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Rehabilitative approach in elderly care homes

IN KATHMANDU NEPAL

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<p>Abstract</p> <p>This study was done on behalf of the partner organization's developmental plan to include a rehabilitative approach in their new elderly care home in Nepal. This study's objective was to collect information about older adults' living conditions and rehabilitative approaches in elderly care homes in Kathmandu, Nepal.</p> <p>According to the Nepalese tradition, the family takes care of their older members. However, due to various reasons, some older adults move to live in care homes. In Nepal, older adult and elderly care homes are less on the priority list of the government. Whereas in developed countries like Finland, government support for the older adult and elderly care homes is strong. Rehabilitation for older adults will help them stay independent and enjoy life to the fullest. Inclusion of rehabilitation in elderly care homes is equally important. A qualitative method was used in this research. Data were collected from answers written to the open-ended questionnaire from four participants. Participants were required to be involved in older adults' direct care and from different care homes. The author herself made seven elderly care homes visits, and her observation notes played an essential role in developing findings. Answers written by the participants and authors' notes were analyzed. Following the data triangulation, textual interpretation was made to allow the study's interest to emerge. Applying codes helped to organize the patterns of the data.</p> <p>Research findings showed care homes in desperate need of help with a never-ending list of shortages, including the essential human need for food, warmth. Despite a challenging situation, there were various rehabilitative approaches. Daily activities kept older adults busy, for example, knitting, making cotton wicks, helping care home staff with daily chores. Physical exercise, spiritual practice, festivals, and participating in social causes such as afforestation programs gave older adult happiness.</p>		
<p>Keywords Older adult, Elderly care homes, Rehabilitation.</p>		

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1 INTRODUCTION

This thesis's discussion topic is an older adult, elderly care homes, rehabilitation for the older adult, and rehabilitative approach. Kathmandu valley was a site of study according to the interest of this research. The partner organization plays an essential role in this thesis as the research is done on their behalf to support its developmental plan. There are very few studies done in Nepalese elderly care homes, and I could not find any studies done, mainly focusing on rehabilitative perspective in elderly care homes. This study plays an essential role in highlighting Nepalese elderly care homes' current situation and rehabilitation approaches in Nepalese care homes.

Any individual living in any country in the world should have the opportunity to live a long and healthy life (WHO 2020). There are stereotypical identities, aging as disability and dependence. These images somehow contribute to outline older people from mainstream society. An increase in awareness about older people's different categories and diversity will help disassociate the disability. (Bowling 2005, 3). There are many older people in their 60s and 70s independent, engage in everyday activities without restrictions. For them, it will be a period of personal fulfillment (Bowling 2005, 3).

While some may lose control and independence and need assistance from other people to fulfill their daily needs. (Bowling 2005, 3; Stephens & Breheny 2018, 8.). Elderly care homes are needed when it is difficult for older adults to live independently at home. When support from family, friends, and local programs is not enough, older adults need full-time help. Residential facility or elderly care homes that provide all of the long-term care services becomes a choice. (National Institute on Aging, 2017.).

Care for older adults is any service required to live as independently as possible. It could range from the necessary help to complex medical care. (Kagan 2018.). Sometimes these care homes are characterized as 'places to die.' Sometimes it is right

for many individuals; however, for some, it is as their home for an extended period (Weiner 2013, 133). Although much older adults may not manage everyday chores such as preparing meals, taking medication, shopping, walking, toileting, or feeding, they might not need 24-hour nursing care supervision. Residential homes are designed ideally for all these services, including socialization and some little assistance. (Doris 1991, 8.).

The inclusion of different activities in the care homes is beneficial. It will help restore functions; it prevents and maintains the dysfunction. These activities need to be realistic and appropriate. (Szekais 2013, 3.). Older adults need rehabilitation to make them as independent as possible and as long as possible. Including rehabilitative programs in elderly care homes will help fulfill basic human requirements such as freedom, independence, self-respect. (Website of the neurotypical site 2011; Goodman 2013.). Proper care and supervision of the older adult in elderly care homes might prevent sudden hospitalization. (Doris 1991,8.).

1.1 Brief information about the author

The author is a Nepali citizen, studying and working in Finland for the last nine years. The author 'I' have studied the proficiency certificate level in nursing from Kathmandu, Nepal. Working for almost two years in different hospitals in Nepal, I decided to pursue higher education in a foreign country. So, destiny brought me to Finland. After completing a bachelor's degree in health care and social services, I got an opportunity to work as a geriatric nurse in Finland. After getting a few years of experience, I was promoted to work as an in-charge in the ward. Besides full-time work, I wanted to deepen my rehabilitation knowledge, so I decided to do a master's degree.

As per the requirement of the master's degree, I had to write a thesis. For the thesis, a topic related to my profession, subject of study, and, more importantly, the issue that is interesting and beneficial for the partner organization was necessary. Eventually, an exciting topic for the master's thesis came up with my thesis teacher's help. I decided to write a thesis on the 'Rehabilitative approach in elderly care homes in Kathmandu,

Nepal.' Kathmandu valley was chosen as a place for the research. Kathmandu city is my hometown, and the partner organization is also Kathmandu based.

I had never visited any private elderly care homes before this research. However, during my nursing education training of proficiency certificate level in Kathmandu, Nepal, I had an opportunity to visit one elderly care home run by the Nepalese government, located in the temple Pashupatinath's premises Kathmandu. I believe researching to find out different rehabilitative approaches will allow me to understand better 'elderly care homes' current situation. Besides Nepal, writing about my working experience with the older adult in Finland will provide a broader perspective on the subject and contents. Research intention includes giving basic ideas about Finnish and Nepalese elderly care homes to interested readers.

Growing up in Nepal, I have witnessed the different situation of older adults. Some older adults are neglected by their family members, society, and government. Due to various reasons, many older adults are compelled to live on roads. Some get places in elderly care homes with lesser than basic needs being fulfilled. Maslow's hierarchy of human needs is divided into basic needs, psychological needs, and self-fulfillment needs. Where basic needs include physiological needs: food, water, warmth, rest, and safety needs include security safety. When a person cannot perform his basic survival needs, then a person who is cold, sick or hungry, and scared will not be very interested in socializing, learning, or working. (Website of the neurotypical site 2011.).

Some lucky older adults are loved, respected, and valued by their family members. However, with time, the numbers are dropping. There are many elderly care homes in Kathmandu, but poor management of elderly care homes is a social problem that needs attention. On the flip side of the story, I work in an elderly care home in Finland. It gave me close exposure to older adults' living situation in elderly care homes and understand the essential requirement and rights of the residents addressed well. As human nature, I could not avoid making comparisons between the older adults situation in both these countries. Comparing elderly care homes in a developed country like Finland and developing countries like Nepal made me realize many differences. There is so much to do in Nepalese elderly care homes to uplift them to Finnish elderly care homes' stander.

I believe every single person born on this earth deserves a peaceful ending with at least basic needs being fulfilled. A person has less hope for the future and more expectations from the present during the later life stage. To make the present better for older people, they need to be heard, and their basic needs should be well addressed.

1.2 Partner Organization

'Om Shanti Ship Bikas Kendra' is a local nonprofit organization from Kathmandu, Nepal. This organization has opened its service center in various cities in Nepal besides Kathmandu, such as Pokhara and Baglung. This organization focuses on vocational training for an unemployed individual, regardless of age and gender, who is willing to develop some skills to generate income and make them independent, for example, painting, sewing, cooking, incense production, and fast-food snacks. This organization is giving donations to underprivileged children and women from lower economic backgrounds. It provides free training for those who could not afford it and food and clothes for people in need.

This organization is also working as a team with other local organizations for some more significant projects, such as afforestation programs. This organization has conducted some social awareness programs on common diseases, women empowerment training, leadership training, voice opinions, and women's rights. This organization runs on charity by the organization members, mostly and willing people who are also providing funding to serve society purely. Many times members of this organization had visited elderly care homes, orphanages, jail for prisoners, schools to help the needy. Donating necessary items for the needy and doing volunteer work such as cooking and helping staff in some organizations have been a part of its services.

The government had funded some selected training and services given by this organization. Currently, more than a hundred members are participating in various programs conducted by this organization. I am a member of this organization, but I had not participated actively in the activities performed by this organization. By doing this research, I will be able to contribute something to the organization. This research

result will benefit this organization as it plans to open care homes for the older adults and use the rehabilitative perspectives in their new care home.

2 OLDER ADULT AND ELDERLY CARE HOMES

People are living longer, and most people are expected to live into their sixties and beyond. By 2015, the world's population aged 60 years and older is expected to be a total of 2 billion, up from 900 million. Living a longer life gives many opportunities for older people, their families, and societies as a whole. Individual gets a chance to pursue new activities such as further education, a new career, or trying a long-neglected passion. Older adult contributes to their families and communities. For example: by providing direct help and passing knowledge to the new generation, participating in community growth programs. These contributions and opportunities are heavily dependent on one factor that is health. (WHO 2018.)

In older age, common health conditions are hearing loss, cataracts, refractive errors, back and neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, dementia. Older adults are most likely to experience several conditions at the same time. Geriatric syndromes are several complex health states that tend to occur only later in life (WHO 2018).

When a person cannot live independently and require help full-time help, and support from family, friends is not enough, moving to live in care homes is one solution. The size of resident living together could be as few as 25 resident to 120 or more. Assisted living resident usually live in their apartments or rooms and share common areas. Access to many services, for example, three meals a day, assistance with personal care, medications, housekeeping and laundry, 24-hour supervision, security, and on-site staff and social and recreational activities. Facilities vary according to the different organization and their rules. (National Institute on Aging 2017; Koenig & McCall 1999, 90.)

According to the country's policy and available resources, it is essential to supervise the care homes' quality. Quality assessment will help care homes decide if the facility is appropriate for their needs, where improvement efforts need to be directed. Information collected from an assessment of the quality of care homes will provide manager to develop plans. These plans could be about lowering expenses, promoting individual care, and enhancing health for the resident. Besides the quality assessment results, it is essential to use other sources of information, such as research and resources, to enrich resident care and treatment. (website of The University of Scranton 2019.)

Various implantation is needed to improve resident's care. Other than daily hygiene, food, and sleep. Different preventive measures can minimize hospital admissions and re-admission. There is a fear of falls in residents living in care homes. Due to fear, there is minimized mobility, which can result in adverse health risks. Routine check-up of medicines, which is causing dizziness, which is one of the prime causes of falls, can help explain the cause of dizziness. Safe environment for day to day activities, like a smooth surface to walk, side-rails to facilitate stable walking, enough space, and so on. Focusing more on preventive measures rather than cure could help resident feel safe. The staff or manager could do these evaluations. (website of The University of Scranton 2019.)

Besides focusing only on residents, it is essential to have a pleasant working environment for the staff. Various ways could be searched to reduce staff turnover, increase family and staff satisfaction, and develop advanced care plans to improve resident care. Proper training to improve skills from time to time is essential to provide good quality care. Some areas' management can focus on are; enough tools and equipment, proper division of workload, timely meeting in care homes, enough staff, a competitive salary, motivation, training, freedom of voice. When a team is motivated with rewards, praise, and, if needed, feedback, either negative or positive, improves their performance. (website of The University of Scranton 2019; Coulibaly 2020.)

An organization's outcome is directly affected by its staffs' performance. Organizations are not only looking for candidates who are highly skilled listed on their

resumes. They are looking for someone more reliable, intelligent, adaptive, and trustworthy is willing to learn whatever it is to know to do the job more effectively? (Drucker, Kuhl & Hesselbein 2015, 87.) The self-assessment process assesses an organization's performance. It is a method to assess what you are doing, why you are doing it, and what could be done to improve the performance. The five essential questions that need to be asked by the organizations are: what is our mission? Who is our customer? What does the customer value? What are our results? Moreover, what is our plan? (Drucker, Kuhl & Hesselbein 2015, 2.)

The older adult's family members and caregivers may perceive care quality in a considerably different way. Accordingly, the service commissioner, producer organizations, and society understand older people's services' status. If a client is personally unable to share their experience, the client's family members and professional caregivers can be asked to estimate the clients' experiences. The experience of service users can give a particular perspective on the quality of care. When planning, developing, and evaluating the services, it is vital to listen to those whose quality of life is affected. (Finnish Institute for health and welfare 2018.)

