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COPRODUCING A TRAINING FRAMEWORK FOR HEALTHCARE PROVIDERS FOR OLDER ADULTS IN PAKISTAN

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ABSTRACT

Background: With over 15 million people over 60 years of age, Pakistan is judged to be the fifth worst country for older people. Projections indicate that this number is expected to increase to 40 million by 2050, constituting 12% of the total population. Residential care facilities and nursing homes have emerged as prevalent accommodation options for the elderly population. Skilled personnel are urgently required to meet the needs of aging individuals within these care environments. **Aim:** Aim: This study aimed to develop a health and social care training model for caregivers working with older adults in care, nursing, and old age homes in Pakistan. **Methodology:** This study is a qualitative design to co-produce training content for staff working in old age care in Pakistan through convenience sampling. Data were collected through two focus groups: old age home residents and nonresidents. The focus group lasted for 2 hours. Each group had eight participants. The groups included both male and female participants. **Findings:** The study identified five key themes (sense of belonging, empowerment, social engagement, abuse and negligence, and person-centred care) for the capacity building of healthcare providers working in care, nursing, or old age homes. The findings have allowed the development of a conceptual model for building the capacity of healthcare providers while using theoretical perspectives on the aging process, which can improve the quality of life and well-being of older adults. **Conclusion:** The caregiving model focuses on the safety, quality, and well-being of older adults and provides self-confidence to caregivers. The co-produced strategy, in which the participants identified the need-based model for caregivers will offers hope for a better future for older adults in Pakistani care settings.

BACKGROUND

The phenomenon of ageing, which affects all facets of society including familial structures, sociocultural activities, health systems, and social and environmental challenges, is a critical issue that necessitates immediate and comprehensive attention in Pakistan and South Asian countries, as it does in more economically developed nations.

Recent statistics reveal that Pakistan is the fifth worst country for older adults, with over 15 million people aged 60 years and above. Projections indicate that this number will soar to a staggering 40 million by 2050, constituting 12% of the total population. This trend is mirrored in other Southeast Asian countries, posing significant challenges in healthcare, transportation, employment, leisure, and housing, and necessitating the expansion of various types of senior care facilities (Jafree et al. 2021).

The norm of devoted respect encouraged children to look after aged parents, but studies highlight that these norms are changing. The abuse, neglect, and forcing aged parents to vacate their houses are increasing (Mushtaq 2020). Therefore, the number of old age homes and nursing homes has become the familiar residential setting for older adults. However, they are often stereotypically labelled as homes for older adults who have been neglected and abandoned by their families (Qidwai 2009). Some of the studies from this southeast region conducted on old age facilities have stressed increasing the number of such facilities due to the increasing population of older adults, demand for healthcare systems, housing, and changing preferences of older persons to live in such settings to avoid loneliness, abandonment of parents by the children due to the evolving norms of filial piety and familial caregiving, and increased abuse and neglect of older adults in the home setting (Yan and Fang, 2017).

Evidence also suggests that older adults may be at a higher risk of experiencing abuse and lower well-being in these old-age care facilities (Zaidi, Stefanoni et al. 2019). Medical and psychosocial needs of older adults are often unmet owing to their uniqueness. Another reason is the lack of training staff in geriatrics for health and social workers working especially in care homes and old age homes which are not prioritized at the policy level (Azhar and Sabzwari, 2010). One study has suggested that in addition to providing physical care, the residents of old age homes must address mental, social, and religious well-being to enhance the quality of life in care homes in Pakistan (Jafree et al., 2022).

Moreover, studies have found that older adults who relocated to old-age care facilities were at higher risk of having lower well-being and higher depression than community dwellers (Street et al. 2007). The continuity theory offers a plausible explanation for this phenomenon, suggesting that elderly individuals prioritise environmental stability and consistency over change (Rohkrämer 2009). This perspective is further reinforced by the person-environment model, which posits that relocating to a novel setting necessitates disengagement from the meaningful associations of one's previous residence, potentially leading to difficulties in adaptation, depressive symptoms, and diminished well-being (Soares 2014). To mitigate these adverse effects, it is crucial to implement staff training programmes that equip personnel with the requisite skills and resources to facilitate a smoother transition for individuals entering residential care facilities.

It is also evident that Pakistan has a shortage of trained health and social care workers especially for the care of older adults. Healthcare providers in care homes lack the knowledge and skills needed to provide care for older clients and patients. The national health vision of Pakistan (2016–2025) also highlights that medical and allied health education needs to be tailored according to the population's health needs, focusing on the social determinants of health. This highlights the crucial need for improved care and the vital role of the care givers in achieving this goal. Professional development should also be standardized across both the public and private sectors.

