



## **Elderly People in Old Age Homes: Engaging Factors Leading to Institutionalization**

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### **Abstract**

The aim of this study is to explore an understanding of elderly people perspective on engaging factors leading to their admission into old age homes; their feelings, and challenges faced in daily living in institutional care. Purposive samplings was adopted and twelve residents from two old age homes in Kuala Lumpur and Selangor were interviewed using semi-structured interview questions. The collected data were analyzed using the thematic analysis approach. Findings revealed that elderly people perceived their admission are due to societal changes and modernization in lifestyle and mindset; their poor health and reduced mobility, and changing family structure. They do not harbor feelings of anger and abandonment on their family's decision but maintain good relationship with their family. They realized the best option for them is to be admitted into old age homes where they can be cared for by full-time trained personnel. Despite lack of individualized care and the feeling of loneliness, they were found to be understanding and tolerant with the services rendered by caregivers and are able to form attachment to their caregiver and attained a sense of belongingness at the homes. Overall findings indicated that elderly people are satisfied with their lives living apart from their own family and assisted by caregivers in old age homes.

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### **INTRODUCTION**

As Malaysia enters the next millennium in between 1990 to 2020, its aged population is expected to rise by 211%, from 1.05 million to 3.26 million. Hence, ageing population in Malaysia aged 70 years and above will increase from 2.21% in 1990 to 3.5% in 2020 (Karim, 1997, p.208). The National Statistics Department projected that Malaysia should acquire the status of an ageing nation by 2035 when senior citizens made up 15% of its population (Daim, 2016).

In tandem with the country's aging nation status, old age homes are also rapidly increasing, especially in urban areas like Kuala Lumpur, Selangor, Johor and Penang to cater to increasing demands from working adults who are unable to provide caregiving to their elderly parents. These institutions are either operated by the Department of Social Welfare, NGOs or by private sectors. Statistics obtained from the Department of Social Welfare Yearbook 2015 (Table 14.1 on p.183) showed that there is 1,473 approved registered care centers in Malaysia of which 454 are NGOs and 1,019 are private establishments.

Old age home is becoming a preferred choice for many contemporary nuclear family to send their elderly parents or relatives to during their old age when they are sickly or when no one is available at home to perform caregiving duties. This is especially so when the primary caregiver, which is usually women, are working and have lesser time to care for the children and elderly in the family. These sociodemographic and socioeconomic changes raise the demand on institutional care for elderly people. When elderly people are perceived as unable to work or fulfil their basic duties as a citizen, they may end up at old age homes (Evangelista, Bueno, de Castro, Nascimento, de Araujo and Aires, 2014).

It is common for elderly people to feel helpless and unproductive when they become frail, not only because of loss of functional systems but by how they are being regarded by their own family and society at large. The onset of old age; presence of diseases and inability to perform daily living activities increase the likelihood of the elderly ending up in old age homes. Additionally, contemporary society find caring for the elderly a lot harder due to family and work demand. Hence, many families will consider institutional care for their aging family members to ensure they receive proper care in this phase of their life (Evangelista et al., 2014). Elderly people who are sickly or with reduced mobility will find difficulty caring for themselves. Family members mostly do not have the skills to care for the sick elderly and this may jeopardized their life if they are not properly cared for. Apart from health issue, elderly people are sent to old age homes for various other reasons, such as, lower fertility rate resulting in having lesser children to give caregiving to them in their old age; adult children leaving home to work far away and worry about living aged parent(s) alone at home; changing mindset of the younger generation where they prefer staying apart rather than together with the elderly parents, and transformation of family structure from nuclear to pluralistic society.

Besides those who are admitted by their families, there is also an indication of a worrying trend of increasing numbers of elderly people being driven out of their homes or being abandoned by their families. Jakarta Post in 2014 reported that on average 10 elderly Malaysians end up in old folks' homes each week. In the same report, Foong Peng Lam, the coordinator of Rumah Kasih stressed that the figure for abandoned individuals had been increasing steadily (10 elderly M'sians end up in old folks' homes every week, 2014). It seems like the responsibilities of caring for elderly people by family members are slowly cast aside and being passed on to formal institutions like old age homes or nursing homes to share or fully assume the role of caregiver to the frail and elderly.

The current study aims to explore and gain better understanding from elderly people on engaging factors, as perceived by them that lead to their admission into old age home; their feelings and challenges associated with staying in the homes. Elderly people may have different pattern of thoughts towards their needs, emotions and expectations in terms of care and support from their family and the institution where they are admitted. To achieve this, the following three objectives have been designed to guide the study.

- (i) To explore what elderly people perceive as factors that lead to their admission into old age homes;
- (ii) To explore their feelings about staying in old age homes; and
- (iii) To investigate the challenges faced by elderly people in old age homes.

