

Impact evaluation of volunteer-based home care program for Thai older people

Duangruedee Lasuka*

Sudarat Chaiarj** Decha Tamdee***

Lasuka D, Chaiarj S, Tamdee D. Impact evaluation of volunteer-based home care program for Thai older people. Chula Med J 2007 Feb; 51(2): 89 - 100

- Introduction** : *Volunteer-based Home care Program is another approach for improving the quality of life of the older people. This program was implemented by the Foundation for Older Persons' Development from January to December 2005. Korean home care model was an evidence for program development. The focus of this study is an impact evaluation of the volunteer-based home care program.*
- Objectives** : *(1) To assess acceptability of the project of the stake holders at the National and provincial levels, including project advisory group members. (2) To assess familiarity, acceptability, favorability, importance and influence of the project on the volunteers, clinical personnel, people at the community level and older persons including family members and (3) To identify ways in which a volunteer-based care project could be implemented on an expanded scale.*
- Setting** : *Urban area, Chiang Mai Province, Thailand*
- Research Design** : *Cross sectional study, combined quantitative and qualitative methods*

* Department of Medical Nursing, Faculty of Nursing, Chiang Mai University, Director, the Health Promotion Center for the Elderly, FON.

** Department of Public Health Nursing, Faculty of Nursing, Chiang Mai University

***Department of Medical Nursing, Faculty of Nursing, Chiang Mai University

Materials and Methods : (1) Two group discussions and interview were used for data collection from the stakeholders at the national and provincial levels, included 8 project advisory committees and 12 representatives from governmental and private organizations who could attended the discussion. (2) Interview and focus group were used for data collection from the older people, volunteers, healthcare staff, people in the community and family members (58 persons).

Results : For the quantitative finding, the total mean scores of impact was high in every group of the sample(3.47-3.82). The total mean score was highest among the older people (3.82), followed by family members. The mean score of importance dimension was high among older persons (3.92), people in the community (3.85) and family members (3.86). Among the volunteers, the highest mean scores were found in favorability and influence dimension (3.78), whereas, among healthcare staff, acceptability had the highest scores (3.67). These findings can be explained that the volunteer-based home care program had positive influence on the perception of all different study participants. Also, qualitative findings from the focus group discussion among the stakeholders demonstrated that the volunteer-based home care program were successful in building awareness among the people in community. The volunteers were appropriate providers particularly for the role of psychological support for the older people who were lonely.

Conclusion : The findings of the study could contribute to change the model of home care for Thai older people. The manual operation and the curriculum for home care development should be integrated to the provision of conventional care of older person at home.

Keywords : Home care, Older people, Volunteer.

ดวงฤดี ลาสุชะ, สุตารัตน์ ชัยอาจ, เตชา ทำดี. การประเมินผลกระทบโครงการพัฒนาอาสาสมัครดูแลผู้สูงอายุที่บ้านสำหรับผู้สูงอายุไทย. จุฬาลงกรณ์เวชสาร 2550 ก.พ; 51(2): 89 - 100