It has been identified that a training module using a co-production strategy should be developed. This approach, in which service providers and users collaborate collectively, is particularly effective. The method is based on the idea that the people impacted by a service are in the best position to assist in its design**.** This research supports the idea that co-production has helped to develop teaching materials for care providers. Moreover, co-production fosters closer relationships among service providers and enhances their capacity (Mazgutova, 2022). Several studies also suggest that improving local participants' literacy and comprehension of collaborative research is a reasonable and achievable result of working together in research**.** (Djenontin & Meadow, 2018). Furthermore, co-production not only improves literacy but also establishes strong partnerships between the clients/patients and healthcare providers, fostering a sense of connection and engagement (Palumbo, 2016).

This research project aims to co-produce a health and social care training model for carers working with older adults in care homes, nursing homes, and old-age homes in Pakistan. This will contribute to the government's vision of increasing appropriate and adequate skills as a part of the national curriculum policy.

METHODOLOGY

Method

This study employs a qualitative methodology to collaboratively develop training content for personnel employed in geriatric care facilities in Pakistan.

Setting, participants and recruitment

The study was set in Karachi, an urban city in Pakistan, which has diversity in age, culture, and socioeconomic status. We sought the views and perceptions of both institutional residents and non-institutional residents of VCARE old age home. VCARE is a is non-denominational, non-governmental and not-for-profit organization registered under the Social Welfare Act of 1961 with the Ministry of Sindh, Government of Pakistan. Its mission is to develop and promote healthy and active ageing models focusing on the adoption of active and healthy lifestyles amongst the senior citizens of Pakistan. Eight participants aged 60+ from institutional and non-institutional residents were selected through convenience sampling. Both male and female participants were included in the study.

Eight residents of the VCARE were invited to participate in the study, and a similar number of non-institutional participants attending weekly daycare activities were included, providing a diverse sample.

Both the institutional and non-institutional participants were notified one week prior to the focus groups. The research endeavoured to inform and provide them with the information sheet and obtain verbal consent. During the focus group, participants were again apprised of the purpose of the research and provided written consent by signing the research consent form.

Data Collection

Data were collected through two focus groups – one for care home residents, and one for non-residents. The focus group lasted for 2 hours. Each group had eight participants. The focus group was conducted in a conference room of VCARE. Participants were shown a case vignette, and questions were posed to the group about key factors contributing to empowering clients, support from caregivers, misconception about ageing, the importance of social intervention in the experience of

ageing, technology support in health care, strategies that have positively impacted the health of older adults at old age homes, treatment received at care homes, factors empowering older adults to be autonomous in care homes, the needs of the client at the care home, support needed to empower clients in their daily lives, activities enjoyed by the clients at the care home, preferences to receive care, and involvement in care planning. The vignette presented to the participants is given below:

'Mr. Aftab is a 62-year-old resident of a nursing home facility who has recently been feeling disheartened due to limited mobility and a feeling of dependency on others for his daily activities. Sara, one of the care workers, notices Mr Aftab's change in mood and approaches him to understand his concerns. After listening attentively, Sarah suggests involving Mr. Aftab in decision-making related to his daily routine. She encourages him to share his life stories with other residents during social hours, recognising the value of his experiences and wisdom. She also collaborates with the physiotherapist, who designs a tailored exercise program that Mr Aftab can perform with minimal assistance, fostering his sense of autonomy and physical wellbeing. Thanks to Sarah's thoughtful approach, Mr Aftab experiences a significant shift in his emotional and mental wellbeing. He begins to feel more engaged and valued within the community, which, in turn, improves his overall wellbeing.'

A transcript of the focus groups was analysed using Braun and Clarke's thematic approach (Braun and Clarke 2006).

RESULTS

The findings of both the institutional and non-institutional focus groups are discussed separately, focusing on the five key themes identified: sense of belonging, quality of care, caregiving prospects, social engagement, and the role of technology in healthy ageing.

Sense of belonging

Non-institutional focus group finding

When asked about the participant's thoughts on Aftab's case study, one of the participants said, *'Sara did a good job; however, it is not the same in real-life settings. Not all the staff are vigilant in assessing the client's needs. They sometimes do not bother to do anything or call the doctor to check.'* Another participant agreed, saying, *'Healthcare providers, including care workers, should be assessed appropriately and communicate well with the client'*. The feedback from the participants on Sara's case study highlighted the importance of communication skills and how this could impact the clients. The participants emphasised that having good communication skills is a catalyst for improving wellbeing. The participants focused on socialisation and communication, which fosters a sense of connection, belongingness, and value among older adults, making them feel more included and understood. It is a reminder of the profound impact of simple acts of communication on the lives of older adults.

