"Voluntary & Municipal Community Care Services for Older People on Island Rural areas" (Case study of the island Tinos)

Maria Delatola- Paganelis
Undergraduate Student, Department of Nursing,
Technological Educational Institute of Patras, Patras, Greece

ABSTRACT

Objectives: This paper will examine features that usually characterize the community care services that exist in the Greek island rural areas, case study of the island Tinos, and affect the role of these services on local community. It is hypothesized that these features affect the objectives of community services to meet the needs of older people (the majority of users) and their carers.

Design: Qualitative data were collected through individual in-depth interviews and focus groups of 64 persons (older people, carers, staff and providers). A new framework is used, based on prior theoretical models, to present various enabling and obstructing factors[1] which are derived from different resources and affect the role of local care services.

Results: The findings suggest that endogenous factors that are shaped by the services themselves may include coverage of needs and quality of services combined with staff attitudes towards older people in need. These influencing factors impact on intermediate and final outputs from community services. Actually, the enabling and obstructing factors impact on the provision and delivery of services, the accessibility and utilisation of provided care services, as well as on the perceived benefits of these services.

Conclusions: Certain factors, like the features of the community care services themselves facilitate or impede the role of community care services in the Greek rural island context. It is essential that policy makers take into account the most influential local parameters and needs when designing effective local care services.

I. Introduction

Community care provision is a means to help people in need (e.g. vulnerable older people) to remain in their own community surrounded by their own informal networks comprising of kin, friends and neighbours. What constitutes the provision and delivery of community care may be dependent on the local society in which it is provided; on the needs that should be met; the actions that may be implemented and the stakeholders who may be involved.

In Greece, provision of community care services has increased in the last decade. Local community initiatives have been established to address local needs, with voluntary organisations and local municipalities being the main providers of services. The community of the Greek island of Tinos has tried developing its own solutions to respond to local needs. Actually, prior to 1999, older people on Tinos, were not provided with formal community care. The self-funding voluntary organization, 'Association for the Support of the Health Centre in Tinos', was established and has run the 'Nursing at Home' unit for almost ten years. The municipal community care services provided by the Municipality of Exombourgo have been provided for seven years. These services involve a Home-Care Service Unit from which domiciliary services are delivered and a Day Care Centre.

The aims of this paper are:

- to illustrate the history, establishment, objectives and aims, as well as the current status of both municipal and voluntary community care provision on Tinos
- to consider the main findings and offer interventions (suggestions) for both policy and practice regarding island rural areas based on the study's findings.

The main findings of the study, with regard to features of the

1. In the study, more factors were examined except those than that have been referred in this paper, like individual characteristics of older users and their carers, as well as the locational features of the community. Those factors were characterized as exogenous, in spite of the features of the community care services that are characterized as endogenous and are presented on this paper.

community care services, are presented in this report which is divided into fifth sections. Four of the sections provide a relevant literature review, details of the study location, the methodology used in the study and the findings. The fifth section discusses the findings and offers some interventions regarding the future of community care services on Tinos.

2. Community care services in rural areas (Literature)

This section reviews the existing knowledge about the features that usually characterize the provision of community care services in rural areas.

Recruitment, Retention and Training

Rural areas, for example, rural islands, are characterised by features that result in a falling population due to outward migration, particularly of young people. In turn, it results in a shortage in the qualified workforce that affect the provision and delivery of services, as young people often remain in urban areas where they have been trained. Some of the most important gaps identified in rural care delivery surround the recruitment and retention of professionals (i.e., nursing staff, home care and allied health professionals) as well as their ongoing education. As a result, staff become overworked due to the lack of staff and provision of care becomes insufficient leading to low quality services (Haaren & Williams, 2000; Cho, 2005). There is a lack of evidence about the reality of providing care services on the micro-level (e.g. in rural areas). This may entail providing services in isolation from other professionals, with limited professional and team support (Walker, 2000; Steenbergen & Mackenzie, 2004; Burau & Kröger, 2004).