Cultural differences between countries may have different priorities in their care homes. There is a focus on outpatient care in some countries, and other countries focus on inpatient care. In all countries, however, and particularly in more prosperous societies, there is an increasing awareness that older adults need to be cared for in familiar surroundings to better their living. The more homely the environment, the better. (Feddersen & Ludtke 2017, 15.)

2.1 Older adult in Nepal

Nepal is a landlocked country; it borders China in the north and India in the south, east, and west. Home to Mount Everest, the territory of Nepal is 147,181 square kilometers. According to world meter (2020), the population of Nepal is 29 013,511. The Kathmandu valley is Nepal's capital city. The Kathmandu valley population is 1,423,515 (World Population Review 2020). 8.13 percentage of Nepal's total population is accounted for as its older population (The Himalayan Times 2017).

Census 2011 reports 2.1 million people aged 60 or above living in the country (The Kathmandu Post 2018). Sixty years or above person is termed a senior citizen in Nepal (The Himalayan Times 2017).



Figure 1. Map of Nepal, indicating capital city Nepal, Kathmandu. (Himalayan Mountain Treks 2014).

According to the culture and tradition, in Nepal, paying respect and proper care of older adults, especially in their end-stage of life, is believed as a good deed. In earlier days, the family was taking care of older adults. According to the tradition, children were obligated to provide care and support to their parents (Geriatric Center Nepal 2010, 9). Nepal is rich in traditional norms, family value systems, and culture, where the well-being of older adults is taken by family rather than the government (Himalayan news service, 2017). Nowadays, the number of nuclear families is growing due to imitation of western culture, desire for a small family, poverty, changes in the world, and urbanization (Acharya 2007, 212).

Due to the economic pressure, youth migrate, searching for employment opportunities from their birthplace and settle elsewhere. They are leaving older adults at home, making them vulnerable to mental problems like loneliness, depressions, and many more. There are cases where older adults are alone because they have no relatives at all. (Geriatric center Nepal 2010, 9). Various issues of the aged population hardly made the way through the policymaking and development plan. Responding to older adults' needs has become a burning issue and challenge in the overall management (Himalayan news service, 2017). Older age is not a problem in itself, but it is a problem

when people cannot do their necessary basic things themselves due to the physical and mental changes.

In the next few years, over 60 population is predicted to reach ten percent of Nepal's overall population. Nepal has experienced a lower birth rate and a declining mortality rate, increasing life expectancy (Bhandari 2018). There are many challenges in Nepal for healthy aging. Due to the increased speed in the population, there is a possibility of failing to overcome aging challenges. Health has been one of the least priorities by the government. The distribution of the budget in the last decades supports the evidence. The current fiscal year received just 4.29 percent of the total federal budget of Rs 1,315 billion for the health sector. (Kandel 2018.).

Health-related infrastructure, human resource, accessibility, and availability of quality care is pitiful. When geriatric care comes, then the situation seems sad and depressing. Besides other challenges, healthy aging faces a lack of rehabilitative and long-term care services for older people. (Kandel 2018.). There is only one elderly care home on the premises of temple Pashupati Nath (Pashupati briddhashram), which is run entirely by the government. It was established in the year 1976 as the first residential facility for elders in Kathmandu, Nepal. Seventy organizations are registered with the government and work as elderly care homes. Most of these organizations are run on charity, where about 1500 elders live in these care homes. (Geriatric Center Nepal 2010, 11.).

According to Nepal's government, if the parents want to live with a particular son or daughter, it must be clearly stated in the legal note on property distribution. That son and daughter should take care of the parents. Senior citizen regulation provides guidelines for the implementation of the senior citizen act. This act provides a detailed procedure to be fulfilled to established and run an elderly care home, the nursing home in the country. The old-age allowance program gives Rs.2000 to all older adults above 65 years. There is some effort to provide a discount on treatment fees in private nursing homes and clinics for the elderly. The government is to establish a welfare fund for senior citizens in each municipality to help deliver health care services to the elderly. In public transportation, the people above 60 years are legally provided with a discount of 50 percent. (Bhandari 2018.)

2.2 Older adult in Finland

Municipalities in Finland organize various services for older adults to make their lives easier and enable them to live in their own homes as long as possible, even until the end of their lives. At old age, living at home may require a housing solution, and the living environment is age-friendly, accessible, and safe. Traffic, transport, and shopping services function well. New kinds of solutions combining living and care are available. (Website for Finnish institute for health and welfare 2020.). Any person with a municipality of resident in Finland is entitled to receive the municipality's services. (Website of Living in Finland 2019.) Municipality subsidized service centers open to all older resident provide a network of meeting places and facilities in Finland's villages, towns, suburbs (Weaver 2016).

Some buildings are conventionally suitable, and services are available for older people's apartments. Older adults actively participate in outdoor activities, such as cultural events, skis, and bicycles. Swimming is a popular pastime in Finland with more than 18000 lakes. Many people do water aerobics indoors as well, to stay in shape after retirement. Older adults are involved in voluntary schemes where they can meet and help other pensioners or schoolkids. Resident and pensioner associations are enjoying social events and trips together. (Weaver 2016.)

An individual with the municipality of resident in Finland is entitled to use public health services. When older adults are ill, they can contact their local health center. When there is a need for continuous help, there is a possibility to get an allowance for informal care. With the growth in the aging population requirement for services is growing too. The organizations and services providers for older adult are now more concerned about sustaining the services' quality in less or the same economic expenses. Quality of care varies according to an older person's perspective, staff working at social and health care services, and the service provider's perspective. (Finnish institute for health and welfare 2019.)

Older adult's experiences on the availability, sufficiency, and quality of the services are significant. The quality of the services and care is determined by how older adults

themselves experience the services. High-quality care is a product of the meaningfulness and effectiveness of the work. It is also about the well-being of the employees. When there are well-motivated employees, then they are more capable of responding to their client's needs. In Finland, well-trained and highly skilled staff help maintain and develop older people's quality of services. From the service provider's perspective, older adult's services must be correctly allocated and cost-effective. (Finnish institute for health and welfare 2019.)

The focus should be more on the services that are preventive measures promoting well-being and rehabilitative services. Moreover, to allocate these services accurately to those who will benefit most from them. When there is an increase in the need for assistance, an evaluation is done to address the situation correctly. The reform of the national aging policy and service structures aims for older adults to continue living in their homes, with some modifications to prolong their living. There is a housing solution to support their living at home. Living environments are age-friendly, accessible, and safe. (Finnish institute for health and welfare 2019; Website of Living in Finland 2019.)

Even if the health is weak, a person can live in his/her home with the alteration work to facilitate the functioning of the house well or make a living at home more comfortable. Municipalities organize service housing and supportive housing for those who need it. (Finnish institute for health and welfare 2019; Website of Living in Finland 2019.). The needy individual can borrow various devices to help get about or need an assistive device. For example, crutches or a walker. By contacting the health center person can receive the tools to use. (Website of Living in Finland 2019.) Proper facilities for traffic, transport, shopping services, and many commonplaces are accessible. There are alternatives to living at home, combined with home care services, from health care persons. (Finnish institute for health and welfare 2019.)

When there is a decline in functional ability, there are services that the older adult is provided. In case they want to live at home, there are social care, health care, and rehabilitation services. Appropriated versatile aids are available for the needy individual. There is support for the planning and alteration possibilities at home. The use of technological solutions to ensure safety and to maintain social contact with

others is available. The facility of remote consultations with the doctor, mobile and electronic services facility gives older adults benefits. Encouragement is done for the participation of family members, loved ones, and volunteers in assisting. (Finnish institute for health and welfare 2019.)

There are private and municipality run care homes. The service user can choose to live where they want. All the activities and services are monitored and controlled by management. Management usually measures and controls the quality of services and ensures the staff's performance's desired outcomes. They help guide the organizational behavior needed for a strategy by facilitating workforce collaboration, accountability, and responsibility. To be effective and maintain quality and desired outcomes, management's responsibility is to check risk, interpret options, decide, and then use appropriate responses. Management is doing strategic planning, selecting new suppliers, acquiring or merging with another organization. (Lehmann 2012.)

The elderly care home is a complete set of different departments and services. Usually, management is taking care of all the services run in the organization. Different care homes provide a variety of services. Each department needs to have a professional and qualified individual to take responsibility. Proper division of workload and enough staff is essential to make the organization run smoothly.

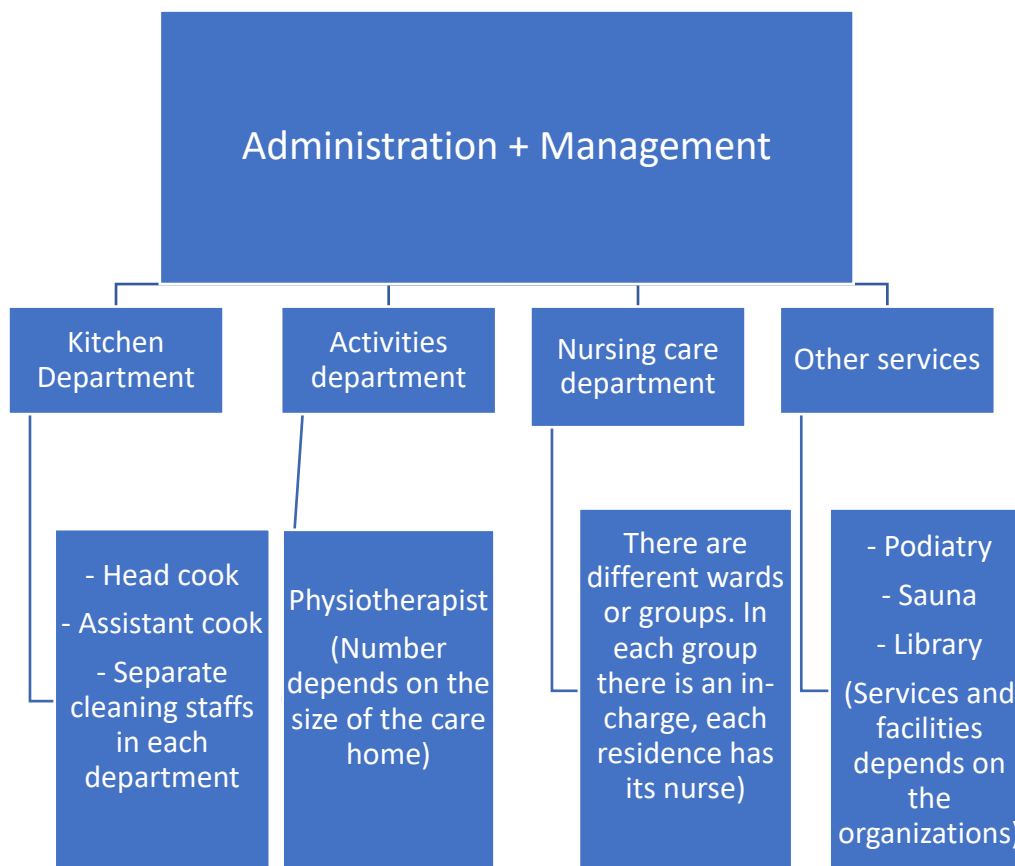


Figure 2. An example of the hierarchy of the basic structure of elderly care homes in Finland (departments depends on the organization and services care home provides.)

Older adults who are already retired, and it is no safer for them to live at home. Most of the residents residing in care homes suffer from multiple long-term diseases, such as heart disease, cancer, diabetes, Parkinson's disease, mental illness such as hallucinations, anxiety, panic attacks, depression, and loneliness, memory issues. Most of them are disabled due to various conditions and need support 24/7. Besides the holistic care for older adults living in the care home, some care home gives service to those who choose to live in their homes with little or no help. For example, there is home service, which includes: delivering food to the door, assisting needy ones when needed in their everyday activities. These activities may vary from going shopping with them, helping with personal hygiene maintenance, help with medicines. (website of Esperi care; website of uudenmaan seniorikodit 2020.)

Some organization has its restaurant. The restaurant is taking care of food for all the residents and staff. Sometimes there is also an opportunity to order cakes and pre-ordered food for some special occasion. Outsiders, for example, visitors, relatives, and

friends, can come to eat there and spend quality time with the resident. Furthermore, for these kinds of extra services, they need to pay separately. Other services may include Hairdresser, Podiatry, Physiotherapy, gym, library, swimming pool, library. (website of Esperri care; website of uudenmaan seniorikodit 2020.)