The findings of the present study could be used to improve or enhance existing systems of support and care to meet the needs of the elderly. Furthermore, a Malaysian study will contribute to the literature as some studies conducted in foreign countries particularly in the Western world is not representative in Asia due to social and cultural differences. Westerners are noted to be living independently as young as 18 years old and are individualistic where concern for self is greater than caring for others. Westerners have diverse beliefs about filial responsibility as opposed to the Confucian tradition of the East where taking care of aged parents is an essential duty of children (Fan, 2007)

## **THEORETICAL FRAMEWORK AND LITERATURE REVIEW**

### ***Theoretical Framework***

Bowlby's Attachment Theory states that a strong emotional and physical attachment to at least one primary caregiver is critical to personal development (Attachment Theory, n.d.). Brogaard (2015) said that the basis of this theory is emotional ties between people that are crucial to the mental, social and emotional development of a person. Attachment theory primarily focused on infant-caregiver relationship but the attachment process can continue through adulthood. The attachment behavioral system is the emotional bond that exist between a dependent and their caregiver where both feel secure when the other is within reach and responsive (Fraleay, 2010).

Parents assume the role of primary caregiver during their children growing years and when they grow old, the role is reverse. The grown children now becomes primary caregiver to their elderly parents when they are frail and sickly. Deteriorating physical and mental health in old age can caused regression in behavior and make an elderly behaves like a child again (Long & Poi, 2014). Regressive behavior exhibited by an elderly person could be caused by medical, neurological or psychiatric disorders (Lokko & Stern, 2015). Jung (as cited in Lokko & Stern, 2015) has argued that regressive behaviors exhibited in elderly people is attempt to seek sense of security, reciprocated love and trust from their loved ones. Thus, the elderly parents are the one now seeking attachment to their grown children. When regressive childlike behavior happens, caring for the elderly person would be more challenging to the family caregivers. As a result, it is observed that some children grew tired and impatient caring for their elderly parents. This in turn makes the elderly person feels deprived of affection. When they are eventually institutionalized, it could be natural for them to experience abandonment anxiety. This is the fear of being abandoned by their family because they may misunderstood that their family wants to get rid of them. Abandonment anxiety in turn gives rise to attachment anxiety whereby the elderly person constantly need attention from others and fear that their caregiver will leave them (Brogaard, 2015). Regardless of whether there's any feeling of abandonment, generally, elderly people in old age homes will eventually come to term with the fact that they need to attach themselves to the caregivers both emotionally and physically in replacement of their family members.

### ***Literature Review***

The literature reviews in this chapter consist of the following three sections pertaining to the research objectives of the present study.

#### ***Factors leading to the institutionalization of elderly people***

Bongaarts & Zimmer (2002) conducted a survey on living arrangements of older adults in the developing world found that prevailing tendency of separate living arrangements for most elderly people are caused by changing sociodemographic factors like migration and preference for privacy among the younger generations. Similarly, Chai & Hamid (2015) found that among the reasons for separate living arrangement for elderly people are having fewer children as well as children migrating overseas seeking greener pastures.

In one study conducted in Northern India by Akbar, Tiwari, Tripathi, Kumar and Pandey (2014) on factors compelling elderly to reside in old age homes, the researchers found that among the reasons are loneliness; nuclear family system; children migrated abroad; children refuse to care for the elderly due to their physical or mental health, and better facility in old age home. Similarly, Roberto and Blieszner (2015) found that changing family structure from conventional nuclear family unit to pluralistic family model in contemporary society leaves many families facing challenges in meeting the care needs of their elderly family members, resulting in some older adults at risk of having unmet needs. Correspondingly, Liu & Tinker (2003) also found that families in Taiwan send their elderly family members into nursing homes because of their poor health and also because there is no one available to take care of them at home.

#### ***Feelings of elderly people in the homes***

Evangelista et al. (2014) conducted a study in Brazil with 14 subjects aged between 60 and 92 years to evaluate the perception of the elderly residents of a long-stay nursing home on the process of institutionalization. The study found that the subjects felt abandonment, loneliness, anger, ingratitude, living with chronic pain and satisfaction of facilities in the nursing home. Compatibly, a study conducted by Teeri, Leino-Kilpi and Valimaki in Finland in 2006 among residents in long term nursing care found that residents felt loneliness due to lack of communication with one another in the nursing homes and they also have poor (weak) relationships with the homes' caregivers as they are too busy to talk to them. Strict rules control the life of residents making them feel disconnected with the outside world. Some residents felt lacking purpose to look forward in life.

Given and Range conducted a study in 1990 to compare life satisfaction and death anxiety among 20 nursing home residents and found that those with higher life satisfaction reported lower death anxiety and possess higher positive attitude toward growing older. A study conducted by Choi, Ransom and Wyllie (2008) with 65 elderly nursing home residents on perception of depressive symptoms found the following causes of depression: loss of independence and autonomy; lack of privacy and frustration over inconvenience with shared facilities; ambivalence towards mentally-challenged residents; ever-present death and grief; understaffing, and lack of meaningful in-house activities. The residents reportedly cope with these feelings through religion and forbearance, maintaining a positive attitude and family support.

