are agitated without provoking the client is the usual recourse they do. Involving the families of the clients in their care also helps the residents .

Caring Agent. The facility has twenty (20) employees with four (4) registered nurses, a center supervisor and 15 caregivers who are graduates of Practical Nursing or nursing assistant. The average employment duration is 2.5 years with six (6) years as the maximum and one (1) year as the minimum. The care providers learned to be more patient and not to provoke the patient when they are irritable. They considered their job as quite easy because of its routinary nature: *"Nipabilin ko sa ako work kay malingaw man ko unya dili ko kabiya sa mga tigulag". (I stayed in the job because I enjoy my job, and I am unable to leave the elderly). Nurse Vi*

She believes that her care for the elderly will hopefully give her a reward in later life. Her commitment, love and respect for the elderly are the factors which kept her in staying her in her job. The facility does not provide them of updates and training but the experiences she had acquired made her more at ease with her job. There are also no opportunities for advanced learning on elderly care in their locality.

Patient Satisfaction Outcomes. In Center B, only one was able to answer the questionnaire since most of them are demented. The rating provided was a perfect 3.0 which means very satisfied. On the observer's perspectives, housemates seem isolated and seldom smile. There is an old age stereotyped smell that can be observed when entering the activity center. They are seen patting flying vectors on their faces or arms and seem bored.

A Cross-Analysis of two Elderly Facility Based on Type of Governance

In order to better appreciate the interplay of culture care, care process and care agent with particular consideration on its outcomes based on the patient satisfaction, a cross-case analysis is presented. The analysis was based on the three factors which is herewith presented in a matrix. After the analysis, thematic results are further presented in Table 1.

Theme 1. A caring governance is a felt privilege for the older clients.

Caring governance refers to the way an institution or organization is controlled by people who run it (Merriam-Webster, n.d.). Caring governance is part of the caring culture under the nurturing environment in the Elderly Care Theory (Palompon, 2018). The caring quality of the care providers and the satisfaction felt by the clients of care is influenced by the leadership and governance initiated by the facility managers. The caring governance is the one that moves things and allow

visions to be attained in an organization (Willem & Gemmel, 2013; Badham, Wall, Sinfield, & Lancaster, 2006). Governance of care is a fundamental element which oversees that care is delivered to the clientele. The type of health care governance is a crucial in the health care network effectiveness (Willem & Gemmel, 2013). In the facility, center head or supervisors' management or leadership style is felt by the recipients of care and the one who delivers the care. Despite the limitations of a facility, as long as the care providers and clients of care see and understand that the center head is doing the best he/she could for the good of the clients, the clients would be able to understand and cooperate with the aspirations of the facility. This is also best appreciated in the lower levels of the organization which can be demonstrated on the patient outcomes and satisfaction.

The vision of the governance or owner of an institution can influence the quality, processes and performance of a caring facility. The managers or center heads are considered to have obligations to uphold quality patient care and sustain it (Parand, Dopson, Renz, & Vincent, 2014; Meyer, Silow-Carroll, Kutyla,

Table 1. A Cross-Analysis Matrix of Elderly Facility Based on Type of Governance

Care Facility	Type of Facility	Culture Care/ Governance	Caring Process	Caring Agent	Patient Satisfaction/ Outcomes
Center A	Government	<ul style="list-style-type: none"> Situated near residential areas with a garden; one-story structure Allow patient mobility with side rails Shared rooms for residents No offensive odor Clients are engaged in their care Accessibility of supplies and logistics for care are provided by center head Service-oriented 	<ul style="list-style-type: none"> No family involvement Staff abuse on residents is not tolerated; fired out personnel due to complaints from older persons Regular spiritual activities Reward system Outdoor activities Facility personnel acted as family surrogate Daily recording of care activities and medication Sincerity, transparency and accountability 	<ul style="list-style-type: none"> 29 personnel: 1 center head, 1 center nurse, 27 caregivers Mean duration of work: 8 years Inspired by values of respect, commitment and love Job as a destiny; a blessing Conscientious care No trainings of continuing education 	<ul style="list-style-type: none"> Mean patient satisfaction of care= 2.97 (very satisfactory) Feels being cared Communicative and happy
Center B	Private	<ul style="list-style-type: none"> Individual housing/cottage per resident or two Good ventilation in cottages Activity center emanates the old age scent Flying vectors noted Clients are not engaged in their care Difficulty sourcing out finances for medicines and special needs of the clients Semi-profit oriented 	<ul style="list-style-type: none"> Family involvement in care Regular spiritual activities "face the wall" and "delaying meals" disciplinary activities No outside facility activities Non-profit services 	<ul style="list-style-type: none"> 20 personnel: 1 center supervisor, 4 nurses and 15 caregivers Mean duration of work: 2.5 years Enjoys her job, routinary Commitment, love and respect influence job attitude No trainings of continuing education 	<ul style="list-style-type: none"> Mean patient satisfaction of care = 3.0 (very satisfactory) Seldom smile Old-aged scent Apathy

Stepnick, & Rybowski, 2004). In one of the cases studied in this study, the center head is very passionate in their practices of environmental care and the involvement of the clients on the maintenance of the facility advocacy for cleanliness and hygiene. Through this daily aspiration of the entire facility and management, the place as well as the clients are free from the typical old age smell and free from pathological vectors which could bring infirmities to the residents.

Theme 2. Housing arrangement: A Source of security or vulnerability?

Housing arrangement form part of the caring culture. It forms part of the thriving and nurturing culture of the theory. It is assumed in the theory that the housing arrangement has influence on the promotion of care satisfaction.

