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Daily Living Assistance Provided by Residents to Other Residents in Residential Aged Care Homes: Knowledge, Attitudes, and Practices

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Abstract

Background: The rise of the aged population in Malaysia has resulted in the increased need for services, especially in terms of healthcare. Hence, continuous support is crucial to managing the daily living activities of this group. This study aimed to identify the knowledge, attitudes, and practices of older adults residing in Malaysian aged care homes concerning daily living activities and their provision of assistance to other residents with more significant disabilities.

Methods: Semi-structured interviews were conducted on ten older adults and six staff members of two selected residential aged care homes. The interview session concerned the knowledge, attitudes, and practices of older people related to the basic activities of daily living (BADL) and instrumental activities of daily living (IADL). We also applied a qualitative content analysis method.

Results: Three themes emerged after the interviews: (1) knowledge of older adults on BADL and IADL (highest response); (2) attitudes toward the assistance given to other residents; (3) types of assistance given to other residents and the staff.

Conclusions: The knowledge, attitude, and practices related to the assistance in activities of daily living by older adults may contribute to the development of a program or module that can fulfill the needs of other residents with more significant disabilities, especially in aged care homes.

Keywords: activities of daily living, interview, older adults, qualitative, residential facilities

INTRODUCTION

The Malaysian society incorporates a range of ethnicities with different beliefs, culture, and languages; however, the members of this group all agree that people of all ages should be encouraged to be active participants in their communities.[1] The government changed the retirement age from 56 years to 60 years in 2009, indicating the expansion of employment opportunities for older adults. Similarly, in developed countries, such as Sweden and Australia, older adults are still active in employment sectors although their age exceeds the cut-off for their aged population.[2] This notion of adults remaining as employees is accepted because their experience and skills are highly valued. In Australia, for example, the new Age Discrimination Act 2004 is used to protect against ageism and unlawful discrimination in the workplace; hence, this policy will enable older adults to remain active and work beyond the official retirement age.[3]

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Malaysia, similar to many countries in the world, has an increased population of older adults. The percentage of the population aged 65 years and over is expected to increase by almost three-fold over the next 20 years from 5.0% in 2010 to 14.5% in 2040.[4] With an estimated increase in total dependency rate of older adults from 12.1% in 2010 to 16.5% in 2020,[5] the burden and obligation of the care of older adults may fall more heavily onto family members[6] and may negatively impact their economic status.[7,8] The increased burden and obligation of care may also likely to affect older adults residing in residential aged care homes.

Issues pertaining to limited social engagement can influence the well-being of elderly adults.[9] Wilcock and Townsend stated that the amount of time spent by older adults on meaningful activities can be affected by their mental and physical health.[10] Deterioration in health conditions may also affect one's mobility.[11] Hence, these conditions may eventually result in the inactivity of older adults in their daily life.

The rise of the aged population in Malaysia has resulted in the increased need for healthcare services for this population; however, the facilities provided in residential

aged care homes are inadequate, and shortage has been observed in the number of staff or carers needed to accommodate the increasing number of residents.[12] The shortage of staff or care in such facilities often prompts capable residents to help out in managing self-care activities of other residents with more significant disabilities; often without proper guidance, this condition can result in injury to both parties. Residents with more significant disabilities comprise those who need help in managing their self-care activities. This study was undertaken to obtain information about the knowledge of basic activities of daily living (BADL) and instrumental activities of daily living (IADL), attitudes, and practices, including the help that older individuals give to other residents in aged care homes. To date, no research has been conducted to identify these aspects within the Malaysian context. This study acts as preliminary research to obtain the information needed to develop a buddy-program module that will be used in the next phase of the research.

BADL can be identified as activities oriented toward taking care of one's own body.[13] These activities include personal hygiene, bathing, toileting, climbing stairs, dressing, feeding, bowel and bladder control, transfer, and mobility. Meanwhile, IADL involve more complex interactions that support daily life within the home and community[14] and can be divided into cognitive IADL (CIADL) and physical IADL (PIADL).[14,15] Refer to Table 1 for the items under CIADL and PIADL.

TABLE 1. IADL adapted from the work of Holm and Rogers (2014)

IADL items
Cognitive instrumental activities of daily living (CIADL)
Money management: Shopping
Money management: Bill paying by check
Money management: Checkbook balancing
Money management: Mailing bills
Telephone use
Medication management
Obtaining critical information from the media: Auditory
Obtaining critical information from the media: Visual
Home maintenance: Flashlight repair
Home safety
Playing bingo
Meal preparation: Oven use
Meal preparation: Stovetop use
Meal preparation: Use of Sharp Utensils
Physical instrumental activities of daily living (PIADL)
Heavy housework: Taking out garbage; Key use
Heavy housework: Changing bed linens
Home maintenance: Sweeping
Light housework: Clean-up after meal preparation

METHODS

Ethical approval

Ethical approval to conduct this study was granted by the Medical Research and Innovation Secretariat, Universiti Kebangsaan Malaysia (project number: NN-2017-163) and Department of Social Welfare Malaysia (JKMM 100/12/5/2: 2017/331).