- บทนำ** : โปรแกรมพัฒนาอาสาสมัครดูแลผู้สูงอายุที่บ้านเป็นโปรแกรมหนึ่งที่จะช่วยพัฒนาคุณภาพชีวิตผู้สูงอายุ องค์กรพัฒนางานด้านผู้สูงอายุได้นำโครงการนี้ไปใช้ระหว่างเดือนมกราคมถึงเดือนธันวาคม 2548 โครงการดังกล่าวใช้รูปแบบการดูแลผู้สูงอายุที่บ้านของเกาหลีเป็นต้นแบบ การศึกษาค้นคว้าครั้งนี้เป็นการประเมินผลกระทบของโปรแกรมพัฒนาอาสาสมัครดูแลผู้สูงอายุที่บ้าน
- วัตถุประสงค์** : (1) เพื่อประเมินการยอมรับโปรแกรมของผู้เกี่ยวข้องกับงานด้านผู้สูงอายุทั้งในระดับชาติ ระดับพื้นที่ในจังหวัด รวมทั้งคณะกรรมการที่ปรึกษาโครงการ (2) เพื่อประเมินการมีความเชื่อมั่น การยอมรับความสำคัญและอิทธิพลของโปรแกรมในกลุ่มอาสาสมัคร บุคลากรสุขภาพ ประชาชน และสมาชิกในครอบครัว และ (3) เพื่อหาแนวทางในการขยายโครงการพัฒนาอาสาสมัครดูแลผู้สูงอายุที่บ้าน
- สถานที่ที่ทำการศึกษา** : เขตเมือง จังหวัดเชียงใหม่
- ชนิดการวิจัย** : การศึกษาแบบตัดขวาง ประกอบด้วย การวิจัยเชิงปริมาณ และการวิจัยเชิงคุณภาพ
- วิธีการศึกษา** : ผู้วิจัยศึกษาโดย (1) สันทนา กลุ่มและสัมภาษณ์ ผู้เกี่ยวข้องกับงานด้านผู้สูงอายุทั้งในระดับชาติ ระดับพื้นที่ในจังหวัดเชียงใหม่ 2 ครั้ง ประกอบด้วย คณะกรรมการที่ปรึกษาโครงการ 8 คน และผู้แทนจากภาครัฐและเอกชน ซึ่งสามารถเข้าร่วมกลุ่มได้จำนวน 12 คน (2) สัมภาษณ์และสันทนา กลุ่มในผู้เกี่ยวข้องกับงานด้านผู้สูงอายุระดับชุมชน ประกอบด้วย ผู้สูงอายุ อาสาสมัคร เจ้าหน้าที่สุขภาพ ประชาชนในพื้นที่และสมาชิกในครอบครัว จำนวน 58 คน

- ผลการศึกษา** : คะแนนเฉลี่ยทุกด้านของการประเมินผลกระทบในทุกกลุ่มอยู่ในระดับสูง (3.47-3.82) คะแนนเฉลี่ยรวมสูงในกลุ่มผู้สูงอายุ (3.82) รองลงมาอยู่ในกลุ่มสมาชิกในครอบครัว คะแนนเฉลี่ยด้านความสำคัญของโปรแกรมสูงในกลุ่มผู้สูงอายุ (3.92) ประชาชนในพื้นที่ (3.85) และสมาชิกในครอบครัว (3.86) ส่วนคะแนนในกลุ่มอาสาสมัครจะพบว่าสูงในด้านการเป็นที่รู้จักและการมีอิทธิพล (3.78) ในขณะที่กลุ่มเจ้าหน้าที่สุขภาพมีระดับคะแนนด้านการยอมรับสูงกว่ากลุ่มอื่น (3.78) ผลการศึกษาแสดงให้เห็นว่าโครงการพัฒนาอาสาสมัครดูแลผู้สูงอายุที่บ้านนี้ให้ผลในทางบวกต่อการรับรู้ด้านต่าง ๆ ในทุกกลุ่มที่เกี่ยวข้อง ข้อมูลเชิงคุณภาพจากการสนทนากลุ่มและการสัมภาษณ์ผู้เกี่ยวข้องกับงานด้านผู้สูงอายุยังแสดงให้เห็นถึงความสำเร็จในการเสริมสร้างความตระหนักของประชาชนในพื้นที่ นอกจากนี้อาสาสมัครยังเป็นผู้ที่เหมาะสมในการดูแลเรื่องจิตใจของผู้สูงอายุที่ไว้ใจ
- สรุป** : ผลจากการศึกษานี้จะช่วยให้มีการปรับปรุงรูปแบบการดูแลผู้สูงอายุที่บ้าน ควรมีการจัดทำคู่มือการปฏิบัติงานและพัฒนาหลักสูตรสำหรับการดูแลผู้สูงอายุที่บ้านต่อไป
- คำสำคัญ** : การดูแลที่บ้าน, ผู้สูงอายุ, อาสาสมัคร

The Volunteer-Based Home Care Program for Thai older persons was one of the pilot projects of the Republic of Korea -Association of Southeast Asian Nations (ROK-ASEAN) Cooperation Project. Foundation for Older Persons' Development (FOPDEV) who is the partner organization of HelpAge International was selected to be the partner organization in Thailand. This program was in Phase 3 of the project. Ten countries in ASEAN, except Singapore, applied The Korean Home Care model for implementing home care programs in their countries.