Furthermore, the participants also discussed the importance of providing quality care at care homes as one of the participants said, *'no appropriate care had been provided in nursing and old-age homes. One of my relatives was admitted to one of the nursing homes, and I saw how the care providers were behaving. They never speak to them politely. They used to do their work for the sake of doing it. All the care homes need a staff like Sara, who should be empathetic. They should try to understand the problem of the person. Staff work for the sake of money and do not work wholeheartedly.'* Another participant added, *'People who have been left out at a care home, whether it is a nursing home or old age home, are left there by their family members in lousy condition. They do not come back and bother to ask how they are doing, and then the person dies the way he was admitted. We must create a more respectful and inclusive environment for our older adults.'* The participants strongly desire more respectful and inclusive environments in care homes/old age homes.

Institutional focus group finding

The same vignette was read to the group, and the participants were asked what they thought about Aftab's situation. One of the participants said, *'The key factors are Love and care. Everyone here needs Love and care, as Sara was giving to Aftab. It is not just about the general care but the individual attention each resident deserves. It was further added that Sara was concerned and interested in the condition. There are good and bad caregivers. Some show concern, but some get annoyed*. The participants of this group also highlighted the importance of caregiving prospects in care homes or old age homes. The participants also expressed their feelings of helplessness and hopelessness towards the care provided at old age homes.

The participants reflected on the case vignette and said, *'Aftab was demotivated and hopeless and did not remember that he could come back to life. Sara helped him understand that he was still alive and could return to everyday life. It is not like me. I asked the staff to buy me skin care cream, but the staff did not listen, and I am tired of this behaviour*. It was identified that residents needed caregivers to be more critical in observing the residents and recognise their needs.

SOCIAL ENGAGEMENT

Non-institutional findings

Regarding social engagement, the participants had various viewpoints, and one of the participants said, *'Socialisation is also essential for others because Aftab can speak his grief to other residents to help them return to life.'* Another participant added, *'Socialisation plays a crucial role in our lives. Through socialising, we learn from each other, share experiences, get motivated, and express our independence and empowerment*. The

participants identified that healthcare professionals should be more empathetic and polite. Moreover, one of the participants also said, *'People have a mindset that when they reach the age of 50, they believe they are old and unable to do anything. Ageing makes people dependent. Nevertheless, we need to think that there is no age limit; we can do anything at any stage of life and at any age*.

During the focus group, participants also discussed the role of technology in supporting healthy ageing. In their opinion, technology has become a crucial part of society. For those who do not have anything to do, technology provides entertainment, such as watching TV. The participants also highlighted the importance of mobile phones in helping them connect with friends and family. As one of the participants added, *'social media is a good source of knowledge. We gain lots of information from the media. Even if we want to know about any disease, we Google it and find out*.'

Institutional focus group finding

The participants' perspective on the emotional needs of the elderly was particularly insightful. They highlighted the importance of social interaction for an ageing population. One of the participants said, *'We sit down in the evening, eat food together, talk to each other, and do various activities. We also share our happy and sad moments, which is essential.'* It was identified that residents miss their families, and although they live with the people at care homes, they do not feel the same. This underscores the importance of addressing the emotional needs of the elderly, as having all the material things around them does not fulfil their emotional needs, and therefore, they sometimes feel isolated and lonely. The client said, *'Whether we live together or not, sometimes we need someone like you or staff to teach us new things. Repeating the same routine makes me sad. I do not participate in the activity, and then I feel lonely.*' When asked how technology plays a role in supporting ageing, one of the clients said, *'Technology is an integral part of today's society. Computers, mobiles, music, and social media are very important. They are good sources of inclusion, where we feel we live in the same world. This technological inclusion is crucial for healthy ageing in care homes.'* During the focus group, it was identified that the residents found the internet to be a good source of information that connects them with the world. Technology has a significant impact on everyone's lives. The participants appreciated the YouTube channel as a source of health information. Moreover, the participants with some physical disability found technology a blessing.

Furthermore, when the participant was asked to share any successful strategies or programs that have positively impacted the health of older adults at old age homes, one of the clients said, *'We have various programs at the resident's home, such as music parties, dance parties, and creative art activities. These activities not only provide entertainment but also stimulate our minds and bodies, contributing significantly to our overall wellbeing. They inspire us to stay active and engaged, which is crucial for our health.'*

EMPOWERMENT

Non-institutional findings

Participants, as integral contributors, also discussed how empowerment is an important and integral part of the ageing process. The participant expressed that empowerment plays a pivotal role in caregiving. One of the participants referred to the case vignette and said, *'The caregiver was very attentive, had good observational skills, and had a caring nature. She never left Aftab alone; instead, she carefully analysed the situation and approached him, significantly improving his wellbeing and empowering him in his care.'* The participants highlighted the importance of training in health sectors, primarily when care workers work at care homes or old age homes, as this positively impacts the lives of their residents. Another participant added that *'Sara helped Aftab get involved in his daily routine. People dependent on others and caregivers must be encouraged and given the confidence to live longer, healthier, and independent lives.'*