Study design and sampling methods

This study consisted of qualitative semi-structured interviews. Knowledge is defined as understanding of[16] or information about BADL and IADL that a person gains by experience; attitudes are feelings or opinions[17] concerning the assistance given in BADL and IADL to other residents with more significant disabilities; practices are the physical action[18] of providing assistance in BADL and IADL to residents with more significant disabilities. In Malaysia, ten residential aged care homes known as "*Rumah Seri Kenangan*" (RSK) are publicly funded by the Ministry of Women, Family and Community Development of Malaysia. Two of the residential aged care homes, namely, RSK Johor Bahru and RSK Cheras, were selected for the study because they represent different geographical areas, with one home being close to the city of Johor and the other being located in the city of Kajang, Selangor. Notably, all government residential aged care homes have the same schedule of daily activities.

Participants

Ten older adults and six staff were recruited. The sampling size of the participants was based on data saturation. The inclusion criteria in the study were aged 60 years and above, ability to speak and understand the Malay language, and residency of more than six months in the selected residential aged care homes.

Information about the study, including its title, inclusion and exclusion criteria, and ways of contacting the researchers if anyone were interested in taking part in the study, were posted on the notice board at the residential aged care homes. Those who agreed to participate in the study were provided with informed consent forms for them to sign and return to the researchers. The participants were informed about the objective of the study, that is, to gain understanding regarding the knowledge, attitudes, and practices of their daily living assistance, and notified that the researcher herself is an occupational therapist. They were interviewed using a 13-item questionnaire between 15 and 35 min, depending on the amount of information that they were willing to share. The 13 items on the questionnaires were based on BADL and IADL, and questions related to the assistance given by residents to other residents were also included. A set of questions was prepared to steer the interview process. The questions were constructed by the primary researcher and discussed with the other researchers involved in the study. The validity of the questionnaire was evaluated using face

validity and content validity among four researchers, who were academicians and with occupational therapy background, to evaluate the structure and content of the questionnaire. The researchers were asked for any inconsistencies with the clarity, phrasing, sentence structure, and meaning and to provide feedback for improvement of the questionnaire.

All interviews were performed in a quiet room, audio recorded, and conducted by the researcher (first author) in the Malay language. The other residents and staff on duty were closely available if help was needed during the interview session. The interview was conducted by a researcher who is competent to perform the session based on her previous research experience during her master's study. In addition, the researcher's interest lies in the provision of healthcare services for older adults. The participants were encouraged to answer all questions in their own words to establish a full perspective of the information given. Additional questions relating to the participants' responses were posed to gather more information. Field notes were made by the researcher during the interview sessions to record additional information, such as the date, time, and participants' reactions or gestures that had been observed.

After the first point of contact with the participants through the notice board advertisement for the study, a snowball sampling effect was performed. After the first interview session, the respondents were asked to suggest another resident who met the inclusion criteria and who may be potentially interested in participating in the study. The recruitment and interview process continued until no new information was discovered, and data saturation was achieved until the fifth respondent for the first residential aged care. The recruitment for the second residential aged care was continued until the tenth respondent to identify any new information. However, no new emerging theme was found.

Data analysis

The interviews were transcribed verbatim by the first author. A qualitative content analysis (QCA) approach[19] was used to analyze the data from the Malay language version of the original transcript. The older adults' interview transcripts were triangulated with the information gathered from the interview session using a 3-item questionnaire with the staff in the residential aged care homes to support the findings and the development of a theme. The 3-item questionnaires sought information regarding the main problems or difficulty faced by residents in residential aged care homes, the presence of healthy residents helping other residents with more significant disabilities in physical or/and cognitive function, and any suggestions or recommendations to overcome the current situation (i.e., guidelines or module). Six staff were purposely selected and interviewed individually: an occupational therapist, an office attendant, a staff nurse from the first residential aged care home, and three staff nurses who were in charge of the participants, including those who are bed-ridden from the second home. Member checking, peer review, and audit trailing were conducted to ensure the credibility and trustworthiness of the findings. Member checking was performed at the end of the interview session with the participants to clarify the summary of the information they provided. Peer review was conducted with an academician and an occupational therapist who was not directly involved in the study to review the transcript and themes developed. Concurrently, an academician who was external to the study was recruited to ascertain that data analysis was conducted in a logical measure.[20]

RESULTS

Participants' demographic information

Ten older adults and six staff who agreed to participate in this study were recruited from both residential aged care homes. Table 2 presents the participant demographics. The older adults were equally distributed by gender, whereas for the staff, female participation was higher (83.3%) than that of males (16.7%). Malays account for the highest percentage of the population for older adults and staff, followed by Indians (older adults).