Six main themes have been found to affect recruitment and retention in community care services (Denham & Shaddock, 2004; Williams et al., 2003):

- lifestyle and personal factors
- various management issues / uneven distribution and limited resources
- pay
- support needed for professional development / regular professional supervision
- team size (in particular the need for a 'critical mass' of staff
- the disincentive of the flat career structure

Initiatives in various countries have tried to fill some of the gaps in community care services which have been caused by poor recruitment and retention. For example, staff training and ongoing education have been identified as key issues in maintaining standards and improving quality of rural care services (Parry-Jones et al., 2000). Thus, staff retention may be improved in rural areas if community care services focus on training community members. This could comprise an initial period of clinical training in small regional hospitals followed by advanced education in universities. Participants could be encouraged to take part in professional development (Gibb et al., 2004). Some initiatives provide education through short modules. This means staff can share their time between work and training (Haaren & Williams, 2000). Other programmes have focused on training rural professionals in specific services, such as services for people with dementia (Connell et al., 2002).

3. Tinos: the study location

This section, firstly, gives information about Tinos' 'island identity'. Secondly, it explores informal familial care provision for older people on Tinos. Finally, the organisations which have provided health and social care services to Tinos' elderly population are described.

3.1 Tinos's identity

Tinos is affected by disadvantages which frequently characterise island regions. The island general features (CEC report, 2003), are:

- isolation from the mainland
- restricted area of usable land due to mountainous terrain
- high costs of sea transport
- difficulties with and the high cost of communications and infrastructure due to natural and climate-related obstacles
- difficult access to health services
- lower level of education due to the limited facilities and disconnection with the mainland

Tinos has additional features that are salient to its identity. For example, the distribution of villages across the island is related to significant differences which characterise villages as alive or dead according to their inhabitants. This characterisation depends on the age range of a village's population and the existence or not of some institutions and basic facilities.

According to the national census, Tinos' population has gradually increased in the last two decades. The majority of people are concentrated in the city of Tinos. There has also been an increase in the population of older people aged 60 and over and those aged 70-79. There is migration of the working population to the city of Tinos, or other urban centres, where young people have found jobs in the construction or tourism and service sector. This means that most villages are hard hit by falling employment rates and an increase in the number of older inhabitants.

3.2 Informal familial care provision for older people on Tinos island

There is a myth that informal care in rural areas is better than in cities (Mestheneos; 1996). However, the reality is that young relatives are usually not present in rural areas, as they have migrated, a demographic phenomenon for the majority of the Greece's islands (Mpalourdos et al., 1996). Older people tend to remain in their homes and may become gradually dependent on the support of spouses (if they are married), or on support from others (e.g. children, siblings,

nieces or less intimate social networks). In the case of villages, reciprocal exchanges of support exist among villagers (Triantafillou & Mestheneos, 2001; Eurofamcare, 2005; Mpalourdos et al., 1996).

Informal familial care provision for older people on Tinos is usually lacking as many young relatives have migrated. However, older relatives are supported and provided with care services through other ways. For example, children travel from the town of Tinos or further afield (e.g. Athens) to provide care or they pay for a private live-in home carer to live with a relative. In the latter instance, immigrant women, usually from the Eastern European countries provide home care. This phenomenon has been identified throughout Greece (Eurofamcare, 2004; Sissouras et al., 2004; Van der Geest et al., 2004). The procurement of private live-in home carers only happens when older people are very dependent and this private service depends on their preferences and the financial status of the user and the main carer (Van der Geest et al., 2004).

3.3 Community care services on Tinos island

3.3.1 Voluntary community care services

The voluntary organization "Association of Support of the Health Centre in Tinos" was established in 1995. Its first aim was to support the health centre in Tinos. In 1999, the voluntary organization, established a community care service called 'Nursing at Home', that provided services around the island. Once municipal care services were established, the voluntary organisation was responsible for covering the Municipality of Tinos and the rural Community of Panormos.