During the focus group, participants challenged the stereotype that old age equates to incapability. They emphasized that age is merely a number and that with the right support, *care, and love, older adults can thrive. As one participant aptly put it, 'we need people like you to teach and empower us to live independent lives.'*

During the focus group discussion, participants also discussed the misconceptions about ageing. They emphasised that one should not think that old age means the end of life. If people are motivated and encouraged, they can live their life to the fullest in their 70s, 80s and 90s. Also, they added that older adults should continue to perform their work independently, as that gives them self-confidence. One of the participants said, *'Organisations should empower older adults to perform their work and encourage them, as Sara did to Aftab'*. Moreover, it was identified that people living in old-age homes should stay active; therefore, regular exercise should be part of their routine activities. Participants also discussed the clients' mental health, living in a care home and outside. Moreover, the participants also emphasized the importance of mental health and suggested arranging awareness programs on depression and anxiety, as this is a significant gap in teaching and learning. There should be a trained staff who should know how to communicate with clients with mental issues.

When further asked how one should be treated at care homes and communities to empower them and make them autonomous. One of the clients said, *'Sara did a good job, and I think she empowered him, but she should still think more about Aftab to make him more independent and a decision-maker.'* The participants also

discussed the inclusive environment, where everyone should be respected, treated like a part of society, and helped to be independent.

Institutional focus group finding

When residents of old age homes asked about empowerment, the participant said, *'Sara showed her affection and made extra efforts to tell him about a better quality of life. There is a need to empower residents to do their work independently.* Another resident shared her story and said *'I tell you my story. I came here on Starcher, and now I can walk independently. This is the staff's responsibility, and we should also have confidence in ourselves, a belief that we should all strive to instill and nurture.* Moreover, during the focus group discussion, a few participants identified that they were missing the work they used to do and felt capable of doing what they used to do; however, they needed an opportunity to utilise their skills as they used to do it before moving to old age home.

Abuse and negligence

Non-institutional findings

The participants were asked their opinions about abuse and negligence for older adults. One of the participants said, *'I think that there is abuse and negligence in care homes and old age homes; staff always say that elderly people forget things, but this is not true. They beat and do verbal abuse, but there is no one to stop them. I think they have not been trained in safeguarding.'* During the discussion, the participants shared their observations in different institutions where they had seen negligence in care, which had led to death. The participants highlighted that negligence could result from a lack of trained staff working at care homes and old-age homes.

Institutional focus group finding

The residents of the old age home also discussed their experiences or observations of negligence and abuse. One of the clients said, *"It was not there in Aftab's case as Sara was an adorable care worker, but yes, it is there, and staff needed to be trained in it. Sometimes, they shout at us or ignore what we ask for.'* During the discussion, it was found that negligence results from staff turnover. Lack of staffing does not allow caregivers to provide quality care. One of the reasons for the above behaviour is workload. One of the participants highlighted, *'This underscore urgent need for more staff and better training to address these issues care. Caregivers should understand our values and circumstances.'*

PERSON-CENTRED CARE

Non-institutional focus group findings

Most importantly, the participant highlighted family's importance and involvement in care planning. One of the participants said, *'I want my child and my family to take care of me. This underscores the crucial role of family in care planning. Furthermore, if someone is providing care, then he /she should take on the entire responsibility.* The participants showed interest in their care plan as they live at a care home / old age home without any family support; therefore, they should get involved in their treatment and be well informed about their health conditions. This will allow them to be more confident and help their wellbeing.

Institutional focus group finding

When asked how Mr Aftab was treated well in care homes? What actions or changes should be taken to empower or make older adults autonomous in care homes? One of the clients said, *'Aftab was treated very well. Various people looked after him, and because many people from different fields, such as physiotherapists, nurses, and care workers, were involved in his care, he became independent and returned to life.* The residents suggested that involving the family in their care is essential. Staff training should focus on person-centred care rather than making individual care plans for the residents. Residents should be part of planning and decision-making, which could empower them. The residents' desire for full involvement in their care plan was reiterated, as it allows them to maintain their autonomy and avoid a coercive approach.

Conceptual framework of capacity building of carers working with older adults

As the global health landscape evolves, so do the care concepts for older adults, whether they reside in institutions or non-institutions in the developed or developing world. This shift is not confined to a specific region but has global implications. The use of a co-production strategy to understand the perspectives of care for older adults living in residential and non-residential homes has provided valuable insights into the changing pedagogy of care services for this demographic, with implications that extend far beyond any other country or region sharing the same demographics.