Within the marital status categories, most of the older adult participants were widow/widower (40%), and the highest level of education reported was primary school (50%). For the staff, most participants were married (66.7%), and the highest level of education reported was secondary school (66.7%).

Themes, categories, and sub-categories

The researcher transcribed the audio recorded into a full transcript of all interviews. Codes were manually developed using highlighters. In the first step, questions from the interview were used to create an initial set of concept-based categories (literature reviews, discussion, experience, and peer discussion), followed by data-based sub-categories and the remaining categories. A coding frame was generated using a combination of deductive (concept-based) and inductive (data-based) strategies.[19] Analysis of interview data derived 6 categories and 31 sub-categories, which were grouped within the three specified main themes, namely, knowledge in BADL and IADL, attitudes toward the help given related to BADL and IADL, and types of assistance that is given (Table 3).

Theme 1: Knowledge of BADL and IADL

Two categories with 15 sub-categories were identified for knowledge in BADL and IADL. For BADL, most of the participants reported their engagement in religious activities, such as praying, reciting the Al-Quran, and zikr, in their daily lives. For Muslims, prayer is one of the five pillars of Islam, and the Muslim participants prayed five times a day (Fajr, Dhur, Asr, Maghrib, and Isha).

TABLE 2. Demographic data of older adults and staff

Variables	Older adult (N = 10)		Staff (N = 6)	
	Male	Female	Male	Female
	N (%)	N (%)	N (%)	N (%)
Gender	5 (50)	5 (50)	1 (16.7)	5 (83.3)
Age (years)				
20–29				2 (33.3)
30–39			1 (16.7)	3 (50.0)
60–69	2 (20)	3 (30)		
70 and above	3 (30)	2 (20)		
Ethnicity				
Malay	4 (40)	4 (40)	1 (16.7)	5 (83.3)
Indian	1 (10)	1 (10)		
Marital status				
Single	3 (30)			2 (33.3)
Married	2 (20)	1 (10)	1 (16.7)	3 (50.0)
Widow/Widower		4 (40)		
Level of education				
No schooling		1 (10)		
Primary school	1 (10)	4 (40)		
Secondary school	4 (40)		1 (16.7)	3 (50.0)
University/College				2 (33.3)

The majority of the participants mentioned prayer as an obligation that they must perform as long as they can do so without any restriction. In addition, other activities included personal hygiene, bathing, dressing, and feeding.

For IADL, the majority of the participants stated engage in home management, such as sweeping, cleaning, and mopping the floor, dorm area, and the toilet, in the residential aged care homes. Some participants reported the importance of keeping the clusters clean and tidy. Moreover, most of the participants volunteer to wash the floor without any complaint when another resident accidentally passes urine outside the toilet area. Other IADL activities included telephone use, gardening, meal preparation, and shopping.

Theme 2: Attitude toward the assistance given related to BADL and IADL

A positive attitude was exhibited in response to the question about the participants' attitude toward the assistance that they give related to BADL and IADL. Two categories with six sub-categories were identified for this theme. The participants showed a positive attitude when they were helping other residents in the residential aged care homes together with the staff. One of the participants, Mr. A., mentioned that, *"Sometimes when he passed urine I would just help to clean, together with the staff in charge, not just myself."* Similarly, most of the participants help the staff with other residents in the residential aged care homes, especially those who are staying in the same cluster. Mr. M., another participant, stated that, *"one day, someone fell and I assisted him when he wanted to go to the toilet….sent him to the clinic… we live here (residential aged care homes) and are growing old together, so I just helped him."* Another attitude was the participants' sense of responsibility toward the assistance that they extend in daily living function activities.