3.3.2 Municipal community care services

In 2000, Exombourgo Tinos was the first municipality, in the Prefecture of Cyclades, to submit proposals to the Southern Aegean Region for two community care service schemes consisting of domiciliary care and a day centre. These have been in operation since 2002.

4. The study

Data was obtained from people's perspectives (primary data) and existing official documents (secondary data). The collection of data was carried out in March 2005. The target populations were users (older people), their family carers (spouses and children), care services staff and local providers. Individual in-depth interviews and focus interviews were undertaken, with a total sample of 64 participants (users, carers, staff and providers). Interviews were tape-recorded and fully transcribed.

5. Findings

The overall findings are categorised into three key themes that highlight issues pertinent to the role of community care services in island rural areas like Tinos. In this paper, one theme will be presented, the features of these services (endogenous factors).

Theme: Community care services – Characteristics (Enabling &Obstructing Factors)

This theme presents findings that are refered to human community care services' characteristics. Both providers and staff describe organisational factors which impact on the provision of care services. The quantity and quality of services are understood by older people and their carers through their experiences and interactions with staff. The main points of this theme are:

- IRecruitment & Retention
- ITraining & professional support
- IInteraction process

5.1 Recruitment & Retention

The staff and providers focus on the recruitment and retention that influence the provision of services to older people especially the extent of coverage and the number of staff hours spent providing services. Staff worry about the consequences of staff shortages in terms of low levels of service development. Poor staff recruitment has been an important issue for a long time. Although there are difficulties in recruiting professionals there is no pressure from the community to employ more, as users are unaware of their eligibility to receive community care services and thus, do not demand them. As a result, there are unmet needs in the community.

Users and carers did not usually refer to shortages of services. This may be because of a variety of factors, such as:

- Istoic personality of local people
- Ilevel of education
- Ilocation
- Iunawareness of their rights to care services.

Location and education may be factors that change the stoic behaviour of people, as highly educated people in the town and those who have decided to return to their home area are more demanding. The latter think that they might be entitled to better services with some of them complaining directly about urban and rural inequalities.

Providers see the consequences of low recruitment as affecting the working life of existing staff. Staff cover gaps that should be filled by other specialised workers and as a result, they do more than they are contracted to do. Providers talk about overworked staff with no limit on their working hours. Providers of both organisations state that the care service staff do not limit their tasks to those for which they have been contracted to perform. Home care staff have participated on a voluntary basis in large campaigns (e.g. cardiological and blood check ups) on

Tinos, collaborating with staff of the health centre, and some rural doctors of the district surgeries. For staff, voluntary participation in these campaigns is important as they consider that their local knowledge improves the quality of the services provided.

From provider's point of view, the services are of good quality due to the staff's altruistic behaviour. Therefore, these personal qualities of home care workers need to be considered when taking on new employees. These criteria considerably limit the field of potential employees. However, while providers trust the existing employees to complete the tasks that they are contracted to do, they do not have documented evidence of what has actually been done.

Decisions about community services (e.g. kind and level of provided services) are made by external bureaucrats rather than by the local authorities, who, according to staff and providers, are usually interested in the number of cases and financial affairs rather than the quality of service provision. Until now, staff has not been asked for their perceptions of the services by service managers and there is a poor relationship between them; something that is likely to affect the self-esteem of employees.

5.2 Training & professional support

Quality and standards of care may be influenced partly by the factors and circumstances mentioned before (namely, low recruitment of some professionals). However, providers and staff mention a number of additional issues, such as training, professional and teamwork support, which also affect the intensity, quality and style of care that is provided by current community care services.

Behaviour of staff towards older people is an important issue as it has affected the interaction process between them and subsequently the reputation of the services. Staff discussions are dominated by their previous inexperience of working with older people. Actually, employees acknowledge that understanding and responding appropriately to older users is not a simple issue. However, this was not an obstacle to their recruitment and employment by the community care services. All staff agree that because their qualifications are not specific to the ageing process, or to older people, regular and updated training would be very important.