In Pakistan, the primary carers for older adult individuals have traditionally been the members of the immediate family, who are held in high regard for their role. However, the conventional joint family structure, a cornerstone of this caregiving system, has been rapidly eroding due to modernization, changes in the family system, and shifting value patterns. This has led to a significant number of older adults being left in old age homes (Manthorpe et al., 2011). This trend is not unique to Pakistan but is also observed in other developing countries with similar socio-economic and cultural demographics, like Bangladesh, where most of the older adults are left at care homes. The resulting social isolation can severely impact the quality of life for older adults (Shahanaz 2015).

The trend of taking care of older adults has also changed in India. Even when opting for formal care, such as in times of medical need, the family and extended family, who remain the primary caregivers, often decide to go in

for formal care. However, due to changing trends and the profound influence of globalization, older adults are increasingly placed in care homes (Ugargol, 2016). This global influence is significantly altering the landscape of elder care, making it a topic of utmost significance and relevance.

A study conducted in Sri Lanka found that a range of barriers to quality of care, including minor mistakes, discontinuity, and lack of training, diminish the quality of care and lead to increased stress and decreased quality of life for older adults. It was also identified that the care workers dealing with patients with mental health issues such as dementia do not know how to take care of the client and what activities to do with them. Though the caregiver showed her interest in learning about dealing with such patients or clients (Gamage, 2024).

Therefore, the urgent need for capacity-building for care workers at care homes, nursing homes, and old age homes is a crucial step that should be adopted by all countries sharing similar challenges of caregiving prospects at care homes, such as Pakistan. This need for improved training is not just a suggestion, but a pressing necessity in the evolving landscape of elder care.

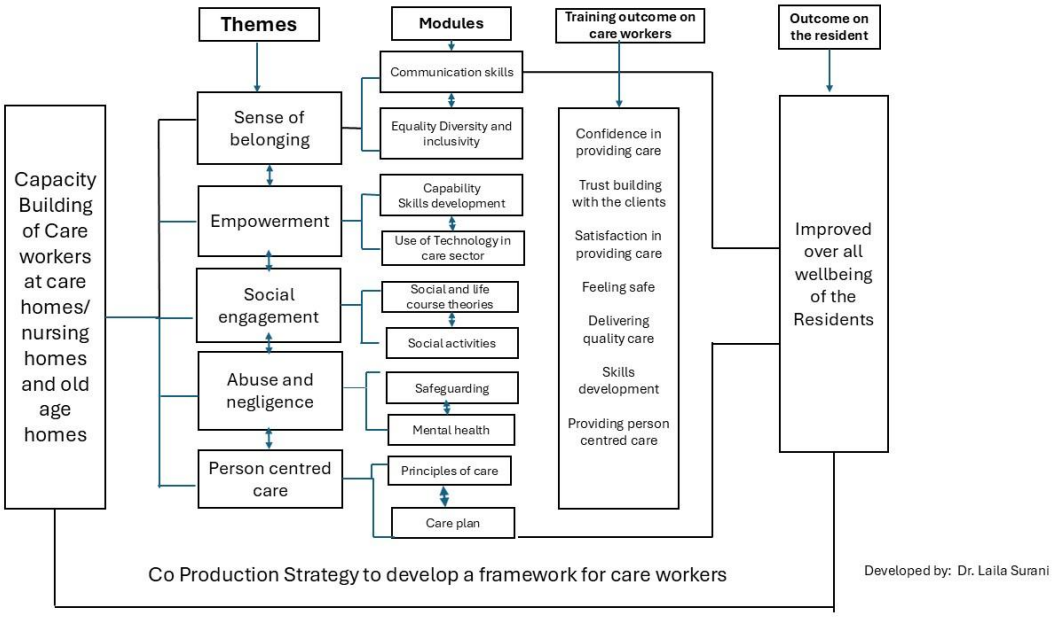

Diagram 1.1: Conceptual framework

The conceptual framework, a result of a co-production strategy involving both institutional and non-institutional older adults, is a significant step in understanding and enhancing the care prospects of older adults. This framework, which emphasizes the Pedagogy for capacity building of care workers, is designed to empower older adults, involve them in their care, and use the capability approach in care to enhance their abilities to make choices and achieve valuable outcomes. By implementing this caregiving model, we provide a tool for better healthcare decision-making and opportunities for managing one's health using a person-centred care model.