The majority of the participants reported their sense of obligation to help other residents who have health problems, especially during the night. In the residential aged care homes, no staff is on duty to take charge of independent clusters out of office hours. Therefore, if any of the residents fell sick and needs immediate treatment, the participants will send the ill resident to the main office or ask the staff to come and check if they personally cannot move the resident. One of the participants who used to be the cluster leader mentioned that, *"I would contact the nurses in charge straight away. They would come and know what should be done. I kept all of the staff numbers so that it would be easier for me to call if something happened."*

Theme 3: Types of assistance

The residents stated that they help other residents in the residential aged care homes in their daily life activities, including BADL and IADL. For this theme, two categories with 10 sub-categories were identified. The type of assistance given by the residents in terms of BADL included helping the residents in bathing. One of the participants, Mrs. N., mentioned that, *"She called me into the bathroom and asked me to help her to put the foam on both her legs because she has limited movement."* Other participants help in pushing residents in wheelchair in in and out of the toilet. Some of the participants also reported that they are more likely to help residents voluntarily in regard to their personal hygiene, such as cutting fingernails. Moreover, some of them aid bed-ridden residents in feeding activities.

For assistance in IADL, the majority of the participants support other residents in their respective dorms by sweeping and mopping the floor. Most of them stated that if they notice that the floor is dirty, then they will take the initiative and clean the entire dorm. Some participants help other residents in money management. Some residents cannot keep their own money, and, if they need to buy something, they will ask the abled resident to buy the item using their money. Some healthy participants stated that they help the dining hall attendants. They push the trolley containing plates and cups in an out of the dining area to be washed, help prepare the food by cutting onions and other vegetables, and aid other residents in washing the dishes.

TABLE 3. Themes, categories, and sub-categories identified in the study

Theme and categories	Sub-categories
Knowledge in BADL and IADL	
BADL	Religious activity
	Personal hygiene
	Bathing
	Feeding
	Dressing
	Bowel and bladder management
	Morning exercise/jogging
	Socialization
	Rest and sleep
IADL	Home management
	Telephone use
	Gardening
	Food preparation
	Community management
	Craft activity
Attitude towards the help given related to BADL and IADL	
Positive attitude	Helping residents together with staff
	Helping residents with the other residents
	Give moral support to the residents (wait patiently until the staff arrive to help)
	Give motivation to the other residents in remembering of God to reduce the feeling of pain
Responsibilities	Inform to the staff on duty if any residents having health problems
	Try to solve the problem on their own if they could, before asking help from the staff
Types of assistance that was given	
Assistance in BADL	Helping the residents in bathing
	Helping the residents to cut fingernails
	Helping to feed the residents who were bedridden
	Helping to push the residents get in and out of the toilet by using wheelchair
	Helping the residents to get the food from the café
	Helping the residents to buy food from outside of the elderly care homes
Assistance in IADL	Helping the residents by sweeping and mopping the floor
	Helping residents to keep their money
	Helping the residents in gardening (planting, watering, washing the drain)
	Helping the attendant at the dining hall (e.g. pushing the trolley with plates and cups in and out of the dining hall; helping to prepare the food by cutting the onion and vegetables; helping the other residents to wash the cups and plates)

The interviews conducted on the staff supported the results of interviews conducted on the residents of the residential aged care homes. Some of the residents were healthy and can assist other residents who have more significant disabilities in their daily life resulting from problems either in cognitive or physical functions. One staff who is also an occupational therapist stated that, *"Anyone who has a cognitive problem or is bed-ridden is indeed they have a problem… most of the healthy residents will help them*." Another staff working as a nurse also indicated that, *"There are those who are willing to help…. even if they do not have enough strength, they will help what ever that they could for example, change clothes and diapers."* The attendant also said that, *"We don't deny that he (the resident) will be the first to help the staff in the residential aged care homes to clean the residential area."* Based on the themes, categories and sub-categories that emerged, and supporting evidence from the staff in the residential aged care homes, some of the healthy residents can and are willing to help other residents with more significant disabilities.

DISCUSSION

The most frequent activity reported by the residents in the residential aged care homes was religious activity for knowledge in BADL, followed by personal hygiene and bathing. In Malaysia, Malays represent the highest population among other ethnics[21], and they are all Muslims. For Muslim residents, their religious practices include the five daily prayers, fasting, reciting of the Qur'an, and remembrance of Allah (zikr). Most of the residents stated their sense of obligation to perform such religious practices in their daily lives. This point is important because it shows that performing these religious activities provides a purpose in life as the residents strive to become a better person in the world and the hereafter. Similarly, a study conducted by Baharuddin and Ismail[22] among residents at the

government and non-government residential aged care homes indicated a significant positive relationship between the spiritual intelligence of the residential aged study subjects and their religious practices. Furthermore, participation and engagement in different associations among older adults in religious groups and community activities can help them remain active in their daily living.

