

Nursing homes: Development of elderly care management according to Buddhist principles

Warakorn Poolswat, Kla Somtrakool and Prarop Kaoses

The Faculty of Cultural Science, Mahasarakham University, Khamriang Sub-District, Kantarawichai District, Maha Sarakham Province 44150, Thailand
wpoonsawat214@gmail.com

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Abstract – *This research aims to study the historical background and current situation of care management in nursing homes for the elderly in Western Thailand and develop care management according to Buddhist principles. This qualitative research analyzes three nursing homes using interview, observation, focus group discussion and workshop as data collection tools. The researchers used a snowball sampling method to identify 109 respondents, made up of 35 key informants, 34 casual informants and 40 general informants. The researchers verified data with a triangulation method and analyzed information descriptively. Results found that the most eminent problems in care management of elderly nursing homes are the image of experts, environment and activity management. Nursing homes do not respond to spiritual requests because of a lack of social and spiritual development. It is necessary to find a new way to emphasize responsibility and respond to spiritual requests by Buddhist means. In this paper, the researchers propose a set of guidelines for the care management of nursing homes in Western Thailand.*

Keywords – *Buddhism, care, elderly people, nursing home.*

INTRODUCTION

Nursing homes are run by the government to care for elderly people who have come into poverty, cannot take care of themselves, do not have family support or have been neglected. The premise of care is that these people have made a significant contribution to the development of the nation over the course of their lives and it is the responsibility of the nation to repay their sacrifice. The first nursing home for the elderly in Thailand was established at Bang Khae in 1953 [1]. Now there are over twenty government-run public nursing homes across the country [2]. The development of social services in Thailand was based on the social care of Western welfare states and was a product of the new culture promoted by Prime Minister Field Marshal Plaek Phibunsongkhram. The principle of the public nursing homes is to give communities the power to take care of their elderly residents.

The problem with the level of elderly health care in Thailand is not the maintenance of physical health, which is well addressed, but the provision of mentally stimulating activities and programs [3]. Most nursing homes focus on preservation of physical health and very few develop the mental state of residents or provide freedoms to able individuals [4]. Uraiwan Pongsak

investigated the satisfaction of residents in elderly care homes and found that care homes must standardize and encourage the participation of external institutions, such as local schools and temples, to provide a continuous and varied level of health care that extends to stimulation and development of mental health [5]. Given these problems, the researchers saw it necessary to study the development of care management in Thai nursing homes and particularly the management of mental health care according to the principles of Buddhism.

OBJECTIVES OF THE STUDY

This qualitative investigation aimed to study the history and current state of elderly health care management in the nursing homes of Western Thailand; to study the problems and form of health care management in nursing homes of Western Thailand in terms of the principles of Buddhism; and to develop health care of elderly people in the nursing homes of Western Thailand in accordance with Buddhist principles.

METHODS

This is a qualitative investigation that gathered data from document analysis and field research. Participants

for the research were identified from the population of Western Thailand by a snowball and purposive sampling technique. 109 respondents were selected and divided into three groups. The first group, key informants, was composed of 35 individuals, including nursing home managers, provincial welfare officers, sub-district welfare officers, experts in Buddhist, management experts and experts in elderly health care. The second group, casual informants, was composed of 34 individuals, including nursing home workers, nursing home residents and volunteers. The final group, general informants, was composed of 40 individuals, including sponsors and family members of nursing home residents and members of the general public. The research area for this investigation was chosen by purposive sampling and included three nursing homes in Western Thailand, namely 1) Nakorn Pathom Nursing Home, Nakorn Pathom Province, 2) Chaloe Ratchakumaree (Luang Por Peun Ubatam) Nursing Home, Nakorn Pathom Province and 3) Chaloe Ratchakumaree (Luang Por Lamyai Ubatam) Nursing Home, Kanchanaburi Province. The tools used for field research were interview, observation and focus group discussion. All data was validated using a triangulation technique and analyzed by typological analysis and analytical induction according to the three aims of the investigation. The results are presented below as a descriptive analysis.

RESULTS AND DISCUSSION

The three nursing homes investigated as part of this study have very similar histories. They were established during the third wave of nursing homes in Thailand. During this time, places were built for social services and charity and existing nursing homes were refurbished. The land for the Nakorn Pathom Nursing Home was donated by the provincial governor and the two Chaloe Ratchakumaree homes were sponsored by locally revered monks, whose names were also used to label the care homes (Luang Por Peun Ubatam and Luang Por Lamyai Ubatam in Nakorn Pathom and Kanchanaburi respectively). Construction of each of the three homes was thus enabled by the generosity of local people and sympathy for afflicted elderly residents. These three homes were then transferred to government control and placed emphasis on the physical well-being of the residents. This strategy was in the mould of nursing homes in Western welfare states and was visible in the stated objectives of the Thai nursing homes. The nursing homes were designed to cater for

elderly people who had come into times of poverty, had been neglected by their family members or had no family members to care for them.