A person who wants to live permanently in the care home needs to seek social and health care advice from the home community. They will determine whether or not a person will be able to obtain a home. Relatives or any close person can seek help if the person is unable to do it themselves. They will determine whether or not the person will obtain a place in an elderly care home based on a 'service need assessment.' The need for service assessment means determining an older adult's life situation and assessing the need for support and services. For example, Vantaa resident can apply to the care home of their choice by senior Counseling in the City of Vantaa. (Website of Vantaa Info 2019; Website of foibekartano 2019.)

The decision on the need for assisted living in senior Counseling is based on an assessment. The customer or a person close to them may wish to access elderly care of their choice. Elderly care home usually charges the rent from the resident (about 600 € / month). The city will charge the resident a customer fee. The customer fee is determined by the customer's ability to pay. The customer fee can be up to 85 percent of your net monthly revenue. The customer is left with 15% of the income as a monthly resource, but at least € 250.52. If the higher-income spouse is in the housing unit, the customer fee may be up to 42.5 percent of the spouses' combined income. (Website of Vantaa Info 2019.)

After the decision is made, they can apply to live in the elderly care home chosen by the resident or responsible person. An interested customer calls the office and makes an appointment to come and see the place in person. Secretary checks the vacant place and asks the supervisor. The supervisor/ manager agrees and calls the customer. A customer decides after visiting the place or visiting an online page. If customers want to live, the customer will decide to move to their new home. If a customer does not like the place and services, they can disagree and stop the application process.

Even after moving in, if they find the place unsuitable, they are always free to move away. They can search for another care home instead as per their choice. High-quality care is a product of the meaningfulness and effectiveness of the work. When there are well-motivated employees, their well-being will influence their productivity at work well. They can focus more on the client's needs. In Finland, well-trained and highly skilled staff have good employment opportunities. Maintaining and developing their competence plays a significant role in guaranteeing older people's quality of services. (Website of the Finnish institute for health and welfare 2020.)

There is a proper division of work among the staff. Each staff's role and responsibilities are different, and it requires them to have professionally competent. Nurses working in the care home are responsible for their resident's overall health care. It includes follow up with a doctor, which depends on the organization's rule. As per the demand for the residents' health condition, there are possibilities to consult a doctor at any time. Other than follow up, nurses do all the documentation work, diet plan, hygiene maintenance, exercise, recreational activities.

Each shift is for eight hours in general. 2-3 residents have one personal nurse. She is responsible for various direct services such as planning care, doing health assessments, being a mediator between the relatives and resident, and checking if the resident has shortages of supplies, reporting. There are nurses 24/7 looking after the residents. Besides nurses, other staff includes; nursing assistants, cleaner kitchen assistants, own doctor, physiotherapist, hairdresser, pedicurist. According to the organization, some care homes have their restaurant, swimming pool, gym, library, and meeting hall. Sauna is essential, and it is available in every elderly care home in Finland.

There is proper evacuation training during a building's situation gets fire, first aid now and then. Training is organized to improve the employee's competence level. Resident, staff, visitors can give feedback. There are weekly or monthly meetings to get an update on any new changes. During the meetings, the staff can give their opinion and discuss the betterment of their service. Staff can contact their in-charge or manager in any case of job-related problems or issues.

The older adult is entitled to receive social and health care services following their individual needs despite their age. Act on supporting the older population's functional capacity and social and health services for older persons was to support the well-being, health, functional capacity, and independent living of the aging population. It improves the opportunities to participated in the preparation of decisions influencing their living condition and planning for the services they need. It will also improve access to high-quality social and health care services in good times and give their feedback to influence social and health care provisions. (Website of the Finnish institute for health and welfare 2020.)

When there is a need for rehabilitation, one has to contact the doctor to get the doctor's Certificate. A person with severe disabilities will need an individual rehabilitation plan. After getting a doctors' Certificate or rehabilitation plan, one can apply for the employment pension from an insurance institution or Kela (Kela is the social insurance Institution of Finland. is a government agency that provides basic economic security for everyone living in Finland). There are different rehabilitation possibilities at the health services provided by the municipalities. (Website of info Finland 2020; Website of Kela 2020).

3 REHABILITATION

Rehabilitation can improve daily life and function lost because of disease or injury, or side effects from medical treatment. Rehabilitation helps get abilities back and regain independence, but the specific aim for a different individual varies (MedlinePlus 2018). Rehabilitations play an essential role in improving abilities. The primary purpose of rehabilitative intervention in older adults is to maintain independent mobility and daily living activities. Correct programs and objectives have to be approached on the residual ability and functional needs of older adults. (Intiso, Rienzo, Russo, Paziienza, Tolfa, Iarossi, & Maruzzi 2012, 1.)

Key facts mentioned by WHO 2019, rehabilitation is an essential component of universal health coverage and the promotion, prevention, treatment, and palliation. With the change in health and increased risk of noncommunicable disease and the aging population, there is an increasing need for rehabilitation. There has been an 18% increase in the prevalence of noncommunicable diseases in the last ten years. 15% of all years lived with disability (YLDs) are caused by health conditions associated with severe disability levels. Rehabilitation is a fundamental health intervention for people living with these conditions. (WHO 2019.)

Rehabilitation is one of the parts of universal health coverage. It is a crucial strategy to achieve Sustainable Development Goal 3- "Ensure healthy lives and promote well-being for all ages." Due to the lack of trained practitioners in low and middle-income countries, the need for rehabilitation is mostly unmet. There is a situation of 10 skilled practitioners per 1 million population. (WHO2019). The primary goal of rehabilitation programs for older people focuses on making them independent as much as possible. When it is not possible, the goal is to minimize the need for external assistance through adaptive techniques and equipment. (Cameron & Kurrle 2002.).

The need for rehabilitation differs by age; often, older people have different goals and require less intensive rehabilitation or a more extended period of rehabilitation than younger people, for example, in the case of a burn or fracture (Moroz 2017). Rehabilitation services in elderly care homes are one of the services usually included. Rehabilitation is care that can help get back, keep, or improve daily life's necessary abilities. These abilities may be physical, mental, and cognitive (thinking and learning). (Medlineplus 2018.) As limitations and the disability can be variable and complex, individualized multi-target rehabilitative interventions have to be planned involving family and caregiver's participation, particularly in frail older people. it (Cameron & Kurrle 2002).

It is crucial for a medical person who works with older people to recognize both a person's need for rehabilitation and their potential to benefit from it (Cameron & Kurrle 2002). Rehabilitation programs and goals in older adults are prescriptions of appropriate physical therapy including aerobic exercises focused on balance, gait mobility and flexibility, prevention of falls, prevention of complications of mobility

limitation and immobility, maintaining functional independence, assessment and prescription for equipment and devices, prevention and treatment of pain, social participation, improvement of quality of life. (Intiso, et al... 2012, 2.).

Health professionals who provide rehabilitation interventions are physiotherapists, occupational therapists, speech and language therapists, orthotic and prosthetic technicians, rehabilitation physicians, physical medicine (Franklin 2013, 129). Examples of rehabilitation for older adults are; exercises that help regain the ability to perform everyday tasks. Such as the ability to swallow, movement of an affected limb after a stroke. Safe environment for older persons to reduce the risk of falls and improve independence at home. Various interventions to optimize outcomes after the surgical procedures include hip fracture, exercises, and supporting devices for walking. (WHO 2019.)

Besides these measures, the healing process continues, giving education about the importance of the hip or other body parts' right posture and movements. Mental health rehabilitation to decrease depression in an individual, for example, cognitive-behavioral therapy. (WHO 2019.). Activities are an integral intervention approach to the disabled older adults. Activities represent a positive approach to emphasize functional abilities and potential. (Szekais 1986, 1-2.).

3.1 Benefits of rehabilitation

Rehabilitation is beneficial for both individuals and society. It can help avoid costly hospitalization, reduce the length of the stay in hospitals, and prevents re-admissions. It increases independence and minimizes the need for financial or caregiver support. Rehabilitation reduces the impact of different health conditions, for example, diseases acute or chronic, disorders, injuries, or trauma. It helps to prevent complications associated with many health conditions such as fracture, stroke, some injuries. It helps to minimize or slow down the disabling effects of chronic health conditions such as cardiovascular disease, cancer, diabetes. (WHO 2019.)

There are more than 50% unmet needs for rehabilitation across all the world. In some countries, more than 50% of people who require rehabilitation services do not receive them. There are various factors for the largely unmet demands of rehabilitation. These factors include; lack of prioritization on the funding, policies, and plans for rehabilitation from the national level. Sometimes there is an absence of the availability of rehabilitation services in rural areas. Long waiting times and even there is a lack of trained professionals to perform rehabilitation. There are less than ten skilled practitioners per 1 million population in many low-and middle-income settings. Rehabilitation services are expensive to afford. Lack of enough resources, tools, devices, and assistive technologies causes difficulty in providing services. Proper research and enough data about rehabilitation are lacking. There is a lack of enough referral process for rehabilitation (WHO 2019.).

Physiotherapy supports a good quality of life. Its main goal is to allow the older adult to live in their comfort of house and surroundings as much as possible. Physiotherapy starts with an individual assessment. After the doctor's referral, physiotherapy could be planned and implemented according to the individual needs and wishes. There are some customized geriatric physiotherapy and rehabilitation for people with memory disorders. Implementing it has proven to slow down mobility and functional capacity deterioration. Rehabilitation is necessary to start as early as possible to support well-being and long-term approach. (Pitkala, Pöysti, Laakkonen, Kautiainen, Strandberg & Tilvis 2013.)

Physical activity included in rehabilitation improves blood circulation. Better blood circulation means improved delivery of oxygen to the brain. Physical activity positively affects the functioning, cognition, and behavioral symptoms of people with a memory disorder. It improves the patient's state of mind and self-esteem. It reduces depression as the person's self-esteem is restored. Usually, in rehabilitation, the physiotherapist acts as a coach. A physiotherapist can be a motivator, activator, and supporter to perform exercises in the rehabilitation sessions. (Pitkala et al. 2013.)

There is a need for rehabilitation when older adults suffer a severe fall, injury, or medical trauma. Inpatient rehabilitation is a rehabilitation service provided in a residential setting. Visit a clinic only for a rehabilitation appointment may not be

necessary as the services are provided at the senior housing, hospital setting, nursing homes, and assisted living facilities. The main goal is to help the individual return to his/her maximum functional potential after suffering a life-altering event. For example, Fracture, Parkinson's disease, neurological conditions, brain injury, tumor/cancer, multiple sclerosis, nerve impingement, amputation. (Sollitto 2020.)

Rehabilitation can range from regaining communication skills, improving mobility, strength training for using medical equipment such as wheelchairs and walkers, and carrying out daily activities, such as bathing and dressing, improving muscle functional and emotional support the older adult cope with the alternation in their life. These rehabilitative treatments are broken down into three main categories: physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP). (Sollitto 2020.)

3.2 Medical rehabilitation

Medical rehabilitation is a phase within the healing process. It enables the patient to resume maximum physical, social, and mental function to maintain an active, healthy lifestyle in family and social circles. Medical rehabilitation focuses on the patients and provides the tools necessary for dealing with his/her disability. These tools are the assistive device that allows patients to function regular daily routine. Medical rehabilitation is a recommendation by a doctor. It includes doctors, physiotherapists, occupational therapists, and other professionals (speech therapists, nurses, social workers, psychologists, and dietitians). (Website of the ministry of health, state of Israel 2020; website of Kela 2020.)

Various circumstances necessitating older adult for medical rehabilitation are:

- Following a cerebrovascular accident (a stroke) and other neurological problems.
- Following a fracture, femoral neck, and other orthopedic problems, including amputations.
- A severe or prolonged illness causes a decline in function. (Website of the ministry of health, state of Israel 2020.)

The medical rehabilitation process is the work of a multidisciplinary team. The rehabilitation facility chosen should have specialists, including physicians, nurses, physical, occupational, speech therapists, psychologists, recreational therapists, and case managers. All these specialists work together to develop an individualized treatment plan for older adults. At first, a personal rehabilitative care plan is adapted. The plan is developed according to the patient's specific functional and medical state. Possibilities of the rehabilitation that could be delivered to the patient's living space are considered while planning. (Website of the ministry of health, state of Israel 2020.)