The Korean Home Care Model was an evidence for project implementation⁽¹⁾ in two urban areas of the city, Kawila and Sriwichai districts, Chiang Mai Province between January to December 2005. The objectives of the Volunteer-Based Home Care Program were: 1) to develop home care model suitable for socio-cultural, economic background of the community; 2) to promote awareness of home care model among the public, private and voluntary sectors and influence the national policy; and 3) to promote mutual sharing and learning through various home care models in the ASEAN.

The objectives of the impact evaluation included:

1. Assessing the acceptability of the project of the stake holders at the national and provincial levels, including project advisory group members.

2. Assessing the familiarity, acceptability, favorability, importance and influence of the project in volunteer, clinical personnel, people at the community level and older persons including family members.

3. Identifying ways in which the Volunteer Based Care Project could be implemented on an

expanded scale.

Method

The study used cross sectional study, combined quantitative and qualitative methods as data collection from January to March 2006.

Samples

Fifty-eight participants were enrolled in this study. It included

1. Stakeholders at the national and provincial levels are namely:

1.1. 8 project advisory committees who could attend the discussion and were willing to give an informed consent to participate in the discussion in either a verbal or a written form

1.2. 12 representatives from government and private organizations such as Chulalongkorn University, the Bureau of Empowerment for Older Person, Ministry of Social development and Human Security, Ministry of Public Health and non government organizations.

The specific sample inclusion criteria were : representatives who

1) had experience related elderly care

2) could attend a group discussion

3) were willing to give an informed consent to participate in the discussion in either a verbal or a written form.

2. Stakeholders at the district level include:

2.1 18 older persons who received home care service by volunteers (60 % of all older persons);

2.2 12 volunteers who provided home care services (66.66 of all volunteers)

2.3 4 members of healthcare staff in primary care setting unit (50 % of all staff);

2.4 14 people who lived in the community;

2.5 10 family care members of the older persons.

The specific sample inclusion criteria were : representatives who

1) could attend a group discussion

2) were willing to give an informed consent to participate in the focus group in either a verbal or a written form.

This study has been approved by the committee of AgeNet, an organization net work of the elderly care, Chiang Mai Province.

Conceptual framework

For impact evaluation, conceptual framework, developed by Help Age Korea was used to be the model for evaluation.⁽²⁾ The components of impact evaluation consisted of five parts, namely:

1. Familiarity

1.1 The people in the community know there are volunteers who visit poor and frail older people to help them in their home.

1.2 The people know a person who I can contact, when/if somebody needs a volunteer.

1.3 The people have heard about home care program.

2. Acceptability

2.1 Home care program is appropriate for our tradition and culture.

2.2. Visiting older person's home by volunteer is an acceptable activity.

2.3 Befriending and housekeeping services are acceptable services provided by

volunteers.

3. Favorability

3.1 The people agree that home care program is very much needed for older people who required help.

3.2 Older people are satisfied with services provided by volunteers.

3.3 The people agree that this program encourages volunteerism and promote more attention to older people's issues in our community.

4. Importance

4.1 Older people need home care program

4.2 The project largely assists the elderly who are mentally and emotionally less functional.

4.3 The project largely contributes to maintain independent living of the poor and frail older people.

5. Influence (see Table 1)

Instruments

There were two kinds of instrument used for data collection, namely:

1. Impact Evaluation Questionnaire (IEQ)

This instrument was an interview questionnaire developed by the evaluation team of HelpAge Korea. Subjected were asked about their opinions regarding home care services provided by volunteers. The IEQ has been used to measure five parts of impact including familiarity, acceptability, favorability, importance, and influence. The total five parts consisted of 15 items in ordinal scale of 1 (the worst outcome= very much disagree) to 4 (the best outcome = very much agree). The possible scores of the instrument range from 1-4.

