

AGING IN RURAL NEW BRUNSWICK:
PROJECT SUMMARY REPORT FOR THE NEW BRUNSWICK HEALTH RESEARCH FOUNDATION¹

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Project Summary

a) What were the objectives/goals of your research?

The purpose of our study was to examine the impact of the institutions of health care on rural elderly individuals through the examination of their daily experiences. More specifically, we examined how the delivery of health care services influenced the psychological, social, and physical health of rural elders in New Brunswick. Beginning with the lived experiences of rural elders, our study had the following research goals: 1) Chronicle the social organisation of health care and services and their influence on the lived experience of rural seniors; 2) Identify possible cultural, structural, and gendered barriers to achieving or maintaining health; 3) Examine schemata and coping mechanisms used by older individuals to make sense of institutional organising practices; and 4) Examine the psychological, physical, and social consequences of these practices. In general, the four objectives have been met and we are in the process of writing 2 manuscripts to be submitted for publication this fall. Two additional manuscripts are also in the planning phase with a target date of next spring. The first two manuscripts focus on the emergent findings (e.g., the essentialising of the role of family, the implementation of norms in home care). These papers focus on the findings of the major themes, which cut across all interviews. The additional two manuscripts will focus on gender and cultural differences, respectively.

b) Who did you involve in your research (i.e., community partners, government, practicing clinicians, other)?

This study was an inter-university (St. Thomas University & University of New Brunswick) and an inter-disciplinary collaboration (the PI is a sociologist and the co-PI is a psychologist). As such, a hybrid methodology was used (Psycho-Social Ethnography of the Commonplace – P-SEC) as a means to bridge the disciplinary differences. P-SEC is an approach amenable to interdisciplinary research.

c) Where did the research take place?

This research took place in rural New Brunswick. For example, the following areas were included: Clair, Connors, Plaster Rock, Cap Pelé, Stanley, and Perth-Andover. Interviews were face-to-face and carried out predominantly in the homes of the participants. Interviews were audio recorded except for one where notes only were taken. Interviews averaged 2 hours in length. Research assistants transcribed all interviews (i.e., the recording was transformed into a word document). This produced 1000 pages of text to analyze. Following this, the data was organised and analysed (e.g., thematically)

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using a qualitative analysis program (NVivo). The transcription and analysis took place in the research space assigned to the co-PI and PI in the Department of Psychology at the University of New Brunswick.

d) Describe the target population/sample in your research.

The target population for the study comprised individuals 65 and older living in rural settings across the province of New Brunswick. A community was designated rural if its population base was less than 2,500, and had no major health care facility (e.g., hospital). A total of 22 rural elders were interviewed. Five participants were men and 17 were women. The average age was 80 years old and ranged from 67 to 95 years. All but 2 lived in their own homes. Forty-five per cent were married at the time of the interview, 45% were widowed, and 10% were divorced. On averaged, they had four siblings and 4 children. Out of the 22 participants, four were Francophone. With respect to the diversity, we achieved our goals, although we hoped for a better distribution across the groups (men/women; Anglophones/Francophones).

e) What did you find? (List the five most important points).

The following major themes were most prevalent: 1) The lack of resources to get the care needed; 2) the inadequate and inflexible nature of care and services; 3) the problematic reliance on family members to provide care; 4) the lack of appropriate training of home care workers, 5) the need for increased and flexible care programs; and 6) the lack of transparency regarding the mechanism to determine the need for and access to care. Findings indicate that the current New Brunswick system of healthcare and services for elders in rural areas of the province are inadequate in meeting their needs. These deficiencies lead to an essentialising of the role of family networks, which are critical to meet the needs of the aging person and to maintain their independence at home. This places excessive demands on family networks, and makes untenable the reality of rural elders who do not have such networks. Friends also played a role but to a lesser degree. When a family network is not present, provincial aid for rural elders is pivotal to maintain their ability to remain in their own home, especially when these individuals lack the ability to pay for services that the family cannot accommodate. On a positive note, findings demonstrate that with good quality of formal help (i.e. well trained home care services, etc.), increasingly dependent aging individual can remain in their homes. The findings demonstrate, however, that better training, education, and standards for home care workers including family and friends are needed. With respect to the availability of services, participants had limited knowledge in terms of how the need for specific care and services was determined. Seniors did not seem to understand the system well and did not know where to seek advice. An overwhelming and pervasive presence of fear surrounded the availability and maintenance of care. Both elders and their family seemed perpetually worried that their care and services might be reduced or cut.

f) What potential implications does your research have for the following: (1) Current body of knowledge of your research topic (i.e. contributed to theory, etc.), (2) policy, (3) clinical practice, and (4) health services? (Provide information for all that apply).

