7 Learning opportunities for older persons in residential long-term care: A systematic review

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7.1 Introduction

Sabina Jelenc Krašovec's (2012, p. 83) contributions to the field of older adult education are instrumental in reminding us of the need to "address and correct various social issues, such as for instance unemployment, inequality, racism, homophobia, illiteracy, as well as reach into the field of human rights, sexism, poverty, exclusion". They certainly advocate the human right of people to participate in learning, even as they get older and reach later life, as espoused by various influential organisations in recent decades, but most strongly by the United Nations (2002) and the World Health Organization (2002). It is thus unsurprising that the post-millennium period witnessed an unprecedented number of older persons enrolling in non-formal organisations that cater for their learning needs and interests in associations as diverse as the Osher Lifelong Learning Institute, Road Scholar, Men's Sheds, Elder Academy, University Programmes for Older People, and the University of the Third Age (Formosa, 2019c). This is particularly promising, since in the not-so-distant past opportunities and provisions for lifelong learning were totally appropriated for young and middle adults to engage in continuing and adult education (Findsen & Formosa, 2016b).

Nevertheless, and despite the wealth of persuasive studies on the benefits of learning on the quality of life and wellbeing of older persons, that interface between "older adult learning" and "residential long-term care" has remained relatively understudied. As Kydd and Fulford (2020, p. 14) claimed, "people residing in nursing (care) homes can find themselves cut off from their local community and unable to access the so-called lifelong learning opportunities available to those who are able to continue living independently in the community". Indeed, while older adult learning is technically poised to cater for and include all older persons, as should lifelong learning for that matter, the reality is that late-life learning works almost exclusively with physically mobile and cognitively healthy learners (Formosa, 2019d). With extremely few exceptions, most avenues of older adult learning are located in cities, easily reached by public and private transport, and hence, at the very centre of the daily lives of community-dwelling older persons (Findsen & Formosa, 2016a). It follows that late-life learning is steadfastly hinged upon the "successful ageing" paradigm,

a stance that fails to identify the "cumulative disadvantages, status divisions and life chances that marginalize and devalue the lives of older people" (Katz, 2013, p. 61), and thus, leaving older persons in care settings out in the cold.

One silver lining is that recent years have witnessed much effort on behalf of adult educators and educational gerontologists to challenge the stereotypical belief that learning opportunities are irrelevant and unnecessary to older persons living with physical and/or cognitive disabilities (Formosa, 2019b). Additionally, it is promising to note bolder efforts on behalf of educational gerontologists to unravel the contrasts between third age and fourth age learning. The third and fourth ages are not characterised by chronological age but as where older people stand as far as frailty, helplessness, and loss of autonomy are concerned. While "third age learning" refers to learning opportunities for community-dwelling older persons who are generally relatively healthy, affluent and with a bountiful amount of leisure time, "fourth age learning" denotes learning prospects for frail older persons who tend to live with some disabilities and be either homebound or residing in care homes (Findsen & Formosa, 2011). In the attempt of furthering the knowledge on fourth age learning, a systematic review was carried out on studies on learning opportunities in residential long-term care for older persons. Specifically, this endeavour had three research objectives: (i) What is the prevalence of learning opportunities in residential long-term care? (ii) What type of learning programmes are present in residential long-term care? and (iii) What are the benefits of having learning opportunities in residential long-term care? Such endeavours are undoubtedly in line with Sabina Jelenc Krašovec's (2012, p. 84) drive to highlight how "educational policies are becoming less and less in favour of preserving the concept of education as a public good, as a factor of forming a democratic welfare society" and the need to mitigate against such a state of affairs even for older persons living in care homes for whom public policy generally allows them sparse opportunities to engage in lifelong learning.

7.2   Methods

7.2.1   Search strategy

This study opted for a systematic review, rather than a scoping appraisal, for two reasons. On the one hand, Curtis et al.'s (2018) comprehensive and systematic review of the impact of engagement in participatory arts on older persons in residential long-term care – which documented the wide range of benefits that such events may have on health, wellbeing and quality of life – now warrants a more narrowed focus on the issue of learning activities. On the other hand, Kydd and Fulford (2020) have

recently completed a wide-ranging scoping review on the access of learning opportunities for residents in care homes by reviewing both related challenges and possibilities. Since scoping reviews are generally conducted as "precursors to systematic reviews" and for researchers to be "assured of locating adequate numbers of relevant studies for inclusion" (Munn et al., 2018, p. 3), the ensuing logical step was to embed this area of interest in a systematic review process. On the basis that a systematic review "attempts to collate *all* empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question" by utilising "explicit, systematic methods that are selected with a view to *minimizing bias*" (Higgins et al., 2019, p. 23), the search strategy included as much as 16 different databases (PsychARTICLES, CINAHL, IBSS, MEDLINE, OVID, pubMED, RCN Journals, CINAHL, SCOPUS, PsycINFO, Open Grey, Web of Knowledge, PubMed, Web of Science, and Sociological Abstracts). The combination of keywords used is presented in Box 1.

