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HUMANISTIC CARE:

GOOD PRACTICE GUIDE

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[1] To learn more: https://www.tender4life-project.org/

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Introduction

TENDERNESS FOR LIFE is an European project funded under the Erasmus+ KA2 programme.

The project aims to enable care providers to implement a set of tools to enhance professional qualification of low-level elderly care workers, as well as to increase their competencies that can directly influence their self-esteem, leading to higher levels of motivation.

Adequate qualification and training lead to better preparation for elderly care workers to deal with contemporary situations. The model to be developed aims to be a mixed training approach between a person-centered approach with high-quality and technical skills (interpersonal, digital). It will innovate in terms of providing new curricula, work-based learning, and practical exercises, instead of the old-fashioned way of theoretical modules, which have been often led to skills and expectations mismatching and thus, job quitting and labor market instability.

Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. Recent research of WHO indicates that person-centred approaches are associated with better clinical outcomes and improved cost-effectiveness and thus, supporting the pressure that EU is facing in welfare systems for social and health care. The person-centred care, for instance, sustains the relevance of the role of a carer of an elderly customer in his health and wellbeing. The use of a humanistic approach in delivering services to elderly people is seen as a strategic solution to address the challenges in an ageing population. This kind of humanistic approaches sees customers as “unique individuals”, taking in consideration their perspective and will in the decision-making process, by respect, courtesy, availability, communication, etc. These approaches provide an increase in job satisfaction and improvements in efficiency of services.

This report is the third intellectual output of the project and it is conceived as a a guide to help elderly care providers & workers to implement a more humanistic approach in their way of caring for older adults, following the current standards and solutions to face challenges from an ageing population. It includes:

- An introduction to humanistic care
- Suggestions and recommendations for care managers and care workers, developed on the basis of interviews collected during the project
- A set of case-studies to be discussed using a Socratic approach, to improve the capacity of professionals to practically implement humanistic care

HUMANISTIC CARE

Elder care

Elder care, often referred to as senior care, is specialized care that is designed to meet the needs and requirements of senior citizens at various stages. As such, elder care is a rather broad term, as it encompasses everything from assisted living and nursing care (often referred to as residential care) to adult day care, long term care, home care, and even hospice care.

Because of the wide variety of elderly care found, as well as differentiating cultural perspectives on elderly citizens, it cannot be limited to any one practice.

Although aging in itself is not a reason to consider elder care, it is usually the various diseases and physical limitations that accompany old age that prompt a discussion about elder care.

Elderly care emphasizes the social and personal requirements of senior citizens who need some assistance with daily activities and health care, but who desire to age with dignity. It is an important distinction, in that the design of housing, services, activities, employee training and such should be truly customer-centered.

- The form of care provided for older adults varies greatly among countries and is changing rapidly.
- One must also account for an increasingly large proportion of older people worldwide, with a large baby boomer population headed into their retirement years, the limitation of fertility and the decrease in family size.
- Gender discrepancies in caregivers. The majority of family caregivers are women (59% to 75%).
- A large amount of global elderly care falls under the unpaid market sector.

Elder care is not always an absolute; in fact, some senior citizens never require any type of care to live independently in their later years. However, elder care often becomes an issue when elders begin experiencing difficulty with activities of daily living (ADLs), both safely and independently. ADLs may include cooking, cleaning, shopping, dressing, bathing, driving, taking meds, etc.

A general decline in health is often the impetus for the introduction of elder care, as it may indicate a waning ability to independently handle activities of daily living. The need for elder care may also happen quickly. What is constant, however, is that elder care may be needed when a health condition

–whether physical, cognitive, or even emotional – hinders the ability to safely complete activities of daily living.

Physical problems; Gait, stability (walking problems), Sensory issues (a loss or decline in hearing, seeing, smelling), Chronic health conditions (diabetes, heart disease, arthritis), Temporary or permanent physical limitations that may inhibit the senior's ability to perform ADLs.

Cognitive problems; Confusion, Memory loss, Attention problems, Forgetting to take meds on time, at the right time, or at all, Language problems, Dementia.

Emotional problems; Depression, Social withdrawal, Loneliness, Changes in personality (irritable, angry, moody, etc.), Loss of interest in activities.

Family members or a doctor are usually the first to recognize a need for elder care. It is up to both of them to keep a close eye on any changes that may affect the ability to safely complete ADLs without assistance, as postponing or delaying assistance could jeopardize their well-being and safety.

- What type of care is needed to ensure immediate/long-term safety?
- What types of care are available?
- What types of services can be used to provide care?
- Can modifications/changes be made to the home or routine to remedy the situation, or is professional help required?
- Can care be provided in the home, or is the move to a facility a better option?
- What are the financial constraints of providing elder care?

The type of elder care that is right, however, is largely dependent upon the type of health conditions

Humanistic approach in Elderly care

Humanistic care (or person-centered care, which is the term most often used in medical settings) is care that is focused on patient control. Often times, whether in medical or non-medical facilities, decisions are made solely by medical professionals or facility staff members, thereby leaving the patient with few options or decision- making capabilities.

However, in a person-centered care environment, the individual or patient becomes an active decision maker, along with family members, doctors and staff employees. It is individualized care at its finest, and seniors and their families are demanding it.

Person-centered care certainly isn't a new concept, as it was developed by the Bradford Dementia Group in England in the 1980s as a moral philosophy of care, but with baby boomers inching toward retirement and still caring for their elder parents, the expectations to provide individualized care have been brought to the forefront, and most institutions, irrespective of which type, are now adopting person-centered care as their resident care philosophy.

What Does Humanistic Care Encompass?

Depending on the facility, person-centered care can include everything from end-of- life care to when breakfast is served. In other words, person-centered care focuses on a patient's individual likes and dislikes, needs, wants, and desires. It is about medical professionals, social workers, nurses, and other facility staff members taking the time to understand a patient's wishes and do their best to accommodate them.

A person-centered care approach likely begins with a social history of the patient so the staff can better direct the patient's plan of care. Today's successful care providers understand that person-centered care, advances the moral and philosophical goals of a facility, thereby working to accommodate unique needs and wants and provide a well-rounded, emotionally satisfying experience for the individual so that self-esteem is boosted, independence is encouraged, and an excellent quality of life becomes the ultimate goal.

The components

Because person-centred care is a philosophy of care, a number of components must be integrated as to achieve success:

- Makes a commitment to upholding the values of the individual, regardless of their level of functioning
- Focuses on those interactions that meet specific, psychological needs of the patient, including love, identity, comfort, attachment and inclusion
- Promotes positive health
- Reframes any “problem” behaviours into needs that must be met and opportunities for communication with caregivers
- Recognizes that all actions are meaningful
- Maintains a staff that is emotionally available to all individuals in their care Integrates all elements of positive person work

A person-centred care environment is one that: engages residents or patients in meaningful activities and programs; provides superior attention from an engaged and caring staff; and incorporates the same care practices to all residents, regardless of their condition or ability to clearly communicate. This model of care is crucial for all patients or residents, yet becomes a vital component for Alzheimer’s patients who may have lost the ability to clearly express their needs or wants.

CARE MANAGERS

To understand how humanistic care is demonstrated and used within everyday practice

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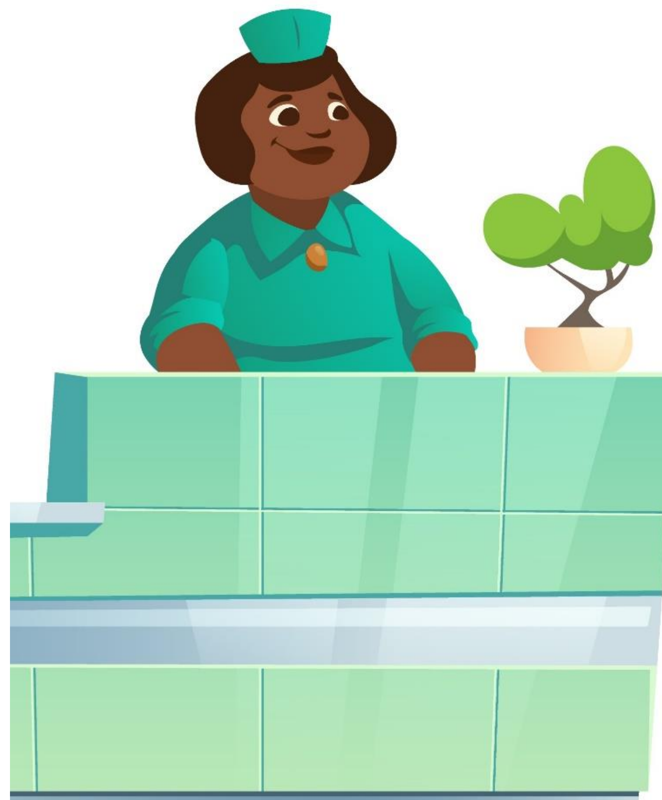
Interviews

Semi structured interviews with care managers to understand how humanistic care is demonstrated and used within everyday practice in order to identify key themes where good practice can be highlighted.

