

# TREASURE IN ELDERLY CARE LEARNING: A SERVICE-LEARNING EXPERIENCE AT A NEGHBORHOOD CENTRE IN HONG KONG

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# **ABSTRACT**

Service-learning is a useful learning activity for students to understand and analyse the health and social conditions of elderly recipients. It offers a practical environment for the study of ageing. Students make the service-learning meaningful, by combining the course idea and concepts in the activity during service. Students enhance learning experience by finding an appropriate health suggestion to the elderly while investigating the health conditions of the elderly. Students enrich additional vision by designing effective activities for the elderly and explaining the course idea to the elderly. The elderly provide opinion in the activity and inspire students to have a better management for further life and service-learning. In this study, an experience of service learning in elderly home is described. It covers several themes: (a) preparation of service learning, (b) analysis of designed activities, (c) reflection on this service-learning, (d) comparison of in-class learning and service-learning.

# **KEYWORDS**

service-learning, students, elderlies, community elderly centre, site services, communication, teamwork, challenges

# INTRODUCTION

Critical thinking and effective learning are always accepted as the essential elements in the learning process. In Hong Kong, the education system is very much a "spoon-

fed" and 'cramming' education approach. Teachers always inculcate the teaching materials to the students as the major and common teaching modality. Under such a "normal" direction and practice, the students must memorize all the notes for the internal and open examinations in primary and secondary schools. In tertiary education, some teaching institutions have adopted service-learning in the subjects offered to undergraduates. This innovative teaching and learning module may stimulate critical thinking and effective learning among the students. In recent years, service-learning has become an initiative teaching module instead of the convention inclass learning approach for some subjects at universities in Hong Kong. Community centres and institutions are used as learning venues and hubs for students to serve selective recipients in or near their living environment. In this study, an experience of service learning in an elderly home is described with the coverage of the preparation of service learning, analysis of designed activities, reflection on this service-learning and comparison of in-class learning and service-learning.

# WHAT IS SERVICE LEARNING

Service-learning is classified as education through experiential learning. It combines the community service and academic study into one process. It also provides some specific and designated learning outcomes for students to achieve. Students increase the learning experience from the reflections. To maintain good service-learning, it must include three elements: application of academic knowledge and skill, collaboration with the organization to carry the community service, and reflection

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on each session. [1] Therefore, service-learning is a complicated learning system as learning and service-providing must be processed simultaneously. To complete the learning outcomes, service-learning includes four stages: investigation and preparation, action, reflection, and demonstration. [2] Through the four stages, students will have a clear mind about the services and follow the steps to attain the performance and outcomes.

# CASE OF A NEW SERVICE-LEARNING SUBJECT

A new service-learning module was introduced as a compulsory subject, Practices in Health Promotion, in the year 1 study of the top-up undergraduate programme in Health Studies (HS) by the School of Professional Education and Executive Education (SPEED) at The Hong Kong Polytechnic University in 2019.

# STUDENT PARTICIPATION

A total 36 students were admitted to the HS and hence the same number of students took the new service-learning subject. The class was divided into four groups, of 8 to 12 students, and each group was assigned to one community elderly centre under the management of Sik Sik Yuen, a prestigious religious non-government organisation (NGO) with a long history in Hong Kong. Two groups were carrying out home visits predominantly as the service. The remaining groups were serving the elderly recipients at the premises of the centres. One of these two latter groups was invited to be involved in the "Dementia Community Support Scheme", a new joint initiative of the Social Welfare Department and the Hospital Authority, to serve senior citizens who were known to suffer from mild dementia. This paper reports the experience of service-learning activities carried out by one of the groups, of 12 students, at a centre, which incidentally was situated within walking distance of one of the campuses of SPEED.

# **INVESTIGATION AND PREPARATION**

The senior management of Sik Sik Yuen was very supportive to this project. Four centres were selected to accommodate the students during the ten weeks of service. The course content (Appendix A) was presented to them and the heads of the four centres. Six University teachers were appointed site supervisors, who met and discussed with the respective centre in-charge and staff to work out the scope and implementation issues of the

services and the detailed logistics of site services by the students. Some site-specific adjustments were made to the arrangements and contents as a result of the situations and circumstances surrounding the centre venue, personal life of recipients and carers, progress of site delivery at individual centres. Site Supervisors shall make appropriate arrangements as they see fit, in consultation with centre-incharge and the subject lecturer.

Before the service-learning, all students attended three lectures on health promotion. These classes covered some fundamental concepts and theories about the subject. Student needed to acquire the academic knowledge before applying the theory and skills in the services. On the first day of service, the twelve students were separated into six groups of two people. Each group needed to investigate the needs of recipients (Appendix B).

