THE ROLE OF HOME CARE COMMUNITY HEALTH VOLUNTEERS (CHV) IN MALAYSIA

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ABSTRACT

The objective of this study was to assess the role of Home Care Community Health Volunteer (CHV) in delivering services to elderly and family during the crisis in Home Care in Klang Valley and its associated factors. The result of this study was organized into two (2)-factor framework consisting of contextual factors and outcome factors. The descriptive evaluation methods of research include interviews (qualitative) and mailed questionnaires (quantitative). Data were analyzed to describe self-reported activities of home care CHV as they interacted with elderly, friends and families from 21 Home Care in Klang Valley. The emailed questionnaires were sent to 210 home cares CHV to identify the interaction role of home cares CHV, socialization activities and prevent isolation with elderly. The subjective portions of reports were analyzed to identify concerns described by elderly to home care CHV. The respondents comprised 55% females, 85% married, and 50% aged above 45 and above and 75% completed their education up to secondary school. Data were analyzed to describe self-reported activities of 21 Home Cares CHV as they interacted with elderly, friends and families. Among the activities assigned to home cares CHV is as compulsory duties assisting caregivers of home care such as listening and responding, interaction with elderly, providing physical and spiritual comfort. CHVs offer interpretation and translation services, provide culturally appropriate health education and information, help people get the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid. The result revealed that 59.0% of the respondents agreed and understood their role of home care CHV. Results feature the analysis of both volunteer (n = 210) and caregivers narratives (n = 21) to make the home healthcare workings more transparent. The results will hope to improve educational programs for home care CHV in terms of evaluation of Hospice and Palliative programs despite establishing a data base support to the need for home care services.

Key words: Home Care, Community Health Volunteer (CHV), contextual factors, outcome factors, interviews and mailed questionnaires

INTRODUCTION

This paper begin with the definition of home care; adopting the concept of community health volunteer (CHV) in home care; the common role of CHV in KOSPEN; social network and social support model; the descriptive evaluation methods; qualitative data; quantitative data; validity and reliability of the data; the normal role of CHV in home care; internal care activities support; social care activities support; social healthcare support; the new interaction role of CHVin home care; the socialization activities with home care CHV; the prevent of isolation with home care CHV; the risk of isolation and effect of social interaction; psychological and spiritual interaction in home care and finally the conclusion.

DEFINITION OF HOME CARE

A home care is sometimes called an old people's home or old age home is a multi-residence housing facility intended for senior citizens. Additional facilities are provided for meals, gatherings and recreation activities. The general definition of home care means all category of homecare including the social home care, day care and active day care centre, nursing or rehabilitation care, community care where activities are mainly operated in home base (Ali & Aziz, 2018).

ADOPTING THE CONCEPT OF COMMUNITY HEALTH VOLUNTEER (CHV) IN HOME CARE

Volunteers are those who offered themselves in assisting the victim of the crises. Most of home care doesn't required the volunteers either during or post pandemic of Covid-19. Caregivers were assigned in handling part and parcel and the necessities required by elderly in home care were sufficient. The need of CHV in handling daily duties on a commission basis likewise in hospital, hospice and palliative care is more to towards the sustainable and the social assistance (Brazil, 1995; McAuley, 2003). WHO (2015) had demonstrated the important role of CHVs in achieving goals related to health indicators in Millennium Development Goals (MDG), for example, in MDG 4 to reduce child mortality, MDG 5 to improve maternal health, and MDG 6 to combat HIV/AIDS, malaria (Parajuli, 2020). The issues were adopting the concept of CHV to be applied in home care industry particularly in Malaysia. What should be eradicate the non relevant task and retain the relevant task in assisting caregivers in fulfilling and handling the elderly needs in home care.

THE COMMON ROLE OF CHV IN KOSPEN

The health Malaysian programme named Komuniti Sihat, Perkasa Negara (KOSPEN) means a healthy community were found in 2013 with an objective to transform public health services through an aggressive approach to the establishment of functional units consisting of volunteers from communities across the country that will serve as a health agent of change (Ramly, 2016). KOSPEN were targeted to improve awareness among individual and community on no communicable diseases (NCD) and their risk factors, basic preventive measures, and detection of risk; transformation of health knowledge to healthy behavior and lifestyle; and creating healthy lifestyle environment (Ramly, 2016). KOSPEN improvise practices in eating healthy, active lifestyle, no smoking, weight management, and NCD detection through health screening. The volunteers are from their own village, and they are not paid or given any incentives or allowances. The whole concept is voluntary basis. They are preferred to be 15 years old and above, able to give full commitment as a health volunteer, able to read and write, and permanent residents of the village and there are no personal, political, and religion interests. They will undergo a course of health training and will be provided with job aid tools such as blood glucose monitoring kits, weighing scales, and measuring tapes for the routine health screening. Since 2013, there are a total of 45 villages proposed in the health programme KOSPEN in Kuching division; however, to date, only 21 villages had launched the programme. Each of the localities consists of ten community health volunteers (CHVs).