A total of 13 care managers were interviewed who ensure the daily operations for the proper functioning of the centers. The care managers who were interviewed have extensive care experience within home and residential support services; holistic care of the residences, preventive care and maintenance of health and autonomy for residents. They have experience within the profession ranging from many years (30 years) to newly-arrived (3 months) experience within day center private nursing homes, residential settings, home environments and clinical settings. The number of people in his charge is also varied and goes according to the years of experience from 6 clients and 7 staff members to 53 clients and 83 staff members in his charge. There are varying degrees of roles and responsibilities which enriched the interviews producing the following chapter (Director, social worker, nurse, human resources, caregiver, psychologic ...).



Care managers try to ensure that the care givers they manage understand the importance of developing and maintaining positive therapeutic relationships with care recipients.

An important moment in that process is the beginning. Already the recruitment is considered a relevant moment to promote the values and principles of positive relationships, in fact since the first job interview, the goal setting is important and it will be monitored during the working path.

From the beginning, care givers are taught that the most important thing is how they treat the care recipients and the attitude the caregivers have towards them. The caregiver's ethical guidelines are issued at the beginning too, which form an important part of the contract of employment and they are required to act accordingly at all times.

Once they take up their post they are given a probationary /training period for the first months of their employment. They are trained in communication skills, scenarios that they should be able to address and practical skills relating the practical elements of the job. At this point the mentor is matched to the caregiver, they then provide advice, guidance and continuous feedback with emphasis on the caregiver's relationships with the residents.

The importance of training is key, here we can find formal trainings such as Training based on the Montessori Method in terms of relationship with older people or Training funded by an Erasmus Plus Program to apply the Positive Psychology in the care of people with dementia, but also mention the non-formal activities and strategies on a daily basis, such as constant guidance, meetings with staff, the communication during the shifts change (skilled works participate - nurse, care manager, therapist, etc.).

It is clear that offering information concerning the care recipients to the caregivers or or reinforcing the work procedures regularly, ensure that the care givers they manage understand the importance of developing and maintaining positive therapeutic relationships with care recipients and let the care givers design a holistic care plan that is then being assessed. Written information for specific procedures is also a strategy used, but they prefer that constant support is most used.

All care managers emphasize communication in the success of understanding the importance of the issue. Communication between them, whether from the care manager to the care giver and from the care giver to the care recipient, allows us to anticipate the problem or solve them by finding solution together. Weekly staff meeting dealing with technical issues or meetings per year with an external

psychologist supervisor dealing with issues related to older people's care plan and team building are examples of good communication.

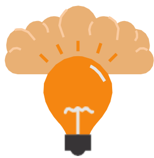
The care manager in this case has an observer role observing the relationship between care giver and the care recipients, and in turn the care giver has an observer role of care recipients needs, to ensure care is individualistic. Developing of an emphatic view in the care givers, help them in anticipating the care recipients needs and ensuring that the care givers have understood the health problems of the care recipients.

Finally, although the evaluation process is constant during all stages of care, it is mainly summarized in the satisfaction evaluation from care recipients who are able to express their thinking.

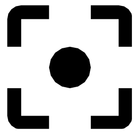
Support care givers to evaluate their relationships with care recipients

Sharing

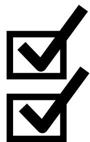
- Experiences during training sessions. Pass the main information orally.
- At daily moment in the work shift change, discuss and reflect opinions about situations and how to work.
- Personal meeting with a psychologist, who provides support in the self-reflection on how care workers are caring for the older persons,
- Feelings and fears in a group format with all team.



Making them participants in the decisions



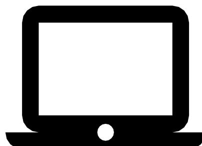
Focus every day on a particular care recipient



Evaluating periodically

Giving feedbacks

- Personal interviews and questionnaires with the care recipients asking them about the experience, work and the relationship with the caregivers.
- For correction.



Using ICT

- To record all the situations that happen

Solving problems

- Discuss any kind of problems they faced.
- In weekly group meetings, discuss the most difficult situations.
- Together decided the best approach to solve it.

It is fundamental to support the ongoing wellbeing of their care givers in order to reduce the risk of problems establish organisational processes and factors

First of all, we must bear in mind that it is very important to take care of the relationship between the care manager and the care giver, this can be done through regular keep in touch meetings with workers.

Having a good system in place to ensure rotas are planned in advance is important to ensure a smooth running organisation and transparency with regard to care givers. It is good that in all the setting, there is an organisational chart of the staff.

The weekly shifts are assigned every week according to the caregivers wishes, as long as the schedule includes both new and old caregivers.

It is key to respect the day off every week and to have a request form where the care givers can request the day they would like to have day off, morning or evening shift.

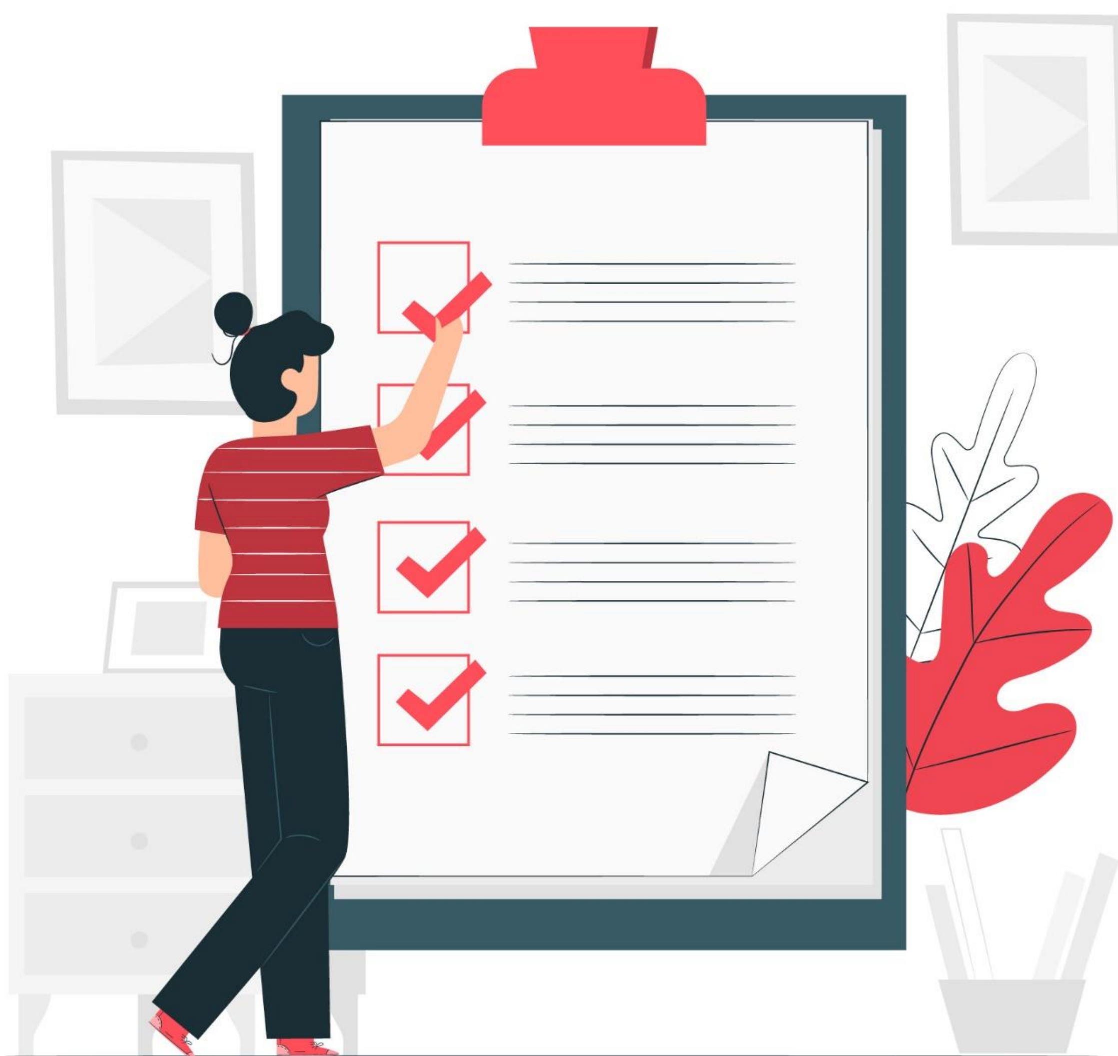
The promotion of teamwork must be ensured in a crossing in shifts so there is time and chance for all to work with each other and there must also be free moments extra work with all the group. Workplace environment is very important, that is why we need to try to keep the caregivers united by organising gatherings, such as New Year's party or lunches at the organization's expense, in order to keep good personal and working relationships.

