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Daily Life Monitoring for Older Adults by Thai Family Caregivers

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Abstract

The objective of this study was to explore family caregivers' experiences of monitoring the daily life of older adult relatives. The grounded dimensional analysis approach was applied. Twenty Thai family caregivers were recruited using the method of theoretical sampling. Data were collected through face to face in-depth interviews. Dimensional analysis proceeded with data collection. Findings indicated two distinct types of daily life monitoring, 'in-house monitoring' and 'remote monitoring'. The four integrated strategies of daily life monitoring; observing, questioning, listening, and demonstrating were discovered. Changing caregivers' life and identifying what to do were indicated as consequences of daily life monitoring which these were influenced by those monitoring strategies and the perception of caregivers on information which they gain. These findings can guide nurses and health personals in supporting caregiving families in order to keep the home care continue.

Keywords: Caregiving, monitoring, older adult

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Introduction

Monitoring the daily life of older adults in their home environment can provide a means to assess their health and well being. In certain situations, monitoring activities of daily living can be used to measure both physical and cognitive decline. In Thai families, it was found that monitoring is a type of care provided for older family members (Wongsawang et al.,2013). In relation to the monitoring, abilities of older adults to perform activities of daily living were commonly assessed. The reason is that the activities are conditions which able to reflect the person' s capacity of self-care and to reflects on their abilities to live independently in their house.

Noticing dependency was a threshold of dependent caregiving, (Wongsawang et al.,2013). Therefore, it is important to know how family caregivers notice dependency in term of how family caregivers monitor the daily activities of older adults. However, little is known about monitoring care, a type of caregiving, which related to changes in daily activities of older adults. This study was aimed to achieve the understanding of how Thai family caregivers monitor the daily life of the older adult family member.

Research Methodology

In this study, a grounded dimensional analysis, a form of grounded theory (Bowers, 1987) was applied as the method of inquiry.

Participants and Recruitment

A total of 20 participants, family members were recruited personal contacting with nurses and health personnel who work at health centers in the Ratchaburi province. To achieve this, access to participants was obtained by individual verbal invitations for participation at the place where they live and where the researcher met them. Additionally, with an informal conversation with whomever around, the research would gain the information of individuals, family units, conditions and other information that related mostly to theoretical sampling.

Participants for this study were self-identified as providing care to a parent/in-law, spouse, or others who age 60 years and over. The majority of the participants were female (17 of 20), got married (18 of 20). More than half of them (11 of 20) were daughters. Most of them live with the older adults (15 of 20) while 2 of them live in the commutable distance (less than 10 kms). More than half of them work outside the home (8 of 15). The participants provided care to 10 older members who were primarily male (6 of 10). Most of the older members were bed bound or totally dependent (8 of 10) and all of them had at least one offspring living in the same house.

Data Collection

In this study, the data were generated through in-depth interviews with 20 family caregivers. Interviews, 30-40 minutes in length, were conducted in-person. The interviews were taped, note and transcribed verbatim by the researcher.

Data Analysis

The three phases of grounded dimensional analysis ~~was~~ were used for data analysis. The early phase consists primarily of open coding, the middle phase uses axial

coding for the integration of categories and dimensions, and the final phase uses selective coding to form a theory or conceptual model. Practically, processes of doing the research were not linear rather than simultaneously occurred during data collection and data analysis. The trustworthiness of this study was censured by consistency use of the grounded dimensional analysis, member checking, peer debriefing, and monitoring.

Ethical Approval

To protect the rights of human research subjects, the proposal, research procedures, and subject consent form was approved by the ethics committee of Boromarajnoni, College of Nursing, Ratchaburi.

Results

The findings of this study demonstrated that daily life monitoring for older adults was a type of care which aims to ensure the older adults get what they need, to know what caregivers should do, and to prevent negative consequences of providing care. There were two distinct types of daily life monitoring, in-house and remote monitoring. In order to provide these two types of monitoring, five integrated strategies included observing, listening, questioning, and demonstrating were applied. Consequences of ADLs monitoring were influenced by both monitoring strategies and the perception of caregivers on information which they gain.