The absence of training is identified as a major problem for three reasons:

- impacts on their ability to cover a range of tasks
- influences the ability of staff to respond to questions from clients
- affects the behaviour of the staff towards older people

As low recruitment may be a permanent issue for island rural community care services, training should be a primary concern, especially, as staff are called on every day by users and their carers to give advice on various affairs. Although staff have limited qualifications and a low level of experience of working with older people, they feel that they have achieved a substantial amount in delivering community care services. However, they also feel that they should offer more than they currently do

The issue of training is more complicated than it seems, as, on the one hand, existing personnel recognise that they require more training and professional support. On the other hand, despite their inexperience in some fields, staff feel personally obliged to accomplish other professionals' duties and fulfill users' needs. Despite the need for training, there are problems with obtaining education. Going on a training course or attending workshops, only for two days, entails an additional staff shortage. This in turn impacts on the quantity and quality of the services provided in the short-term. However, investment in this area is likely to improve services in the long-term, especially in areas like Tinos.

5.3 Interaction process

Interaction between home care workers and older people is also important. Staff chat to their clients as well as undertaking nursing and household tasks. The hours spent talking with older people is associated with clients' social, emotional and psychological needs. In addition, staff have taken time to ensure that the delivery of services (in terms of the time of the appointments) are appropriate for older people and their co-resident carers. Older people and their carers note their appreciation of a regular time for visits and are happy with the level of cooperation in arranging appointments.

For staff, frequency of visits is more important than the number of clients that they visit. There are a number of factors that create a variety of health and social needs for older people, which impose frequent visits. For example, the distances between villages and town, shortages of local health services as well as absence of informal care enforce often older people to relocate to other areas. The frequently mentioned reasons are either to receive formal appropriate care (e.g. going into the local health centre or the regional hospital), or to receive informal care moving near their children (e.g. in Athens). In effect, staff try to remedy this situation by providing frequent services for older people in their own homes so that they do not have to move away from the communities although it increases the workload for staff.

The quality of interaction between staff, users and their carers appears to have lead them to describe relationships in terms of friendships, rather than within a formal care capacity. Staff seem to be a part of the older peoples' lives especially when interaction is over a protracted period of time. For example, when housebound older adults calculate the number of friends that have visited them during one month, they also include the visits of staff.

In the case of the day centre, users mention relationships that have been developed between themselves and staff. Older people voluntarily participate in the kitchen or with other tasks and feel satisfied to think that they help the day centre staff. On the other hand, staff at the day centre devote time to discussing older people's personal affairs

which is appreciated by the clients. Furthermore, staff in the day centre provide some activities that are over and above those that are called for in the course of their defined job (e.g. daily excursions around the island, drama performances during the year, handicrafts). However, some users state a preference for more activities and have been unaware that the staff are already providing these activities voluntarily. Moreover, some day centre users wanted to be asked about their opinion of the day centre and felt that their suggestions would improve service provision.

Further evidence of the quality of relationships between home care workers and older people is found in the identification of the service with the name of the professional. For example, many of the participants do not know the name of the units which provide their community care services. Instead, they are familiar with front-line staff only. There is a general ignorance about the organisations that run these services despite personal relationships with the staff. This personal interaction between older adults and staff also has its risks, as the former usually attribute shortcomings in the services to the front-line staff.

Many shortcomings of the community care services in Tinos have been alleviated by the altruistic behaviour of the care staff and relationships that have been developed between existing employees and users of these services during their interaction. However, these relationships would be at risk, if organisational shortages are sustained.

6. Discussion - Interventions

This section synthesises the main findings of the study, of the voluntary and municipal community care services on the Greek island of Tinos, together with interventions.

6.1 Discussion

On Tinos Island, some progress has been made over the last decade in the development and provision of community care services to help vulnerable older people. Even though changes have taken place, services have experienced continuous staff shortages.

Staff and providers do not see themselves as simply deliverers of community care but feel responsible for these services. Issues, such as insufficient services, overworked staff and frustrated providers characterize current provision. They focus on the gaps in care services and are very concerned about the overall quality of provision and their future existence. Discussions with staff and providers revolved around recruitment, retention, training.