However, in most Western countries, religious activity is regarded as an activity in IADL, which means that it is aimed at supporting daily life within homes and communities and requires more complex interactions than BADL. The Occupational Therapy Practice Framework: Domain and Process-Fourth Edition[23] categorized religious and spiritual expression under one of the IADL activities, supporting the daily life within individual homes and communities. In the context of this study, the Muslim residents mentioned their obligation to perform spiritual activities, such as praying five times daily, as one of the important aspects in caring for their mental and emotional well-being.

A previous study stated that the prevalence of functional disability among older adults in the ASEAN region reaches 22% and 47% for ADL and IADL problem, respectively.[24] The difficulties encountered related to BADL and IADL activities are more prevalent among older adults who are women, live alone, have low income, do not engage in physical activity, have poor social relationships, and live in a restricted environment.[25] Therefore, older adults may require assistance and become dependent on the help of the staff to cater for their daily needs, especially older adults in residential aged care homes. The findings of this study showed that the help provided by resident participants to other residents included BADL and IADL activities, such as bathing, cutting nails, feeding, money management, meal preparation, and gardening, indicating that some residents have difficulty performing their daily activities. Furthermore, Razaob *et al*. indicated that home-dwelling older adults are more independent in self-care activities compared with the institutionalized group in terms of oral hygiene, trimming toenails, house mobility, and shower mobility.[26]

Some residents have their own responsibilities for other residents, especially those who are having health problems. They inform the staff on duty or take the person to the main office using a wheelchair, depending on the situation. This action is considered an important factor because the residents saw an obligation to help other residents who are in need. Some of the residents stated that they like helping other residents because it makes them stay connected to the people around them. Amran *et al*. stated that to overcome the feeling of loneliness and improve social relationships among older adults, residents prefer to perform activities with other residents, such as watching television, having conversation, and taking a walk around the residential aged care homes.[27] Thus, to overcome the feeling of loneliness and improve social relationships among the older adults, residents will engage in daily living activities that they love to do, which include the aforementioned activities. Furthermore, social networks and active social involvement of older adults can reduce the process of memory decline.[28]

The residents who participated in this study conversed freely, and most were very happy to relate their experiences in assisting other residents at their residential aged care homes. Some of them help the staff at the residential aged care homes in their daily activities, especially when a heavy person needs to be transferred from their bed to a wheelchair. This finding is supported by the interview conducted on the staff at the same aged care homes. Most of the residents showed a positive attitude in assisting other residents who are more passively receiving care, along with other residents who are relatively able to perform physical and mental functions.

The Malaysian Government has launched the new National Policy for Older Persons and Plan of Action for Older Persons 2011 to ensure that older adults experience a healthy, active, and productive aging, which may lead to an improved well-being.[14,29] This step is crucial because the policy ensures that the people who deal with older adults provide appropriate services and a supportive environment for them. However, the recruitment of appropriate staff for residential aged care homes should be addressed to overcome the expected increased number of older adults. The current study showed that the assistance in BADL and IADL by the residents themselves may reduce the burden or shortage of staff/attendants in residential aged care homes.

Most of the resident participants help other residents in BADL, such as bathing, cutting fingernails, feeding, and transfer. As for IADL, they help other residents by sweeping and mopping the floor and helping in money management and aid the attendants at the dining hall by cleaning the dishes and preparing meals. The residents who are relatively well organized and mentally capable assist other residents and staff/attendants by assuming some of their daily living activities. However, limited knowledge and experience in how to conduct activities properly have been noted. Exposure to a specialized module or manual will enhance the knowledge of residents to provide appropriate care to other residents in residential aged care homes. The module may include the buddy-program given its appropriateness for aged care homes involving healthy older adults to assist the other older adults with more significant disabilities in physical or cognitive function. Furthermore, modules that are available in our Malaysian context do not focus on the steps of BADL and IADL.[30–32] Another important aspect that needs to be considered in the development of this

module is the emotional and social support to the user of the module because dealing with older adults without the necessary support may lead to depression.[33]

The limitations of this study must be acknowledged. For the QCA, limitations in the triangulation process were noted, and any future study should include information, such as a daily activity diary or checklist, to further strengthen the findings. The semi-structured interview can be changed to an in-depth interview to gain more details regarding the issues in residential aged care homes. Being a qualitative study, the transferability of the findings of this research is limited to other similar residential aged care facilities in Malaysia.

CONCLUSIONS

The findings of the study indicated the knowledge, attitudes, and practices of residents at residential aged care homes concerning the provision of assistance in daily living activities to other residents with more significant disabilities. These findings are important in highlighting the needs of older adults, focusing on their BADL and IADL, including their participation and assistance to other residents with more significant disabilities. Hence, the findings of this study may contribute to the development of a buddy-program training module for residents in the residential aged care homes and older adults in the community.

CONFLICT OF INTEREST

None declared.

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