A care giver cannot deliver best service if they themselves are feeling well, physically or mentally and this must be taken into account by the organizations occupational therapist/psychologist. The psychologist may be on the staff of the care home offering periodic personal sessions or on demand as required or it may be delivered by the local Health Authority in free access out of working hours, at any time in case of serious situations.

Care managers and other coordination staff have to be attentive to care workers' well-being and take care to address privately those who are behaving differently or compromising the care. There does not have to be a formal process or procedure, but the care manager always has to set a one to one meeting with those workers to understand if there is any issue within the team or in private life that is affecting work performance.

If, there is a formal process in a big institution that is able to have a dedicated office targeting workers for psychosocial and financial support - care manager referral the workers when needed.

Care managers should share the goals and encourage participation to the decisions in order to evaluate their degree of stress and tiredness. In times of distress, when for example a long-time care recipient passes away, professional help is called and all the caregivers take part to the meeting, unless they wish to make a session on their own.



Reflective practice

Meetings with care workers are the most mentioned, being places to reflect together and improve the practices. This meeting of all professionals and managers once per week or month dealing with information level, technical level (managing of the service setting) and theoretical views such as ‘the Positive psychology’, the Kitwood theory, the Montessori Method in care assistance.

Individual meetings also serve as a space to question what went wrong? what could have been done better? Instead of 'pointing out' what the care worker did incorrectly.

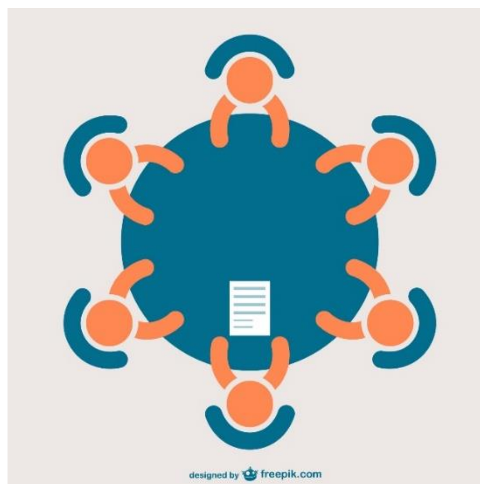
Care managers promote the freedom to share in group with a psychologist and to let care workers express themselves.

Some care workers need more intensive support but are often too ashamed or uncomfortable to request such help from the psychologist, therefore care manager must facilitate that connection.

The practice of sharing problems in the daily work shift change is also a good example of this.

During the first months of training communication, skills are taught in order to learn to have feedback from the care recipients response's and learn to read behind the words.

- Through discussions with the caregivers.
- We teach them to show empathy to the older people.
- To be patient.
- To attend courses about care for older people and how to manage special problems they faced like diabetes mellitus.



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SKILLS AND COMPETENCES EVALUATION PROCESS

Recruitment phase during the interview

1

A scenario is given to the potential employee in order to examine whether they possesses these skills

Trial period

2

Once chosen, the first months follow with continuous assessment and feedback, and if the caregivers have potential, they continue to work with them

Every day

3

- Supervision
- Paying attention to how older persons are cared
- Coaching
- Observation of the relationships between care recipients and professionals

Every quarter of time

4

Individual interviews with the professionals to reflect about their strengths and weaknesses, evaluating changes.

Measures to improve the humanistic care approach

Theoretical and experiential training combined tailor-made delivered inside the center, focused on the specific cases and deseases specialized on caregivers

Abuse prevention
PCC

Kitwood theory

Covid emergency

Continuous support
Supervision
Peer assessment

Awareness
Visibility
Recognition

Decongest overloaded facilities

Strategies that can be applied on a daily basis are needed

CARE GIVERS

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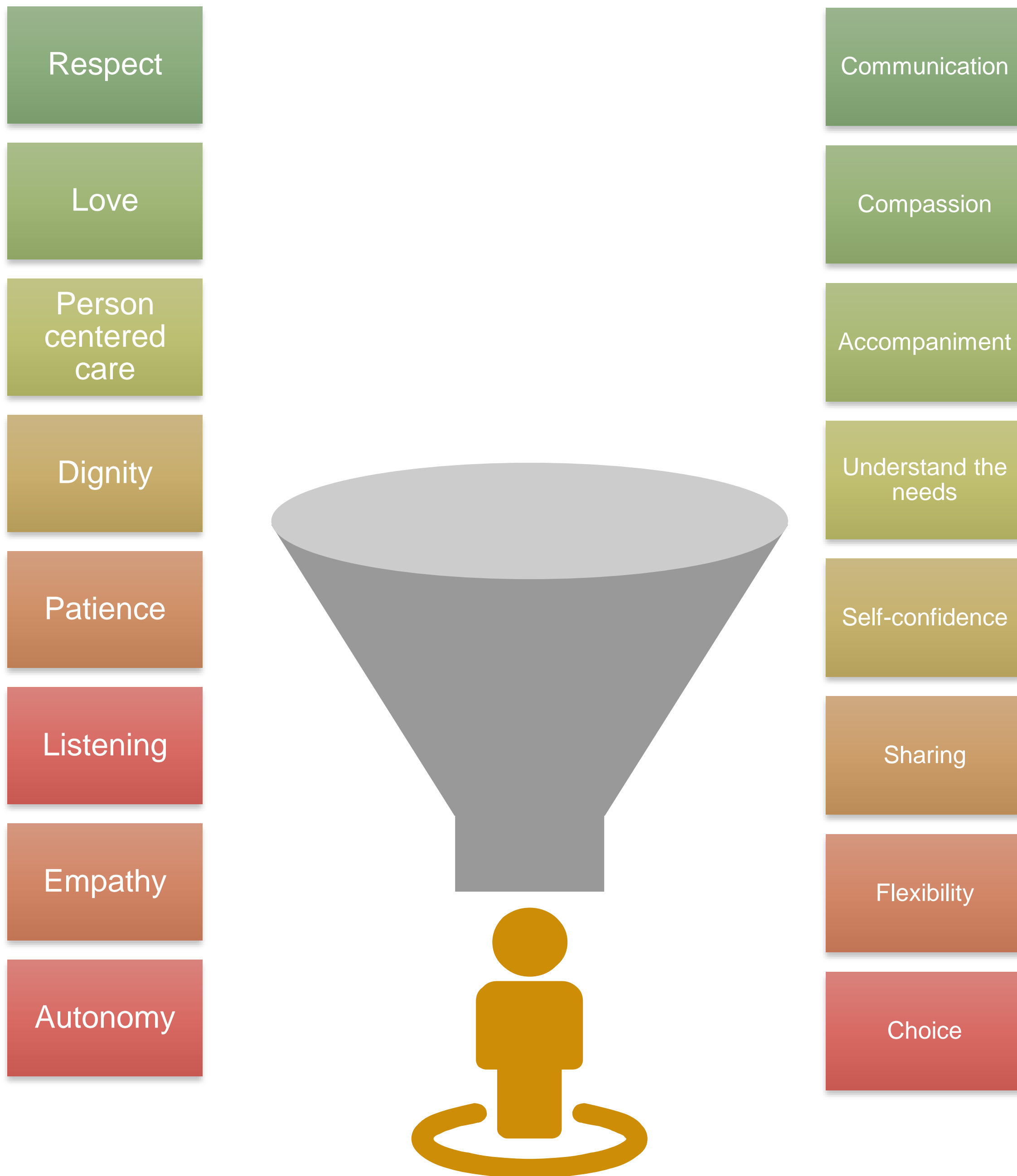
Interviews

Semi structured interviews with care givers to understand how humanistic care is demonstrated and used within everyday practice in order to identify key themes where good practice can be highlighted.

A total of 16 care givers across 7 EU Countries were interviewed who have extensive care experience within home and residential elderly support services. The care givers who were interviewed have experience within the profession ranging from 1- 25 years' experience within private nursing homes, residential settings, home environments and clinical settings. There are varying degrees of roles and responsibilities which enriched the interviews producing the following chapter.

Essential knowledge of care workers for the success of the Humanistic Care Approach



Active listening
Communication
Secure and confident space
Not interrupt
Compassion
Essential skills and competencies of care workers for the success of the Humanistic Care Approach
Respond to needs
Patience
Understanding
Respect desires
Dignity
Planification
Love the work
Autonomy

"Active listening important for older residents with everyone, especially those with dementia who find trouble adapting in care settings"

"Engage in 'memory lane' enabling residents to talk about their own history, experiences, jobs, families etc"

"Person centered care- each is an individual and as such their care should be bespoke"

Reflective practice

Reflective practice is defined as the capacity to reflect on action so as to engage in a process of continuous learning. What this means is that you should think about your work, particularly when new situations arise, and see what you can learn. It is useful to discuss such situations with your supervisor or another experienced colleague. This will help you to give better support to the people you care for. Self-reflection is essential not only to improve own practices, but also to find room for self-development and ultimately to achieve greater satisfaction in your own work.