The patient and the patient's family are involved, and their preferences and desires must be accommodated. After that location for the rehabilitation is chosen. According to the condition, it can be rehabilitative hospitalizations (in a rehabilitation ward or a geriatric rehabilitation ward), rehabilitative outpatient, rehabilitation center, physiotherapy institute, or at the patient's home. The final step includes the length of the rehabilitation. The length depends on several factors, including the type of injury, medical condition, and rate of treatment progress. According to "criteria for provision of rehabilitative care for seniors," there is a minimum rehabilitation period for various medical conditions. (Website of the ministry of health, state of Israel 2020.)

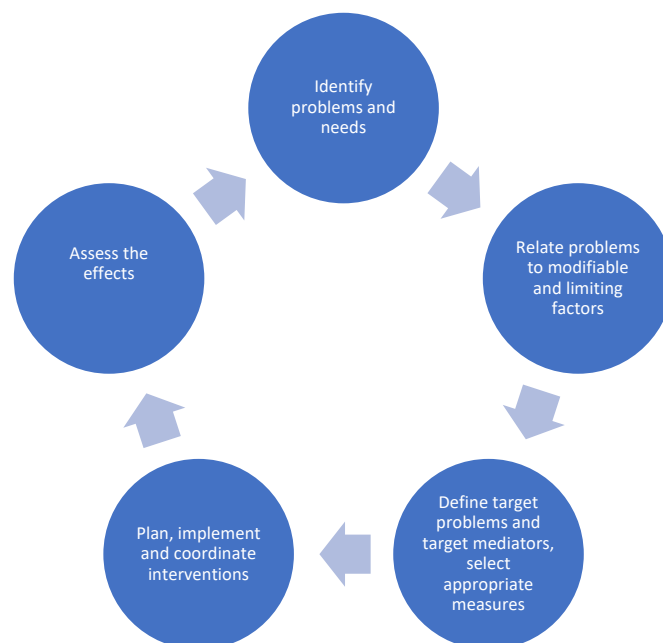


Figure 3. Rehabilitation process (World report on disabilities WHO 2011).

3.3 Rehabilitation process in long- term care

Rehabilitation in long term care consists of interventions that physically restore an individual fully or partially that has been injured or disabled from injury, illness, or disease to a functional level supporting quality of life through therapy services. The rehabilitation process in long-term care focuses on maintaining or improving a client's functional level. A plan is generated focusing on the residents' requirements such as pressure ulcers, falls, and the decline in daily living activities. Rehabilitation therapy service requires a physician's order to implement with a client in any medical professional setting. (Franklin 2013, 127-128; Hargreaves 2017.)

Nursing homes or long-term care facilities are expanding from the general perception that it is just an environment for individuals to enter to proceed through the dying process in life. Therapy programs improve the client's quality of life by restoring decreased capabilities due to trauma or maintaining current functional levels through therapeutic services. (Franklin 2013, 128.). Up to one-third of the older adult in nursing homes are unnecessarily confined. Even with chronic illness, some older adults who are relatively healthy are not as limited as assumed. (William 1991,7.)

Restorative nursing is a long-term care program that focuses on maintaining and improving a client's functional level. Different facilities have different services. These restorative programs train nurses to be restorative nursing. Restorative nursing does not require a physician's order or therapy to implement various services in a nursing home setting. With the therapists' assistance, nurses generate a plan for the client in a long-term care facility. In this restorative nursing program, services included: Activities of daily living, bed mobility, brace/ splint communication, ostomy care locomotion, incontinence transfers, ambulation/falls dressing/grooming, range of motion amputation/prosthesis, eating/swallowing, medication self-administration. (Franklin 2013, 128.)

Functional assessment is sometimes referred to as an ADL (activities of daily living). This assessment will take an accurate history from the client and medical records. It gathers information about the essential activities for the client. It includes assessing

and analyzing the clients' complete daily living activities such as their orientation to the task, planning skills, sequence of the task, safety awareness and motor controls, coordination, and balance. Properly advise on techniques to avoid risks and setting client-centered goals to guide rehabilitation and intervention. (Hargreaves 2017.)

Function-focused care, referred to as restorative care, focuses on evaluating the older adult's underlying capability concerning functional and physical activity. Furthermore, helping them optimize and maintain abilities and continually increase the time spent in physical activity. (Resnick 2012, 5.) Many intrapersonal factors lead to functional limitation, disability, and low physical activity in older adults. These factors various factors are acute medical problems, psychological factors, age, gender, and race. Most older adults in long-term care facilities have some cognitive impairment. These challenges make it difficult to encourage older adults in functional activities and exercise. Psychosocial factors such as fear of falling and depressive symptoms decrease the individual's willingness to participated in physical activity. (Resnick 2012, 7.)

A client's problem needs to be identified in the care plan, with goals and interventions stated clearly for each specific client that is measurable and obtainable, qualifying as realistic for the client in the nursing home environment. Clients are required to participate throughout the continued program sessions. Restorative nurses monitor all the therapy sessions. The technique needs to be performed in each client for at least fifteen minutes in twenty-four hours to qualify for one day of services. Depending on the facilities, restorative nursing is provided five days a week to seven days a week. Documentation is essential with restorative nursing sessions. (Franklin 2013, 128.)

Nurse documents the weekly chart. The monthly summaries should address the client's progression towards specific goals and their response to treatment. It should explain any problems, modifications to the plan of care, goal changes, and identification of any complication. (Franklin 2013, 128.). Social support networks of family, friends, peers, and health care providers are essential factors in rehabilitation. Any intervention designed to improve care for older adults depends heavily on the caregivers. The caregiver's willingness to learn new skills and regularly use them will directly improve the outcomes. (Resnick 2012, 9).

Similarly, an environment that facilitates physical activity reduces functional decline and enables the older adult to achieve their highest functioning and well-being. (Resnick 2012, 9). The inclusion of function-focused care has physical and psychosocial benefits. Physical benefits are building muscle strength, improving balance, maintaining joint function, preventing contractures, stimulating circulation, prevention falls, decreasing emergency room visits, and limiting functional dependencies. Psychological benefits are decreased depressive symptoms, fewer disruptive and uncooperative behaviors associated with care activities, and improved quality of life (Galik 2012, 153.).

Various rehabilitation approaches will help deal with depression in the older adults. There are various individual problems, e.g., an inadequate diet caused by a lack of motivation to shop and cook. The inclusion of general programs of intellectual, sensory, and social stimulation carried out by occupational therapy and nursing staff will help the older adult deal with depression. Exercises to music, quizzes, word games, seasonal entertainments, and birthday celebrations are part of these approaches. (Docherty 1987, 63.)

Proper communication techniques for older adults with cognitive impairment will promote participation by encouraging and motivating them. These techniques should include short, simple verbal cues given while directly facing the individual. Other techniques, such as using physical gesturing and role modeling, are useful too. When there are routines, then there is more likely that the older adult will participate effectively according to the predictable routines. Personal familiarity with the caregiver will build trust in the relationship and makes them easy to function. Showing support with a smile, touch, and gentle hug will maximize the participation of the older adults. (Galik 2012, 157.).

A proper environment with less noise, the room temperature to maintain warmth, necessary touch, and visual images will help manage the behaviors of the older adults. For example, the older adult with difficulty eating could be improved by using color contrast between the food and serving dishes that may help with the attention and improvement. During exercise time, the use of familiar music can motivate cognitively impaired individuals to dance and move. Using humor and playful activities often

prevents catastrophic behavioral outbursts among older adults. These strategies can also motivate resident to be actively involved in their daily living activities. Encouraging resident with congratulation on completing the task will motivate resident. Some suggested activities are indoor and outdoor hiking programs and parades, balloon toss, beauty makeover groups that focus on grooming, movement groups, dances, and wheelchair cruising clubs. (Galik 2012, 158.).

3.4 Addiction rehabilitation for older adults

Older adults' common obstacles to life satisfaction and happiness include declining health, social isolation, grief, loss, family discord, and financial uncertainty. Due to loneliness and isolation, seniors are at higher risk for emotional distress, physical discomfort, substance abuse, depression, despair, and suicide. Usually, older adults have a medically prescribed list of drugs to treat their different health conditions. When these prescribed drugs are mixed with alcohol or street drugs, then it can cause lethal consequences. (Brewer 2019.)

Seniors are often reluctant to seek treatment. There are also possibilities that they do not know where to turn for help. Community support and professional addiction treatment can often alleviate the pain and distress of many older adults. Signs and symptoms of addiction in older adults are often mixed with the signs of aging. Family, friends, and even medical professionals may perceive symptoms as signs of growing old and no signs of substance abuse or addiction. (Brewer 2019.)

A large population of seniors finds it challenging to accept help for substance abuse and addiction. It is more comfortable for seniors to participate more and have better outcomes when sharing their stories with peers in addiction recovery. So it is always better to be with a similar age group than the younger generation during addiction treatment. Older adults may need additional help during the process of overcoming addiction. Specialized rehabilitation for many older people gives them the help needed to overcome an addiction to drugs or another substance. (Brewer 2019.)

Addiction in older adults can be challenging to deal with. As the body ages, so does its reaction to drugs or alcohol. For example, a younger person may not experience severe withdrawal symptoms from a substance during the detoxification process. However, an older adult may react differently and severely. The isolation, loneliness, untreated depression, stigma, and lack of mobility are barriers to access treatment. Besides physical decline, the mental decline can also cause difficulties in the treatment process. The older adult might take prescribed drugs more or less often than prescribed or in the wrong amount. Trained staff specifically to monitor seniors during the rehabilitation process is needed. (Brewer 2019.)

Addiction treatment includes treatment for physical dependence along with treatment for psychological addiction. At first detox period needs to be completed where physical withdrawal from the abused substances occurs. After the completion of the detox period, the numerous psychological aspects of addiction are addressed. Addiction treatment centers have a supervised and structured detox program. It slowly weans patients off addictive substances rather than simply forcing them to stop using it all at once. The time for the detaxation process depends on a patient and the substance they are addicted to. Monitoring patients throughout the process is necessary by the professional to ensure safety. Seniors patients can work with addiction counselors on a one-on-one basis or in group sessions to fully combat addiction. (Brewer 2019.)

Many senior treatment facilities do the inclusion of family members and other loved ones throughout the treatment process. There are inpatients and outpatient rehabilitation. One can decide which is the best option. There are both benefits and disadvantages to different types of addiction programs. Choosing an addiction treatment facility that specialized in older adults is the best option. It is also essential to check a treatment plan that works well with the unique need of the older adult as it will more likely help complete rehab successfully. (Brewer 2019.)

Programs that specialized in working with the senior population have staff members trained in gerontology, and accessibility issues are well addressed. It should include wheelchairs, accommodation for hearing loss, visual impairment, and other mobility restrictions. As many seniors have pre-existing, co-occurring health issues so it should

be assessed and addressed by rehab programs that treat the senior population. (Brewer 2019.)

4 AIM AND PURPOSE OF THE THESIS

This study is a part of an organization's developmental plan. This research aimed to collect information about elderly care homes in Kathmandu, Nepal, and rehabilitative approaches in these care homes. The purpose of this research was to provide the collected information to the partner organization. This organization is opening an elderly care home in Kathmandu. Furthermore, the information collected and the findings could be beneficial and informative to the participant organization too. They will get an opportunity to compare their rehabilitation approach with other organizations. Moreover, if there are any new approaches they have not included yet, they might get motivated to include those programs.

The open-ended questionnaire was formulated to understand the precise point of view of elderly care home staff. The research questionnaire formulated to meet the aim and purpose of the research is as follows:

- 1. How are the residents rehabilitated in this care home?*
- 2. Describe an example of the best rehabilitative practice.*

The research question for the author herself during her visit to care homes as an observant was as follows:

How is the daily living of older adults?

5 IMPLEMENTATION

5.1 Methodological approach

For this research, a qualitative research method was chosen. Qualitative methodology refers to the broadest sense of research that produces descriptive data from people's own written or spoken words (Steven, Taylor, Bogdan, & Vault 2015, 18). Qualitative research is a qualitative phenomenon, i.e., phenomena relating to or involving quality or kind (Kothari 2004, 30). Qualitative research can help the researcher access the thoughts and feelings of research participants, enabling the development of an understanding of the meaning that people ascribe to their experiences. It refers to the wide variety of approaches and methods for the study of natural social life. (Austin & Sutton 2015, 226-231.)