Custers, Westerhof, Kuin & Riksen-Walraven (2010) conducted a study with 88 residents of somatic nursing homes to examine the relation between need fulfillments in a caring relationship with levels of depression and life satisfaction. They found that caring relationship is related to lower level of depression and higher life satisfaction

among elderly people. A study by Baumeister and Leary (1995) found that the need to belong motivated human beings to strive to form and maintain lasting and significant interpersonal relationships. To satisfy the need to belong, loss relationship can be replaced. The need to belong is developed from frequent personal contacts with another person and the relationship is marked by stability, concern and continuation so a bond is perceived to be formed. If a relationship bond is broken, it can be replaced by another in order to satisfy the need to belong.

### ***Challenges faced by elderly people staying in old age homes***

Anderberg and Berglund (2010) conducted a study in Sweden with 15 elderly residents in four nursing homes to gain in-depth understanding of elderly residents' experiences of life in nursing home. They found that residents reported lack of autonomy as they have no control over their own daily activities. Life in nursing homes has also been found to be lacking of social activities. Comparative studies conducted in Ireland, Finland, United States of America and United Kingdom (e.g. Murphy, O'shea, Cooney, Shiel & Hodgins, 2006, Teeri et al., 2006, Choi et al., 2008, Train, Nurock, Manela, Kitchen & Livingston, 2005) also supported these findings which found residents concern over lack of autonomy. Institutional regime and regulation denied autonomy as all activities are being done for the residents by caregivers. Lack of privacy is a common challenge faced by residents as they have to share many housing facilities such as sleeping quarters, bathrooms, toilets, etc.

## **RESEARCH METHOD**

### ***Research methods of data collection***

To achieve the objectives of this study, a qualitative research approach was adopted for the purpose of data collection. Patton (1990:132 as cited in Lee, Ali, & Gloeck, 2009, p.66) noted that qualitative data brings results to life through in-depth case elaboration. Kvale (1996: p.14 as cited in Lee et al., 2009, p.67) quoted that qualitative research interview is to precisely describe the possibly ambiguous and contradictory meanings expressed by the respondents. Additionally, the contradictions of respondents may not merely be due to faulty communication in the interview situation, nor to their personality structures, but may in fact be adequate reflections of objective contradictions in the world in which they live.

Data collected through semi-structured face-to-face interviews focuses on exploring the meanings that elderly people formed about their life after admission to institutional care. In order to have a smooth data collection process, researcher starts with building rapport and create an atmosphere of trust with the research participants. When they are at ease, researcher explained the purpose of the interview to them and obtain their consent to participate before starting the data collection process.

### ***Methods of respondents' selection and sample size***

Purposive samplings is adopted in selecting participants. Twelve (12) participants aged 60 years and above consisting of seven females and five males were selected to participate in this study. To meet the aim of this study, researcher sought the help of the homes' administrators to: (i) select among the residents with demographic and family background matching the purpose of this study and (ii) select participants who are lucid and able to understand the research interview and provide meaningful responses. As racial demographic is not a factor to meet the objectives of this current study, hence, respondents were not selected based on their race.

Patton (1990:184 as cited in Lee et al., 2009, p.67) said that there are no rules for sample size for qualitative research because the emphasis was on quality rather than quantity. Hence, sample size of 12 seems to be sufficient for the purpose of this study.

### ***Research tools***

This study adopts face-to-face interview with participants using semi-structured interview questions to collect data. The open-ended semi-structured questions used for the interview allows researcher to obtain more focused qualitative textual data and enables for flexible conversational reciprocal communication. The interviews were conducted at the premise of the old age homes and during the interview, researcher relied on an interview guide consisting of a set of open-ended questions. The interview questions target to get better understanding on what the participants think are factors that lead to their institutionalization; their feelings about institutional care, and challenges they faced. The interview time lasted between 30 – 45 minutes and each session involved note taking and audio-recording. Participants were briefed about the study and their formal consent were obtained before the start of the interview.

### ***Data analysis***

The interview responses of this study were analyzed in two stages. Firstly, the recordings of the interviews were transcribed. It is followed by analyzing the data using thematic analysis. It is vital to note that it is not the aim of

the study to quantify the responses of the interviews; instead, the emphasis of the data analysis in this study is to obtain an overall understanding of the research issues of the present study (Haniffa & Hudaib, 2007 as cited in Lee et al., 2009, p.68).

## **FINDINGS AND DISCUSSIONS**

This section presents the findings and discussions of the present study. It is divided into the following thematic sections.

### ***Factors contributing to the admission into old age homes***

#### ***(i) Societal Changes***

Respondents in the present study seem to understand that they have to be admitted to old age homes due to their children's work commitment. Those with children accepted that their children and their spouses have to work to make a living and there are no caregivers at home. It is for their own good that their children decided to send them into institutional care. As pointed out by one of the respondents, he accepted the arrangement of being put into institutional care because his son is working in East Malaysia and thus unable to look after him. As he does not want to burden or create worries for his son, he accepted the arrangement to stay in an old age home. This is reflective of findings by Liu & Tinker (2003) that elderly patients in Taiwan mentioned excessive burden to family members as a factor for their application to a nursing home.

Separate living arrangements and preference for privacy are the trend among young people nowadays. They prefer to stay on their own rather than with their elderly parents. One of the respondents opined that young generation of children expect their parents to call before visiting. This is consistent to findings by Bongaarts & Zimmer (2002) that changing sociodemographic factors like migration and preference for privacy among young generations leads to alternative living arrangements for older adults in most developing world.