The housing arrangement is an important consideration in the care for older persons. An advantage of individual housing is its way of promoting autonomy or independence (Sung-hyuk, Hong-bumm, & Kim, 2003), however, this can also promote isolation (Wong & Verbrugge, 2009), especially for those with Alzheimer's or dementia. Certain elderly facilities such as those providing assisted living services seldom involve the residents in making decisions on their care and are placed on private rooms. However, this arrangement curtails the development of independence and satisfaction of ones care (Sikorska-Simmons & Wright, 2007). Research findings suggests that the type of governance of a facility influence the activities that address the development of independence particularly that nonprofit care facilities are more oriented on developing independence compares to the profit-oriented facilities (Sikorska-Simmons & Wright, 2007; Mitchell & Kemp, 2000). The promotion of a sense of independence among older persons increases the quality of life of the older persons thereby enhancing their satisfaction of their care. This is observed in their disposition such as how they behave and react to people.

In the structuring of elderly facilities, it is important to plan for potential patients, staff requirement and the safety and risk of the clients. Provisions on the Accessibility Law should also be considered to allow efficient care to take place in the facility. Cluster arrangements of housing is also encouraged to allow socialization to take place.

Theme 3. Taking Care of Me : Its Influence on Patient Care Outcomes

This theme provides the caring process provided by the care provider. How the caring activities were provided and the structure of their caring activities is assumed to influence the care for the older persons which ultimately will influence how the patient feels of his or her care.

The perspective and values of a care provider in delivering care to clients often affect the patient outcomes (Nelson, 2011). Staffing in terms of quantity and competence will affect the

quality of care a facility can provide. However, there is much to caring outcomes which cannot be measured by technology, that is the patient's quality of life. The process at which care is provided will depend on the commitment and sincerity which is usually felt by the client. In the caring process, it is also important to understand the case of the client and give age-appropriate interventions so as to avoid embarrassment and loss of integrity of the clients. Older clients may act as children due to cognitive decline but they are still humans and need understanding and respect. In one of the cases studied, it was shared that the care provider initiated disciplinary activities which is not appropriate for them and were likened to children.

Family is still a significant factor in the care older persons, hence, innovativeness of care providers such as acting as family surrogate can eventually help their need for belongingness to be addressed. The caring process in a facility makes a difference in their dispositions as human recipients of care.

Theme 4. Older Persons' Care Provider: Me and My Patient

This theme illustrates the caring self or the care agent himself or herself. As a care provider, the Elderly Care Theory assumes that the success of providing care for older persons is influenced by the perspectives of the care provider.

In the provision of care, the care provider's personal mission and advocacies are important elements in their service to the elderly. The care providers need to have personal awareness who and what he or she is as a care provider (Kydd, Wild, & Nelson, 2013). However, it is much desired to consider what is the type of care provider he or she is. The care providers are the frontline service providers for the elderly and their attitude towards the older persons make them vulnerable. The motivation of the care providers is an important factor to consider as this will also influence the quality of care they will provide to the clients and will affect the patient outcomes and disposition in the facility.

Moreover, it is observed that the longer the years of experience in caring for the older persons the better is the patient outcomes. The role of experience in developing competence in caring has been considered as an old adage that "experience is the best teacher". As the nurse or care provider stay in a working area more many years, they develop strategies in caring which makes them better care providers.

Theme 5: Older Patient Satisfaction: An Interaction of the Elements

(What, How, Who and Why) of Elderly Care

The quality of care provided to clients depends on what is the vision and aspiration of the care facility, how the care is provided, who provides the care and why they stay on the job of caring. The combination of these elements dictate the way the care is provided which is the basis on how the clients feel and perceived the care they receive.

The governance of the facility, nonprofit or profit oriented, government or private mandates the priorities of the care facility. The care provider's which includes the head of the facility's motivation to care is also influence by the governance of care. The priorities of care also influence the decision-making and attitude of the care providers. A change or deviation of the priorities of care will affect how care is provided. However, ones motivation to care may maintain which could sustain the goodness of care provide to older persons. In a care facility which does not put emphasis on respect of the integrity of the older persons, care providers will seem to be lax and less conscientious and standardize than a facility who puts premium on the standards and ethics of caring for human beings.

In caring for older persons, two major elements influence the outcomes of care that of the caring governance and the care providers' motivation and passion to care. These two main elements dictate the process at which the quality of care promote client care satisfaction among older persons.

Conclusion

The landscape of elderly care is a combination of the culture, process and the agent which made the care more effective through patient outcomes and satisfaction. These factors have interacting relationship with one to the other but ultimately leads to a question of the older clients' present disposition and conditions. The caring culture and the care providers' quality dictate the process at which care is provided.

Recommendations

Considering the interplay of caring factors for elderly, it is recommended that elderly care facilities should consider and integrate these factors in establishing, constructing and managing their facilities., nurses and care providers need to be trained to develop a sense of awareness of their caring self. Trainings are must for them to correct their wrong practices or sustain their best practices. Client-centered care needs to be implemented in all elderly care facilities whatever is their type of governance or mission.

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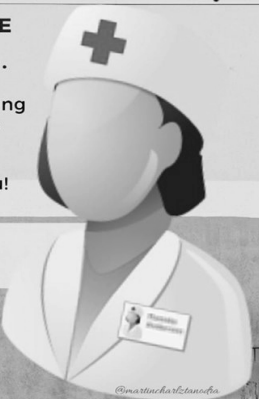
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