Qualitative research is a process of collecting, describing, knowing, and interpreting people's truths. It seeks various ways to obtain facts and perceptions about specific groups and cultures. (Quimby 2012, 5.). It includes many different methods, such as many varieties of an interview, the collection of personal constructs, mental maps, observation. Studies rely on documents in their own words, individual's or groups' perspectives, feelings, opinions, values, attitudes, and beliefs about their personal experiences and social world in addition to factual information about their lives. (Seale, Gobo, Gubrium & Silverman 2004, 219; Saldana 2011, 32.)

There are different ways of getting information by asking questions; written and oral Open-ended questions allow participants to freely express their experiences, views, and opinions related to the research context. They can express what they think in their own words. Data obtained are rich, as open questions allow the respondent to elaborate on their answer. (Baarda 2012, 79-80). Besides the positive side of questionnaires, there are negative parts too. For example, participants may lie due to various reasons. People try to show a positive image, so they may lie or bend the truth to show a better version of the story. (McLeod 2018.). The result is achieved in the form of words rather than the number. (Punch 2003, 1-2).

The answer one might get could have not a concrete answer to the question. A research questionnaire consists of a series of questions to gather information from respondents. Questionnaires allow the relatively cheap, quick, and efficient way of obtaining information. There is a quick chance of getting data collected as the researcher do not need to be present when the questionnaires were completed. (McLeod 2018.).

Most observational research is based on a partial immersion: researchers eat, sleep, and relax at home but spend a lot in the field. (Seale et al. ...2011, 206-207.). Fieldwork is the data collection process in research, mostly when researchers leave the university and go out into the world. In the field, the researcher aims to understand how the cultures they are studying work. What the world looks like to for the people to live there. (Seale et al. ...2011, 206-207.) It is good to study different participants during field visits, including a good focus in all possible areas (Seale et al. ...2011, 212). They were watching people while talking to them about what they are doing, thinking, and saying. It brings out how they understand their world. The researchers need to discover what people believe, what makes them laugh, cry, rage, love-hate, and fear, how they choose their friends, endure their relations.

5.2 Data collection process

As already mentioned, I am living, working, and studying in Finland; the initial plan for data collection was to contact each participant by phone or email. I searched and collected any information I got from asking my relatives, neighbors, and from available online information. I assumed that there is a lack of elderly care homes in Nepal. During the search process, I came to know there were many care homes in Kathmandu. However, the situation could be different outside the capital city Kathmandu. A random selection of elderly care homes was made based on the information available. After collecting information, the list of elderly care homes was shortlisted.

According to the plan, I requested them to participate in the data collection process via email. A request email (Appendix 1) was sent to the elderly care home to participate in the research. I wanted one participant representing different care homes. The email

was sent on the 5 of November to the participants. Some of the elderly care home staff were contacted via phone. Most of them asked me to come to the care home and visit the participants in person. The program facilitator supervisor may make calls to introduce to participants. A personal touch brings sincerity and a sense of responsibility to the process (Phillips & Stawarski 2008, 11).

Following the participants' approval and after getting informed consent from each participant, the idea was to forward the research questionnaire via email. Most written research is questionnaire-based and could be sent by email or mail (Baarda 2012, 81). Some elderly care homes did not reply to the call; maybe they have changed the number or were probably contacted in busy hours. There is the same inherent danger in telephonic questions or a text message, an email, or a letter asking participants the research question. There is a chance that the person will forget to reply (Baarda 2012, 79.). Even after waiting for almost a week, there was not a single reply. It was disappointing not to know the real reason. Even though there was no reply via email from these care homes, I decided to visit the care homes in person.

Right in time, I had a vacation and was already in Nepal. So the plan of collecting data from the email was changed to handing questionnaires to the participants in person. It saved money for the data collection process. Otherwise, this research would have been expensive to travel only for data collection. Even though the plan seemed simple at first, it was not an easy job. It was like discovering a lost hidden treasure in a jungle of houses and people. Densely populated Kathmandu valley with limited information about the address of care homes made me feel like going on an adventure. It was challenging to get to the right address as care homes were hidden among the buildings.

Two times elderly care homes had already moved out to a new address, and nobody knew about it until I went there looking for it. Asking several times about the location of elderly care homes in shops, to the pedestrians and taxi driver, getting lost many times in Kathmandu's streets. It was a difficult task to track elderly care homes. Finally, one by one, I made it to seven elderly care homes in Kathmandu. Visit to care home were made between the 11th to the 17 of November 2019. The daytime was chosen and between the time of 10 am to 6 pm. Anyone visiting Nepalese care homes will first notice big hoarding boards with the organization's name on it. Some care homes

had a beautiful motto written on the boards, which translates in English as 'Service is religion, and we believe in the religion of helping needy.'

Approaching the staff was easy as I could share the same Nepalese language. In some of the care homes, they had an entry register. This register recorded who came to visit and for what purpose. Most of them were friendly and accepting. Introducing the visit's purpose seemed less impressive; however, all the participants voluntarily participated in the research. The criteria of the participants required them to be working in elderly care homes in Kathmandu, Nepal. Each participant needed to be from different care homes to give quality to the data collected. For this research, a convenience sampling method seemed the best option.

In the convenience sampling method, participants currently available in the study site are used for recruitment. This method's main merit is that the participants are readily available on the research site, which does not take a longer time for the recruitment process. (Newell, Robert, Burnard & Philip 2011, 73.). After a brief sharing of words, participants were handed the open-ended questionnaire. Participants were asked to write freely and take time according to their comfort. The significant advantage of written data collection is cheap and takes relatively little time. (Baarda 2012, 81.). The research questionnaire was written in both English and Nepali languages. It gave the Nepalese participants, opportunity to write in the language of their comfort.

While participants were writing answers, I was roaming around observing. Besides answers collected from the research participants, observation notes played a significant role in giving richness to the data. There are different types of observational methods, for example, controlled observations, naturalistic observations, and participant observations. The naturalistic observation was used for this research. This technique involves observing the spontaneous behavior of participants in natural surroundings. The researcher records what they see in whatever way they can. (McLeod 2015.). During the naturalistic observation, writing field notes is a crucial place for researchers.

The naturalistic researcher had to get close to the members of a society that they are studying. Furthermore, observation is not filtered through the position that the

researcher acquires. (Beuving & Vries 2014, 66.). Keeping notes was a vital task I did. The writing was talking preserved in time and projected over distance. The written text will give more accessible intentions to coordinate, externalize, and objectify what they learned than oral information. (Beuving & Vries 2014, 114.). Studying about people could be done by watching them work, thinking carefully about what is visible, and interacting with the participants (Seale et al. ...2011, 206-207).

The researcher participates with the participants to observe and realize the first-hand experience in the setting (Crossman 2020). All the visits to care homes were during the daytime, so usually, staffs were free from their morning chores. It was a good time to chat with willing residents and any free staff. Residents were very happy to see a new face, and they were eager to share their stories of experiences. Sometimes it would be boring to hear them repeat the same story many times. I was paying close attention to what was happening and would make necessary notes related to the research and anything interesting.

5.3 Data analysis

Qualitative analysis is a sort of journey of discovery. As with most journeys of discovery, it is not entirely sure where it will finish up. The same applies to qualitative analyses. Unexpected can always happen, and it is necessary to welcome the unexpected. Discovery is the purpose of qualitative analysis: finding out things. The collection of material teaches something from the research where the researcher must be open to new experiences and impressions. (Baarda 2012, 79.). Qualitative research goals are multiple, depending on the purpose of the particular project. Visual elements such as artifacts, photographs, video recordings, and internet sites document human experiences about others or oneself in social action and reflexive states. (Saldana 2011, 3-4.).

It is essential that a naturalistic researcher records, usually by writing down, whatever he encounters and holds to be relevant in his research. It is common to have a large text from field diaries and other naturalistic inquiry. (Beuving & Vries 2014, 159.). It is handy to have all of the information in the form of a word file. If not, converting all

the reports, observations, and notes into the file is necessary. (Baarda 2012, 128.) Primary data are original and collected as fresh (Kothari 2004, 95). It is crucial to be true to the participants during data analysis and seeing the world from the participant's perspective, i.e., putting oneself in another person's shoes and seeing the world from that person's perspectives (Austin & Sutton 2015).

Hermeneutics often identifies with a form of textual interpretation concerned mainly with the methodical analysis of different forms of texts (Prasad 2017, 31). In this research, I tried to write anything essential to meet the research's aim. Observation notes were assembled, and I tried to minimize the error according to my capabilities. Typically observation notes consist of many pages of writing. These pages are filled with the researcher's memory each day.

Qualitative data can include photographs other than only written text or words (McLeod 2018.). I got permission to take photographs from care homes. Few pictures are used in this thesis to make the information visibly relatable. Triangulation of data within a single data source could be done used various sources of data. (Baarda 2012, 138.). All the participants had written their answers in the Nepali language. I had translated all the written answers from Nepali to the English language to facilitate data analysis. The data requires both considerations of all the data collected and the triangulation of data. For this research, observation points and answers written by the participants were put together. It will allow the interest of the study to emerge. (LeCompte & Schensul 2012, 74.)

Before triangulation data, it needs to go through reviewing, chunking, crunching, and coding data. Chunking, crunching, and coding of data are used to analyze different kinds of data. The researcher chooses which process to initiate the analysis. It depends on the form of the data and the purpose of the study. (LeCompte & Schensul 2012, 74.). It is necessary to sort the data first. After that, data are divided into units of information to analyze extracts relevant to the research. The accumulated data must be organized and reduced so that the ideas, meanings, explanatory theories, and themes emerge, and the units' variables, patterns, or factors and structure or domains within it become visible. (Baarda 2012, 130.)

After the process of chunking of data, content analysis was done. The first step was to develop and apply codes. Coding is the process of sorting the answers by assigning them to numbers or symbols to limit a wide range of data into certain categories. Coding organizes data into categories related to the conceptual framework or the research questions to provide evidence to support the interpretation. (Kothari 2004, 123; LeCompte & Schensul 2012, 75.). The initial stage is the labeling process or organization of raw data to make sense of the data. It is called open coding (Baarda 2012, 130; Dudovskiy, 2019).

Coding refers to identifying topics, issues, similarities, and differences revealed through the participants' narratives and interpreted by the researcher (Austin & Sutton 2015). The coding method is a procedure for organizing the text of the transcripts and discovering patterns within that organizational structure, by which it is easy to discover patterns that are difficult to see in a massive amount of text (Auerbach & Silverstein 2003, 35). Coding helps the lowest level of the raw text to the highest level in the research concerns (Auerbach & Silverstein 2003, 38).

The contents were read repeatedly, and a note was created on essential issues simultaneously. In this research, the standard method of hand-coding was done where the colored pencil was used to code. Repeated careful and close readings can help find more subtle codes and underlying concepts (Hennink, Hutter & Bailey 2011, 221). After the initial coding various themes emerged; by the method of axial coding, different themes are put into categories. (Baarda 2012, 133). Theming draws codes from one or more transcripts to present qualitative research findings coherent and meaningful (Austin & Sutton 2015).

Going back to the research question and research objectives before selective coding is necessary (Baarda 2012, 133). The description needs to be an invisible mediation where the describer writes about the origins of what has been. It will appear directly to the reader through the text. Writing about their research in dialogue with the discourse in which their study originates. The dialogue has to be shaped in describing the choices of topics for their attention to their observations. The author collects what people have to say where their purpose of sharing could be anything. Furthermore, reassemble it to make it different and reasonable. (Dorothy 2002, 30.)

After collecting information, analyzing it thoroughly through open coding and constant comparison with the research aim was made. Various themes emerged after the coding process was; building and environment, funding, caregiver and workload, resources, services care home offered, and criteria for the older adult to get a place to live in care homes. Similarly, there were spiritual inclination, restorative care, singing and dancing, exercise, chats, and a sense of purpose in the rehabilitative approaches. After collecting information, analyzing it thoroughly through open coding and constant comparison, I finally developed the results.