Given the rapidly changing demographics of the aging population in Canada (e.g., movement of NB young adults away from rural areas), the investigation of the reality of rural elders at this particular point in time is crucial for both the academic and wider communities. This research adds to the growing body of literature on the elderly and healthcare. The present study also provides a novel approach through the centralizing of the lived experiences of rural elders for the purpose of identifying the influence of healthcare services and practices on their psychological, social, and physical wellbeing. Thus, this research adds to the growing body of work that explores the health care institution from the perspective of and lived experience of the people most affected and marginalised. Based on the

findings of the research, summary reports with policy recommendations and scholarly paper are in progress. Though the actual impact is difficult to measure, the findings have local, provincial, and national implications for the organisation and delivery of health care services to the elderly rural population. These findings could be used to inform policy development and clinical practices in government and health and home care agencies. In summary, the present findings contribute to the current body of literature, policy development, and clinical practice by increasing our understanding of how institutional practices are inadequate in meeting the needs of our elders.

g) Has the research led to any additional research questions or areas of interest that you want to pursue?

The present study has led to the development of: a new project on older elders (90+) and resilience (see the next question for further details), and the training of a master's level student visiting from Brazil. She arrived with research experience in the area of elder psychological health. Thus, under our supervision, she is completing the research component of her one-year program. The focus of her apprenticeship is to learn the P-SEC methodological approach that we utilised, and to help develop and take part in a pilot study that will replicate the study funded by NBHRF but for the Brazilian context. The intent is to determine the feasibility of a larger collaboration and permit a comparison of Brazil-Canada in terms of aging and health in rural milieus. We also want to examine the role of family and the extent of its influence on the ability of aging in a healthy and independent manner in rural contexts. This will shed light on the modes of delivery of formal and informal care in both cultural rural contexts. The goals of this collaboration, therefore, will be to further knowledge, to evaluate strategies and approaches proper to each country, and to consider their cross-cultural transferability. We currently are consulting with Dr. Ivy Bourgeault, who holds the Canadian Institutes of Health Research Chair in Health Human Resource Policy, to properly develop the tools and strategies that are necessary for international collaborations.

h) Summarize how this NBHRF Grant has assisted in your development as a health researcher.

This study is part of our larger research endeavours to examine the impact of various social institutions on the daily lives of marginalised groups. The NBHRF study has allowed for the expansion of our interests and investigation into a different marginalized group; namely, older Canadian elders who need care and services. Moreover, this study also prompted us to explore in more detail the oldest seniors' experiences specifically. Given the demographic differences and needs between young elders (e.g., 65 or 75 year olds) and the oldest of the old (90+ year old elders), we decided to focus a new study on the later group. This study will investigate the resilience of 90+ individuals in the Maritimes. We do not have funding for this new study as of yet. We applied at the federal level for funding earlier this year and are waiting for a response.

i) How will this project lead to improvements in the health of New Brunswickers (i.e. implications for health policy, services, outcomes, practice or innovation)?

Through the examination of the lived reality and perspective of rural elders, and because of the methodology we utilise, findings of this project pinpoint to the specific inadequate or deficient policies or practices to be reviewed and/or changed. It also helps identify in a very specific manner practices that aid in maintaining and improving the health of rural elders. Specifically, we have started to develop recommendations based on the analysis of the qualitative data. Two overarching premises represent starting points: 1) Keeping seniors in their own homes is the most cost effective and preferred approach to aging well in rural NB. 2) Informal care (e.g., family) is the most critical element in keeping elders in their own homes. Accordingly, the following recommendations should be operationalised:

1. Develop strategies to ease the provision of informal-care;
2. Reduce elders' dependencies on informal care;
3. Provide Seniors with an Information Line that can provide confidential and non-prejudiced information regarding all senior-related health and service programs);
4. Increase the flexibility of informal caregivers' respite program;
5. Develop specific training programs and develop on-going training upgrades for formal and informal care-workers;
6. Raise wages for formal home care workers and increase formal training for some specialised care; and
7. Better assess, on an on-going basis, the needs of seniors to maintain independence.