WHO (2005 as cited in Sulaiman, Baldry and Ruddock, n.d., p.131) stated that developing societies undergoing social, economic and cultural changes leave many families unable to care for their elderly family members and thus increased the demand for institutional care. In countries like China and Taiwan, sending elderly people to institutional care is gradually taking over from family care for the elderly and Malaysia is no exception where matters relating to elderly care are concerned. Institutional care is gaining acceptance as more families are considering it as a better alternative to family caregiving in meeting the geriatric needs of elderly people. With both husband and wife away at work, most families resort to sending their elderly relatives to old age homes for their own good (Yesuiah, 2016).

#### ***(ii) Society's modernization***

Findings from the present study revealed that elderly people in old age homes do not feel animosity towards their children for sending them into old age homes. The respondents mentioned that they do not feel bitterness that their children are placing greater importance on their career and own family. They are open-minded and accepted this as part and parcel of society's modernization and they know that this does not mean that their children love them less. Society's modernization has greatly changed the nature of social support network (commonly family, friends and neighbors) that used to provide a variety of support functions to older people in the past (Ng, Phillips, & Lee, 2002).

The traditional Chinese philosophy of a child's duty to care for aging parents could be neglected or weakened. Society's modernization, therefore, could imply continuing changes in intergenerational relations among people in many modernized Asian societies (Ng et al., 2002). Fan (2007, p.509-510) stated that Easterners viewed social welfare for elderly care as a western idea. Modern young people with Western thinking are individualistic and do not seriously consider it a duty to care for their aged parents. They perceived the elderly should be cared for in old age homes. As such, more old age homes are being built to cater to the shifting trend in the mindset of young people. Surprisingly, the elderly people do agree to the present phenomenon where children do not care for them at home but moved them into institutional care.

#### ***(iii) Deteriorating health***

Most respondents in the present study reported some form of chronic illness associated with aging. Several of them have suffered from falls and stroke which left them partially paralyzed. Another respondent who is a diabetic, gave the following statement:

*“I have sisters and brothers but they are married and stay far away. They are worried about me staying alone because my diabetic is getting worse and I have pain and aches, making movement difficult. They put me here so that I can have proper care.”*

This is consistent with findings by Liu and Tinker (2003) that in Taiwan, elderly patients are sent by their families into institutional care due to their poor health and no available caregiver at home. Likewise, it is also consistent with findings by Akbar et al., (2014) that in Northern India, children are compelled to send their elderly parents to old age homes due to their deteriorating physical health.

Consistent with signs of ageing, many elderly people are either stricken with chronic diseases such as stroke, diabetes, heart problems, osteoporosis, etc. which render them either with reduced mobility or in more serious cases, bed-ridden. An observation from the homes visited, the study found that more than 30% of those staying in the homes are either bed-ridden or confined to wheelchairs. It is no surprise then that many elderly people ended up at old age homes when their health deteriorate and full-time caregiving becomes a necessity. Family members, without proper training and lacking caregiving skills to handle sick elderly will find it difficult to care for them at home. Most often, the spouse is also old and this makes it almost impossible for them to give proper caregiving to their aged and sickly other half.

Thus, for some families, the admission of elderly parents into old age homes is inevitable. They perceived the elderly parents will receive better care and attention from competent professional caregivers compared to family caregivers. Most old age homes provide specialized services like palliative care, physiotherapy, bed sore management, wound dressing, hospital assistance and post-operative care.

*(iv) Changing family structure and lack of family caregiver*

The present study found some of the respondents are unmarried and that many of them have fewer children. A good number of them were working prior to their retirement and are self-sufficient. Their children are either working and staying further away or have their own young family. They mentioned that as a result, there are not many within the family that can care for them. This is similar to findings by Roberto and Blieszner (2015) which found that as family structure diversifies in contemporary society, many families face challenges in meeting the care needs of their elderly relatives due to family-work demands and smaller family size.

Malaysia has made rapid progresses in developing the economic and social status of its people since Independence in 1957 (Malaysia: Manufacturing Drives Growth , 2014). Over the span of the next few decades, Malaysia developed and transitioned from an agriculture to an industrialized nation. During the early 1970s, Malaysia concentrated in agriculture and labor intensive industries due to shortage in capital and the availability of cheap labor (Yusoff, Hasan, & Jalil, 2000, p. 9). Reflecting the economic transition, Malaysia transformed to a middle-income country, largely due to steady economic growth (Malaysia: Manufacturing Drives Growth , 2014).

In view of the country's economic transformation to an industrialized nation, participation of women in the workforce, particularly in the manufacturing sector, increased significantly. The rate of women labor force increased to 46.7 percent in 1990 as compared to 37.2 percent in 1970 (Yusoff et al.,2000, p.3). In contemporary urban environments all over the world, an increasing number of women are (Spencer, 2016) putting off childbearing temporarily while focusing on strengthening their finances, careers and educations (Rampell, 2015).