Usually in the working context there are very few time / spaces dedicated to (self) reflection. However, they are extremely important to evaluate your work but also to understand how others see and understand your work. A self-assessment questionnaire is something that encourages you to reflect on your work and understand where you could improve.

Reflective practice is a way of studying your own experiences to improve the way you work and work as a team sharing best practice.

It is very useful to be aware at all times about how your actions will affect residents and learn that if you make a mistake or an act in a manner that isn't giving best care own it, admit it, apologize if appropriate and learn from it

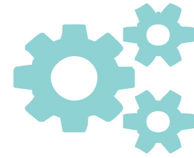
The act of reflection is a great way to increase confidence and become a more proactive and qualified professional.

Engaging in reflective practice should help to improve the quality of care you give and close the gap between theory and practice.

Love the work, to be better we have to love what we do and think about what we can improve so that the client you treat has the best of you and can feel better. It is very important to talk to people about the improvements that can be made.

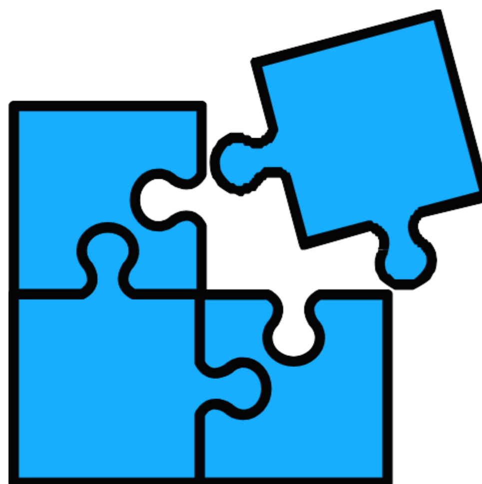
Communication is the centre, at all any time, you have to provide detailed information about the patients in your care, at the end of each shift and communicate it to the supervisor, who will send it to the management of the care home, in order to be able to take immediate action. With this information, any member of the team knows when and how to act and how at all times.

Humanistic care services



- Good care cannot be rushed
- Share good practices
- Ensure staffing levels are adequate
- Provide the necessary equipment.
- When you are working in their home, remember it is not just your place of work
- Shared commitment by the management, it is important to invest in time and resources
- Dedicated time and place for training and self-development
- Find a balance between work and personal life
- Love everything you do.
- Help others
- Appreciate different perspectives
- Communicate clearly, simply and respectfully
- Sensitivity
- Good communication with the management of care home
- All concerned about the well-being of the older people

Internal and external challenges to provide effective humanistic care



Regarding the internal challenges, the main identified challenge is time and resources.

Humanistic care practices require time that has to be devoted to that, if not allowed it becomes more difficult to implement these practices. There are many demands on the caregivers time which often restricts the amount of time they can actually spend with the care recipients . The lack of time is sometimes as a result of time constraints placed on care givers by managers, to complete tasks within a given time frame. Personal care can take longer depending on the needs of each recipient and this is not taken into account by some managers/supervisors.

Lack of training might also be a barrier, Humanistic care provision is hindered by lack of awareness on own practice and own situation as a professional and as a person. Training is also considered important, to have a shared vision with all colleagues / team.

Regarding the external lack of money plays a significant role both at a local and regional level in hiring more staff / caregivers.

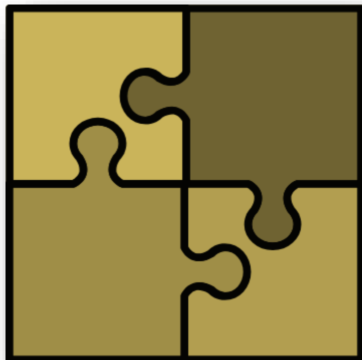
When interacting personally with the recipients it can be complicated as cccasionally, the recipients may be confused and feel vulnerable as a result of their illness which on occasion results in them being aggressive. There is also the denial of the need for care by the patient that makes the treatment very complicated and for example misspoken words to the caregiver because they are not happy with something not related to the caregiver itself. Patience with care recipients is a very important aspect of this work as well as an appreciation how clients see their life and their decisions.

The balance between personal and work life is complex, families sometimes do not appreciate the pressures care givers face or even the well-being of the worker, Ill health- be it short term such as mild illness or a long term medical condition.

Another challenge is the lack of vocation, some care homes have some staff who are really not suited to care giving but see it purely as just a job.

Per quanto riguarda le sfide interne, i problemi principali sembrano essere **il tempo e le risorse**.

Overcoming challenges to provide effective humanistic care



According to the origin of the word "humanism" and the concept of humanitas where the former comes from, management could be called humanistic when its outlook emphasizes common human needs and is oriented to the development of human virtue, in all its forms, to its fullest extent. A first approach to humanistic management, although quite incomplete, was developed mainly in the middle of the 20th century. It was centered on human motivations. A second approach to humanistic management sprang up in the 80''s and centered on organizational culture. This implied a wider approach to the human condition while taking into account the influence of culture on behaviors and decision-making, but it is incomplete, too. There is a third approach to humanistic management, which is still emerging, that considers a business enterprise as a real community of persons. That means promoting unity and favoring the acquisition of human virtues. This humanistic management approach is a real challenge in order to achieve a higher moral quality in management, human virtues among people and more efficient organizations.

Here comes a very important key actor, the manager. Their support and supervision, together with a manageable work-load would support the delivery of humanistic care.

Updating staff at all times ensures success, all workers have to have at their disposal at the beginning of their shift information about the resident house, such as daily information, examples being, what time they got up, did they shower, what they ate at each meal, if they participated in any activities, what their mood was like, if there were any issues and about their likes or dislikes. This detailed information can be updated throughout the day and every Care giver is able to access the information if necessary. This not only helps them to carry out their duties but also ensures that care is person centred and enables them to provide a comprehensive update to families when they inquire about their relative.

The ability to Listen is the key to success and applies to everyone involved in caregiving from the management down.

The team must cooperate in carrying out the activities and discuss how to organize their work to make things easier.

In relation to care recipients, pressure should not be used in any form, we have to look for new approaches if the ones we use do not work. Carry out an exhaustive analysis of each person to be able to offer personalized treatment to each older people while keeping their autonomy as long as possible, but at the same time maintaining a good quality of life for all of them. Listening to the care recipient will increase communication skills and you will provide a better and insight into the person behind a patient.

Own support for a continuous professional development going forward

Adjust the work to reality

Accept that perfection does not exis

Give support

Put on his place

Correct mistakes individually not in front of the team

Solve doubts

Better comunication

Minimum 1 team meeting per week

Close collaboration between doctors and the psychologists

Freedom to organize their own working schedule

Learn from experienced care givers who have a wealth of knowledge
Be open minded and willing to embrace new methods and opportunities for training
Teamwork. We do not work alone and decisions are made together
Improve communication
Reflect on older people rights
Get to know older people better and better to understand their needs
Own support for a continuous professional development going forward
Acknowledge that my work is important and I can make a huge difference to many lives
Be aware to the simple thinks, understand that the work dignify yourself and the people that we care for
Improve continually being more patient, listening more, be respectful and promote the free choice

CASE STUDIES

Case study methodology using a Socratic approach to promote good practice within humanistic care

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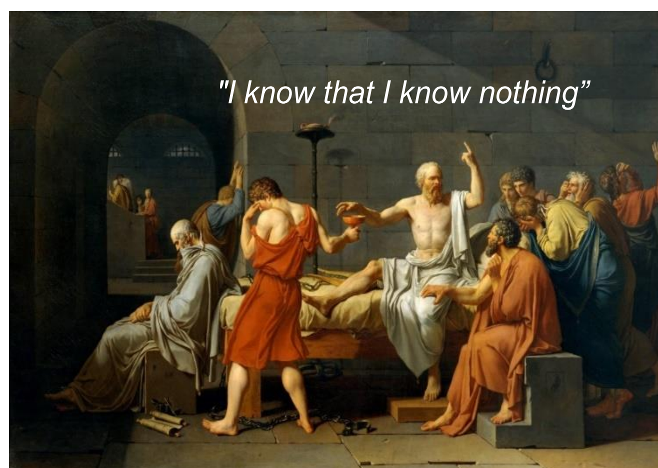
Socratic Method

The Socratic method of questioning is named after the Greek philosopher Socrates (469 BC–399 BC). Socrates believed that the highest benefit of his art was to help people do their own thinking in a way that lead to the birth of their own new ideas. In Socratic dialogues, the primary focus is on the original thinking of the respondent as they try to answer Socrates' questions. Asking questions, help the respondents think critically about their previous answers.