The sense of belonging was highlighted throughout the focus group, which led to Maslow's theory, which states that the sense of belonging stands at the third stage. In Abraham Maslow's hierarchy of needs, the sense of belongingness is part of the social needs, which include the feeling of being connected to others, belonging to a group, having secure relationships, making friends, being connected to others and being loved by others. This need does not remain at a certain age but is a life course need. Family relationships and social connections continue to result in wellbeing across the life course. A life course perspective draws attention to the importance of linked lives, or interdependence within relationships, across the life course (Elder, Johnson, & Crosnoe, 2003). Family members are linked in meaningful ways through each stage of life, and these relationships are an essential source of social connection and social influence for individuals throughout their lives (Umberson, Crosnoe, & Reczek, 2010). However, when older adults in their later years have been moved to care homes, it disconnects that belongingness and expects to fulfil those needs where they have made their home. Considerable evidence consistently shows that social relationships and belongingness can profoundly influence wellbeing across the life course. Also, belongingness can improve the mental health of the residents living in the care home. (Huang, 2022).

A sense of belonging is a fundamental need in human beings. It may be described 'as the experience of personal

involvement in a system or environment so that persons feel they are an integral part of that system or environment'. Higher levels of a sense of belonging are, among older adults, related to lower levels of mental ill-health, more reasons to live and psychological wellbeing. Lower levels of a sense of belonging are related to higher levels of depressive symptoms when living in a nursing home. (Ericson-Lidman 2019).

Empowerment, a key factor in enabling older adults to make autonomous decisions, should be centered on recognizing their strengths and potential, while also acknowledging their vulnerabilities and experiences of loss. It is from this fundamental recognition of vulnerability and the resulting mental suffering that empowerment emerges, calling forth a person's resilience. Vulnerability, in this context, addresses risk reduction and the mediation of economic and social impacts. At its core, empowerment is about recognizing the rights of older people who are ill, frail, and vulnerable to receive care and security, and to have their voices heard in society.

Empowerment will allow residents to work on their capability. Sen observes, 'people have to be seen … as being actively involved – given the opportunity – in shaping their destiny, and not just as passive recipients of the fruits of cunning development programs' (Sen 1999). This implies that older adults living in care homes have lifelong learning skills to use while living in resident homes and cherish their later lives (Wilkinson, 1998). Empowerment also promotes social inclusion. It encourages people to actively use their personal and social resources to achieve their goals. However, nothing should be done about them without them, which is where person-centred care comes in. Carl Rogers adopted humanistic theory into his person-centered therapeutic model. The humanistic theory is a perspective that emphasizes looking at the whole person and the uniqueness of everyone. Humanistic psychology begins with the existential assumptions that people have free will and are motivated to achieve their potential and self-actualize. This again indicates Maslow's need hierarchy, which is the final need a person accomplishes. This has been identified by the institutional and non-institutional participants of the research, who need to get involved in their care planning and have the independence to make their own decisions with free will. Therefore, person-centred care focuses on the needs of the individual. Ensuring people's preferences, needs, and values guides decisions and provides respectful care. Person-centred care allows Health and wellbeing outcomes to be co-produced by individuals and members of the workforce working in partnership, with evidence suggesting that this provides better patient or client outcomes in health and social care (Kriz, 2013)

Moreover, social engagement is vital for health; one of the longitudinal research projects suggests essential links between social engagement and cognitive and physical limitations. Participating in social activities may reduce failure at cognitive tasks among older adults. Higher levels of interpersonal activity and emotional support have been associated with better cognitive functioning (Holtzman et al. 2004). In contrast, low contact with social ties and low participation in social activities were associated with a greater risk for cognitive decline (Thomas, 2011). Furthermore, Social learning theory proposes that violent acts, abuse, and negligence are learned behaviours. Through modelling, a person learns to use violence in an earlier context to resolve conflicts or obtain a desired outcome (Bandura, 1977). Therefore, it is important to address this issue using safeguarding policies and procedures to keep older adults safe at care homes.

The framework model is not just an innovative approach to training healthcare providers who work with older adults, but also a significant step towards fulfilling the needs of the residents and improving the wellbeing of individuals. More importantly, this framework aligns with Pakistan's national health vision (2016 to 2025), where medical and allied health education is being tailored according to the population's health needs, with a specific focus on the social determinants of health. This alignment gives us hope for a future where elder care is not just a priority, but a well-addressed and well-managed aspect of our healthcare system.

DISCUSSION

Sense of belonging

The research findings indicated that belonging strengthens older people and makes them happier. According to earlier research, enduring connections with a location formed over a lifetime are frequently linked to a sense of belonging. Accordingly, it is not possible to understand the identities, connections, and preferences of older adult home residents as static byproducts of their previous lives but rather as dynamically evolving with their current daily lives (Johansson, Borell, and Rosenberg, 2022). Additional research indicates that a sense of belonging plays a significant role in older people’s ageing process since it may help them age healthily. The research results also imply that individuals who feel like they belong at a care facility or home become more independent and have greater motivation to live better lives (Whyte 2013).