Table 1. Items of Influence in each group.

| Older person | Family members | Volunteers | Community people | Health care officials |
|---|---|---|---|--|
| I am grateful for the society for its help that I need. | Home Care Program reduces caregiver's burden. | I am proud of myself being a volunteer. | Home Care Program encourages community people to help older people. | The project contributes to the development of welfare policies with respect to older people. |
| Home Care Program helps my daily activities. | Home Care Program encourages caregivers to pay more attention in caring for older people. | I have become a better understanding person about older people. | Community people recognize the needs of poor older people. | I believe that the project is very cost effective. |
| The project brings emotional comfort. | Home Care Program facilitates caregivers to engage in their productive works. | I would like to encourage my and neighbors to engage in volunteering. | Community develops mobilizes resources to help older people. | The project is a good model to provide community based program for vulnerable older people. |

Validity: The IEQ was evaluated for content validity by one expert in the area of social work from the University of South Carolina, College of Social Work, Columbia, SC, USA.

Reliability: HelpAge, Korea ⁽²⁾ had performed the stability of the IEQ by using the test-retest method among stakeholders in 8 countries. The evaluation questionnaires have been amended reflecting comments and suggestions from partner countries as following:

1) Partners in Cambodia, Laos and Myanmar tested the questionnaire interviewing 2 persons in each target group in August 2005.

2) The questionnaire was reviewed in an exchange visit in Cambodia with Cambodia, Laos, and Myanmar on 6-8 September 2005.

3) The questionnaire was reviewed in an exchange visit in Thailand with Brunei, Malaysia, Thailand, and Singapore on 28-30 September 2005.

4) Partners in Indonesia, Philippines and Vietnam tested the questionnaire interviewing 2 persons in each target group in October 2005.

5) The questionnaire was reviewed in an exchange visit in Vietnam with Indonesia, Philippines and Vietnam on 13-15 December 2005.

6) The questionnaire was reviewed in an exchange visit in Myanmar with Cambodia, Laos and Myanmar on 19-21 December 2005.

2. Question guidelines

Question guidelines were developed by the evaluation team based on the objectives of the evaluation project. The questions were also reviewed and critiqued by experts in the focus group methods.

The focus group question guidelines for evaluating stakeholders in the provincial and national levels consisted of two questions:

- 1) What were the strength and challenge of the program?
- 2) What would be your suggestions about any activity in the home care program?

The focus group question guidelines for evaluating volunteers consisted of four questions:

- 1) What did you do when you visit the older person at home?
- 2) How did you feel when you were participating in the program?
- 3) What would be your suggestions about any activity after the completion of the program?

Data analysis

Data obtained from questionnaire and focus group interviews were processed and analyzed. The data analyses are presenting in the following sections:

1) Quantitative data: The mean was used to describe the impact of the Volunteer-Based Home Care Program in each part.

2) Qualitative data: Content analysis was used to analyze the qualitative data from three focus group discussions. The focus group was conducted in order to evaluate home care program at the end of the implementation.

Results

The findings are divided into two parts: quantitative and qualitative part.

Impact of the Volunteer-Based Home Care Program on five variables of the stakeholders at the district level

1. Quantitative findings

To investigate the impact of Volunteer-Based Home Care Program on five dimensions: The mean scores of each dimension were conducted as presented in Table 2.

Table 2. Mean score of impact on the Volunteer Based Home Care Program.

| Impact \ Group | Older persons | Volunteers | Health care staffs | People In the community | Family members |
|----------------|---------------|-------------|--------------------|-------------------------|----------------|
| Familiarity | 3.63 | 3.69 | 3.42 | 3.55 | 3.76 |
| Acceptability | 3.87 | 3.64 | 3.67 | 3.85 | 3.76 |
| Favorability | 3.87 | 3.78 | 3.42 | 3.69 | 3.86 |
| Importance | 3.92 | 3.67 | 3.42 | 3.85 | 3.86 |
| Influence | 3.81 | 3.78 | 3.42 | 3.76 | 3.76 |
| Total | 3.82 | 3.72 | 3.47 | 3.74 | 3.80 |

The total mean scores of impact was high in every group of the samples. The total mean score was highest among the older people, followed by their family members. The mean score of importance dimension was high among the older persons, people in the community and family members. Among the volunteers, the highest mean scores were found in favorability and influence dimension, whereas, among healthcare staff, acceptability had the highest scores. These findings can be explained that the Volunteer-Based Home Care Program had influential positive impact on the perception of all different studied participants.