SOCIAL NETWORK AND SOCIAL SUPPORT MODEL

The social networks are including family members and friends and social support is including the food and healthcare support. The conceptual model below exhibits how supportive connections between people influence physical, mental and social health (Havermans, 2017; Milner, 2016). The below model consists of 5 hypothesized relationships between social networks providing social support and health. It is important to note that the concepts discussed in the previous two sections lie in the top box labeled "Social Networks & Social Support." (Heaney, 2008). Therefore, the concepts discussed earlier are used to describe the composition of a social network and type of support provided by that network, while the model below illustrates several ways a network may influence health (Heaney, 2008).

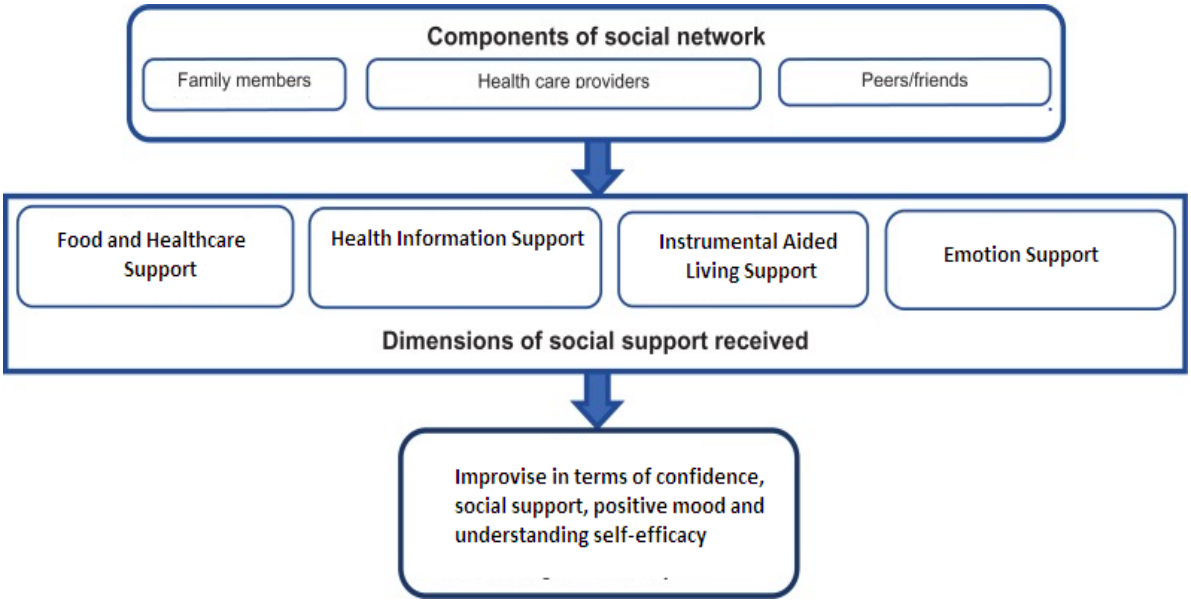

Figure 1: Composition of a social network and type of support

Figure 1 above explains that the first tier would be the component of social network comprises of family members, health care providers and friends. The second tiers will be the dimension of social support including the food and healthcare support, health information support, instrumental aided living support and emotion support. The food and healthcare support is including the appraisal support of suitable food choice and the checking the blood glucose level. The health information support is including controlling "glycaemic" index which is representing the ability of carbohydrate food to increase the level of glucose in the blood (dhhs.vic.gov.au, 2020). The instrumental aided support is including the assistance with shopping and emotion support is sharing the emotion support. The result of the social support received and their sources of component will provide the confidentiality, social support, positive mood and understanding self-efficacy.

