LEISURE IN AN AGED CARE FACILITY
From Institution to Resort – Making Aged Care ‘Sexy’

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SUMMARY

This paper will challenge many of the currently held views regarding leisure within the aged care sector in a logical and thought provoking way. The concept of leisure and lifestyle will be defined and examined from the perspective of the resident and in compliance with The Aged Care Act 1997.

It is envisaged that by the conclusion, a broader insight into the role of leisure in advancing areas of quality of life for residents and a greater insight into problems that exist when leisure is imposed on residents will be understood.

It is further hoped that a serious examination by the industry will result in more residents achieving a truly beneficial leisure experience by examining novel ways of dealing with problems rather than admitting defeat or reverting to a ‘too hard basket’ mentality. It is believed that an organisation such as Geriaction is the idea vehicle in which to progress this debate.

INTRODUCTION

I wish to discuss leisure and its application in an aged care setting from a personal rather than an academic stance. While it would be easy to quote *ad nauseam* from the literature, where a myriad of material exists, I believe that more will be gained from a practical approach. Too often we become so bogged down in theories and speculation that we fail to apply solutions to glaring problems that are in front of our very eyes.

This paper will challenge some of the existing notions that surround leisure and residents of aged care facilities (ACF). Often the need to be a caring facility can work to erode personal freedoms under the guise of “doing what is best for you” and “you will feel better for it”. There is a pressing need to progress the debate in this area; to further investigate and educate administrators and staff of aged care facilities of this important, and yet often neglected aspect of daily living.

LEISURE AND LIFESTYLE

The concept of leisure is one that is much talked about and yet is not readily understood. Most of us appreciate that some form of leisure is important in our lives while acknowledging that we don’t always have the time or resources to fully enjoy it.

Leisure in the main is seen as the opposite of work and is closely related to a notion of time. Whilst the concept of leisure is part of our daily lives, it is not always clearly understood.
Even the simple attempt to produce a definition often results in endless hours of debate and delineation. Confusion revolves around such concepts as time, activity, sport, recreation and hobbies.

Leisure can be all of these but it is much more. Leisure is about **CHOICE**. Leisure is an important factor in determining our quality of life. Usually when leisure is discussed, it takes the form of one or more of these elements, TIME, ACTIVITY, EXPERIENCE and STATE OF MIND.

While time is a component of leisure, it must be appreciated that other elements help to make up the concept. For the sake of this discussion, I would like to use a definition of leisure that was painstakingly developed as a basis for my thesis. By doing so I will readily acknowledge that it is not a ‘total answer’ to what leisure is but has been proven workable in a number of instances. A definition of leisure might be:

*A freely chosen experience, either active or passive, that is enjoyable, relaxing or fun and that can happen anytime and last any amount of time.* (Baron 1995)

This definition is neither age nor gender specific, nor does it rely only on a time aspect. The element of choice is critical in any discussion of leisure and is seen as an essential element in dealing with leisure in an aged care setting.

The concept of lifestyle is also difficult to define, with Methven (1997) stating that:

*Leisure is not the same as lifestyle, but it is a very substantial part of it in developed economies, either directly or indirectly.*

Often what is touted as encouragement in getting residents in aged care facilities to partake in leisure activities is in reality coercion or even harassment by enthusiastic well meaning staff who lack basic understandings of leisure concepts.

The Aged Care Act 1997 is explicit in the need for aged care residents to be able to retain choice and independence in their leisure pursuits. Yet often concepts of leisure are not fully understood by administration and other staff in aged care facilities who move from acting as facilitators to imposing their value systems on reluctant recipients.

How we determine our leisure is personal. It should not be determined by others. Many elderly people have survived, no more than that, thrived for decades with no intervention into how they should spend their leisure time. It is difficult for them to accept any intervention and this interference helps to entrench the dependence structure of the facility.

What is wrong with sitting at the window and staring at the world passing by? We have all enjoyed this experience, yet many people living in aged care are discouraged from partaking or are made to feel guilty of that simple experience. Likewise the use of television, repeatedly the number one leisure activity of all age groups in Australia (DASETT 1991) is sometimes seen as a waste of time. The maxim that “idle hands
are the devil’s workshop” does still exist. An understanding of a person’s leisure at any level requires an understanding of the person. In aged care, it is necessary to ‘unlock the person’ behind the care plan before any attempt can be made to address their leisure needs.

INSTITUTIONS BY ANY OTHER NAME

While we live independently, we have choices available to us. We are able to determine our leisure as individuals while living in the community, but we often have that choice taken from us upon entering an institution. To many people, aged care facilities are seen as institutions.

A change of domicile to an institution or facility, whether voluntary or imposed, encompasses a myriad of losses resulting in grief during a period of adjustment and compromise with uniformity and conformity being the major elements. The process is frequently one of sadness and often the inevitable admission that the end is near.

Gone are all the familiar facets of a previous life, the well used kitchen, the treasured garden, perhaps the pet cat or dog, even the noisy neighbour, replaced by a strange place filled with strangers. Routines that have been followed for decades are replaced with imposed regimes that seem to suit staff rostering more than resident needs. Is it little wonder that this unsettling process often leads to the resident complying to others wishes, which in turn is seen as an acceptance of what is happening. Such is institutional living.

Institutions whether they be military, prisons or aged care facilities have many common aspects. A definition of institutionalisation relevant to Aged Care might be:

Institutionalisation is the process by which an area of community concern is moved from individual action and responsibility to government and/or professional control. It includes the development of a body of knowledge and specific skills ‘owned’ by ‘experts’ who act for and on behalf of the public who in large measure control government funding for that area. (Unknown)

Uniformity of place and setting, food, filling unproductive hours and limited personal contacts are hallmarks of the facility. Time is dictated by staff rostering and convenience with resident needs often becoming secondary.