2. Qualitative findings

Focus group was conducted to explore the perspectives on the impact of the Volunteer-Based Home Care Program from the volunteers during the follow-up meeting. Three themes were elicited from volunteers' response to open-ended questions.

2.1 Activities during visiting

All volunteers reported that they provided many activities to the older persons. The majority of the activities provided by the volunteers included physical, psychological, and social activities. It can be seen from the expression of the volunteers who visited the older person at home as follows:

" I was with her for a while and talked to her".

" I served as a companionship".

" I went to the market and bought some food for her".

" I asked her what kind of food she needed. Sometimes I went to buy food for her. Sometime I cooked for her".

" Sometimes she felt unwell that she could

not see the doctor by herself".

"I helped her to clean the kitchen".

" I went to do her business at the government office".

" If she had no money, I gave her some. Sometimes she gave it back to me. However, I, myself really want to give some money to her".

2.2 Attitudes of volunteers towards caring for the older people

All volunteers were satisfied with this program. They reported that this program had great positive impact on their feeling and made them realized the importance of caring for older persons at home. Many of the volunteers stated that one important reason for them to visit the older people was they felt sympathy. The expression of this feeling was presented by these sentences.

"I went to visit her at home in Sriwichai district. There was no one living with her. She needed some one to visit her. I remind myself that if I ignore her, she will have nowhere to go. I don't know what she would do. That's why I have to visit her."

"Now, I took care of my parents who are also older persons that made me think of others every time. So, I would like to help them at my best when I visited them at home".

"Most of them are poor and have no family members to take care for them. They need more helps".

"Someone felt lonely. I think it would be great to talk with them".

"I felt unhappy when they cannot take care of themselves. It will be terrible for me, if I became dependent like her. So, I really want to help them as far as I can".

"I accompanied her (name of the older people) to see the doctor because I was sympathy. It made me happy to help her".

Some volunteers noted that being a volunteer is a role model for their grandchildren and society. The following statement is presented below:

"Normally, my grandson did not listen to me. Being volunteer will be the good model for them".

In addition, most volunteers stated that being volunteer made them develop a sense of pride. They felt proud because of the activities.

2.3 Suggestions for an activity in the project

Although all volunteers had positive thinking in providing their services to the older people at home, they suggested that a refreshment program to give them the knowledge of home care service should be conducted during program implementation. Moreover, some volunteers suggested an essential welfare such as personnel utensils and some expenses especially for the frail elderly.

Opinions of the stakeholders at the national and provincial levels

Two group discussions were conducted with the stakeholders during the follow-up period to obtain their opinions on strengths and challenges of the program. These opinions were elicited from the stakeholders at the provincial and national levels.

1.1. Strengths of the program

- Most stakeholders from the provincial levels said that the Volunteer-Based Home Care was an excellence program.
- Volunteers were people from the same community as the older people. It was convenience to provide services to the older people at their home.

- The Volunteer-Based Home Care Program were successful in building awareness among the people in community.
- There were systematic data recording during program implementation such as care plan's folders and visiting records.
- Stakeholders at the national level indicated that volunteers are appropriate providers particularly in the role of psychological support for the older people who were lonely.

1.2 Challenges

- Stakeholders from the provincial and national levels suggested that other methods for impact evaluation should be conducted in the other groups such as family members, healthcare staff and people in the community.
- Some stakeholders at the national level suggested that being a volunteer should gain benefit from their community such as allowance.
- Create a project coordinator schedule that can realistically be maintained.