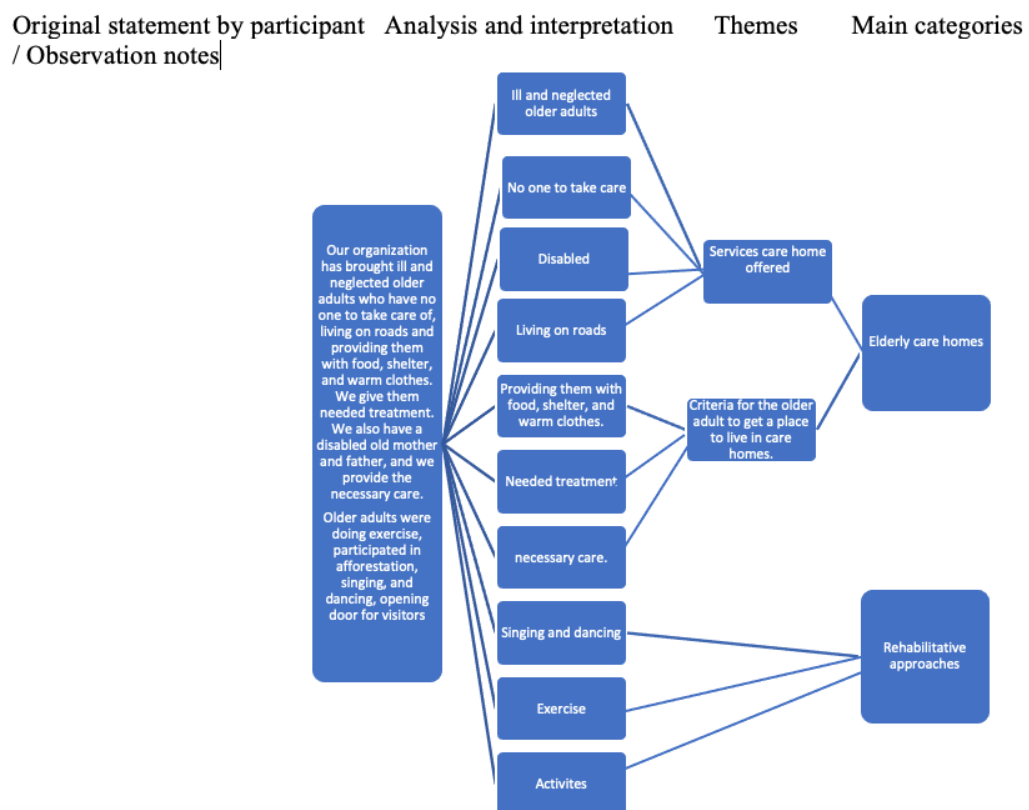


Figure 4 An example of categorization in the data analysis process.

6 FINDINGS

According to the research's main aim, the data's collective outcomes were mainly categorized into two main aspects: thematic coding techniques. They are elderly care homes in Kathmandu and rehabilitative approaches. The participants' quotes in this report are marked with identification markings such as 'P2'. 'P' stands for participants. The number '2' represents the participant was approached after the first participant or a second participant.

6.1 Elderly care homes in Kathmandu

6.1.1 Services care homes provide

Most of the care homes were opened in a rented house. Around nine resident to fifty-five per care home were living together. Some time individuals were brought to care homes by police. In some cases, local organizations referred, and sometimes care, home staff, themselves found them living on roads. Similarly, some locals would notice older adults living on roads and contact the care home. They were either abandoned by their family members or did not have any relatives. They were mentally unstable, had various illnesses and issues related to their health. There were unknown, various underlying causes of why they ended on the roads. There could be a history of some substance abuse.

P3: "This organization is all about helping the neglected, disabled, mentally challenged individual who is living in roads and public places, under the roof of sky and sleeping on a bed of road."

In Nepalese care homes, older adults were asked if they would like to come and stay in care homes. Those who refuse to come were counseled and convinced to move. Out of four care homes, two of them required individuals to have Nepali citizenship to get into care homes. Furthermore, in the case of older adults failing to submit citizenship,

they were turned away. Two elderly care homes were accepting older adults in need, even though they had no documents to verify their name or birth country.

Most Nepalese elderly care homes require older adults to be abandoned entirely, without any family member trace. They needed to be helpless, no house to live in, entirely dependent on another person for living or daily activities. After arrival in the care homes, and overall check-up about their mental situation by asking a few questions about their identity, where they are from, and any physical treatment they need is assessed. The process of assessment had no written forms as in detail; however, they had entry forms.

P1: "In our organization, we have brought ill and neglected older adults, who has no one to take care of, who were living inroads. We have provided them with food, shelter, and warm clothes. We give them needed treatment. We also have a disabled old mother and father. We provide them necessary care."

P4: "In our organization, we have older adults who are handicapped, who have no one to take care of them, who are mistreated by their relatives and thrown to the road."

These care homes provided conventional services similar to any other elderly care homes, such as; food, a place to sleep, safety, and protection. Other services were; essential hygiene maintenance for those who cannot help themselves, exercise, recreational activities. Care home tries to track the relatives, and if they have no one, they get to live in the care home. They get a place to stay for lifelong. A couple of times, it has happened that relatives did not want to take their member back. Eventually, older adults lived in the care home until the last breath. After the death, the dead body is burned in Arya ghat (river cremation burning corpse) according to the Nepalese tradition.

P1: "We protect and bring them to this organization."

P2: "We provide these humans at least stomach full of food and a warm place to stay."

P3: "We also have disabled old mother and father and we provide the necessary care."

P3: "We try to find their family and relatives, but in case we are unable to figure out their close ones, then we keep them here and serve them."

6.1.2 Building and space

After visiting all the seven elderly care homes, I noticed that buildings were not suitable for an older adult or any person with limited mobility. They were built for a typical family home. So, these homes lacked any inclusion of accessibility. Most of the Nepalese care homes were overcrowded. Very poor accessibility, narrow corridor, limited space to roam around. Some buildings were old and traditional Nepali buildings. Most of the care homes had a tricky entrance. Any sick, tired, and old person with limited mobility will need to allot assistance to get in and out of the house.



Photograph 1. One of the elderly care homes with its entrance (photo by Binita Thapa).

There were rarely private rooms for the older adult. The first impression of visiting the bedroom gives similarity to a general ward in a hospital. A hall was full of beds placed in line with limited space between them to walk. Privacy seemed challenging to maintain. There was some restless resident walking any time inside and out. Loud

noises were coming from sick and mentally disturbed older adults lying on the beds. One can easily experience disturbance all the time.



Photograph 2. The common area (photo by Binita Thapa).

Some of the care homes did not even have any common area. Those who had common space were in poor conditions, with almost no furniture. No chair to sit on where some of them were sitting on the cold floor. Some older adults were sleeping on the cold floors with less or no clothes to maintain warmth. There was almost no space to put any extra assistive tools for the older adults.

6.1.3 Funding and shortages

All the care homes I visited were running on charity and little help from the government. The government has decided to lower the age ceiling for the social security allowance, bringing it down from 70 to 65. Nepali citizens who have completed 65 years are entitled to the old-age benefits. It includes Rs 2000 monthly as

social security allowance. (The Kathmandu Post 2018.) Some of the older adults were taken to the care home from roads, so they did not have any documents to prove they are Nepali citizens. Without out any proof of age and citizenship, many older adults were deprived of getting the allowance. Hence, their expenses were covered by the organization.

Many national and international organizations, NGOs, INGO were giving charity. Some willing people donated and helped the older adults in need. Some volunteers were coming to help staff in taking care of the residents. There was much individual support financially, physically, and emotionally. Some people would celebrate their birthday or special day with the residents in some of the care homes. They would share their gifts and give donations to the organization. Even though there was support from local organizations and NGO's and INGO's, this support was limited and bound with some timeline. Lack of support from the government was a much bigger issue. There was despair about the uncertain future. In some care homes, residents were paying for the services they received.

There are uncountable shortages that will be difficult to mention here. However, the most visible shortages I found are; lack of enough beds, warm clothes, necessary hygiene maintenance supplies, and not enough cleaning supplies. Usually, there were common toilets for all the residents living in the care home. In some care homes, around 13 people, including staff, used the same toilet and bathroom. I happen to use the washroom many times during my visit to the care home. Most of the care homes had the toilet filthy, foul odor, no water for flushing, and congested and poor visibility due to lack of ventilation. There was a lack of proper light and caused the darkness. Anyone can imagine how difficult it could have been for the older adult to use such an essential need as a washroom. Besides toilets, most of the care homes did not have a proper bathroom.

The lack of food was common in most of the elderly care homes. Some care homes had different food for a different day, and the menu was attached in the dining area. Sometimes seasonal food and festival-related food were offered to the residents for change. When I was chatting with the residents, there was a constant request to provide them something to eat. I could not visibly see how the care home was operating daily.

However, it seemed there was a lack of food. Lack of enough assistive tools in the care homes was a common issue. A few wheelchairs, walking sticks gave the author an idea of a poor situation. Any advanced services such as wound care, proper positing in bed, comfortable furniture, care for the bedridden, hazard, first aid, emergency services seem difficult or almost out of the question. However, there was a television and radio available for entertainment purposes for their residents in all the care homes.

6.1.4 Caregivers and Workload

There were more residents compared to the capacity of the care home and the availability of the staff. There were not enough caregivers in these elderly care homes. The workload was beyond imagination, as one person was taking responsibility for all the events happening in the care homes. For example: keeping the records of older adults living in a care home, dividing the budget, getting groceries, cooking, cleaning, taking care of the residents, arranging activities for residents. For example, the staff was working on the ratio of at least 1:10 on average and more.

In some of the care homes, caregivers were living in the care home with the residents. Their work was a twenty-four-hour shift as most of them lived there. Some of them were working for free. This volunteer staff was given free food and shelter to live. Nursing students coming to practice nursing now and then was a big help to the care homes staff. Caregiver in these organizations was starting from getting the needy older adult from roads to the care home. The process of care would end only after taking the dead body to their final ride after death. In most care homes, the same person took responsibilities for many jobs such as the manager, caregiver, cook, and cleaner according to the demands. However, some care homes had different people for different jobs.

It seemed there might be staff working with no degree or training. However, these people wanted to take care of these neglected older adults. Moreover, this help and support are coming out of pure love and care. They are working in these care homes for many years. These working experiences, observation, evaluation is giving them the knowledge that is as important as knowledge from books.

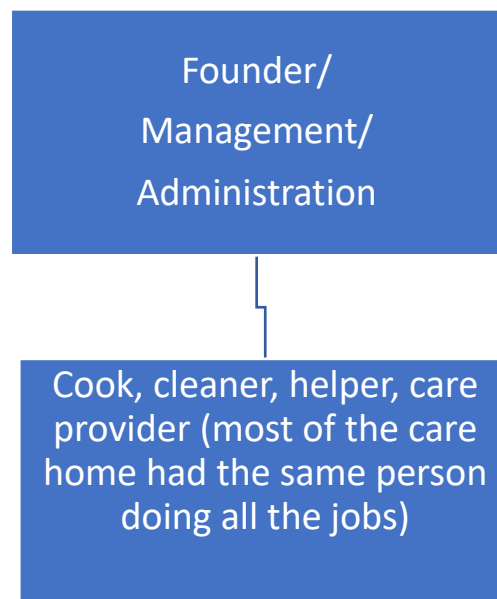


Figure 5. Hierarchy of the basic structure of elderly care homes in Nepal.

6.2 Rehabilitative approach

Everyday routine for an older adult in these care homes usually seemed the same. Most of the resident looked hopeful and satisfied. A probable reason behind their cheerful nature could be, they came to live in these care homes after facing a series of challenges. However, it will not determine that the services these residents are getting are of quality. The finding showed a lack of planned rehabilitation in a formal rehabilitation setting in these elderly care homes. An individual rehabilitation plan for each individual with a team of health care professionals and relatives was almost impossible. There was limited information about rehabilitative approaches in these homes, as their primary concern was to fulfill the basic needs such as; food, shelter, warmth, safety, and security.

After getting a place to live in a care home, some older adult had improved their condition dramatically. There was an improvement in their mental and physical health. Some of them were participating in various activities (actively) than before. Those sleeping in the road without any food with no energy left to do self-care could perform daily activities themselves. Some of them were even able to help the staff. These

approaches were keeping residents busy, which contributed to fulfilling a sense of satisfaction.