Current conditions of care management in elderly nursing homes in Western Thailand

Each of the three nursing homes studied as part of this investigation have similar care management conditions. They follow the original recommendations of the Department of Public Welfare, which were aimed at two areas: management and welfare. This is ensured by appointment of a manager to follow the provincial policies.

In terms of human resources, the staff members in the home are divided according to their care responsibilities. There are eleven roles: 1) nursing home manager; 2) general administration; 3) services; 4) social welfare officers; 5) nurses; 6) treatment vocations; 7) carers; 8) cooks; 9) maintenance workers; 10) drivers; and 11) gardeners. The management of the nursing homes is monitored according to the standards of the Thai Ministry of the Interior. The three nursing homes have suitable surrounding physical environments, which are clean, spacious and safe for relaxation. The conditions are similar to those of a resort and the homes are located near local communities.

The residents of the nursing homes are senior citizens over 60 years old who are still able to physically care for themselves. They are not physically or mentally disabled and do not have any serious medical conditions. However they have experienced social difficulties, such as poverty, neglect or lack of family and friends. All residents must originate from the same province as the nursing home. While the Nakorn Pathom Nursing Home cares for both male and female residents, the Chaloe Ratchakumaree Nursing Homes care for female residents only.

There are nine areas of care management in the nursing homes. These are: 1) Supervision; 2) Nursing; 3) Exercise and Physiotherapy; 4) Vocational Therapy and Hobbies; 5) Social Welfare; 6) Recreation; 7) Religious Activities; 8) Community Service; and 9) Charity Work. There is very little difference in the care management of the three nursing homes because all three follow the standards of the Department of Public Welfare. The only differences are in the type of activities or projects organised and the skills of the individual staff members.

Problems with the care management of elderly residents in the nursing homes of Western Thailand

There are problems with the care management of elderly residents in four major areas. Firstly, the residents believe and feel as though they are unable to help themselves. Despite being a false perspective, this mindset does not encourage the residents to think positively and maintain their mental state. Secondly, there is a lack of fully-trained experts, especially psychologists, who are an important part of mental health care for the elderly. Thirdly, due to the central management from the government, there are problems with implementation of policies, management and staffing. There is a lack of communication within the organization and very little participation from the local community in the management of the nursing homes. Finally, while residents express satisfaction with activities to promote and preserve physical health, the nursing homes do not provide sufficient opportunities for residents to develop their mental and spiritual health. Religious activities are particularly inadequate due to a lack of staff willing to take responsibility for their organization and a lack of experts with the required knowledge to arrange religious activities correctly. For this reason, it is necessary to develop the social and mental aspects of care management to meet the demands of care home residents.

A model for health care of elderly people in the nursing homes of Western Thailand in accordance with Buddhist principles

In order to develop a model for health care of elderly people in the nursing homes of Western Thailand in accordance with Buddhist principles, the researchers conducted observations, interviews and focus group discussions with respondents. Results show that care management must be modified to integrate principles of Buddhism to awaken, educate and cheer residents. The model of care management should incorporate *boon* (merit), *kiriya* (conduct) and *vatthu* (objects) through activities such as giving alms, keeping the precepts, praying and maintaining the seven principals of *suppaya*.

Changes to the existing system of care management must include adjusting the image of the institutions from care homes to establishments where elderly people come to seek enlightenment, spiritual awakening and merit-making opportunities. Emphasis of the homes should be shifted from physical health care to mental and spiritual health care. The principles of care

management, administration, surrounding environment, resident lifestyle and qualities of the nursing home staff should be in accordance with Buddhist virtues. Buddhism should be a key component of each of the nine areas of care management in the nursing homes.

The implementation of this model is to be achieved with a PDCA strategy (Plan-Do-Check-Act). Planning requires discussion and consultation of a committee to prepare staff and residents for activities. During this stage the vision and objectives must be clearly outlined. The 'doing' or implementation stage is carried out in two steps. First is the organization and management of the environment and second is the care management of elderly people through merit, conduct, objects and adherence to the seven principles of *suppaya*. These are applied to the nine areas of care management in the nursing homes 1) Supervision; 2) Nursing; 3) Exercise and Physiotherapy; 4) Vocational Therapy and Hobbies; 5) Social Welfare; 6) Recreation; 7) Religious Activities; 8) Community Service; and 9) Charity Work, as well as a tenth area: human resource development. The 'checking' stage is evaluation of the success of implementing the plan and the 'acting' stage is developments or adaptations to the existing system as a result of the evaluation.

To implement the model described above, respond to the needs of elderly residents and develop the mental and spiritual health of senior citizens, three areas of nursing homes must be adapted: care management, social services and integration of Buddhist principles.

Changes to the existing system of care management must include adjusting the image of the institutions from care homes to establishments where elderly people come to seek enlightenment, spiritual awakening and merit-making opportunities. The reason for this is that the word 'nursing' presents a negative image of the residents as dependent on the help of others. This is consistent with twentieth century developments in social welfare, when beneficiaries of care were promoted as able-bodied, able-minded people who had gone through times of misfortune [6].