The subjects of Socrates' conversations often revolved around defining ideas such as, justice, virtue, beauty, courage, temperance, and friendship. The search for a definition focused on the true nature of the subject under question and not just on how the word is used correctly in a sentence. Socrates style of conversation involved his own denial of knowledge (Socratic irony). In these conversations, Socrates became the student and made those he questioned the teacher. He only wanted to focus on the respondents own thinking. Through the respondent's process of answering Socrates' questions, they experienced their own original thinking in the context of examining their own ideas and themselves. The brilliance of the Socratic method is in the character developing power it has through the exercise of a person's love of asking and answering questions in the pursuit of knowledge.

The Socratic method is a process of questioning used to successfully lead a person to knowledge through small steps. This knowledge can be specific data, training in approaches to problem solving, or leading one to embrace a specific belief. The type of knowledge is not as important as the fact that, with the Socratic method, the knowledge gained is specifically anticipated by the Socratic questioner. It is not deconstructive, but constructive, it is lead a person, by baby steps, to specific knowledge through a series of questions.



Picture 1 – J-L. David, The death of Socrates

Six types of Socratic questions

1. Clarification questions *(e.g. 'what makes you say that?')*
2. Assumption-probing questions *(e.g. 'can you prove or disprove that assumption?')*
3. Questions to probe reasoning and evidence *(e.g. 'can you give an example of this?')*
4. Questions about perspectives or viewpoints *(e.g. 'what is a different way to look at this?')*
5. Probing questions about implications and consequences *(e.g. 'what are the consequences of this assumption or belief?')*
6. Questioning the question *(e.g. 'what do you think the purpose of this question was?')*

The Socratic method, with its focus on a person's original and critical thinking in the context of life's important questions, is foundational to human moral development. It makes moral inquiry a common human enterprise, open to everyone. Its practice calls for no adherence to a philosophical system, or mastery of a specialized technique, or acquisition of a technical vocabulary. It calls for common sense and common speech. And this is as it should be, for how a human being should live is everyone's business.

Critical thinking is a skill required to have for humanistic care. Socratic inquiry can be used both in education and practice settings to facilitate the use of critical thinking skills to solve problems.

The caring ethic and moral state of being of humanistic care ideally suffuses their professional caring and is thus implicit in their ethical decision making.

Socratic dialogue is a technique that allows such moral attitudes to be made explicit.

The current health care system restricts the practice of humanistic care in such a way as to limit professional caring and loving possibilities. Care managers and care workers who love in the practice of caring go beyond the role definition of the duty of care; they are people who are prepared to think differently about their practice as professionals, and are identified as competent risk takers committed to the betterment of the other. The willingness and commitment of the humanistic care to want the good of the other before the self, without reciprocity.

Socratic questioning is a technique of questioning designed to encourage critical thinking, engagement in discussion and reaching the core of an issue, and is often incorporated in cognitive behavioural therapy.

It allow to enhance critical thinking skills such as reflection, assessment and evaluation of the assumptions behind the behaviours and thoughts of the self and others to progress towards a goal.

Socratic questioning is compatible with positive psychology. This is due to the common goal of achieving a positive perspective of self and others. Additionally, the Socratic Method and positive psychology both share the objective of creating life- long, sustainable changes; as opposed to short-term 'quick fixes'. positive psychology and Socratic questioning both involve a collaborative and exploratory approach to therapy. These common approaches help to increase the relevance of treatment for the client being able to foresee symptom progress, as long as the questions are not too vague, loaded, general, or closed.

Case studies

A written or recorded examples of good practices in terms of the care given which demonstrates the effective use of the humanistic approach to care

AUTONOMY

Safety or autonomy?

Element: An 88 Italian man willing to continue using his skills.

Key Issues: Autonomy; safety; care worker; elderly.

Learning objectives: The learner will be able to:

Gain awareness of the importance to take into account the personal history of each patient; Understand how to balance safety and autonomy to increase dignity and self-esteem; Reflect on how to develop person-centred goals and promote autonomy;

Design everyday activities plan according to the care recipient's needs and priorities.

Introduction

Carlo is an 88 years older man, who has been living for three years in a large public residential care facility in Bologna. He was admitted following his wife's death and the worsening of his health conditions due to a cerebellar syndrome which put him at higher risk of falling resulted in him needing to use a wheelchair, while his cognitive functions are well preserved. Carlo was a barber all his life and one of his biggest regrets is the fact that, since he entered the facility, he is not allowed to shave himself anymore: a nurse shaves him every day with an electric razor. This is the policy of the organization to prevent patients from cutting themselves. Carlo is aware and says he understands the safety reasons behind this choice, but still he feels very disempowered and not recognized in his skills and capacities. Whenever he speaks about that he gets emotional and tears fill up in his eyes.

Overview analysis

Carlo is an 88 years older man living in a residential care facility in Northern Italy. Before being admitted in the facility, he had been living alone for three years, following his wife's Anna death. He was then supported by his son Mario, who followed had followed in his father's footsteps becoming a barber and inherited his barber shop in the center of the city. The decision to leave his home and move to a residential care facility was due to the frequent falling that Carlo experienced because of a cerebellar syndrome. After the third episode, with Carlo waiting on the floor to be rescued by Mario who was driving from the other side of the city, they discussed and agreed for Carlo to enter a care facility. Carlo integrated quite well in the home, socializing with other residents in similar conditions

and creating positive relationships with the staff. Carlo frequently says that it is a pity he had to give up many of his hobbies (he was especially passionate about hobby modelling but in the facility there is no room for that) but he understands that there are constraints when living in a community and he accepts that. What makes him really sad, though, is that fact that for safety reasons he is not allowed to shave himself with a free-hand razor, like he has always done and is able to do, having been a barber all his life. According to Carlo, there is nothing like a free-hand razor to make a good shaving – not the electric razor that is used by the nurses as it is considered safer to avoid incidental cuts. Also, according to the rules of the facility he is shaved three times a week, while for him it is important to be always well-shaved and smooth. When he speaks about this, his eyes fill with tears. He says he feels useless, not trusted and disempowered.

Status Report

according to his current care plan, Carlo is shaved by a nurse, three times a week and with an electric razor. It was explained to him that this is for his safety and comfort and he accepted that, even though this clearly impacts negatively on his self-esteem and mood.

Notes/Reflections

Autonomy and safety are often challenging to be balanced in a care setting. Care professionals should evaluate carefully each specific situation in order to reduce limitations to autonomy in favor of safety as much as possible.

How should we balance autonomy and safety?

Which issues should be considered and prioritized in this case?

Should we adapt the care procedures to respond to the actual needs of the care-recipient? To which extent?

AUTONOMY

IT IS YOUR DECISION

Element: A 67 years institutionalized old man refusing the cancer treatment.

Key Issues: Refusal of cancer treatment; informed choice; care process.

Learning objectives

The learner will be able to:

Understand the concept of autonomy in practice;

Provide all the necessary information to a person to make an informed choice; Offer a solution-oriented approach based on the choice of the person; Understand how to communicate in the humanistic care process;

Introduction

Octav is a former teacher who has been in a care centre in rural Romania for almost 4 years. He made the choice to rent his house and move to the residential centre to receive proper care and socialize with other people of his age. Generally, he is a funny person, telling jokes and entertaining the other residents and as he has no family he relies on the staff at the centre to fulfill the role of his family and he established close relationships. Recently he was diagnosed with liver cancer and has attended hospital in the city several times. From the day he received the diagnose he lost his smile and joy and became a grumpy person. He was prescribed chemotherapy with radiotherapy sessions to follow, in order to fight with the disease.

Overview analysis

Octav was a teacher, surrounded by pupils full of energy and demands. He never felt the need to get married or have children, his students were his family. At the age of 62, he had to retire, and it was at this stage in his life he started to feel lonely and made the decision to move in a residential care facility in a rural area. He thought that the company of other residents would help him feel less isolated and lonely. Apart from having high blood pressure and rheumatoid arthritis he was in good health and was able live relatively independently. Octav was a sociable person engaging with other clients and participating in daily activities (outdoor walks, playing chess, reading). Recently, he started to have symptoms like unexplained weight loss, feeling of gastric fullness after a light meal, loss of appetite, nausea, vomiting and abdominal pain. For a period, he endured all these symptoms

but then it became obvious for the staff of the centre that he is not in good health. At this point medical staff from the centre referred him to the hospital for investigation. After receiving the diagnose and the treatment plan, he informed staff from the centre that he did not wish to receive any treatment as he did not believe he could be cured. Staff were upset and believed that he should receive the treatment offered but Olav appears to be convinced he has made the right decision and reconciled that he will die soon.

Status Report

Octav does not want to follow the cancer treatment and appeared to have made the decision to die. Staff find it very hard to accept his decision because they have always known him to be a strong and positive person. The staff decide to discuss the situation with him again, trying to show him that he does have options, discussing the treatment available and the fact that this may cured him. They wanted him to make an informed choice and then they will adapt the care plan according to his decision.

Notes/Reflections

Sometimes it is hard to accept someone's decision and we try to make or influence them. Caregivers should analyse each situation carefully, detach emotionally and support the care recipients to make their own decision if they are able to do so.