The first task then was to build up a friendly relationship with the senior citizens, but there was an obvious generation gap between the students and the elderly. A communication strategy was applied. Mikelić Preradović [2] has stated that language skills are required to decline such as the vocabulary and repetition should be adjusted to suit the elderly. Williams, Kemper and Hummert [3] believe that the Communication Enhancement Model can promote effective communication and decrease the use of elderspeak. This model suggests that an active understanding of the factors influencing the health conditions of the elderly must be applied by the provider. [4]

By using the communication strategy and model, it helped to have an in-depth understanding of the target recipients. Then the students could choose appropriate vocabulary and language skills for the elderly recipient. They also built up a relationship with each other and fostered communication. At the same time, students formulated the type of questions for the elderly because some health issues might touch on personal privacy during the needs assessment consultation. For example, it is difficult to ask the question like 'regular medication' and 'mental status' at the first encounter, it was also an embarrassing questionasking style for the students to handle.

Once the results were collected, student would suggest some approaches and provide health information to the elderly. Most of the recipients were found to be suffering from a sleeping disorder, having a 'yum cha' (Cantonese breakfast) habit and bothering with negative thinking of

"no one cares about them". Diet can affect sleeping quality. For instance, a carbohydrate diet will increase the blood sugar level rapidly and the body releases insulin to lower the blood level by the physiological mechanism. This hormone-releasing can obstruct sleep. 'Yum cha' includes different types of dishes, called "Dim Sim", rich in carbohydrates. To address these problems, three types of activities were designed by the students, including interacting activities, informative sessions, and role-playing games, which had drawn the attention of the recipients and enhanced the effectiveness of health promotion.

# ACTIONS AND DEMONSTRATION AT THE CENTRE

# **HEALTH SEMINARS – INFORMATION SESSIONS**

The structured health seminar mainly talked about essential knowledge and provided direct information to the recipients concerning about their health and habits. In each topic, the student presenter would analyse the causes and impact of health conditions because accurate health knowledge might arouse the attention of the elderly and motivate the recipients to undergo behavioural change. To illustrate, the seminars covered talks about the nutrition values of the variety of the dim sum. The recipients were willing to change their habits to more healthy eating when they learned the health knowledge from the information sessions.

# **GAMING AND EXERCISE - INTERACTING ACTIVITIES**

Interacting activities like gaming and exercise attract the attention of the audience through participation. Gaming can build up an entertaining ambiance and thus decrease boredom. Through the group game, it can also eliminate the generation barrier and increase friendship. An exercise is a practical approach to health promotion. In the design of exercise, students had considered the physical ability and strength of the elderly. It would be hard to the elderly recipients to perform complicated workout because of the weak and degenerative body conditions. Simple exercise was appropriate for the elderly as they are vulnerable. In the tutorial of exercise, the student instructor had mentioned the benefits of each exercise, particularly arising from the variation of exercise. These activities were welcome and highly appreciated by the recipients.

# **ROLE PLAYING GAMES**

Before the role-play session, students examined the present-day elderly's situation and would contribute empathy to the recipients in the acting. Through the played

role of cast as an elderly, performing students could feel about the conditions of the elderly. In the role-playing game session, a condition of loneliness and isolation about the elderly individual was cast. This could increase the awareness among the students about elderly care. In general, most elderly individuals lacked family caring as family members put much time into other activities.

#### **SUPERVISION**

Guidance and assistance were provided by site supervisors. During the service, site supervisors assisted the students to develop their ability in applying principles and concepts of health behaviour which motivate individuals to adopt a healthy lifestyle. Although all formal assessments were to be done by site supervisors, centre supervisors also provided advice to students, and feedback to subject lecturer and site supervisors during the service duration. More specifically, the progress and general health status of recipients would be communicated to the students for them to understand the impact of the services being provided.

# REFLECTION AND DISCUSSION

In this service-learning module, students learned a lot of social skills and team skills in health promotion. Although there were limitations, team skills were employed to solve the predicament. For example, in the exercise activity it was hard to talk about the benefits and demonstrate the exercise simultaneously. To resolve this issue, a student demonstrator was assigned to provide understanding of the exercise. The service-learning subject also offered a practical learning chance for the students through the application of the course content in the service, using the core idea acquired in the course. [5] By applying the idea, the students might need to consider the variable factors and the effectiveness of the promotion approach. After all, service-learning is an experiential education circumstance for students to have practical learning and to promote their learning experience. A discussion meeting for all the students and supervisors was held during mid-way of the site services to share the experience, issue of concern or interest, difficulties, and interesting or memorable encounters, as well as comments on the subject. In addition, individual students submitted two reflective journals as part of the course assessment in addition to group projects.

# COMPARISON OF IN-CLASS LEARNING AND SERVICE-LEARNING

In in-class learning, the teacher plays a significant role in teaching. During the class, no student will interrupt the teacher even when the student has a question. Students can only ask question either permitted by the teacher or after the class. The role of a teacher is like a driver who manages the class as his/her desires. [6] Teachers have the decision on the teaching module and dictate the teaching materials for the students. In addition, the classroom is another important factor in in-class learning. The classroom generally is equipped for simple teaching performance, but it is not effective in sessions such as 'the health promotion on elderly' conducted at the community centre.