Interaction between staff and older people (users) may be affected by shortages in the number of staff and may lead to constraints in the time that staff have at their disposal to interact with older people and their carers. Whereas it is important for staff to be on time for appointments, this is often difficult to achieve because of the large geographically dispersed area that is covered. Closely related to these issues is lack of training for employees. Employees acknowledge their limited training and an absence of updated information when they have to deal with people with different needs. Being a qualified and altruistic nurse or a polite and supportive member of the domestic staff is not enough, instead staff feel that they should know more about basic gerontological issues.

Staff report that they do not have problems undertaking social tasks, such as chatting. However, they do not seem at ease taking the responsibility for other professional duties without some basic training and formal recognition that they are undertaking these. Actually, staff feel unsafe and at a risk doing things for which they are not trained. These deficiencies may lead to negative attitudes and perceptions about the inadequacy of staff by users. Training, either to update studies or to acquire other professional skills, is not widespread in Greece. Also, if training sessions are offered outside of Tinos, attendance is difficult due to the limited availability of staff. Thus, staff reveal a sense of isolation because they do not work in teams with other professionals. In addition they do not provide the full range of services that should be available.

In effect, shortages in the existing provided community care services impact on and shape their current outcomes. Responsibilities for the shortages of the services and their outcomes can not be attributed to the local staff and providers but to those who design and develop community care services for rural areas. Policy-makers should understand the implications that may arise when services are inadequately staffed or the existing staff do not have the opportunity to undertake regular training and strengthen local community services.

6.2 Interventions

Recruitment of a sufficient number of professional staff could solve a number of services shortages and meet a variety of local rural needs. Rural provision of care should be designed and implemented according to local needs. For example, it is clear that home visits by nurses should be more frequent and of a longer duration. Also, older people in the community could be provided with a simple but effective service, through the community care services, in order to acquire their medicine. However, there is not feasible solution at present.

Locality of staff is a sensitive issue in the provision of community care on Tinos. Efforts should be made to recruit and retain health and care workers from the local community. There is a need to recognise:

- the importance of the locality of the staff
- the existence of health and care profession within the community
- the importance of carers lessons in the local high school
- the stimulation of students to undertake professional development in their local area.

Training of existing staff could be the most effective supplement to insufficient services. In the absence of other specialists, it may be hard for the existing staff to undertake a wider range of interventions, from preventive tasks to those that treat impairments. However, if care services aim to be more effective, staff need to be trained in such a way that this will give them a key role in Tinos' community. In effect, training of staff is important and should be corresponded to local needs and demands, such as emotional and social support (e.g. befriending) and instrumental support (e.g. shopping, help to go to the church)

Training of staff could be achieved through:

- Comprehensive training provided in the form of online education (e.g.using the Open University model).
- Flexible training sessions delivered on the island.

These solutions would overcome the island's disconnection with relevant educated centres and professionals that usually are located in the mainland. Existing staff could acquire further qualifications and strengthen their psycho-social skills.

- Training sessions that include staff from other relevant local settings

For example, participants could be community care services staff, those of the open care community centre (KAPI), staff of the residential home and employees of the Health Centre. Thus, different perspectives would be discussed among staff including local socio-cultural issues and case studies of older people in need. Participants would acquire experience from different settings. Local services could develop common strategies and actions encompassing provision of care and case management for older people and their carers on the entire island. Overall, meeting local needs could be achieved through integration of the fragmented and limited provision of local health and social care services.

- Training sessions could be attended by staff, informal carers, volunteers and providers

Creating opportunities for mutual support and incorporation of abilities and skills between a number of stakeholders could be significant for rural care services with low recruitment. This would provide opportunities for increasing the skills in the local human resources. Moreover, involvement and cooperation of all stakeholders in common training may give them opportunities to understand each other's needs and to formulate practical solutions to overcome local rural difficulties.