What are the actions to be taken by the staff in relation to Olav's situation? What are the other options the staff involved should consider?

Are there any constraints of time or place in this case so far? Are there any ethical issues to be considered?

AUTONOMY

I want to choose where to live

Key issues: Choice; decision; respect.

Learning Objectives

Learn how to respect the opinions of others regardless of their age.

Introduction

Two months ago, a lady named Francisca aged 90 and had been living alone was admitted to the support home. She was an independent lady and she had always made it very clear that she never wanted to go to an institution but the decision was made by her children.

Overview/Analysis

During the first weeks Francisca didn't settle and was very emotional, crying a lot and saying she wanted to return to her home because she was treated very badly. The staff and volunteers together with the director, tried to explain that it was not possible and that eventually she would settle and her homesickness would pass. The team spoke with family members to let them know how their mother felt and to that she was finding it very hard to settle.

Status report

The children had to make the decision to decide what to do about the situation and they decided that it was in her best interests to to let her go home as that was her wish, and the institution's team understood and accepted this situation.

Notes and reflections

- *Mrs. Francisca's decision was respected, do you think that was the correct procedure?*
- *What skills were developed by the team when dealing with this situation?*

AUTONOMY

Enrich my life: see me behind the age

Element: A 70-year-old Cypriot woman asking to return home.

Key Issues: Self dırected care; autonomy; care worker; elderly; loneliness.

Learning objectives: The learner will be able to:

Gain awareness of essential people in a care recipient's life;

Understand how the collected information can be used to develop person-centred goals and promote autonomy; Design everyday activities plan according to the care recipient's interest;

Encourage care recipient to establish personal goals and facilitate independent living in a new environment.

Introduction

Olga is a 70-year-old Cypriot woman who for the last three months has been ın a communıty residential care home. Olga managed to do her daily home activities. Despite her medical record: she recently recovered from a broken hip, has high blood pressure, diabetes, painful spinal arthritis which affected her mobility and she insisted on maintaining her independence and being seen as a person, not as an older adult and patient. Her daughter arranged for her to move to a care home without consulting her and based that decision on the fact that they live an hour away from each other, giving no regard to her mother's feelings om the matter. I am a care worker in Olga's care home and noticed that she did not engage with other residents or participate in any activities. When I introduced myself to her and start chatting to her, she told me that her husband had recently died 4 months ago, and it became evident that she was mourning the death of her beloved husband Costas. She was coping with her physical ailments but emotionally she was suffering badly and feeling intense loneliness and grief that followed the death of her husband; she had lost her soul mate and her reason for living. In addition to this she was she worried about her cat "Othelos" and missing him. She was very spiritual and she needed a reason for living which would then give her a reason to seek help for her physical ailments. As time progresses, she became more depressed because she was surrounded by and interacting with, what she described, "so many old and sick people". She wanted to be with people with whom she could engage on intellectual, as well as

emotional level. She wanted to cultivate meaningful personal relationships keeping her interest in poetry, reading, horoscopes and music alive.

Overview analysis

Olga is a 70-year-old Cypriot woman, who was living alone in her house in Nicosia for one month following her husband's death before she transferred to the care home. She worked as a Greek teacher in a high school for 30 years, and she was an avid reader of poetry and philosophy. She was married to her husband Costas for 47 years who had been a pianist. Their marriage had grown in intimacy, devotion, passion, and romance as she described. They used to visit theatres and music events. She said "the best years were when we were in our 60's and 70's ". She brought with her the diaries she kept during that time in which she captured their romance and also describing the music he played on the piano and the emotions the music evoked in her. As a care worker, I was amazed by this reflection of late-life romance assuming they would have only experienced those feelings when they were younger. She complained that being in the care home was only making her become more depressed because she didn't have the books and personal momento's that defined her life story. "Othelos" had been her companion following the death of her husband and ironically the first time he came to her house was on the day of Costa's funeral.

Status Report

Olga didn't allow anybody to treat her as "old" and "patient". Two months after transferred to the care home, she still hasn't got used to being in residential care. She was still complaining to the staff that they didn't understand her desire to return to living in her own home. In her own home she could invite friends where they could discuss what she was reading and enjoy sharing her love of music. Also, she felt like "my heart's breaking" as she was desperate for some information about her cat. Many times she tried to engage the staff in her interests, discussing what she is reading with the medical director and other staff members, and she enjoys sharing her love of music with the musician affiliated with the care home and spend time together listening to recordings of Mozart

Notes/Reflections

Create environments that show warmth and inspire creativity to the person

- *In what way you have addressed the share interests of the care recipient?*
- *How did you help the care recipient to gain autonomy recognising her need to share her interests?*
- *Was the involvement of the health team satisfying to better support and encourage autonomy?*

COMMUNICATION

Focusing on whole-family communication

Element: A family conflict hindering an effective care provision.

Key Issues: Communication; caregiving; relationships; care staff.

Learning objectives

The learner will be able to:

Gain awareness of the importance to involve the whole family in care planning; Understand how a lack of communication can impact on care satisfaction; Reflect on how complaints can be addressed to produce positive outcomes.

Introduction

Ornella is an 82 years old former school teacher who recently moved from her flat, where she used to live alone with the help of a home-care assistant three times a week, to a residential care facility. Although she seems to be quite happy with her new accommodation, her children often express complaints to the staff. The management struggles to keep up with all the requests, the burden on care workers and nurses is increasing and this negatively impacts on Ornella who is torn between trying to adjust to her new life whilst not contradicting her children.

Overview analysis

Ornella is an 82 years old woman who recently moved from her flat, where she used to live alone with the help of a home-care assistant three times a week, to a residential care facility. Ornella lost her beloved husband Luca when she was only in her 40's. In spite of the challenges, she successfully raised her two children while continuing her job as elementary teacher, until she retired at 67. She fully enjoyed her retirement until, at the age of 80, her arthritis started to worsen forcing her first to employ a home-care worker and then she decided she would move to a nursing home, as she needed more assistance.

Her two children, Paolo who lives in the same town and Monica, who lives 15 kms away, were at the same time reluctant and relieved when Ornella decided to move to the nursing home. Whlist they are aware that their mother is an independent lady, with a lot of interests and relationships which

may be difficult to sustain once she moved into the care-home, they were also constantly worried about her living alone and especially Paolo, who lived closer and had to visit her almost every day to help her.

Ornella is a smiling and positive lady, generally expressing happiness and satisfaction for the care she receives. Although she has only been living in the facility for a couple of months, the staff believe that she integrated well: she participates happily in most of the activities and she socializes with some of the other residents. However, there are often tensions between care workers and Ornella's children, especially Paolo. The management tried to accommodate most of the request, including moving Ornella to a room further away from the street, providing different meals for her and arranging extra physiotherapy sessions to help her improving her mobility However, Paulo is still not satisfied and shares his dissatisfaction with other residents and their relatives, which embarrass's Ornella who is not happy about it.

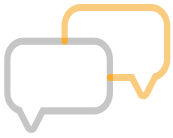
Status Report

In spite of the efforts to try to address as many of the issues raised by Ornella's family, the situation remains tense and this seems to be affecting the atmosphere at the care home. Moreover, some of the staff members, frustrated by the frequent complaints, are starting to have a more negative attitude towards Ornella. Ornella has advised the manager that she would like her family to understand how their actions are impacting her life at the home.

Notes/Reflections

A whole-family approach might be useful when developing a person-centered care plan, especially when the relationship between the relatives, the care recipient and staff members is tense.

- *How should the manager of the care-facility try to address the discussion?*
- *How can communication with the care recipient and his/her family be improved?*
- *How can partnership with significant others of the care recipient be encouraged to improve quality of care?*



COMMUNICATION

Communication is the key

Element: An older woman in the residential institution wants to help with the preparation of the meal.

Key Issues: Active life; communication; collaboration among the care staff and care recipients.

Learning objectives: The learner will be able to:

Reflect on the abilities and volition of the care recipients and involve them in activities that support an active life; Understand the physiological needs of the older person as well as their esteem needs and self-actualization needs;

Communicate with the older person in a way that is not offensive or aggressive;

Collaborate with the co-workers in order to deliver personalized care and give the chance to the recipients to participate in activities, as long as they are safe.

Introduction

Violet is 81 years old and worked for almost 50 years in a restaurant. Even after she retired, she did not give up to her passion but started to cook the meals in a social canteen for those struggling financially. She and her husband decided to move in a residential care facility since he needed medical supervision and she could not manage it by herself. Even though her husband does not leave their room very often, Violet feels that she be of assistance and can do much more than she does at the moment, so she offered to help cook the meals for the other residents.

Overview analysis

Violet is a strong woman, who married for the first time at the age of 18 but was widowed 1 year later. At the age of 25, she met her second husband, and they have been together since. They have 1 child and 3 nephews, who they all live in another city. Every month one member of the family visits them and brings them their favourite food or dessert. She has a very good relationship with her husband and family. She has been taking care of her husband for the last few years and continues to do so in the centre, feeling that it is one of her responsibilities.