1. Type of daily life monitoring

Family caregivers described that as their parents or spouse get older and become dependent; they will not allow them to be alone in their house. The older adults need to have someone to be- with during days and overnights. By being-with the older adults, the caregivers will be able to monitor what it was going on with the older adults, to know what older persons needs and to make sure the older persons get what they need. Moreover, the purpose of monitoring is to prevent accidents, particularly falling, in and around their living place. Activities of older persons on a daily basis which normally observed were feeding, mobility, defecating and passing urine.

If any caregivers were not available for in-house monitoring, finding someone to replace this task was necessary. It could be the replacement by a short home visit during the absent of the ordinary caregivers. In case, there was no family member available for replacement, the ordinary caregivers mostly could not go outside or need to wait until the care was replaced by someone.

Family caregivers indicated that in-house monitoring was ‘keeping an eye-on older person. All dependent older adults had at least one family member to look after them during a day and overnight. A caregiver who was a being-with older person described what she checked during the day.

“I check her often during the day. I check her groves. I check her dressing. I check her Foley’s catheter. I checked whether it is retained….” (Da,21 years old)

In order to keep an eye-on the older adults during a day, it allowed caregivers to do work in their house and take some time to watch the older persons.

“I took care of him. I did things in a house for a while then I come to watch him. When he wants to defecate, he wants to go to the…… I have to look over him to make sure that he would not fall or get any other problems. (Pun, 68 years old)

For the night, the reasons were to protect the older persons from the crucial situation which leading to falling and dying (such as breathing obstacle). By sleeping nearby or close to the older persons, the

caregivers will be able to listen to what older persons do during the night.

"When he sleeps, if there are any sounds, sound of coughing, blowing the nose, or whatever sound, I would watch and checked. Sometimes I ask; 'Why you did not sleep?' (Pun, 68 years old)

In many occasions, integrated of in-house monitoring methods were used in order to make sure that data that the caregivers gain was right. In order to keeps an eye on the older adults, observing, questioning, listening, and demonstrating were integrated to carry out the monitoring tasks.

The remote monitoring mostly was done by family members who live separately from older persons. Family caregivers indicated that remote monitoring was calling to check what older persons do. Many older adults had at least one family member to call and check during a day but not over a night. In order to work on remote monitoring, phone call was a general method for routine checking. Doing conversation, it allowed older adults to tell what they need, what they were doing, what they feel.

The remote monitoring was often supplemented by visiting and through reports from in-house monitoring caregivers. This would allow distant caregivers to confirm what they got through a phone.

"When they have issues regarding Grandma, they will always call me to let me know how things are going. I normally go back home once a month." (Napa,45 years old)

2. Strategies of daily life monitoring

In order to provide in house and remote monitoring, four integrated strategies; observing, listening, questioning, and demonstrating were applied.

2.1 Observing

'Rang' (energy to do works and daily activities) was a significant component of what caregivers observe. 'Rang' was chanced on a daily basis. Caregivers indicated that daily activities of frail older adults were primarily observed with the intention of identifying how much "Rang" the older adults had for each day. This would permit caregivers to detect changes in older adults.

"She has less "Rang". In case, she has "Rang" she does each and everything. Suppose, she has no "Rang" she would lie on her bed. I could notice it. Commonly, she is an active person." (Niece,30 years old)

The information in relation to the daily activities of older persons sometimes was evaluated by circumstance observation. For example, caregivers did not observe how much food was taken by older persons but what they observe was how much food was left in containers.

"I check the boiled rice. If the rice pot was empty, that means she ate a lot. By doing this I would know how much rice that I should cook for the next meal(Niece,30 years old)

2.2 Questioning

In relation to in house monitoring, questioning was supplemented when occurrences were hard to observe such as physical symptoms, the needs for toileting, hungriness.