In the past, families have more children. Parents harbored hope of relying on their children for support in their old aged when they can no longer work. Whereas, in today's society, with better education and vocational training opportunities, people are holding better and higher paying jobs. Most people have saving plans and do not look towards relying on their children when they are old (Nguyen, 2013). Furthermore, increasing number of couples nowadays stress quality over quantity and view raising a child well is more important than to have as many as possible (Nguyen, 2013). When family structure downsizes, the consequence is lack of family members to provide caregiving duties to parents when they are old. Statistics obtained from Vital Statistics, Malaysia, 2015 indicated that total number of live births in 2015 decreased by 1.4 per cent compared to 2014 and total fertility rate declined from 2.1 children per woman aged 15-49 years in 2014 to 2.0 in 2015.

### ***The feeling of elderly people staying in old age home***

#### ***(i) Loneliness from lack of communication***

Most respondents described life in institutional care as being lonely and boring. Residents mostly spend time alone, reading the newspapers or watching television. They seldom mingle with each other as there are no common interests among them.

They further elaborated that with so many people staying under one roof, slight misunderstandings can easily lead to conflict. One of the respondents then put forth that the best way to avoid conflict is to remain solitary. Here's a statement given by one of them:

*“So many people here. Each have different personalities. Cannot get along, seldom talk. Conflict certainly exist in a place with many people so have to learn to accept and adjust.”*

Findings pointed to lack of communication within the homes, among residents as well as with caregivers, resulted in loneliness among elderly people residing in old age homes. These are consistent with Teeri et al., (2006) who found that residents in their study in Finland felt loneliness resulted from lack of communication with one another in the nursing homes.

A large part of loneliness stems from lack of communication, but it could also be caused by behaviors of some cognitively-impaired residents. One respondent shared that they have to put up with disturbing behaviors like shouting and aimless pacing of one or two residents suffering depression and dementia. They have total freedom and are not kept separated from other residents. Findings indicated that elderly residents understand that mentally-depressed and psychiatric cases could not behave normally as mentally healthy people. They endured the situations by minding their own business, which simply increase their sense of loneliness.

In old age homes, residents stay together under close proximity with one another. Most of them do not know each other prior to entering the homes. Living among strangers at an unfamiliar place can be a daunting experience, especially for the elderly. Naturally, they need time to orientate and adjust to the place and the people around them. The lack of communication with other residents resulted in feelings of loneliness for most residents in old age homes. Communication with the caregivers are also limited. Understaffing and multi-tasking made caregivers (e.g. nurses) too busy to pay personal attention to the residents. Residents do not have much chances to engage in meaningful conversation with the caregivers. As a result, residents felt bored and lonely as they have nobody to talk to. Despite having good relationship with their families, the elderly residents do not get frequent visitors and daily contacts are with the staff and fellow residents. Home rules restrict their freedom of movement and thus connection with the outside world is hardly possible. Therefore, loneliness due to lack of communication is a commonly noted feeling among institutionalized elderly.

#### ***(ii) Death anxiety and life satisfaction***

In the present study, respondents shared their thoughts and feelings on the subject of dying. They reported feeling helpless watching other residents falling ill and die. However, they said they feel comforted knowing that the old age home will arrange and handle funeral matters for them. The following statement is shared by the respondents:

*“When we die, the home administrator will bury us. We do not have to worry that we will end up nowhere after we die.”*

The study found that respondents with family reported less anxiety over the thought of sickness and dying. They know the home will send them for treatment and inform their family. When they die, their family will handle their funeral. Correspondingly, respondents who are not married or without family, also seems not too worried about end of life phase. Again, they took comfort in the fact that the old age home will send them to hospitals and if they die, the kind and caring home administrator will handle funeral matters for them free of charge. Given and Range (1990) made a similar finding in their study that nursing home residents that reported lower death anxiety have relatively higher life satisfaction. Similarly, Custers et al., (2010) found that caring relationship satisfies need fulfillment and relates to lower level of depression and higher life satisfaction.

All in all, the elderly residents in old age homes reported lower death anxiety and seems satisfied with their current life living in institutional care. As such, they adopted a more positive attitude toward aging.

**(iii) Satisfaction with institution environment**

Most of the respondents in the present study reported that they are happy and satisfied with the environment and services in the institutions. The following are statements from respondents involved in the present study:

*“This home is built with elderly in mind. They have an in-house chapel for residents to pray. Anyone can go.....Buddhist, Hindus, Christians, if they wish to go. They don’t force. The residents here are from multi-religion but no Muslims. The home serves non-halal food.”*

*Despite the low ratio of caregivers to residents, the staff are doing a wonderful job. They are well-train in giving care to patients with various illness (e.g. diabetes) knowing that proper meal time is important to such patients but there are strong reasons for them not doing certain things.”*

*“Life inside here is not as colorful as on the outside but we are happy for being here. We found a place and people we can depend on. It is better than no place to call home and live like a beggar.”*

Those who are poor and with no families are thankful for being given a roof over their head. Others are tolerant and understanding of the level of services provided to them. They are satisfied that there are caregivers taking care and assisting their daily needs (e.g. cooking their meals, cleaning their cloths and ensuring timely medicine intake). The caregivers are doing their best in dispensing their duties despite having to do multiple tasks as a result of understaffing. They found solace in their respective religion and the homes are respectful of the different religious faith of the residents and provide in-house chapels. The homes also provide transport to send some of the residents to their preferred places of worship.