Having some free time every day, Violet decided to offer to help in the kitchen however her request was refused and the manager of the center explained that health and safety rules and regulations do not allow the care recipients to be involved in the kitchen activities.

Violet was very upset by this explanation, the language used very technical and beaurocratic, the managers tone was curt and lacking in empathy regarding her desire to be useful. Violet was very emotional and refused to discuss it with other members of the staff.

Meanwhile, her family came to visit, and whilst she tried to pretend everything was normal they could see that something had upset her and after asking their father, they also asked the manager of the centre for an explanation but both said they were not able to provide them with an answer.

Status Report

Violet felt offended and unappreciated by those she could have helped. The staff tried to explain to her the reason why she cannot cook for the other residents (the risks of getting hurt, approvals, hygiene conditions, regulations, etc.) and looked for other ways she could continue to cook, as they realized how important it was to her.

Notes/Reflections

Communication is a key element in creating and maintaining relationships. The message that we want to convey and the method of doing it are very important, especially when we work with people who are in our care. The risk of destroying a relationship through poor communication can also impact the care recipients care needs. Better communication is the answer, collaborating with the co-workers, the care recipients and their families to find satisfactory solutions.

- *What are the problems that you identify in terms of communication in this situation? How should the members of the staff solve the situation?*
- *How would you answer to such a request from one of the care recipients? What methods of keeping Violet active you would suggest?*

DIGNITY

I felt so ashamed i wanted to cry

Element: Maintaining dignity in intimate care practices.

Key Issues: Dignity; incontinence choice; care staff.

Learning objectives: The learner will be able to:

Gain awareness on the care recipient perspective in receiving care; Understand how dignity can be challenged in care provision;

Reflect on the importance of finding care solutions which are acceptable for the care recipient.

Introduction

Giovanni, 84, is affected by Parkinson disease and urinary incontinence. He lives at home with his wife Marianna who is his primary carer and assistant nurse Lucia, who visits them daily. Giovanni has incontinence problems especially at night, but he refuses to wear pads as he thinks it is not dignified for him. This situation is creating difficulties since this refusal impacts a lot on Marianna, who often has to wake up during the night to help Giovanni and changing the bed. Marianna, who is 79, feels very tired and burdened by the situation.

Overview analysis

Giovanni is an Italian man aged 84. When he was 25, he married Marianna and they have been together ever since. He used to work as a bank clerk and he has lived all his life in his home town, where he was active as a volunteer for some local charities: he is very well known in his community and still has quite a lot of relations and friends visiting him. He was diagnosed with Parkinson disease 4 years before and his physical conditions are progressively worsening, although he still is mentally active and able to make decisions about his care.

Marianna is his primary carer. She is few years younger than him and in good health, although she is starting to feel the burden of providing care every day which is becoming more demanding. As a result of this their daughter Sara, spent 6 months trying to convinced them to hire a home-care service to do the household and to support Giovanni in his personal care and mobility. Their care assistant, Lucia, visits them five days a week, early in the morning and then again in the evening to help Giovanni prepare for bed. During the night, the couple are alone and there is no one to support them.

Over the last couple of months, Giovanni's incontinence has got worse and he often has leaks forcing Marianna to help him to wash and change, do the laundry and clean around.

This is becoming exhausting and Marianna discussed it with Lucia, who suggested that he to wear a pad.

Giovanni reacts very badly, stating that he would never wear pads or briefs of any kind as considers it very detrimental of his dignity, he is afraid someone would realize he was wearing one and make fun of him – at the same time he also feels bad as he realizes Marianna is getting very tired because of his incontinence and he feels a burden. When he talks about it, sometimes he feels so frustrated and ashamed, that he cries.

Status Report

When Lucia is informed about Giovanni's reactions to the proposal of wearing a pad, she looks to find an alternative. She proposes that he tries an external urinary device and explains it is going to take some time to learn how to manage it but she is confident that he can learn how to apply and care for it by himself.

Notes/Reflections

Most common and easy care-solutions might not work for everyone. If the care recipient perceives that his dignity is violated by a care practice, it is important to explore alternatives which better respond to the individual needs.

- *How can Lucia support the couple in adjusting to the new situation? To which extent the ordinary care practices can be challenged?*
- *Do you explore with your care recipient how he/she feels in relation to receiving intimate care?*

DIGNITY

Title privacy

Key issues: Honesty; respect; dignity.

Learning Objectives

- Personal space;
- Respect to the care recipients;
- Individual decisions and don't lie to the client.

Introduction

Madame A. was a woman aged 92, bedridden and in need of assistance because was dependent on others to perform her daily needs. The situation occurred in a residential care service with two trainees and one nurse.

Overview/Analysis

Mrs. A. lived in a double room with another lady who was much more independent and who could leave the room whenever she wanted, something that Mrs. A. was unable to do. However, every time the professionals went to carry out Mrs A's personal care or other procedures the lady who shared a room with her was always watching, showing no respect or concern for Mrs A's dignity.

Mrs A. made it clear she was not happy with this situation but this did not deter the roommate who continued to remain in the room during these times. On one occasion a man came to carry out Mrs A's personal care and she refused because she did not want a man carrying out this function. Mrs A discussed her concerns about her roommate with a nurse. The nurse said that she would ensure a female would attend to her in future but when a man once again came to attend to her she objected and a nurse came and told her that the man was a nurse and therefore able to look after her. Mrs. A was not happy but accepted that as he was nurse she would tolerate it. However, she later found out he was not a nurse but they were short staffed so they lied to her. Mrs A was extremely upset and requested she be moved to another care facility..

Status report

No one respected the concerns Mrs A had about her care and how it impacted her dignity.

Notes and reflections

- *How to fulfil the client's needs without lying?*
- *How to promote privacy and respect?*

DIGNITY

Enrich my life: keep my dignity

Element: A couple of elderly people in isolation.

Key Issues: Dignity; respect; elderly; residential care.

Learning objectives: The learner will be able to

Understand how it feels to lose his/her dignity;

Discuss how dignity can be promoted when practicing everyday work;

Discuss how dignity can preserved and enacted on a day-to-day basis, including in the context of providing incontinence care*.

*Continence care has been defined as "the total package tailored to meet the individual needs of patients with bladder and bowel problems" [Department of Health. Good Practice in Continence Services London: Department of Health, The Stationery Office 2010.]. For the purposes of this case study 'continence care' refers to assistance with bladder function which includes support to maintain continence."

Introduction

A 76-year-old Mrs Maria with limited mobility complained about the reduction in her care allowance by the local authority allocated for her weekly care in residential care. The reduction was based on the local authority's decision that her night-time toileting needs could be met by the provision of incontinence pads and absorbent sheets instead of a night-time carer to assist her in using a commode. Mrs Maria complained about reducing her care allowance on the basis that she could use incontinence pads at night, even though she was not incontinent. She expressed that this action was an unjustifiable interference with her right: respect for private life, and had exposed her to considerable indignity.

Overview analysis

Mrs Maria was an unmarried lady with a 30-year nursing career in medical and surgical wards. She has always been immaculate and proud of her appearance. Thus, she was horrified with the idea of being considered incontinent when she clearly wasn't. She is of sound mind and has full cognitive ability to make sound judgments. As an experienced nurse, she understands very well the

consequences of both situations: using incontinence pads or using the toilet by herself (risk of a fall accident) at her age. She felt the situation was being taken out of her control and she felt humiliated and that she was losing her independence. She gets agitated because the caregivers don't understand her and nobody seem to be willing to advocate for her human rights therefore she requested a meeting with the manager to discuss her care.

Status report

Mrs Maria still isn’t prepared to use incontinence pads at night, she decided to drink fewer fluids, and some times she refuses to take her diuretic pills. She feels comfortable and happy when 2 care workers work the night shift. The two care workers are flexible, and their continent care plan centre around her wishes to use the toilet. The discussion with the manager resulted only in environmental-related designs to ease her access to toilet independently.

Notes/Reflections

- *Dignity-protective continence care is care that is delivered with compassion and respect. The subjective nature of dignity varies by person and throughout life and the health condition.*
- *How can you help to protect the dignity of the care-dependent older woman in residential care settings? Why do you think the care worker behave to her like that?*
- *Do you realise the consequences of not protecting dignity incontinence care for care-dependent older people, staff and families in residential settings?*

QUALITY OF LIFE

I need more than a bath

Element: Lack of specialized staff in a residential care facility.

Key Issues: Lack of support; care staff; QoL dimensions.

Learning objectives: The learner will be able to:

Understand how the lack of staff can impact the quality of life for the care recipients;

Reflect on how the needs of the elderly can be covered by taking in consideration the 4 dimensions of QoL: somatic perception, social and economic conditions, mental state, physical and motor skills;

Gain knowledge on how to provide a more humanistic care.