One of the residents also mentioned how ignorance makes them feel alienated or helpless when their voice is not heard. According to the study, when older adults feel ignored, they experience feelings of worthlessness and exclusion. Family members and medical professionals may also arouse these emotions. Furthermore, research has shown that alterations in older adults' sense of social connection and belonging may impact their overall well-being. For fragile older people living at home, help and assistance with social engagement when needed may be crucial to averting the negative consequences. According to the focus group, an older person's sense of belonging

may be influenced by how well-treated they are by the carers at the care facility or when they live in their own house. This suggests that society needs to recognize the wants and wishes of older adults and obtain the essential items for them. Older people's sense of belonging is said to be hampered by their lack of social interaction. (Browne, 2016)

Moreover, the results of this study underscore the pivotal role of healthcare professionals in fostering a sense of belonging among older individuals. By actively listening to their patients and expressing genuine interest in their lives, these professionals can significantly contribute to their patients' sense of belonging. This approach helps patients feel more at home and promotes an individual-centered approach to elder care that respects, prioritizes, and prioritizes preferences.

A person's sense of belonging seems crucial for forming and maintaining relationships with others and applying a concept analysis approach. People's experiences of fitting in or being congruent with other people, groups, or settings through shared or complementary features, as well as their perceptions of being valued, needed, or important about other people, groups, or environments, are crucial.

Empowerment

Study participants have indicated that not being involved in decision-making lowers their morale and makes them feel powerless. Previous research has shown that people feel more institutionalized when they have little or no control.

A common desire among the study participants was increased social engagement and empowerment. Prior research has also shown that providing care can sometimes take up so much of a resident's needs that it keeps them from making decisions or interacting with their surroundings. Even in the most comfortable settings, a resident is essentially disempowered if they are unable to interact with the environment and its inhabitants (Rodin and Langer 1976).

Research has demonstrated that psychological comfort, low self-esteem, and low motivation are related to disempowerment (Deci and Ryan, 1987). To establish primary relationships based on rapport rather than reliance, it is essential to address issues of disempowerment in the family setting (Tu, Wang, and Yeh, 2006). For residents to feel free and have a say in some significant welfare decisions—such as when to go to bed, what to do for fun, what to eat, and how to sit—they must be trusted to make at least some of these decisions.

Allowing residents to make these decisions ensures they feel in control of their living environment rather than being subjugated. Research also indicates that one's interaction with and sense of ownership over one's physical home environment influences a sense of social belonging. In addition, the transfer of responsibility among senior citizens fosters respect for one another, fortifies social bonds, and enhances physical health. Therefore, gaining or regaining control over one's life by active engagement with agents that impact daily living is what it means to be empowered (Rapapport 1984).

Empowerment has been found to have a profound impact on the comfort and happiness of older individuals. In a care facility, empowerment has been shown to significantly improve residents' physical and emotional health. This underscores the potential benefits of an empowered approach to care, which not only respects the autonomy of older individuals but also contributes to their overall well-being (Knight, Haslam, and Haslam 2010).

Furthermore, research indicates that empowerment can also be seen via the lens of the lifespan developmental viewpoint. An approach to studying people thought of as always inventive, integrated into a dynamic environment, and endowed with potential is lifespan development. Accordingly, the individual is seen as an active participant and resource in health care from the standpoint of lifespan development (Shearer & Reed, 2004). This method of empowerment takes the patient's strengths and health objectives into account instead of the medical professionals.

According to the study's findings, older adults—whether living at home or in their own residence—need to be encouraged and exposed to new experiences to have fulfilling lives in the future. Another study suggests that older adults should be encouraged to acquire and master skills and abilities via the course to contribute to and affect society independently. Learning happens at a time in life when relationships and paid work are being lost, and this learning is essential to helping seniors keep their independence and feeling of social engagement. (Bibi et al, ND)

Social engagement and loneliness

Social engagement has long been recognized to combat loneliness and promote the well-being of the senior population. This was also evident in the survey, where residents highlighted the value of social interaction with other residents in facilitating social gatherings. Previous research has shown that older individuals who continue to participate in various activities in their later years often experience better health and a more positive ageing process. One of the key conclusions of the study was that loneliness is often a result of social dis-connectivity. (Gabriel, and Bowling, 2004).

According to previous studies, loneliness and depressive symptoms, including anxiety and sorrow, are closely associated. Loneliness can be seen as the antithesis of social interaction to some level, as loneliness involves a

psychological and physical disconnection from other people. (Haslam, Knight, and Haslam, 2010)

The research findings also underscore the transformative power of social interaction and engagement for elderly individuals, whether in assisted living facilities or their own homes. Prior research has consistently shown that social interaction and a sense of belonging are not just antidotes to loneliness, but also catalysts for a fulfilling and happy life (Tammelin, et al 2022). The revelation that individuals residing in assisted living facilities experience feelings of loneliness when they lack social connections within the facility further emphasizes the importance of fostering a socially vibrant environment. This understanding of social belonging as an individual's emotional experience of feeling safe and at home in their living area, both physically and socially, is a beacon of hope for the future of elderly care.