Based on responses from participants, the study found that elderly residents are generally happy with the environment and services at old age homes. The residents remain stoic in the face of hardship without much complaining. These findings are similar to Choi et al., (2008) who found that residents coped with depressive symptoms through religion and endurance.

**The challenges faced by elderly people staying in the homes**

**(i) Sense of autonomy**

As found in the present study, freedom and flexibility are reportedly enjoyed by the residents in old age homes. Those who are able to walk well are allowed to go out to nearby shops. Those who wish to connect with their family and friends on social media are allowed to own mobile phones, laptop, iPads, etc. The following is a statement shared by one of the respondents:

*“I have Facebook and I can talk to my grandchildren in Japan and see their pictures.”*

However, the study found that freedom of movement differs from home to home. In one of the homes interviewed, residents are not allowed to go out on their own even if they are not physically restricted. They are only allowed to leave if taken by family members or on outings organized by the home.

Based on the findings, reduced flexibility related to institutional life which curb autonomy are found to have lesser effect on the elderly residents in this present study. The elderly residents do not feel reduced autonomy in making personal choices as having negative impact on their feeling of self-control. These findings are in contrast to past studies (e.g. Anderberg et al., 2010, Choi et al., 2008, Murphy et al., 2006, Teeri et al., 2006, & Train et al., 2005) which mentioned lack of autonomy as one of the problematic situations that negatively impact the feelings of residents in long term nursing care.

**(ii) Lack of privacy**

The present study found that some elderly residents stay at old age homes at a cost while some stay for free. Demographic background will determine the type of homes that they can be admitted to. For example, old age homes operated by the government, under the purview of the Department of Social Welfare, take in the poor and abandoned elderly people at no cost. Those with families will normally send their elderly relatives to privately-owned institution where charges apply. Whereas those who came from poorer families or those without families, will usually ended up in institutions operated by NGOs. The following is a statement from one of the respondents:

*“Some of us pay and some do not. Those with family will pay and those above 60 years old without family do not pay.”*

In another interview, a statement was provided by a respondent on the rates charged by the home that she is staying.

*“Here they have six-bedded and two-bedded. Six-bedded is charged at RM1,600 per month while two-bedded at RM2,600 per month.”*

Old age homes mostly offered dormitory-type sleeping arrangement. Most residents in the present study are staying in six-bedded dormitories. This type of accommodation offers limited personal space. Each person is assigned only a bedside cabinet to keep their personal belongings. There is lack of privacy and security. As a result, respondents said they only keep small amount of money with them to avoid unwanted incidents, like theft. The respondents further shared that there is no room for privacy as facilities such as sleeping area, bathroom, meals and leisure areas are all shared. There is no private rooms for residents to meet with their friends and relatives. They found this to be rather inconvenient as open space is not conducive for personal and private talks. This is consistent with findings from past studies by (e.g. Murphy et al., 2006, Choi et al., 2008 & Train et al., 2005) which found lack of privacy as a negative challenge experienced by residents living in institutions. As such, lack of privacy could be deemed as a prevailing challenge for elderly people staying in old age homes.

### (iii) **Manpower constraint**

Old age homes largely depend on charity and many of them operate on a lean budget. The country's tough economic climate resulted in lesser donations received by old age homes. In order to keep overheads low, cost-cutting measures are inevitable. One of them is manpower. Many homes only employ a small pool of staff. As a result, the staff need to do multiple tasks. Some examples given by respondents are: trained nurses doing administration works and medical lab technicians serving medicine. The staff are not doing works in disciplines they are trained in.

Despite reported growth in monthly household income for Malaysians, the spending power of the people remains weak and they still struggle to support themselves and their families (Brohier, 2014). Prices of most items in Malaysia remains high. According to a report by Chief Statistician of Malaysia, Dr. Mohd Uzir Mahidin, year 2016 recorded an increase in the mean monthly household income for Malaysians with an improvement of 6.2% to RM6,958 as compared to RM6,141 in 2014 (Monthly household income for Malaysians went up in 2016).

The following statement provided by a respondent reflected the effect of the weak economy:

*“This is a Christian Anglican church. The Archbishop is in-charge. They have to control many financial sides and have to look into food, transport, nurses, and all.”*

Further shortcomings arising from resources constraint are highlighted through information provided by respondents. For example, the kitchen runs on only one shift. Four cooks are tasked with cooking for about a hundred people daily. Dinner is served early at 4.00pm so that the kitchen staff can finish work at 5.30pm. There will be no supper provided to the residents until breakfast the next morning at 7.00am. The early dinnertime and absence of supper is one problem caused by manpower constraint. The long gap between meals is a problem to residents, especially those suffering from diabetes. As one of the respondents put forth, he regulates his blood sugar level by making his own drinks at night. He repeated that the staff know about the effect of improper mealtime for diabetics, as they are trained but they can't fully apply their knowledge because of manpower constraint.