The development of care management in nursing homes must integrate the principles of Buddhism that are present throughout Thai society. These include alms, precepts and *Bhavana* (meditation), which must be integrated into everyday practice. Some examples of ways in which Buddhism can be adapted to the activities offered in nursing homes are meditation and chanting programs to cure disease. Integration of Buddhist principles will enhance physical, mental,

social and spiritual healthcare. These ideas are consistent with the findings of Jiralak Jongsatitman, who evaluated the policies of three government nursing homes in Thailand [7]. Jongsatitman found that residents of nursing homes needed mental and spiritual stimulation, which could be provided through a number of different activities based on Buddhist principles.

The surrounding environment of the homes can be adapted to fit the principles of Buddhism by ensuring that they are kept clean, peaceful and spacious. The three homes studied in this investigation were found to have suitable environments for elderly health care. There should also be centers for residents to practice spiritualism, which should offer similar conditions of tranquility to temples or other spiritual buildings. This is consistent with the cultural ecology theory of Julian Steward, which stated that humans adapt to their environment but can also adapt their environment to suit their needs [8,9]. These findings also agree with the ideas of Emile Durkheim, who said that religion has four functions in society: 1) create order, 2) create unity, 3) create life impulses and 4) create satisfaction [10,11].

The healing effect of Buddhist prayer, meditation and chanting has been found to extend to the life enjoyment of people in the final stages of their lives [12]. By incorporating Buddhism more into the everyday activities of elderly nursing home residents, their fulfillment and meaning in the last years of their lives can be increased. Practicing religious and spiritual activities on a daily basis helps elderly people to relax and come to terms with their lives [13]. By ensuring that elderly people have activities to do on a daily, weekly and monthly basis that stimulate their mental and spiritual health, their lives can last longer and be filled with meaning and enjoyment.

CONCLUSION

This research aimed to study the historical background and current situation of care management in nursing homes for the elderly in Western Thailand and develop care management according to Buddhist principles. Results found that the most eminent problems in care management of elderly nursing homes are the image of experts, environment and activity management. Nursing homes do not respond to spiritual requests because of a lack of social and spiritual development. It is necessary to find a new way to emphasize responsibility and respond to spiritual requests by Buddhist means. In this paper, the

researchers proposed a set of guidelines for the care management of nursing homes in Western Thailand. Changes to the existing system of care management must include adjusting the image of the institutions from care homes to establishments where elderly people come to seek enlightenment, spiritual awakening and merit-making opportunities. Emphasis of the homes should be shifted from physical health care to mental and spiritual health care. The principles of care management, administration, surrounding environment, resident lifestyle and qualities of the nursing home staff should be in accordance with Buddhist virtues. Buddhism should be a key component of each of the nine areas of care management in the nursing homes.

REFERENCES

- [1] Department of Public Welfare. (2001). *Public welfare magazine*, 44(2) [in Thai]. Bangkok: Department of Public Welfare.
- [2] Jongsatitman, J. et al. (2000). *Evaluation government nursing homes: A case study of the policies of three establishments* [in Thai]. Bangkok: Research Institute for Health and Public Welfare.
- [3] Jongsatitman, J. et al. (2000). *Evaluation government nursing homes: A case study of the policies of three establishments* [in Thai]. Bangkok: Research Institute for Health and Public Welfare.
- [4] Clarke, L. (1984). *Domiciliary services for the elderly*. London: Croom Helm.
- [5] Pongsak, U. (2007). Evaluation of elderly resident satisfaction at Chaloeem Ratchakumaree (Luang Por Lamyai Ubatam) Nursing Home, Kanchanaburi Province. Khon Kaen: Khon Kaen University.
- [6] Wasikasin, W. (2000). *General knowledge of social welfare and benefits* [in Thai]. Bangkok: Thammasat University Press.
- [7] Jongsatitman, J. et al. (2000). *Evaluation government nursing homes: A case study of the policies of three establishments* [in Thai]. Bangkok: Research Institute for Health and Public Welfare.
- [8] Steward, J.H. (1972). *Theory of culture change: The methodology of multilineal evolution*. Chicago, IL: University of Illinois Press.
- [9] Chantachon, S. (2010). *Theories of culture and society*. Mahasarakham: Mahasarakham University Press.
- [10] Durkheim, E. (1915). *The elementary forms of the religious life*, translated by Joseph Ward Swain. Oxford: Oxford University Press.
- [11] Chantavanit, S. (2010). *Theories in social studies* [in Thai]. Bangkok: Chulalongkorn University Press.
- [12] Pothong, K. (2013). The results of mental development of terminally ill patients according to the principles of Buddhism: A case study of Ta Yang Hospital,

Petchaburi Province [in Thai]. PhD Thesis, Chulalongkorn University.

- [13] Tanirat, T. (2010). Integrated healthcare for the elderly. Bangkok: National Reform Council .
- [14] Kantornusadee-Triyemchaisri, S. (2011). *SKT meditation therapy can help people cure diseases themselves* [in Thai]. Bangkok: Panyachon.

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