In in-service-learning, a further working circumstance is provided. Students can think about the combination of the venue environment and equipment to maximize the effectiveness of activities. Students will contribute a lot of time to the task preparation and to design appropriate activities for the elderly to realise the course idea. Unlike inclass learning, service-learning is creative and much more interesting in learning because the student can test and prove their ability in the activity design and leading the show. However, service-learning involves different types of tasks for the students such as preparation, action, reflection, and demonstration. As a result, service-learning is an experiential education for students to obtain knowledge via a service practice.

Under a practical learning place, students can be more familiar with the place of their future working field. However, students need to get familiar with the learning module and apply the academic study effectively in service-learning outside their usual campus environment. It can potentially become a complicated learning condition for students, resulting in extra demand, efforts and even stress. Under such challenging teaching and learning arrangement, students must overcome the difficulties independently among themselves, even though the teacher supervisor will provide professional advice and guidance.

# CONCLUSION

Service-learning is a learning practice that helps the students to link the course knowledge into the community. It has been demonstrated that students and the elderly can learn from each other in the site service at the

community centre. The elderly is also a treasure to students because they share their precious life experience with the students. From the experience, students learn the skills in a life lesson while the elderly can increase the knowledge about health. Service-learning becomes a knowledge-exchange platform for the participants and recipients, and vice versa. Furthermore, the project has increased the students' awareness and understanding of the conditions in the community and provides them a sustainable education to develop their critical thinking.

# **ACKNOWLEDGEMENT**

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# **Course content**

Week	Contents	Schedule
#Weeks 1 – 4	Learning on relevant health promotion concepts/models and service skills.	3 hours on Saturdays (7, 21 & 28/9/2019) at PolyU Hung Hom Bay Campus (HHB)
Week 5	Briefing by centre supervisor, and social meeting recipients and carer/family.  Relationship building: games and demonstrations.	Visit 1  101A* - Thur, 3/10/2019 101B* - Fri, 4/10/2019 101C* & D* - Sat, 5/10/2019
Week 6	Needs assessment: baseline questionnaire, and discussion of common health concepts with recipients and carer/family.	Visit 2  101A - Thur, 10/10/2019 101B - Fri, 11/10/2019 101C & D - Sat, 12/10/2019
Week 7	Baseline health assessment, and reinforcement of common health concepts with recipients and carer/family.	Visit 3  101A - Thur, 17/10/2019 101B - Fri, 18/10/2019 101C & D - Sat, 19/10/2019
Week 8	Talk on general health knowledge and attitude, and addressing individual's needs, followed by discussions.	Visit 4  101A - Thur, 24/10/2019 101B - Fri, 25/10/2019 101C & D - Sat, 26/10/2019
Week 9	Advice and demonstration on nutrition and eating patterns: games.	Visit 5  101A - Thur, 31/10/2019 Fri, 1/11/2019 101C & D - Sat, 2/11/2019
Week 10	Physical exercise, engaging the recipients and carers/families.	Visit 6  101A - Thur, 7/11/2019 101B - Fri, 8/11/2019 101C & D - Sat, 9/11/2019
Week 11	Role play on psychosocial needs addressing issues of anxiety, depression, stress, sleep, leisure, and social support.	Visit 7  101A - Thur, 14/11/2019 101B - Fri, 15/11/2019 101C & D - Sat, 16/11/2019
Week 12	Practical advice on pain management, medication compliance, alcohol use, and smoking cessation.	Visit 8  101A - Thur, 21/11/2019 101B - Fri, 22/11/2019 101C & D - Sat, 23/11/2019
Week 13	End-of-project follow-up health assessment. Each recipient will receive a souvenir card, with information of assessment and health advice, designed and prepared by the students.	Visit 9  101A - Thur, 28/11/2019 101B - Fri, 29/11/2019 101C & D - Sat, 30/11/2019

<sup>\*101</sup>A, B, C and D are group labels. #Weed 2 was a public holiday.





#### **SEHS4669 Practices in Health Promotion**

#### Semester 1, 2019/20

# NEEDS ASSESSMENT

(This template serves as a guide to what should be covered in the Need Assessment in Week 6 and at the end of the Project. Reports of the two assessments can be completed separately or as a combined report of the two assessments. One report will cover on recipient. These Assessment reports are counted as part of the Service Performance Assessment. Please submit the reports via Moodle in the pdf format.)

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Name of Recipient:

Name of Student(s):

Group and Name of Centre: Group 101

- 1. General health knowledge and attitude
- 2. Self-care routines and Helpers / Carers
- 3. Regular medications
- 4. Drug compliance
- 5. Alcohol use
- 6. Smoking history
- 7. Nutrition status and Eating pattern
- 8. Physical exercise and Mobility
- 9. Mental status: anxiety, depression, stress, sleep
- 10. Pain and Management
- 11. Social and psychological support
- 12. Utilisation of health services
- 13. Health assessment
  - · blood pressure
  - pulse rate
  - heightbody weight
  - Body Mass Index (BMI)
  - waist-to-hip ratio
  - gait
- 14. Other remarks or comments