Other prominent weaknesses as a result of manpower constraint in institutional care are the declining ratio of care givers (nurses) to elderly people. The disparity between caregivers and patients strongly weakened the quality of care-giving for the aged (Hugo 2006; Lamp 2010, p.27, both cited in Lim 2012, p.222). This is evident in the lack of individualized attention given to the elderly residents as nurses need to multi-task. One of the homes in the current study has thirty staff (including cooks, cleaners, general worker and gardener) looking after sixty-odd numbers of elderly residents. About forty of them are wheelchair bound with several bedridden ones and a couple of residents who are mentally-challenged. These categories of residents are those that are completely dependent on the caregivers.

Despite the shortcomings caused by manpower constraint, the residents are sympathetic and empathized with the staff. They understand that the staff are doing the best they can under the given circumstances. The respondents unanimously agreed that they have to take care of themselves instead of depending totally on the

staff. They reiterated that those wheelchair bound, bed ridden and mentally challenged residents need to be assisted more than themselves.

(iv) **Attention-seeking behaviours**

It is noted that lack of communication and prolonged period of isolation or loneliness can cause people to engage in attention-seeking behaviors (Boomeryearbook.com, n.d.). Kemerer (2016) authored that elderly people staying long-term in institutional care are more likely to employ manipulative behaviors like attention-seeking and accusatory behaviors. These type of behaviors characteristically are caused by feelings of insecurity or powerlessness. It is found that manipulative behaviors are usually a last attempt to gain control over events.

One of the respondents shared that accusatory behaviors tend to happen in old age homes. He mentioned some examples where residents accused others of blaming them for certain things that happened and due to the disputes, they left and never came back.

Other forms of attention-seeking behavior include telling exaggerating stories relating to their life, e.g. associating themselves with well-known personalities or glorify their past achievements, all of which unlikely to be verified. They jump at opportunities to seek-attention when there are visitors. Sadly, attention seeking behaviors are sometimes not well endured. Attention giver loses interest after a while and may regard the attention seeker as hallucinating or making up stories. Attention-seeking behaviors caused by solitude and emotional isolation are challenges that elderly people faced in old age.

(v) **Limited social and recreational activities**

The present study found that there is a lack of social and recreational activities for elderly residents in old age homes. Respondents from one of the homes said that they do not have any organized social or recreational activities for the last seven years. She shared the following statement:

*“Seven years ago, the home organized a trip to a waterfall in Ulu Yam but they found it problematic to manage a group of elderly people, especially taking care of those in wheelchairs. After that, there were no more social or recreational outings for the residents.”*

Whereas respondents from another home shared that a number of them who are physically fit have been sent on overseas trip to Zhuhai and Macao as part of charity program that their home administrator arranged. Other than that, there are charity dinners and events organized by large corporations where they are invited. Local trip to Cameron Highlands were also organized for some of them who are still physically and mentally fit.

However, these events are not regular activities. Both homes in the present study reported of no regular in-house activities like hobby classes or exercise groups being provided for them. Hence, residents are mostly confined within the homes and left on their own without much to do. Social gatherings only happen during festive season like Christmas where the homes will throw a party for the residents. Other than that, residents look forward to visits from the public (e.g. corporate companies, charity bodies or religious groups) who come with gift and food for the residents. Again, such occasions are limited and normally only during festive occasions. These illustrations are consistent with Choi et al., (2008) and Anderberg & Berglund, (2010) studies whereby elderly residents in nursing homes reported of lack of meaningful in-house social activities.

Health promotion activities intended to lessen social isolation and loneliness are considered as important in developing, improve and maintain social contacts and mental wellbeing among older people (Cattan, White, Bond, & Learmouth, 2005). According to (Lim, 2012), individual or group based social and recreational activities (e.g. hobby groups, sport groups, etc.) give older people a chance to interact and develop useful skills that can be put to good use in their free time which can further enrich their lives. Baker et al. (2005 as cited in Lim, 2012, p.205) said that older people that participate actively in activities are perceived to have greater life satisfaction.

Thus, scarcity of contacts and communication with a social network arising from lack of organized social and recreational activities is a profound challenge for elderly people living in old age homes.

## CONCLUSION, IMPLICATION TO THEORY, LIMITATIONS AND RECOMMENDATIONS

### **Conclusion**

Generally, the present study found most residents are satisfied with institutional life. Elderly people who have been admitted into institutional care due to a variety of factors are found to be at peace with their fate in this

phase of their life. The elderly people are understanding about why they are sent to live in old age homes and overall they accepted the decision. They do not expressed anger with their family and neither do they expressed frustration over loss of autonomy or having their life controlled. The elderly people seem to have adjusted well psychologically and emotionally. They seem happy with the daily routine programs which requires them to fit in with the rules and regulations set by the homes and have come to accept the people and the environment which could perhaps, be the same for the remaining days of their lives. Even though they faced daily challenges but they are able to overcome them. They have learned to be patience towards their caregivers, show compassion towards those who are sickly than themselves and empathized with one another. Overall, elderly people are satisfied and happy with their life in old age homes and for many of them, they have attached themselves to the caregivers and regard the institution as their long-term home.