Discussion

The findings revealed that the Volunteer-Based Home Care Program had positive impact on the stakeholders at the provincial and district levels. The stakeholders agreed with this program in every dimension including familiarity, acceptability, favorability, importance and influence. The mean score of the total variables at the follow-up period were between 3.47-3.82 (Table 2). An explanation for the findings is that the Volunteer-Based Home Care Program had positively influence on all groups of participants. The discussion of the impact in each

group was presented below.

Older people

The mean score of importance dimension was highest (3.92). It could be explained that this program can support older people, especially those who had emotional problems. In addition, the activities provided by volunteers were appreciated. Therefore, this program should be continued in their community.

Volunteers

The highest mean score of favorability dimension in volunteer group was 3.78. It indicated that this program was appropriated with older people who could not take care of themselves. The older people were satisfied with the services. It also encouraged volunteerism and promoted attention to older people's issues in the community. The qualitative findings confirmed the favorability dimension at the follow-up period.

Health care staff

The findings showed that acceptability dimension was the highest score in this group (3.69). It indicated that the Volunteer-Based Program is suitable for Thai culture. Services such as home visit, companionship with older people and house work provided by volunteers were accepted. An explanation for the findings is that the respect and obligation constituted a strong sense of social hierarchy in most Thai people, and this was an important factor contributing to their willingness to take care of the older people in their community, although the older people were not their relatives.⁽³⁾

People in community

Most people from two districts in the urban area of Chiang Mai Province were satisfied with the program. The highest mean score in acceptability and importance dimensions were 3.86 (Table 2). These findings indicated that the people in the community accepted home care services provided by the volunteers. The program largely assisted the elderly who were mentally and emotionally less functional and maintained independent living of the poor and frail older people.

Family members

All family members agreed with the importance and favorability dimension more than the other dimensions (mean =3.86). This finding indicated that the Volunteer-Based Home Care Program can be reciprocated to the needs of older people. The program largely contributed to maintain independent living of the poor and frail older people in their community. Family members also appreciated with the services provided by the volunteers.

Recommendations

1. Service delivery

- Visiting services at home for the older people provided by volunteers should be continued.
- To increase providers competency, refreshment program regarding caring for older people at home should be provided. Some rewards should be provide to the volunteers at the end of the project.
- To continue to provide training and coaching / mentor skills for project coordinators.
- Network for helping volunteers in the community will be discussed.

2. Collaboration from community

- To increase participation of the community, a home care campaign will be advertised. Moreover, information of home care will be provided regularly by newspapers and broadcasting.

Conclusions

The Volunteer Based Home Care Program has been very successful from the perspective of the older people who received the services, their family members, healthcare staff, people in community and also volunteers. The awareness of the home care was increased among volunteers, and enhanced their understanding of the importance of the services. In addition, older people who were dependent still needed home care services.

What is clear from the stakeholders at the provincial and national levels discussions is that they recognized that the Volunteer-Based Home Care Program provides increased awareness and care for the older people at home.

The challenge to expand home care program in Thailand will continue to provide quality services for the older people. Furthermore, success will require finding a way to maintain appropriate field supervision at the local district level through specially trained personnel.

Acknowledgements

Recognition and thanks go to Mr.Cho Hyunse, the President of HelpAge Korea who provided the impact evaluation tool and partial funding for this study. The authors extend our gratitude to the stakeholders who granted us the opportunity to understand their ideas regarding home care needs and services in their community. Our sincere gratitude goes to Associate professor Dr.Wipada Kunaviktikul, Dean of Faculty of Nursing, Chiang Mai University for allowing us the time to complete the study.

References

1. Ministry of Health and Welfare, Republic of Korea. Model set up and pilot operation of home help service program for the elderly in Korea. UNDP-Supported project, 2000: 5-20.
2. HelpAge Korea. A guideline of proposal for home care pilot project. The ROK-ASEAN Cooperation project, 2005: 12-18.
3. Leavey, C. (2005). Culture and Communication in Thai Nursing. *Journal of Psychiatric and Mental Health Nursing* 2005 ; 12 (1) :126-127.
4. Detrat, S., Wichai, A. & Pattapong, K. (2002). Health impact evaluation for Public health policy development : concept and practice. Nontaburee, Design Publishing, CO, Ltd.