"I ask him, sometimes: 'Are you a headache?'. I ask him when I saw him touch his head or I found that his skin was hot." (Pun, 68 years old)

Pass experiences of caregivers was a condition of what to ask. When the caregivers evaluated that they will get answers after asking older adults some question, they will use this method for monitoring. It was a supplement monitoring method to confirm the information which the caregivers previously gain from observing.

On the other hand, questioning is a the main strategy of remote monitoring which was done by phone calling. Family members

have a phone call to older adults often. Some family caregivers call to their loved one every day, once and more. While some family caregivers call once or twice a week. These depend on the ability to perform the daily life of older adults and the nature of each family. A caregiver who lives away from an older person described what she calls and checked during the day.

"I call my mom at least two times a day, one time is about 10.00 am. and another time is about 18. 00 pm. I want to know what she was doing if she OK. I would tell her to have breakfast if she did not. (Dang,60 years old)

As caregiving in Thai families were done by more than on family members, most of the family caregivers in each family communicated with each other to report or get the information in relation to the change of older adults. The question which was generally asked by distance monitoring caregivers were: 'How about mother or father?'

"Every morning, I call Lek and Yai (elder sisters) and ask about any day-to-day matters such as whether she has woken up, she has done anything, and she had food. (Napa,45 years old)

2.3 Listening

In relation to listening, caregivers listened to what their older family members said and what sound was made when the older adults do daily activities. Generally, the older adults speak their voice out when their physical symptoms were presented. Moring is the usual time which most the family caregivers hear the voices from older adults.

"She tells me directly what she is being. She would tell me she got this, she got that (what she feel)" (One,30 years old)

2.4 Demonstrating

Caregivers asked older care-receivers for demonstrating some daily activities such as eating and walking. By watching how the older persons perform their daily activities, the caregivers make sure that the information which they got from observing or listening was correct. There were some activities which caregivers never ask for demonstrating. These included, for example, toileting, grooming, dressing, going up and downstairs.

3. Consequences of daily life monitoring

Consequences of daily life monitoring were influenced by both monitoring strategies and the perception of caregivers on information which they gain

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3.1 Changing caregivers' life

Various consequences of providing in-house monitoring were explained among the caregivers. In-house monitoring decreased caregivers' personal time and ability to care for themselves. Moreover, it would able to changed caregivers 'emotion. For example, one caregiver explained her feeling when she was keeping her eye-on older adults during a day and was not able to go outside.

"Boring, when I go outside, I always worry about him. I could go outside for a while. Then I have to come back home. I could not spend much time outside the house. When it is meal time, I have to be at home. I am worried that he might hungry" (Pun, 68 year-old)

The caregivers experienced angry in case the dependent older persons gave no

respond by not answering. A caregiver mentioned that she was not able to attend social activities outside the house.

"It would like to join an elderly club. But I could not. He faints. So I could not go. In case I would like to go wherever, I could be outside for a short time." (Thonglor, 75 years old)

The same caregiver indicated that providing care limited her for taking care of herself.

"I would like to have an eye operation. I cannot go for it. Who will take care of them (my husband and my adult son)." ...I have many diseases. I have DM., cholesteral, hypertension, and kidney problem. Sometimes I have medication on time. Some time I do not. I have to cook for them. ... (Thonglor, 75 years old)

A consequence of keeping an eye-on older person at night was not having enough sleep.

"I have not enough sleep sometime. I feel dizzy when I woke up. It happened sometime. It was about once a couple of months." (Pun, 68 years old)

Conflicts could occur when in-house and remote monitors did not understand the role of each other even the role of themselves. The remote monitoring was not always provided positive consequences on in-house caregivers. Some of them feel uncomfortable when they were called for checking what caregivers and dependent older adults were doing.

"I am not feeling good, she does not a thing but she always calls and checks what is going on with mom. It seems like she is checking what I am doing." (Pee-Noy,45 years old)

3.2 Identifying what to do

As a result of daily life monitoring, identifying what to do base on the ability of ~~the~~ older adults to perform daily life activities and care needs. The identifying of care needs were mostly, individual caregivers' identification, based on their perception which related to their past experiences. The characteristic of daily physical activities of older persons was recognized as "common and uncommon daily activities". The example situations which most frequently noticed by family members as 'uncommon activities' were not active, eating less, suffering from constipation.