THE DESCRIPTIVE EVALUATION METHODS

The descriptive evaluation methods of research include interviews (qualitative) and mailed questionnaires (quantitative) to identify the new role of home care CHV in supporting elderly and their families. Data were analyzed to describe self-reported activities of home care CHV as they interacted with elderly, friends and families from 21 Home Care in Klang Valley. The

emailed questionnaires were sent to 210 home cares CHV to identify the interaction role of home cares CHV, socialization activities and prevent isolation with elderly. Content analysis of volunteer visit reports completed over six (6) months identified home care CHV work according to the activities of listening and responding, socialization, providing physical comfort, providing spiritual comfort, information exchange and referral to elderly and family member in Home Care in Klang Valley (Sork, 1986; Astarita, 1998). Data were analyzed to describe self-reported activities of volunteers as they interacted with elderly. Results feature the analysis of both volunteer (n = 210) and caregivers narratives (n = 21) to make the home healthcare workings more transparent.

QUALITATIVE DATA

In identifying the qualitative data obtained from focus groups provided to identify concerns described by elderly to home care CHV. The result of the concern will list the role of home care volunteer. There are 21 caregivers from 21 Home Care in Klang Valley. The focus group were between 45-55 years old. The interviews were made to 21 caregivers. The duration of interviews is one (1) hour and information obtained from the interview was verified by the officer or operator through report and documentation. The operator or owner permit to record the discussions and then made verbatim transcriptions. They analyzed the data using qualitative content thematic analysis. This approach is most suitable for qualitative descriptive studies, as it draws on the tenets of naturalistic inquiry (Sandelowski, 2010). The aims of the focus groups were to determine the role of home care CHV to elderly. Among the activities assigned to volunteers as compulsory duties on a daily hourly commission were listening and responding, interaction with elderly, providing physical comfort, providing spiritual comfort and referral which will have an impact on the physiology, psychology and behaviour.

QUANTITATIVE DATA

Quantitative data collected from a baseline mail survey gave further insights into the uniqueness of the role of home care CHV from the sample. From the questionnaires were distributed through email survey to 210 home cares CHV in Klang Valley. The respondents would give details of the social interaction effect including the risk of isolation and the effect of social interaction. With the volunteer compared to the population mean of 51.6 for this group (Ware Jr, 1996). The mean exercise self-efficacy score for the sample participants was 6.5 (SD ¼ 2.04) on a Likert scale of 1 to 10 (McAuley, 2003). In effect, this role is significant to older people (Hayslip, 2016) and the need to enhance social support.

VALIDITY AND RELIABILITY OF THE DATA

There are 21 caregivers from 21 Home Care in Klang Valley. Records and data of caregivers have been retrieved from Kementerian Pembangunan Keluarga, Wanita dan Masyarakat (KPWKM), each record has been verified by the owner of home care. The one (1) hour interview has been allowed by the owner of the home care centres. Quantitative data collected from a baseline mail survey gave further insights into the uniqueness of the role of home care CHV from the sample. From the questionnaires were distributed through email survey to 210 home cares CHV in Klang Valley. Both focus and target group were between 45-55 years old. 210 home cares have been retrieved from KPWKM and source of internet.

THE NORMAL ROLE OF CHV IN HOME CARE

The new role of home care CHV would consist of three (3) categories which are internal care activities support, social care activities support and social healthcare support as shown below:

INTERNAL CARE ACTIVITIES SUPPORT

Resident care volunteers provide basic personal care such as assisting elderly with bathing, toileting, exercise and mobile from one places to another which appropriated by caregivers. These activities are known as Activities Daily Living (Ali & Aziz, 2018). Activities in assisting daily household tasks, such as making meals on resident preferences, administering medications, providing clean and safe environment and assisting in banking activities following the policies and procedures of their home could also be assisted by volunteers. These activities are known as Instrumental Activities Daily Living (Ali & Aziz, 2018). Grounds maintenance activities involving volunteers including general gardening, lawn mowing, changing bulbs including maintenance of equipment for those have skills.

SOCIAL CARE ACTIVITIES SUPPORT

Fund-raising or public relations volunteers help to raise money through various campaigns and events and promote communications with the community including Medias. These including golf tournaments, rotary club, charity concert, soliciting sales of raffle tickets, cook books or discount books and candy bar sales. Fund-raising or public relations volunteers help in associating an event such as posting flyers at various locations. This role may also include picking up donated items, and helping with preparing of newsletters and annual reports. The customized role of volunteer may involved the needs or benefits to company or elderly. The roles are designed exclusively to tailor the need of elderly or individual to accompany them during the crisis campaign. They may pay the volunteer as a token of appreciation or as per work done. As a runner of the organization or doing clerical job could pay volunteers in commission basis.