According to the disease and illness, older adults were treated. One older adult was found by the riverside, on the hip of rubbish. He was unconscious, so he was sent to the hospital for treatment by the elderly care home. After some recovery, he was brought in a wheelchair from the hospital to live in this care home. By the time I visited, he was independent, out of any medication. His current job was helping to open and close gates for the visitor.

P4: "We give them needed treatment."

P4: "We protect them, help them find their family and relatives."

6.2.1 Spiritual inclination, singing, and dancing

There was a spiritual inclination in some of these care homes. Most of the resident in one of these care homes were busy in the mornings practicing their daily spiritual practice such as worship, singing a spiritual song, and playing instruments as part of prayer. Some organizations were taking their residents to visit temples occasionally. In one of the care homes, there was a temple built in the care home premises. Residents were allowed to practice their spiritual beliefs and culture. It was one of the meaningful activities the residents enjoyed and loved. National festivals celebration was giving them something to look forward to enjoying. These celebrations were combined with a special festive dish to enjoy. It felt the residents were heard and a sense of satisfaction.

Most of the Nepalese festival includes singing, dancing together. Those who could dance were dancing and encouraging others to dance. Some programs organized by the nursing students or the volunteers also included dancing and singing. Playing Nepali songs on the radio was giving a sense of pleasure for the older adults. When some residents gathered together to chat during my visit to care homes, I requested to

sing a Nepali folk song. Immediately older adults around me agreed and were singing and laughing. It seemed they were waiting for a push button to start their song.

6.2.2 Exercise, chats, and outings

All care homes had some exercises for the older adults. Exercise is widely promoted because of its benefit to health and well-being. In two of the care homes, there was guided exercise conducted regularly. Instructors were volunteers coming to help personally. Sometimes the care home staff were guiding the exercise.

P1: "We guide them to exercise as per their capacity, and we let them do the activities they can perform or prefer, i.e., some kinds of skills related work, for example: making of cotton wicks, making of necklace, knitting, etc."

Besides exercise, there were some regular activities for the interested residents. They were allowed to practice their skills such as; sewing clothes, making cotton wicks, necklaces, knitting, playing a musical instrument. Some of the care homes took their residents out for group walks and sometimes for movies or picnic.

Many volunteers were coming to chat with the residents. Most of the older adults seemed happy talking and sharing. One of the daily activities of the residents was chatting among themselves. The author's presence in the care home made the residents happy, as they saw a new face willing to listen to them. Some elderly care homes allowed their residents to go out alone, while the care home staff accompanied others. Organizing some outdoor picnic, taking resident out for movies, and a visit to temples happened occasionally.



Photograph 3. An older adult makes a necklace; interested visitors are the customers (photo taken by Binita Thapa).



Photograph 4. Older adults are chatting together and making cotton wicks (photo taken by Binita Thapa).



Photograph 5. Older adult are walking together; the picture was taken from the balcony of one of the care homes. (photo taken by Binita Thapa).

6.2.3 Restorative care and a sense of purpose

Residents were encouraged to perform their self-care activities without any assistance in all the care homes. They were encouraged to do daily activities such as personal hygiene, grooming, dressing, and eating themselves. Those who were unable got help from the care staff. Assistive devices such as a wheelchair, crutches, walking sticks were in use according to the need. It helped them perform daily tasks safely and independently.

Some older adults were actively helping care home staff sometimes. For example, clean, wash dishes and clothes, tidy common areas, gardening, assist other dependent residents, and open and close the visitors' door. This importance may give them a sense of satisfaction and give them essential care home members. One of the participant organizations had organized an afforestation program. Many residents took part and went together to plant trees as a service to the community. Some of the willing residents were doing some public service like gardening, cleaning waste in streets, and feeding street animals such as dogs, cows, and birds. Usually, any waste food or leftovers from care homes were distributed.

In one care home, one of the residents goes to the temple to sit outside the temple. The purpose of sitting there was to collect money or any donations (usually, in Nepal, some poor and people with limited mobility sit outside the temple or public places to receive donations). She collected donations for the care home and share them with other residents, unable to go out. She would share her stories, if anything interesting, she encountered that day to her fellow residents. She brought joy and fun to care home, so the organization allowed her to go out every day alone. Sometimes other interested resident accompanied her.

7 DISCUSSION

7.1 Reflection of the results to the theory and previous research

As already mentioned in the previous chapter, most Nepalese older adults in these care homes were rescued from roads or referred by some local organization, police, or people who found them. As a proper process in developed countries, an older adult needing care applies for services himself/herself. The committee makes the evaluation and judgment of care need based on an investigation into the applicants' mental and physical condition and a family and physician's opinion. Usually, a doctor, a nurse, an occupational or physical therapist, or a certified social worker will select a package of services and draw a care plan for the older adult. (Wu 2004, 174.)

Even after living in care homes, findings clearly showed buildings not friendly for older adults with restricted mobility. When environments are evaluated, it is generally for fall risk, bathing safety, food safety, and resident' safety from elopement (Resnick 2012, 16). At least one entrance per facility should be accessible to a wheelchair user, and in new buildings, the accessible entrance should be the main entrance (United Nations 2003). Besides, entrance space for residents inside and outside care home was one big issue. It was visible that all the care homes lacked space to roam around.

Exercise-related areas, walkable spaces, safety, and an exciting walking distance to reach their room can improve resident' physical activity. Cost-effective modifications can improve space, improve lighting, and display signs that promote active living. (Resnick 2012, 9). Outdoor improvements include ensuring that sidewalks and stairs are safe and accessible, providing greenery and exciting destination, and ensuring adequate shade and seating so that resident feel comfortable outdoors. (Resnick 2012, 9).

In northern European countries, the quality of life of residents is highly valued. Inclusion of services such as social meeting places, efficient public transport, and sufficient local shopping opportunities are prioritized. (Feddersen & Ludtke 2017,18). Most conventional design approaches for institutionalized care facilities need to exhibit rational floor plans and offer similar terraced housing rows. These facilities could follow the pattern of hotels or hospitals. Designs could provide a variety of different spaces for resident with different characters and needs. (Feddersen & Ludtke 2017,171-181).

As the percentage of older adults continues to increase, concern over the adequate provision of services to meet these individuals' needs increases (Blandford, Chappell & Horne 1990, 36). In a crowded Nepalese care home, there was a lack of enough resources and caregiver. A caregiver is one who, by choice, through delegation, or by training and job description, assists in helping individuals in meeting their needs (Koenig & Mccall 1999, 90). Other issues were the caregiver's workload. Despite questionable training and formal education, the caregivers were willing to serve the older adult according to their abilities. Experiences are helping them run an organization. General observations occur to see if there are areas to improve and daily continuous improvement (Mannon & Collins 2015, 8).

Caregivers face numerous obstacles in working with older adults, for example, inexperience, lack of training, avoidance, and equation of program with personal service (Koenig & Mccall 1999, 98). In northern European countries, older adults are cared for by trained care personnel, and state support is provided for professional home care services (Feddersen & Ludtke 2017,18). A direct care provider has to be at least

sixteen years of age. Nurses need to be evaluated with both written and skill set testing to ensure nursing assistants' competency. The purpose of the evaluation is to check if the care provider meets the requirement and skills. (Franklin 2013, 56.).

The long-term care industry is no different from all other businesses regarding processes surrounding the formulation, assessment, implementation, and ongoing evaluation of systems that improve and maintain resident service. These system processes will enhance the quality of care delivery and improve satisfaction in care homes. (Franklin 2013, 100.). The interaction and the way caregivers treat the residents may determine the satisfaction of the residents.

Various rehabilitative approaches were found in Nepalese care homes. Encouraging to practice their spiritual belief helped them improve overthinking and divert their minds to positivity. Engagement in health-promoting behavior, stress management, improving social networks will enhance functional capacity, delay the onset of chronic disease, and minimize negative psychological consequences (Lobo 2010, 6). Favorite hobby or trying something new will help them enjoy either as a part of a group or on their own. (Website of Brentwood Care Centre 2020.) National festivals celebration is typical in all the care homes.

These celebrations gave the older adult to enjoy a special festive dish. When there is spiritual, symbolic, religious, and knowledge of self-activities, it enhances the quality of life and health (Lobo 2010, 6). The choice of suitable recreational activities according to the availability of resources will help the older adult enjoy their life. (Bartalos 1993,12-13). The most possible and approachable approach was dancing and singing. As most of the Nepalese festival includes singing and dancing, it was an economical approach, and most of the resident enjoyed it.

Music and songs help to the expression of feelings or moods. It is an excellent activity to overcome stress and anxiety for both the clients and the staff (Martindale & Cabot 2013, 32). A person can feel pleasure in singing. (Pedersen 1987, 83-84.). Dance can be used for activating, retraining, and maintenance of the body's function. It could be used to give an acceptably receive feelings and touch. (Pedersen 1987, 84).

Similarly, the inclusion of exercise for the older adult had the benefit to the health and well-being. Those living with chronic illness and disability could benefit from a physically active lifestyle or increase their ambulatory activity (Intiso et al. 2012, 1-2).

Physical activity offers one of the most excellent opportunities for people to extend years of an active independent life and reduce functional limitations (Lobo 2010, 40). Participation in exercise decreases depression and improves mood (Resnick et al. 2012, 8). Besides exercise allowing older adults to go out on their own and in groups needs to be appreciated. Outings can provide the means to open the door to an improved quality of life and form a valuable therapeutic tool (Docherty 1987, 67). An older adult person benefits from frequent and short visits, stopping by, and 'chats' (Koenig & McCall 2014, 106).

Older adults can come up with meaningful contributions to their life experiences and background. (Pedersen 1987, 81.). Chatting was the most common approach. The conversation could be made smoothly with various strategies. Hearing is weakened with increasing age, so it is necessary to speak loud and clear with pauses. The older person needs to see the person they are talking to, so sitting in front of the face may ease the conversation. (Pedersen 1987, 82.)The organization needs to provide an atmosphere to promote the feeling of continuity, belonging, purpose, fulfillment, and significance (Brooker, Nicol & Alexander 2013, 874).

The inclusion of older adults in afforestation programs made many residents happy that they contributed to society. Some active older adults participated in daily chores. Helping care home staff gave them a sense of satisfaction. The recovery concept of each person's road to recovery is unique; the core task of developing a positive sense of self-image contributes to the recovery process (Pratt, Gill, Barrett & Roberts 2006, 112). Approaches to stimulation and motivation to lift their mood and give them an aim in life once more will help an older adult with depression (Docherty, 1987, 66).

Some older adults were busy and were happy making necklaces, cotton wicks, gardening. As the older adult was busy, they seemed less depressed. Another issue in evaluating depression in the older adult is assuming that depression is an expected part

of growing old. There is often a loss associated with illness and physical incapacitation. These losses inevitably lead to some depression. However, as in any grieving process, mood change should be short-lived; there is resolution and acceptance as time passes. It is not normal for an older person to be chronically depressed as losses cannot make a person lose interest in living to their fullest capacity. (Mondimore 2006, 109.).

7.2 Ethical issues

The research data collection process was planned under my thesis supervisor's suggestion and guidance. Two open-ended questions were formulated to allow free answers from the participants. It is essential that the research draws on as many different information sources as possible and includes many different views possible (Baarda 2012, 138). For this research, besides questionnaires, observation notes played an important role. It is essential to treat humans with respect, not be harmed in any way, and be fully informed about what is being done with them (Oliver 2010, 22).

The research subjects have the right to know that they are being researched and informed about their nature. They should be allowed freely to withdraw at any time Seale (Seale et al. 2004, 219). The ethical principle of beneficence refers to "be of benefit, not harm" (Fouka & Mantzourou 2018.). Summary of ethical principles is honesty, objectivity, integrity, carefulness, openness, respect for intellectual property, confidentiality, responsible publication, responsible mentoring, respect for colleagues, social responsibility, non-discrimination, competence, legality, animal care, human subjects protection (Resnik 2015).

Informed consent is universally recognized in scientific research as the main component of ethical conduct. It is an interactive process in which individuals or their surrogates voluntarily agree to participate in a research study after purpose, risks, benefits, and alternatives have been thoroughly described and understood (Marshall 2007, 23.). Ethical issues were taken into consideration in every step of the research process. Before the data collection took place, respondents were informed about the

study details, and an assurance was given about the data collection process and potential harms. Informed consent was verbally done.