In conclusion, the role of rural community care services in particular rural contexts, such as Tinos island should be considered as a continuous process. In that process, services should have the flexibility to apply new strategies and actions in order to adjust to community and individual characteristics.

References

Burau, V. & Kröger, T. (2004). "The local and the national in community care: exploring policy and politics in Finland and Britain," Social Policy & Administration, vol 38, no 7, pp. 793-810

CEC (2003). Trans-European networks and islands: European Economic and Social Committee, Luxembourg, Office for Official Publications of the European Community.

Cho, S.H. (2005). "Older people's willingness to use home care nursing services," Journal of Advanced Nursing, vol 51, no 2, pp. 166-173

Connell, C., Holmes, S., Voelki, J. & Bakalar, H. (2002). "Providing dementia outreach education to rural communities: lessons learned from a train-the-trainer program," The Journal of Applied Gerontology, vol 21, no 3, pp. 294-313

Denham, L. & Shaddock, A. (2004). "Recruitment and retention of rural allied health professionals in developmental disability services in New South Wales," Australian Journal of Rural Health, vol 12, pp. 28-29

Eurofamcare (2004). National background report for Greece, Athens, Sextant Group, - available on http://www.uke.uni-hamburg.de/eurofamcare/sextant.gr

Eurofamcare (2005). Services for supporting family carers of elderly people in Europe: characteristics, coverage and usage. Summary of main findings from EUROFAMCARE, - available on http://www.uke.uni-hamburg.de/eurofamcare/

Haaren, M. & Williams, G. (2000) "Central Australian nurse management model (CAN MODEL): A strategic approach to the recruitment and retention of remote-area nurses," Australian Journal of Rural Health, vol 8, pp. 1-5

Gibb, H., Anderson, J. & Forsyth, K. (2004). "Developing support for remote nursing education through workplace culture that values learning," Australian Journal of Rural Health, vol 12, pp. 201-205

Μεσθεναίου, Ε. (1996). Ποιος φροντίζει?, σελ. 441- 447, στο Γήρανση και Κοινωνία: Πρακτικά Πανελλήνιου Συνεδρίου ΕΚΚΕ, Β. Κοτζαμάνης, Λ. Μαράτου- Αλιμπράντη, Α. Τεπέρογλου & Μ. Τζωρτζοπούλου (εκδ.), Αθήνα, ΕΚΚΕ.

Mpalourdos, D., Teperoglou, A., & Faciolas, N. (1996). Aged people in conditions of social exclusion: dimensions of social exclusion in Greece. Main Themes and Determination of Policy Priorities. European Community Report.

Parry-Jones, B., Robinson, C. & Soulsby, J. (2000). The monitoring and evaluation of domiciliary social care, Centre for Social Policy Research and Development, University of Wales, Bangor.

Sisouras, A., Ketsetzopoulou, M., Bouzas, N., Fagadaki, E., Papaliou, O. & Fakoura, A. (2004). Providing integrated health and social care for older persons in Greece, in K. Leichsenring & A. M. Alaszewski (Eds.) Providing Integrated Health and Social Care for Older Persons: A European Overview of Issues and Stake, England, Ashgate.

Steenbergen, K. & Mackenzie, L. (2004). "Professional support in rural New South Wales: perceptions of new graduate occupational therapists," Australian Journal of Rural Health, vol 12, pp. 160-165

Triantafillou, J. & Mestheneos, E. (2001). Greece, pp.76-95 in I. Philip (Ed.) Family Care of Older People in Europe- COPE, The Netherlands, IOS Press.

Van der Geest, S. Mul, A. & Vermeulen, H. (2004). "Linkages between migration and the care of frail older people: observations from Greece, Ghana and the Netherlands," Ageing & Society vol 24, pp. 431-450

Walker, T. (2000). "Letter to the editor," Australian Journal of Rural Health, vol 8, pp. 335

Williams, L., Hill, J., Parry-Jones, B., Robinson, C., Wenger, C. & Apsitis, Y. (2003). Retention and recruitment of home care workers, Centre for Social Policy Research and Development, University of Wales, Bangor.