SOCIAL HEALTHCARE SUPPORT

The second tiers will covered the food and healthcare support, health information support, instrumental aided living support and emotion support. The food and healthcare support is including the appraisal support of suitable food choice and the checking the blood glucose level. The health information support is including controlling "glycaemic" index which is representing the ability of carbohydrate food to increase the level of glucose in the blood. (dhhs.vic.gov.au, 2020) The instrumental aided support is including the assistance with shopping and emotion support is sharing the emotion support. The result of the social support received and their sources of component will provide the confidentiality, social support, positive mood and understanding self-efficacy.

THE NEW INTERACTION ROLE OF CHV IN HOME CARE

CHV improve the quality of patient care by providing non-medical services in contributing to patient satisfaction and reducing anxiety of family members (Lorhan, 2015). CHV reduce the stress of a hospital or home healthcare stay by providing counseling talk (Payne, 2001). The volunteer programs were cost effective where responses from volunteer imply that benefits delivered including recruitment and training related expenses. The CHV provide valuable services in home healthcare at very little cost, but also as playing an important public relations role through their frequent interaction with elderly and family members (Katerndahl, 2008; Wachelke, 2012). According to American Association of Retired Persons (AARP), isolation may cause care giving for a loved one. (Dionigi, 2007) There is a positive correlation between social interaction and physical health benefits. Social relationships are consistently associated with status of health (Wachelke, 2012). The programmed activities carried out by the CHV in home care can be classified into three (3) major categories which is social interaction, psychological interaction and spiritual interaction thru listening and responding, interaction with elderly, providing physical comfort, providing spiritual comfort, information exchange and referral record to elderly in home care (Katerndahl, 2008).

THE SOCIALIZATION ACTIVITIES WITH HOME CARE CHV

Home care volunteers contribute to the social relationships with elderly in home care. They are consistently associated with program which results to positive emotional effects such as actively joining exercise groups and gaining more confidence. Positive indicators of social well-being will avoid from age-related disorders such as Alzheimer's *disease, osteoporosis, rheumatoid arthritis, cardiovascular disease, and some forms of cancer. Social interaction with grandchildren generates happiness and makes them healthier and more active. Social isolation constitutes a major risk factor for morbidity and mortality, especially in older adults* (Cacioppo, 2003). *Loneliness frequently has elevated systolic blood pressure* Hawkley (2006) states that *loneliness is a unique risk factor for symptoms of depression, and loneliness and depression have a synergistic adverse effect on well-being in middle-aged and older adults.*

THE PREVENT OF ISOLATION WITH HOME CARE CHV

There are many ways where CHV could help to reduce the risk of elder isolation (Cheung, 2000). Cheung (2000) states that improving the mobility of elderly; educate on local public transportation for getting around nearby area; encourage the physiological obstacle in using adaptive aids from "looking old"; encourage activities connect with charitable groups, social organizations to boost the elder's confidence and require social interaction. Elders may reluctantly participate in activities because of a negative self-image. Spiritual exercise including yoga help maintain physical health in addition to improve senior's body image and provide an opportunity for social interaction. Encouraging regular testing and addressing hearing or vision problems will help the elder to fully engage in social opportunities without fear of embarrassment.

THE RISK OF ISOLATION AND EFFECT OF SOCIAL INTERACTION

A definition of health includes not only physical, cultural, psychosocial and economic needs but also spiritual needs and not simply the absence of illness (Marks, 2015). Social wellbeing creates a good relationships, social stability and peaceful mind. Below table demonstrates the effect of isolation from the society and the effect of social interaction to society.

Table 1: The effect of isolation and interaction to society

	The effect of Isolation from society	**The effect of social interaction to society**
1	Volunteer providing unpaid care for a friend or relative often work alone and have less time for friends and family because of their care giving duties. By the time they are in need of care and support themselves, their social network may have significantly eroded (Blackman, 1976; Dodge, 2019).	Caring and interaction among their grandchildren makes them healthier and more active. Strong emotional bond and often lead a more active lifestyle, eat healthier meals, and may even reduce or stop smoking (Dodge, 2019).
2	A cultural shift where individual having fewer "close contacts" than they did a few decades ago (Blackman, 1976; Dodge, 2019). Social isolation caused loneliness and emotional impact; it constitutes a major risk factor for morbidity and mortality, especially in older adults.	By addressing isolation of an older adult, the elder's overall health can be improved and their cost of care may be reduced (Blackman, 1976; Dodge, 2019).
3	Living alone due to grown up children studied or worked outstation or they are getting married and staying far	Elderly would have an interaction with the society by participating with other elderly either indoor or outdoor