Introduction

Maria is 74 years old, a former gymnast who lost her ability to walk due to a disease - amyotrophic lateral sclerosis. She had 3 children, one of them passed away recently, a moment that caused her illness to accelerate. Her husband also passed away when she was 62 and her other two children, Andrei and Elena moved abroad with their families. Maria was institutionalized when she felt she needed supervision during the nights. She is not fully content with the care she receives from the centre.

Overview analysis

Maria lost her ability to walk 5 years ago being forced to use a wheelchair for moving around. At first she had the strength to move her wheelchair however it soon became clear that her muscle control was decreasing but her best friend, Anita, was there to support her. Anita accompanied her to the market, to the hospital for her regular checks and to the park. Maria started to become more and more dependent on Anita.

When her children came home, they discussed this with Anita and were concerned by her deteriorating health and they decided to seek the services of a home caregiver. For a period, this worked well but Maria began to need more support during the day and during the night, to use the toilet, to prepare meals, to take her medicines, etc. This is how she and her family agreed that would be better to move to the residential institution.

However, Maria was not happy with her level of care. She thought that everyday someone would ask her how she feels, take her out to for fresh air, that would be opportunities to meet other residents and take part in activities, cook the meals she likes. In reality, the residential staff were only taking care of her body – personal hygiene, medication, physiotherapy.

She needed emotional support too, she wanted to talk with other people, to see her family, her best friend. The only visits she was received were from Anita, who started to see how sad her friend had become and more apathetic each. Maria was also in a lot of pain, that was sometimes unbearable.

Status Report

Maria feels that she is not receiving the attention and care that she was hoping for. Anita discussed with the centre manager about the situation and the manager said they would like to do more for her, but they are short staffed and are hoping to find a resolution soon.

Notes/Reflections

Dealing with lack of staff can produce several issues since the time allocated to each client is reduced, meaning that their needs are not completely satisfied.

- *From the management perspective, how the situation with the lack of staff can be handled without affecting the daily life of the care recipients?*
- *How should the staff address the needs of their clients? Which ones should be prioritized?*
- *How can the family be involved in the care process? What can they bring to the person (motivation, strong relationships, resilience)?*
- *How can their social network be involved in the care process? What are the elements of quality of life identified in this case?*

QUALITY OF LIFE

I can do it by myself

Key issues: Freedom; decision making; respect.

Learning Objectives: Treating the elderly as a normal human being, not taking away their power of decision.

Introduction: The situation happened in a care facility in Portugal with Mrs. Margarida and their children.

Overview/Analysis

Mrs. Margarida's son and daughter decided that it would be better for Ms. Margarida to live in a residential institution. Despite her desire to remain in her own home Mrs. Margarida accepted what they wanted, although very upset. Her children asked her to try it for at least 3 months and then they would reassess the situation. They were concerned about her living alone but she felt that if they visited her more often or telephoned her then she could reassure them she was coping well on her own. Mrs. Margarida does not like being in the institution, she prefers to do things for herself and feels she doesn't need the help of staff however well-meaning it is.

Status report

The team tried to understand the situation of Mrs. Margarida and always left her in a position to do whatever she wanted within the rules of the institution. They explained to her the reasons behind why certain restrictions were in place.

Notes and reflections

- *What concerns you about this case?*
- *How could the team and her family have acted differently?*

ICT & E-HEALTH

Enrich the lives: welcome ict and ehealth

Element: A couple of older adults in isolation.

Key Issues: carer workers; mobile apps; websites; usability; eHealth.

Learning objectives: The learner will be able to

Assess the demand for digital technologies by the older people which allow people to live in their own homes;

Identify of digital technologies and sources of information to satisfy the needs of communication and promoting a healthy lifestyle of the care recipients;

Identify among the technologies already available on the market for free or at a very low cost- online resources (i.e., apps and websites) which are offering functionalities useful for the care recipients;

Train and facilitate care recipient in the use of eHealth instruments and technology in their everyday activities (e- Banking, shopping online, entertainment, social life).

Introduction

A 75-years-old Andreas stays at home with his wife Niki who has a colostomy. As time progresses, Mrs Niki becomes confident in her ability to manage her colostomy care procedure, despite her having poor sight in her right eye. Mr Andreas was an active person with mild cognitive impairment and asked for assistance. He complains that he forgets to take his medication on time and that they need additional help. Every day for one hour in the morning they receive a visit from a care worker but this was not sufficient as it didn't meet their medication schedule and as a result of not correctly managing his medication properly Mr Andreas was not managing his high blood pressure properly. The covid -19 pandemic has worsened their pre-existing health problem and enhanced their social isolation from their children and grandchildren and their participation in social activities ı.e. organised trips for the elderly. As a result their care worker suggested the use of electronic health (eHealth) and mobile apps could be a tool for information and other technologies for monitoring and preventing complications through the use of sensors, alarms, and reminders.

Overview analysis

Mr A. and Mrs N were satisfied and happy that it allowed them to remain the familiar surroundings of their home. They were a socially active couple who loved to socialise. Mr A was a professional taxi driver and still drives to the bank and supermarket when necessary. Every Sunday they used to organise family (Children and grandchildren) lunches. Mrs Niki had never worked but had taken care of the home and children while her husband went out to work, and Mrs Niki was always keen to learn about new ideas surrounding healthy choices and her daughter bought her an electronic tablet to help her research new ideas. Seven months later, she was diagnosed with colon cancer but was very positive and readily accepted her new body image. As soon as Mrs N return home, from the colorectal surgery, she asked for a care worker to train her about stoma hygiene and how to protect the skin from irritation. She didn't want others to take care of what she called "that dirty procedure" : She wanted to read more about her condition to prevent complications and continue to be active. Two weeks after her discharge from hospital, the covid 19 lockdowns brought several consequences; indoor household visiting was not allowed so they couldn't see their loved ones; thus, they felt lonely, socially isolated and felt they were losing their independence. This new situation was a challenge for the care worker in trying to manage their health problems and the enforced social distance of the family. The care worker observed a decline in health of the couple, and he realised that making use of digital technology and eHealth care to expand access to care and socialization, to minimise the risk of complications resulted in hospitalisation.

Status Report

The couple report an enhanced quality of life. Increase satisfaction in daily routine. The care worker took into consideration what assisted living technologies at a low cost might help them with their disabilities, e.g. visual, hearing, cognitive and mobility impairments. i.e. Mr A has a reminder in his pocket for his medicine. Care worker, according to their wishes, provides then with a systems alarm-based rather than providing continuous monitoring of activities as it was difficult for them to reflect the results. The care worker uses a communication link to a response centre, keeping a chain between him, the physician, the social carers, the recipients and their family. To reduce their social isolation, the care worker encourages the use of viber messenger etc. The online supermarket shopping was another digital activity that they now enjoy doing once a week.

Notes/Reflections

- *What are your first thoughts in using eHealth interventions for home-dwelling older persons receiving community care?*
- *What were the most challenging moments in using the eHealth interventions and other assisted living technologies and what made them so?*

Conclusions

1 Humanistic approach can be applied in deep and meaningful ways at a time when the elderly population is one of the fastest growing populations in Europe. In the more recent years demand for residential care homes and assisted living facilities in Europe has increased considerably. The population in these settings has become older and frailer, which has given way to the trends of community-based services and assisted living facilities to enable residents to age actively. Person-centred approaches are associated with better clinical outcomes and improved cost-effectiveness and which relieves the pressure that EU is facing in welfare systems for social and health care. The use of a humanistic approach in delivering services to elderly people is seen as a strategic solution to address the challenges in an ageing population.

2 Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care, to make sure it meets their needs. This kind of humanistic approach sees customers as "unique individuals", taking in consideration their perspective and will in the decision-making process, by respect, courtesy, availability, communication, etc. It is the only perspective that deals in a clear and straightforward way with the issues that elderly recipients are most concerned about.

3 The person-centred care highlights the importance the role of a carer is to an elderly customer trying to manage their health and wellbeing. Adopting a humanistic approach in working with the elderly is beneficial for both recipients and care workers. The recipients and care workers relationship can be transformative in both directions. Working with the elderly makes you reflect on one's own life, helps you to develop resilience and courage managing your own feelings of fear, loneliness, anxiety, despair, and joy. Cultivating presence with recipients, helping them find meaning in their final stage of life, and bringing the spiritual dimensions of the latter life stage to the forefront, are some of the key aspects of humanistic care.

4 In residential and assisted living facilities, caregivers and professionals must be provided with extensive training regards working with the elderly within an humanistic approach. Such training not only serves to strengthen and broaden the humanistic values in working with this age group, it also emphasizes the human potential in the latter stages of life, a concept that has been alien for many professionals in the field of care. The phenomenon of residents who are aging whilst remaining active requires staff training to help identify and meet their needs. Furthermore, these approaches provide an increase in job satisfaction and improvements in efficiency of services.

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