

International Perspectives on Residential Aged Care

INTRODUCTION

The proportion of adults 65 and older in the world is growing every year. Current estimates suggest that because of this, there will be an increasing need for residential long-term care (LTC). Residential LTC facilities have variations worldwide, however the most common of these are nursing homes and assisted living facilities (ALF), both of which provide care for frail older adults. Nursing homes typically provide 24-hour care to their residents, which includes assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Various health services are also typically provided such as nursing, mental health counseling, and various types of therapy which include occupational, physical, and speech therapy. In contrast, ALFs give assistance to older adults with ADLs and IADLs, but not to the same degree as nursing homes because, on average, a resident in an ALF is more independent than one in a nursing home. A major difference between ALFs and nursing homes is that ALFs do not provide 24-hour care, but they do provide meals, social support, and recreational activities. The purpose of this book chapter was to analyze the two types of LTC facilities, along with their global and cultural variations and discuss the common issues they face at the international level.

ISSUES IN LONG-TERM RESIDENTIAL CARE

On a global scale, the biggest issue related to LTC services is financing. This is due to the role culture plays, with some countries emphasizing family help over institutional care. A large majority of

Sub-Saharan African countries, South American countries, and some parts of Eastern and Central Europe opt for familial or domestic workers as LTC providers. Models such as the family tradition model are often preferred over institutional LTC in these countries, with some of these countries even viewing organizational care as incompatible with their cultural obligations. As a result, this leaves very little attention to funding LTC facilities, with many countries' LTC residential care plans in early stages, or even with no systems in place. However, some countries have begun the transition from familial to facility based LTCs. An example of this transition can be seen in many Asian countries. For many years, the East Asian Welfare Model emphasized the cultural belief that LTC is a family duty and not an institutional one. Since the early 2000's, however, many countries such as Japan, Korea, and Taiwan have all shifted to being more accepting of LTC facilities and have actively implemented funding through taxes or out of pocket spending. On the other end, those with the most developed plans for financing are the U.S., some parts of Europe, Australia, and New Zealand. These plans are funded from taxes, insurance or even out of pocket payments, and have a culture that relies more on LTC facilities rather than family. In addition to the range of funding that LTCs receive worldwide, there is also variation in their access - countries that have more developed LTC programs and more cultural acceptance for these facilities tend to have better access to LTC systems.

THE TRANSITION TO RESIDENTIAL CARE

Research has suggested that across many cultures older adults prefer to age in place. This is believed to be because one's sense of home is found to define a large part of who they are and allow them to feel more in control of their life. The preference to age in place is often violated when an older adult transitions into LTC, where they feel their social connections and sense of home are jeopardized. Studies have shown, however, that one's sense of home in LTC can be vastly improved when older adults are provided with an opportunity to build new emotional connections and to continue their relationship with their community. Additionally, when older adults are not involved in the decision making process for their own LTC, they are more likely to struggle with the transition into one. Therefore, when they are involved in this process, they have a greater sense of control in their lives and report a more positive transition into LTC. This is in contrast to those who had little choice, as they tend to have increased feelings of helplessness and sadness. Overall, these feelings can be greatly mitigated through the establishment of social connections and therapy, whether it be with the staff promoting it, shared meals with other residents, family and friend visits, or even reminiscence therapy. Despite these solutions, there will always be challenges to relocating older adults to LTC facilities and these will vary across countries given the unique sociocultural differences that must be kept in mind.

MENTAL HEALTH ISSUES IN LONG-TERM CARE

In the U.S., 60-90% of the residents in LTCs have at least one mental health disorder, making it one of the biggest challenges LTCs face. The issue is further compounded with other problems such as a lack of mental health professionals within LTCs. Recent research has suggested that only 28% of LTC establishments have on call and daily mental health aid available. A factor contributing to the

low numbers of mental health providers in LTC is the lack of trained geriatric mental health professionals globally. These providers are also more likely to be in high income countries, leading to global disparities in their availability. The dearth of mental health resources for older adults is so prevalent across countries that the World Health Organization (WHO) has taken notice. The WHO has also started to recognize the stigma that comes from diagnoses of mental illness and have actively tried to educate and reduce the stigma internationally. There have been many solutions for the problems surrounding mental health, such as programs to train LTC staff in geriatric mental health and the use of non-pharmacological behavioral interventions. In countries like the U.S., the U.K., and Australia, researchers have evaluated how LTC residents' mental health can be improved by training staff, but even in these countries, few LTC settings offer continuous training. Despite some success, there is still a need to improve the quality of mental health care in LTCs.

CULTURE CHANGE AND ETHICS IN LONG-TERM CARE

A new model for LTC facilities aims to change them from a traditional medical institution facility to person-centered homes that provide a range of services and specialized staff. Early models of this include the Pioneer Network, the Green House, and the Eden Alternative. These models give residents more autonomy and many alternatives and activities to lessen boredom and loneliness. Although there are numerous benefits, there are also many barriers to using these models. This is because culture change is a process that can take many years, and even then, these models may not work globally given how other countries do not have developed LTC plans and also have cultural differences. Other issues affecting the viability of these models are their high rates of staff turnover, lack of financing, and policies which limit the autonomy these models seek to give. These issues

are greatly influenced by the culture of the country where they are located, with countries in the West having more problems with privacy and autonomy, and countries in the East struggling more with maintaining a sense of community. Regardless, LTCs that have implemented these changes have had success and boast much higher quality of life for residents and higher satisfaction among staff.

CONCLUSION

The use of LTC facilities is only expected to continue to grow in the future. Globally, many nations have already implemented strategies to fund and develop these facilities, however, many are still lacking adequate funding strategies or are in their infancy stages of development. Regardless of a nation's current progress in LTC options, many countries are improving the care within these facilities by adapting a person-centered approach for each resident resulting in a better quality of life. Further research is needed to better understand the unique care requirements that should be provided among LTC residents of different cultures. Policy makers should ensure that LTCs offer a smooth transition and integration

for older adults moving into their new community and ensure that mental health in all LTC facilities is given a higher priority than what they currently have. There should also be international goals such as the funding of new LTCs in countries which lack developed programs, and research incentives aimed at understanding cultural differences among LTCs in order to create better culture sensitive solutions.

Original Article

Sadeq, N. & Molinari, V. (2019). International perspectives on residential aged care. *Oxford Research Encyclopedia of Psychology*. <https://doi.org/10.1093/acrefore/9780190236557.013.439>

This policy brief was written by T. Vivas, H. Rouse, V. Molinari, and N.Sadeq of the University of South Florida, School of Aging Studies and Florida Policy Exchange Center on Aging.

For further information contact author N. Sadeq via email at nsadeq@usf.edu