Even though, the response to the change of daily activities might not be the same across families and within the family, the properties of responding to the daily life monitoring generally composed of doing nothing, providing what care-receivers need, reporting information and organizing what needs to be done.

Doing nothing

The caregivers may do nothing if they perceive that the occurrence of those older adults was common. For example, a caregiver did not give any response to the daily behavioral changes of the older persons as she indicated that it was ~~a~~ common behavior.

"I do nothing. I did not tell anyone. He did like this for a long time. I think his brain did not work. ...Someday, he disappointed. I told him that you could not eat this food. Suddenly, he threw the food away." He became like this since he had brain operation" (Pun, 68 years old)

It was a case where the older person's request not believed, respected or responded to. One male older adult was judged by his family to be much less dependent than he 'pretended' to be. His requests for assistance to the toilet were ignored.

"...My father, he is lazy. ..He did not want to help himself. ... Whenever we tell him to do a/the thing, he argues. He disobeys. ... He always lies on his bed. When he needs toilet

he would move up and walk but he did not." (*Tik,41 years old*)

Providing hands-on care

The response to the information after monitoring would be made if the caregivers perceive that it was uncommon. For, example, a caregiver found that it was uncommon when someone did not stool for 2-3 days. Instead of waiting for some more days, the caregiver assisted the older persons by giving him a medication.

"I would observe. Suppose he did not stool for a couple of day, I would give him a laxative." (*Pun, 68 years old*)

A participant described how it differs among proving care when the care-receiver was able to take care by their own and when the caregiver found that she needs to involve more in caregiving as the older person really need cares from her.

"The difference is, I have to come to feed her on time by this tube. I used to prepare a meal for her in the morning and then gone. ... Right now, we have to give food to her by the tube because she was not able to feed herself. ..." (*Ni,30 years old*)

Reporting information

The information gained from monitoring was often passed on to other caregivers in the family. After having seen any significant situation some of the caregivers would call others regardless of the distance. It was not unusual for that in-house monitor to report to distance monitor about what they could see occurring problems unmet needs. When monitoring caregivers were different from hands-on caregivers, the hands-on caregivers would often report directly to those monitoring caregivers. If the monitoring caregiver and the managing caregiver were different persons, they generally kept very close contact.

Organizing what needs to be done

For some caregivers, they did not provide hands-on when the care was need. But they involve in family caregiving by organizing what needs to be done. Contacting some other family members, getting medication, purchasing personal belongings were example strategies for organizing. This mostly explained by distant caregivers who identify themselves as primary caregivers.

Discussion and Conclusions

Monitoring care was indicated as a type of care in the previous study (Wongsawang et al.,2013). These findings add more understanding on how the monitoring care was performed and what consequences of monitoring were. In order to perform monitoring, in-house and remote monitoring were applied by Thai family members. The finding was confirmed that in-house monitoring as called "keeping an eye on" is a significant strategy for family caregiving in Thai context whereas, questioning is employed besides using unobtrusive observation (Dangdomyouth et al.,2008). The finding presents the significance of those family members who stay apart as they were able to provide remote monitoring.

According to the present findings, increased attention should begin to find ways of how to assist individuals and families to provide in house monitoring. Planning should aim to support them in order to replace in-house caregivers when they did not available for in-house monitoring or short time replace to provide a self-time for caregivers. Supportive service for home care should aim to find outsiders who will be able to take roles of both in-house and remote monitors. Preparing technology for remote monitoring

using a smartphone application, smart home technology or data mining is essential. These will allow family caregivers to observe or keep their eyes on their older adults. Understanding of common and uncommon activities of older adults should be educated by a nurse in any community. The new knowledge from this study will assist nurses and health policymakers to conduct a monitoring guide line which aims to ensure that the quality of care for each individual older adult will be met.

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