	(Blackman, 1976; Dodge, 2019). Loneliness caused depression and synergistic adverse effect on well-being in middle-aged and older adults.	activities provided monitored by the volunteer. This will avoid the feeling of loneliness.
4	Due to discrimination and victimization of sexuality factors, loss of friends and partners or not having children (Blackman, 1976; Dodge, 2019).	Interaction with other elderly over the social media or meet up portal in order to create a group of activities. This will help to cheer up among the elderly.
5	Unable to increase the mobility and make themselves significant within the society or among the community. Many older adults do not have access to cheap public transportation, which may dramatically limit practical and social activities (Blackman, 1976; Dodge, 2019).	Able to connect with the society and community. Benefited from the community and society, the elderly able to communicate, able to remember things.
6	Unable to sustain the wellness which is an active process and state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.	Able to increase the wellness active process and state of complete physical, mental, and social well-being.
7	Unable to organize the social welfare activity which is group assistance programs to ensure the well being of a system to provide quality care to society (Tchiki Davis, 2019).	Able to organize the social welfare activity to provide quality care to society (Tchiki Davis, 2019) which result to a good mental health, high life satisfaction and ability to manage stress
8	Anti-social wellbeing is inability to make and maintain meaningful positive relationships and regular contact with other people in our world (Tchiki Davis, 2019).	Social wellbeing is ability to make and maintain meaningful positive relationships and regular contact with other people in our world (Tchiki Davis, 2019).

PSYCHOLOGICAL AND SPIRITUAL INTERACTION IN HOME CARE

As a human being, we are mutually dependent, relying on others for our wellbeing, just as they rely on us. Studies show that care giving causes psychological distress; unaccommodating culture and religion caused mind illness and spiritual distress. This study has identified two (2) types of interaction namely psychological for social interaction and psychological for spirituality interaction as shown in table 2 below:

Table 2: Psychological and social interaction and Psychological and spiritual interaction

	Psychological and social interaction	**Psychological and spiritual interaction**
1	Psychology for Health and CHV interaction in home care. Associated with physical illness, the impact of illness on individuals.	Accommodating Culture, Religion, and spiritual or associate performing spiritual activities with religion interaction in Home Care. Impact of mind illness on individuals.
2	Required CHV, home health aides, and occupational therapists visit the patient with a primary psychiatric diagnosis in home care	Required a love and feel love in lives, social workers and CHV should provide closed relationship with the elderly in home care
3	Unite among family members, physicians, nurses and CHV; listen to the elderly about his or her personal background and emotional state in order to develop empathy.	Required a human emotional need to be an accepted member of a group. Family, friends or religion, an 'inherent' desire to belong and be an important part of something greater than themselves.
4	Psychological factors with assistance of CHV within surrounding environment on physical and mental wellness and their ability to respond from emotional due to loss of physical or mental abilities.	Family, friends, co-workers and CHV should give hope, peace and gratitude to elderly in home care.
5	'Psychotherapy' or 'talking therapy' assisted by CHV is better to understand your own thinking and behavior to recognize symptom and resolve mental illness of elderly.	Providing spiritually care and sensitive through patient relationships with home care CHV who can distinguish, assess, and help meet elderly spiritual needs at the end of life.
6	Psychological needs of water, air, food, and sleep to survival would become secondary until these needs are met.	Starts each day with meditation including spiritual reading, practice gratitude, spend time in nature with breathing.
7	Take ample time to have a talk therapy (Counseling) with CHV which is a very powerful recovery tool that many patients of mental illness can gain benefits from	Take ample time to have caregivers get to know elderly, and match caregivers and elderly of the same religious persuasions together.

CONCLUSION

The new role of home care CHV consist of three (3) categories which are internal care activities support, social care activities support and social healthcare support. The inclusion of CHV in home care industry particularly in Malaysia should eradicate the non relevant task and retain the relevant task in assisting caregivers in fulfilling and handling the elderly needs in home care during the Covid-19 pandemic. The existence of CHV in home care would contribute to socialization or social interaction. The existence of CHV in home care would contribute to both psychological with social interaction and psychological with spiritual interaction.

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