Staff response is a need to have a rigid regime and to keep the occupants busy, a need to ensure that everyone is involved. Why? In most institutions it is usually to prevent unrest from occurring and to allow staff to believe that they are doing something positive for their charges and to be seen to be providing a happy atmosphere.

Let me explain by way of example. My in-laws who are both in their mid-eighties still live in their own home and enjoy an independent lifestyle. While their notion of leisure varies from mine, it suits them. Often they will get up in the middle of the night and play a game of cards, have a cup of tea and a chat. They then can sleep in to a time that suits them, with the knowledge that they will be undisturbed. How would this situation be treated within an Aged Care facility?
Within institutions often a notion or belief exists that involvement in an activity is beneficial, indeed necessary for the resident’s own good. This notion contravenes not only the ability for individuals to exercise choice in determining their leisure but is contrary to the existing Standards used in the aged care industry.

STANDARDS

I believe that five Standards are specific to the area of leisure and lifestyle:

3.5 INDEPENDENCE
3.6 PRIVACY AND DIGNITY
3.7 LEISURE INTERESTS AND ACTIVITIES
3.8 CULTURAL AND SPIRITUAL LIFE
3.9 CHOICE AND DECISION MAKING.

I believe that if an Aged Care facility adhered to all aspects of these five Standards that the opportunity for residents to experience leisure would be achieved. I am also realistic enough to appreciate that to regularly accomplish this feat for each resident is beyond the physical and financial scope of any facility.

Compromises do have to be made and herein often lies the dilemma. How do we meet the needs of residents and still stay within budgets and other limitations? The answer is not an easy one but a partial solution may be found in a rethinking of the role of the facility. It is time to seriously address what role an aged care facility is playing in the lives of its residents.

I must mention here that aged care facilities have a poor public image. This image has in part been earned in the past by a small number of operators not doing the right thing. It has also been largely promoted on television and through our culture as not the place to be caught dead in. Endless jokes abound about sending someone to ‘a home’. It is seen as the last stop before we depart this earth and a place where the frail, confused and useless go.

NEED FOR A DIFFERENT MODEL

At present aged care facilities use a medical model that treats a resident as a patient; that is someone in need of physical, mental and emotional assistance. A sense of helplessness. A change in focus from a medical model to a hospitality model would allow many of the problems that now exist to be addressed and a positive atmosphere to be promoted.

If we were to modify the focus from an aged care facility to that of a long-term resort facility the whole perspective would change. Yet what would we be changing?

If we analyse both models, aged care and hospitality, we see many similarities.
In addition, if management of either facility are being honest, they are not going to attempt to say they are providing a ‘home like’ environment. What the resort will promote is the notion that it is better than being at home. They are selling a perception of a comfortable lifestyle. A day to day existence where a guest benefits from a pleasant ambiance, caring staff and a desire to fulfill you every need. The reality might be slightly less than the perception. Even the classiest resort will have staffing problems, difficult guests and plumbing that decides not to work.

So why is a “Dunk Island” or any of the other resorts seen as a great place to spend time, while the “Hazy Days Retirement Village” is frowned upon? I was asked recently, “How do we make aged care sexy”? Perhaps the greatest single step is in providing some form of choice; by changing the common held perceptions and by valuing residents as guests.

At a resort, a guest is seen as a valuable person whose needs must be addressed and who commands a level of respect. A list of activities may be presented for consideration, but the decision of choice is up to the individual. It would be a brave resort indeed, which would try to coerce a guest into using its services if they did not

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<th>AGED CARE</th>
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<td>Exist to sell service 24 hour x 7 days</td>
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<tr>
<td>Accommodation (including room cleaning)</td>
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<td>Varying length of stay</td>
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<td>Provide food (including special menus)</td>
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<td>Provide activities (Internal &amp; External)</td>
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<td>Difficult/demanding Residents &amp; Staff Problems</td>
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want to. And for what purpose? Just because there is a pool on site doesn’t mean that every guest must use it. The secret in successfully managing the resort is ensuring that sufficient options are available so the guest can choose the activities that they prefer.

If the only choice is sing-a-long or stay in you room, with an expectation that you will be letting people down if you don’t attend, then the resident is more likely to attend. But is this providing any leisure benefit to the resident? One consideration in Standard 3.7 states that:

Staff act as facilitators -- supporting and assisting residents, their families and friends to engage in chosen pursuits. The intent is to extend the options available for residents to engage in their own interests with friends and associates. Options should not be limited to those activities that can be organised by staff or to those involving only other residents,

Options appear to be the key word in this statement. But are residents really given options? In a resort, if a guest wishes to sleep in, a ‘do not disturb’ sign is sufficient to allow the process to happen. While in theory this may be the situation in an Aged Care facility how often is the idea promoted to residents?

Meals in the restaurant/dining room, or room service are both acceptable. With an acknowledgment, that the room service attracts an additional cost. (This is currently the situation in some facilities in Canada). Is this situation possible in your aged care facility?

CONCLUSION

There is no question that management and staff of aged care facilities want to do what’s best for their residents and it is not the intent of this paper to cast any dispersions on anyone.

There is also a long way to go to change a culture to where residents are viewed as guests but this is one model that needs to be explored and exploited if we are truly going to enhance the quality of life of these people. I speak here with a possible interest in having a spot someday in an ACF. My postcard then might read:

“Spending our days in a resort, our own room, good food, nice staff. Lots of opportunities to do what we want. Feeling a bit tired after the dance competition last night, think Carla and I will have a lie down, maybe even a nap. Will catch up later.”

Now that sounds sexy. The challenge exists to ensure that it will be a reality. Is your facility up to the challenge?

REFERENCES