Four participants were the elderly care home staff from different care homes. All the answers were handwritten, and each participant put their organization stamp on the answer paper with their name and signature. Data that anonymous are often more objective and sometimes freer- flossing than data not provided anonymously (Phillips & Stawarski 2008, 10). There were unwilling participants, and they were not included in the data collection. Unwilling participants may not help the research process, so it is better to involve participants (Oliver 2011, 27). Volunteer participation was planned to encourage to respect people's choices.

There was some confusion about the author's visit to elderly care homes. After some explanation, all the participants understood the purpose of the visit and were willing to participate. They were willing to share and also hear the authors' experiences in a foreign land. Possible precautions and safety were taken throughout the data collection and storing process. Two of the participants even used their organization's printed paper to write their answers. All the participants had no issues with the publication of their names in the thesis. No one can predict the risks associated with participation in the inquiry (Tolich 2016, 45).

The participant's and the organization's names were kept anonymous with the thesis supervisor's guidance. Anonymity refers to the protection of participant identity in research (Edwards & Weller 2016, 97). This research study was limited to seven elderly care homes, where only four participants' answers were counted. Moreover, after data collection, I went through them and realized the data were more directed towards a request to help the organization and less about rehabilitation in their care homes. It must be accepted that what we are collecting is people's answers to questions, which is not necessarily a real picture of their activities (McNeill 1990, 19).

Using observation notes from seven elderly care homes played an important role. As an observant, I took some photos and used them in this thesis with the participant's and the organization's permission. Ethical consideration is that no photograph is worth

harming others and that all steps to recognize and minimize potential harm should occur before commencing the research (Tolich 2016, 41).

The original data were saved in a hardcover file immediately to protect data from possible harm and damages. Data was circulated only among the author and the tutor. The data will be stored safely by the author for possible future uses. The ethics of confidentiality will be preserved in this thesis. The initial plan was to destroy the data. However, I realized there is still some useful information in the data. So, the plan is changed to save the collected data. It will be preserved safely for its possible future use.

7.3 Roles of potential collaborators and contributions

SAMK University of Applied Sciences permitted the conduction of study on the subject matter. Necessary references were provided by the university, which was a significant help in the completion of this thesis. Constant support and guidance from the teacher played an important role. The research was carried out in seven different elderly care homes in Kathmandu, Nepal, with their full cooperation. Partner organization 'Om Shanti Ship Bikas Kendra' gave its permission to research on its behalf. Their interest in looking forward to the result gave the author motivation to move forward.

The staff of elderly care homes gave tremendous cooperation throughout the data collection, even during ongoing working hours. The care home resident was happy to see a new face and was willing to share their stories. Overall every component played a significant role in the completion of this study.

This study contributed to highlighting the current situation of elderly care homes in Kathmandu, Nepal. This study could be the first study done, mainly focusing on Nepalese elderly care homes' rehabilitative perspective. The rehabilitative approach from the findings will be beneficial for the partner organization. They can use similar approaches and include rehabilitation for older adults in their future elderly care home. Similarly, participant organizations are going to benefit from the study. They will

compare the approaches as I plan to revisit care homes and share my knowledge and findings.

My knowledge about older adults in Nepal and Finland has improved. Being a geriatric nurse in Finland, I have realized that most of the approaches found in Nepalese elderly care homes are already in practice at my work. However, it gave me a sense of satisfaction. Although the hardship elderly care homes were going through in Nepal, some approaches helped the older adults rehabilitate. This research will be a source of information about elderly care homes in Kathmandu for interested readers about the rehabilitation approaches. The future researcher may benefit from the research findings.

7.4 Realizations and recommendations for further studies

I misunderstood many things; there is still a lot to learn. It will be beneficial to share the realizations I went through in this thesis. It may help the future researcher to be a step ahead before approaching similar participants from similar backgrounds in a similar situation. There is a lack of proper information about streets, house numbers, and directions in Kathmandu, making it challenging to track care homes' right address. The use of the internet and emails seemed very limited. Very few care homes had shared their work via social media and had their websites.

Uploading information online could have given a bigger platform to voice care homes social work. It could have been easy for me or any interested researcher to get to these care homes. Similarly, it could attract more interested donors. There could have been more public awareness about the older adults' condition, information about care home services, and care homes' activities. After the first visit, I learned a lesson to take something for the residents living in a care home, for example, food or gifts. There is a high possibility that care homes will expect donations.

Similarly, one has to be focused on the research aim and objective while observing. I was often carried away from subjects while making observation notes. It was difficult not to get emotionally involved. Many times I was lost in the stories shared by the

residents and the staff. I should have been prepared for never-ending talk coming or plan enough time to sit and listen, or I should know where to draw the line.

Asking academic qualifications to the participants might create an awkward situation. There is a high chance that participants might perceive it as offending, especially when the researcher can see who the participants are, for example, their name, face. So, It is essential to give valid reasons before asking the staff's age, salary, and qualifications. Even after giving clarification or reasons for asking for background information, they might not disclose it or may lie. This thesis allowed me to compare the situation of Finnish elderly care homes and Nepalese care homes. In this thesis, the differences are visible.

Elderly care homes in both countries have their issues, problems, and situation. In Finland, the main subject of concern seems improving the quality of living in residents and job satisfaction among nurses. Similarly, there are proper assessment, planning, implementation, and evaluation of the rehabilitation for the older adult in care homes. The whole process is recorded and handled by qualified professionals. In my workplace (as mentioned earlier, I am working as a geriatric nurse in an elderly care home in Finland), one doctor is always available for instruction.

In case the doctor is on vacation, there is a replacement doctor to whom nurses can contact concerning the issues of the resident, and it could be done at any time. Similarly, there are two physiotherapists for thirty-two resident and nurses available for twenty-four hours. The workload is divided among assistant nurses, cleaner and kitchen assistants. Usually, it is an eight hours job. In comparison, Neplases care home had opposite findings.

In my workplace, the nurse assigned to plan the activities will make the plan once a week. She preplans the activities for the coming week. The physiotherapist makes a plan of rehabilitation approach and process according to the need of the residents. Each nurse is assigned as a personal nurse for two to three residents. They take care of their overall needs and activities. A half-year assessment (RAI) evaluates the overall condition, progress, or deterioration of residents. During this assessment, there is an evaluation of the care and rehabilitation need of the older adult.

Nurses plans, implements, and evaluates the care for their assigned residents as often as needed. The library, swimming pool, gym, and meeting rooms are suitable for people with restricted mobility. Guided exercise is conducted every Tuesday by professionals. There are many celebrations such as birthdays, national festivals, or some special Remembrance Day. Concert, dancing, and the singing program is conducted in the main hall for interested older adults. There is skill development training, such as English learning, computer learning, paintings are organized regularly.

Each care home has animals like cats, dogs, small birds for entertainment, and companionship. There are hens hatched from eggs during summer, and sheep are brought in the care home premises to increase the residents' excitement. A priest is coming to conduct prayers for willing to offer prayers. All these activities are planned, followed, and documented. Each staff does self-evaluation and gets feedback from the coworker. The supervisor makes evaluations every day on the overall performance of the staff. According to the need, the staff will get feedback.

There are meetings conducted to follow changes, needs and discuss problems regularly. Those residents which can make the satisfaction evaluation can comment on the staff or management. They can leave feedback a couple of times in the year. Similarly, close relatives can make their share of complaints accordingly. Similarly, Vantaa's city does a proper evaluation of the care home and its services a couple of times in the year.

There were very few studies carried out about elderly care homes in Nepal. I could not find any studies done, mainly focusing on rehabilitation for older adults in Nepal or the rehabilitative approach in elderly care homes. Rehabilitation approaches for older adults is a vast subject. Similarly, to study about elderly care home was a large area to cover. This study was limited to bring out the overall situation of care homes and was more directed to highlight the rehabilitative approach. In-depth studies could be done further on the same subject.

Older adults' common obstacles to life satisfaction and happiness include declining health, social isolation, grief, loss, family discord, and financial uncertainty. Due to loneliness and isolation, they are at higher risk for emotional distress, physical discomfort, substance abuse, depression, despair, and suicide. Usually, older adults have a medically prescribed list of drugs to treat their different health conditions. When these prescribed drugs are mixed with alcohol or street drugs, then it can cause lethal consequences. Seniors are often reluctant to seek treatment. There are also possibilities that they do not know where to turn for help. (Brewer 2019.).

I have seen many people in Nepal under some form of substance abuse. Cannabis is one of the most common and is found everywhere. Many are addicted to it. Besides, cannabis alcohol addiction is common. It could be one among many other reasons for older adults to end up living on roads. Researching about the underlying reasons why Nepalese older adult ends up living on roads may bring a possible solution. Researching from different prospects and more participants' inclusion may bring out more contents and highlight more issues.

More research could be done as a spiritual approach in elderly care homes in Nepal. The quality of life of the residents' or care providers' skills and work stress in care home staff could be further studied. Other important issues such as evaluating the quality of the services of care homes, residents or staff opinions about the quality of the services, and using medicines in Nepalese elderly care homes could be researched. Developmental studies may be beneficial to both organizations and researchers.

8 CONCLUSION

This research aims to bring out rehabilitative approaches in elderly care homes. However, besides highlighting the rehabilitative approaches, this study was successful enough to reflect elderly care homes' situation. I believe research results will be beneficial for the partner organization and participant organization. Even though older

adults' issues have been a topic of discussion many times in Nepalese news, the government seems less interested in taking the matter seriously. Being a Nepali born citizen, I am concerned about the future of these care homes. So it was important for me to write about the real situation I have witnessed.

In developed countries like Finland, there is a proper evaluation of the need for long-term care, necessary care, and rehabilitation. An older adult decides themselves where to live as long as they are capable of making the decision. Support from the government is strong. Elderly care homes had all the necessities fulfilled. Their primary focus is to improve the quality of living. There are many new technologies built and added to support the quality of care and living. Besides qualitative care and rehabilitation for an older adult, the direct care provider's well-being is equally valued. Proper distribution of work, standard working hours, and competitive salary are giving me satisfaction as a nurse in Finland. Besides work, I have got the opportunity to grow professionally with occasional training and in-service educations.

Whereas in Nepal, care homes' situation, rehabilitation of older adults, and care provider is different. Older adults were rescued from living on roads either by police or care home workers. Even after coming to live in care homes, there were visible shortages and mismanagement. Underlying causes such as lack of funding, proper supply, and questionable qualification of direct care providers can directly affect the overall condition and quality of life of Nepalese older adults living in care homes. Support from the government for older adults in Nepal is very little. Hence, fulfilling their basic needs, providing care, protection, and including various rehabilitation approaches, proper medical treatment remains challenging in a tight budget.

In this situation, any proper set up to conduct planned rehabilitation individually to the resident according to their needs seems impossible. The result summarizes the struggle of the care homes and staff, their fair share of struggles. There was no written strategical rehabilitative plan for any rehabilitative approach. Despite financial problems and shortages, there were some interesting rehabilitative approaches in the Nepalese care home. Giving elderly care home residents freedom to follow their spirituality, encouraging independent daily living, singing, dancing, exercise, and motivating in social causes such as afforestation were positive outcomes.

These approaches helped older adults enjoy life, get their sense of worth, belonging, and gave them purpose in life. These activities were keeping them mentally and physically healthy. These approaches contributed to improving the quality of life of the Nepalese older adults. Immediate attention from the government can bring the necessary changes in these care homes. Proper budget division from the government to uplift the condition of older adults may help better the future.

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APPENDIX 1

Request letter to the research participants to participate in the research via email

Subject: Rehabilitation program in your elderly care home.

Respected sir/madam

A student of Master's degree in rehabilitation is collecting information about rehabilitative programs in elderly care homes in Kathmandu. I would like to request you to let me know about the rehabilitative programs in your care home.

If you could help me by replying to the following questions, it would be a great help for my studies.

1. How are the resident rehabilitated in this care home?
2. Describe an example of the best rehabilitative practice.

Any information you provide here will be kept anonymous, and there is no need to write the name of the person who replies to the questions, except his/her brief information about their role and responsibility in the organization and their academic background.

Sincere regards,

Binita Thapa

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