Gender sensitive Hospice and Palliative Care Culture in the Care for the Elderly

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BACKGROUND

Palliative care for the elderly is gaining importance. The increase in number of elderly people, the rise of multimorbidity, dementia and frailty needs new orientations within communities. When taking individual needs seriously, gender has to be acknowledged as a relevant category. Gender issues so far have been underrepresented within the context of palliative care research for elderly people. Up to 90% of the people living in long term care facilities are women, most care giving relatives and professional care givers are female, too. So the question how client-orientation can be organised in a gender-sensitive way is a challenge every day. In care settings at home – family care, professional care, informal care – also most of the caring persons are female. Many of the care situations at home are connected with financial losses, loss of job and high demanding living situations. In 2009 96% of the volunteers in hospice and palliative care in Austria were women. Within society, care work in general, hospice and palliative care for the elderly especially, needs more attention. Care work is mostly defined as individual and “private” concern that is supported by public funding. For example informal care in Austria came to approx. 3.000 Mio € in the year 2011 compared to 2264,70 Mio € in public long term care allowances (Schneider 2011). This shows the enormous impact, economic and ethical dimension of hospice and palliative care work for the elderly.

AIMS AND QUESTIONS

The aim of the presented project is to unfold the diversity of meanings of gender in the context of hospice and palliative care for frail elderly within long term care settings and other care contexts. The “doing gender” of care situations and the complex interactions between individual, symbolic and structural gender effects are subject to the analyses.

- What does gender mean for the needs of frail elderly women and men?
- How does gender affect care interactions: Informal care, professional care, care within organisations?
- What does a gender sensitive care culture within organisations and society?

METHODS

In following those questions we organised a four steps process. 1) A literature review was made and key researchers and experts in the field in German speaking countries were identified. 2) We invited these experts, practitioners and post graduate students to a transdisciplinary workshop where inputs and discussions were moderated. 3) A book publication interrelated all the important findings. 4) 5 Expert interviews followed.

RESULTS

- Different perspectives for integration of a gender sensitive hospice and palliative care culture encompass expertise from elderly care e.g. dementia care, hospice and specialised palliative care and gender discourse.
- Care-work has to be acknowledged as important responsibility within society and taken over in a gender-fair way. As human being we all are interconnected and live in relational autonomy. This has to be taken in mind especially for gender-sensitivity.
- Intersectionality, that means the interaction between gender, age, body, migration and other social categories plays an important role in hospice and palliative care for frail elderly. Diversity also includes different cultural and religious backgrounds as well as sexual orientation.
- Body work is an essential part of care for frail elderly. It includes touching in the meaning of physical and spiritual communication. Listening and story telling are central competences. Ambivalences in care occur as regards sexuality of clients, high emotional involvement and devaluing of bodywork within society.
- Interdisciplinary teamwork has to serve the needs of frail elderly women and men. Cooperation between caregivers and medical doctors as well as other professional has to be organised on equal terms. Democratic leadership therefore has to support non-hierarchical communication and power-sensitivity.

CONCLUSIONS

As our findings suggest gender sensitivity is a multidimensional process that always has to do with attentiveness, interaction, reflection and structures, the following aspects seem to be essential.

- “Doing gender” can involve appreciative and irritating interventions that both have supportive effect. Gendered life stories have to be integrated into care giving for frail elderly, i.e. needs on the basis of diverse biographies have to be taken seriously. At the same time structural circumstances like traditional family roles and institutional rules that also include violence have to be questioned. Gender relations dominating our society also influence hospice and palliative care for frail elderly and needs more attention.
- In palliative and hospice care for the elderly gender, culture and political dimensions always play an interconnected and important role. There is a need of much higher provision and resource supply by our societies.
- Care has to be integrated into every day live. Changes in the attitudes towards aging, gender and sensitivity to all other aspects of diversity can show the richness of our different cultures in society and support an ethics of affective solidarity.

References


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