Person-centered care

One of the most critical research findings is that participants emphasized being a partner in care plan where they identified that care plan should be developed with the involvement of the clients. This was not just said by the residents of old age homes but other participants who were not the residents of care homes. The finding identified the need for person-centered care. The "person-centered" approach to care was established by one of the most significant humanistic psychologists of the 20th century, Carl Rogers (1986). According to Rogers, the best way to support human progress is through a person-centered approach founded on acceptance, compassion, empathy, sensitivity, and active listening. According to him, people need access to and opportunities for continual learning, as well as possibilities for personal challenges, deep and intimate connections, and human evolution at a later age. Moreover, he contended that neither the human potential for growth nor the necessity for expansion declines with age. Person-centered care priorities each person's priorities and quality of life as they see fit.

The study made clear that later life is an active stage of the ageing process. Therefore, it is essential to design a human environment that would promote the growth of residents of long-term care facilities. Part of a culture-change movement impacting residential aged-care practices is the drive towards a humanistic social model of aged care with person-centered care as its central tenet. Theoretically, a person-centered care approach to older adults should enable them to engage in fulfilling lives and enhance their quality of life.

Additionally, the research revealed that to preserve older persons' independence and self-confidence, the participants felt their families needed to be informed of their issues and how to address them. They also felt that older adults needed to be given some responsibility and freedom to make their own decisions. One participant suggested that families be included in a care plan so they know the demands that must be met. Family members should manage relationships within the family, respect the older adult's freedom to live freely, and encourage them to perform their own tasks. (Mahani, Ayoubi-et al., 2023).

According to the earlier study, the residential care facility's caring culture needs to shift to become more person-centered. Additionally, it refers to a change in surroundings that allows individuals to stay in their room or place of residence while gradually transitioning from a state of independence to reliance. Governmental, organizational, demands will need to be met by a trained and adaptable workforce in an environment that accommodates variety in care.

Person-centered care is based on developing and maintaining positive relationships between all carers, and clients. It is based on principles of understanding, respect for people as individuals, and individual rights to self-determination. Cultures of empowerment that support ongoing methods of practice development make it possible. "Person-centeredness" in the context of a residential care facility refers to considering all parties involved, including the personnel, residents, carers, and persons who hold special meaning for them. (Ruston and Woodward, 2023).

Residential aged-care institutions today are embracing a new paradigm for long-term care as part of a cultural shift that acknowledges person-centered care as the benchmark or guiding principle of care. (Brownie and Nancarrow 2013).

Person-centered care, an innovative strategy intended to improve care quality and increase carer job satisfaction. Person-centered care is based on positive relationships between carers and residents, where work practices, care practices, and the environment are tailored to residents' life experiences and preferences. Successfully implementing person-centered care in nursing homes can enhance the quality of life for the staff who care for the patients and themselves by altering work procedures, care procedures, and the physical surroundings. (Rosemond and others 2013).

Negligence and abuse

A carer or other person who has a trusting relationship with an older adult may intentionally cause harm or create a severe risk of damage (whether harm is intended) to the elder, or they may fail to provide for the elder's basic needs or to keep them safe. These acts are referred to as elder abuse or mistreatment.

The research participants revealed their experiences of volunteering or living in a care facility, but they did not provide direct information about the abuse. The participants reported in the vignette that some carers fail to provide their patients with the necessary care. Thus, Long-term maltreatment may have detrimental impacts

on older persons' physical and mental health, according to several research findings. Stress, depression, anxiety, hopelessness, and PTSD are among the psychological symptoms that may arise.

Older adult abuse makes it difficult to establish and sustain social relationships, which increases the likelihood of social boycotts and hopelessness. According to another study, older adults who experience physical abuse and neglect have a high death risk (Fulmer et al. 2004).

According to prior research older abuse may have both risk factors and outcomes related to depression and depressive symptoms. In contrast to chronically ill older adults who rely on their carers for most of their routine tasks, healthy older adults who can perform their routine chores may not create the perception of heightened carer burden, making them less susceptible to carer abuse. (Khan et al., 2020).

CONCLUSION

There are caregiving concepts and models designed to provide better patient care. However, this specific model, developed to provide care to older adults in resident homes or living in their homes, focuses on safety and quality. The co-produce strategy, in which the participants were part of identifying the need-based model for caregivers, ensures that the model is tailored to the specific needs of the older adults. This model will enhance the quality of life and well-being of older adults receiving care and increase confidence in care workers to provide safe and quality care to older adults. Its applicability to other countries with similar demographics further underscores its potential impact.

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