The findings from the present study may only represent the voice of a minority few elderly residents in old age homes. Nevertheless it could provide useful in-sights to the government, private sectors and charitable individuals regarding the psychological and emotional needs of elderly people who are either from the underprivileged category or being unfortunate enough to be living apart from their families. With this knowledge, sectors that are overseeing the welfare of senior citizens or parties concern about their well-being can formulate regulations and programs that will help to eliminate loneliness and isolation among senior citizens to help boost their self-worth in order for them to live the remaining days of their life as dignified human beings.

### ***Implication to theory***

The fundamental basis of Bowlby's Attachment Theory is the formation of emotional and physical bond between infant and mother. Bowlby continue to observe that the nature of parenting affected us not only in childhood, but continues throughout our adulthood. The core belief in Attachment Theory is that attachments needs are vital from "the cradle to the grave" (Woodward, Attachment theory and ageing, 2003). Baumeister and Leary (1995) similarly suggested that Bowlby gradually changed his views to regard adult's need for attachment as an innate needs and not merely an attempt to recapture intimate contact experienced with one's mother in infancy.

Bowlby's theory noted that the components in attachments are proximity, availability and responsiveness of main attachment figures. The need to seek for a secure attachment figure continues and is all the more important to older people. Elderly people experience all kinds of losses, such as, when partners die or when children grow up and move further away, causing deep feelings of insecurity for them (Woodward, 2003). Consequently, they are send away to stay in old age institution. Arising from these losses and changes in their lives, they often have little choice but to transfer their object of attachment to the caregivers at old age homes who are closest and responding to their daily living needs. The instinctive needs for attachment to figures that they believe cares about their welfare is vital for their survival away from their own homes or family.

Human beings are social creatures. As the title of the book by Donne (1988) suggested, "no man is an island". No man can exist in isolation. Thus, people are motivated to form and maintain lasting, positive and significant interpersonal relationships (Baumesiter and Leary, 1995). The need for secure, caring and lasting relationships are crucial for the well-being of a person, more so, for the elderlies. The need to belong exists in all humans similar to the need for shelter and food. When a person feels belong, it means acceptance as member or part of a group such as with family or with friends or being a part of a community on social media or the neighborhood. Sense of belongingness is important to boost self-worth and the feelings of being "belong" help ease the pain of loneliness (Hall, 2014). Simply feeling "belong" or "approved" is emotionally reassuring especially to elderly people. They can find comfort in the knowledge that they are not alone in their struggle to cope with old age, and that there are still others that care about their well-being. Hence, from the frequent interactions with their caregivers, elderly residents feel belong as they perceived a sense of stability and concern by the caregivers over their well-being. Overtime, they regard their regular caregivers as attachment figure as the relationships are characterized by close proximity, availability and responsiveness towards their needs. Emotional bonds may exist with family members but if lacking regular contact or if level of interactions are low, it may not offer a sense of belongingness to the older person. In the absence of relational connectedness, the need to attach and belong is re-directed towards the caregivers with whom a bond has been perceived to be formed. Baumeister and Leary (1995) noted that the need to belong can be substituted with any other person in a non-relational context. In their study, they said that frequent personal contacts that are marked by stability, concern and continuation build up interpersonal relationship that satisfy the need to belong.

The obtained findings in the present study indicated that elderly people staying in old age homes mostly accepted the fact that their stay would be long-term with just occasional visits from families and relatives. Most of the elderly people do not complaint about not being taken back to their own home regularly. They have settled in comfortably at the old age homes and have come to regard the institution as a place where they belong.

As such, they have adjusted themselves emotionally to accept life living in institution among non-related people, even though their life are restricted and supervised. They have come to term with the prolonged absence of their own family from their life. To many of them the centers are their home and the caregivers are their pillar of strength as someone who is available to assist them in their times of need. These findings matched the fundamental basis of Attachment Theory and thus this theory is found to be consistent and applicable to the present study.

### **Limitations of the study**

The study suffers the following limitations:

#### **(i) Ethnicity restriction**

The findings of this study may be applicable only to ethnic Chinese and Indians. This is because all participants involved in this study were Chinese and Indians and none of them were Malays or other races; hence their views on the research issues may be heavily influenced by the social and cultural contexts specifically for their races. Thus the findings may not be relevant to the Malays or other races.

#### **(ii) Geographical restrictions and small sample size**

The study was limited in geographical area and number of participants. This is because only two old age homes restricted to Kuala Lumpur and Selangor were involved in this study. Furthermore, this study only interviewed a small number of participants. Thus, the findings from this qualitative study cannot be generalized to represent the entire population.

### **Future research recommendations**

It is believed that the findings of this study can be enhanced by involving Malay participants as Malays contributed to more than 50% of the population in Malaysia. The results will be deemed more representative in the Malaysian context. The findings of this study can also be improved by expanding the geographical area to include other regions in Malaysia as well as increasing the number of participants to be more representative of the Malaysian population. It would be interesting for future study to use a mix approach whereby qualitative study is complemented by a quantitative survey to determine whether there are any differences in social, economic and cultural influences of the different ethnic groups towards the life and well-being of elderly people from different races and whether the influences, if any, affected more on elderly males or females in the country.

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