In order to address the three review questions on the prevalence, type and content, and benefits of learning programmes in residential long-term care, the following search terms were used:

(older people OR age OR aging OR ageing OR later life OR elderly OR older adults)

AND
(care home OR nursing home OR residential care OR long-term care)

AND
(education OR learning OR educational gerontology)

Box 1: *Primary search terms*

Since terminology regarding residential long-term care for older persons differs among different countries and cultures, as this arena is referred to by the terms of residential care, nursing homes, care homes, and long-term care, the search included all these terms without distinction. Moreover, a snowball search was subsequently conducted via Google Scholar using the function "cited by" and "related articles" to capture any further studies not initially identified. The search in databases was conducted in April 2021.

7.2.2   Inclusion and exclusion criteria

Inclusion criteria included empirical papers (i) in peer-reviewed journals published in the 2000-2020 period irrespective of the applied methodological standpoints and methods, (ii) that reported upon research on fourth age learning which took place in residential long-term care facilities, (iii) that described the prevalence, type and content of opportunities for fourth age learning in residential long-term

care, (iv) that discussed the possible benefits and detriments of organising fourth age learning opportunities in residential long-term care, and (v), published in the English language. A publication was excluded if it was a non-empirical study or if the activity (e.g., reminiscence, watching movies) involved no aspects of learning so that the pursuit did not qualify as an exemplar of "fourth age learning". Another exclusion criterion, one which was decided upon after much deliberation, was to discount studies that evaluated Montessori-based learning activities. This is because there is an excellent recent systemic review of Montessori-based activities in care homes conducted by Sheppard et al. (2016), and thus including such studies in this appraisal would only have served to replicate the previous results and analysis when space was at a premium.

7.2.3   Search results and quality appraisal

A total of 23 potentially relevant studies were identified. Following removal of duplicates, 19 papers were screened for eligibility at title and abstract level, with five and seven papers removed after title/abstract screening and for not meeting the inclusion criteria, respectively.
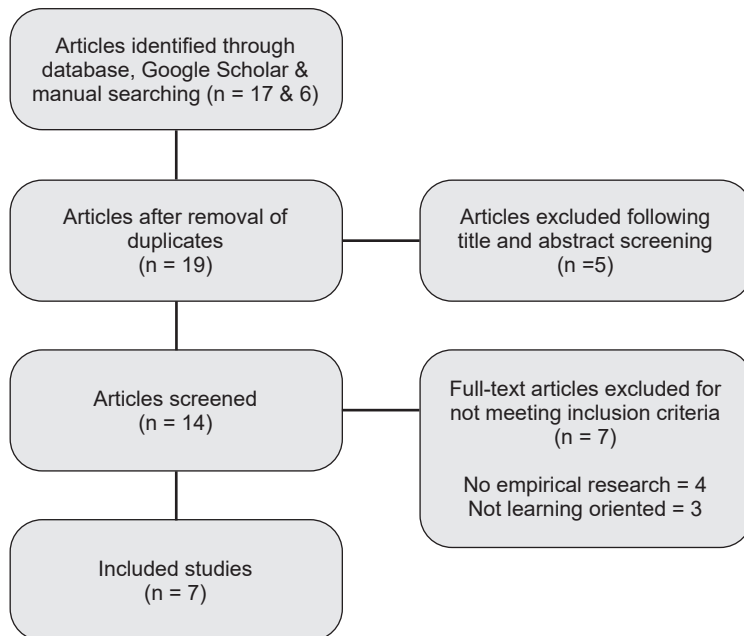

Figure 1: *PRISMA flow chart of included studies*

The assessment exercise was in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al., 2009) (see Figure 1).

7.3 Results

The different sources of information and search strategy informing this research included seven articles. These are reported in Table 1.

Table 1: *Included data*

Author, Date & Location	Title
Namazi & McClintic, (2003), United States of America	Computer use among elderly persons in long-term care facilities.
Buettner & Fitzsimmons, (2003), United States of America	Activity calendars for older adults with dementia: What you see is not what you get.
Shapira, Barak & Gal, (2007), Israel	Promoting older adults' well-being through Internet training and use.
Hafford-Letchfield & Lavender, (2015), United Kingdom	Quality improvement through the paradigm of learning.
Hafford-Letchfield & Lavender, (2018), United Kingdom	The benefits of giving: Learning in the fourth age and the role of volunteer learning mentors.
Formosa, (2019d), Malta	Active ageing in the fourth age: The experiences and perspectives of older persons in long-term care.
Formosa & Cassar, (2019), Malta	Visual art dialogues in long-term care facilities: An action research study.

The included studies were a mix of quantitative and qualitative research reports. The studies spanned 16 years (2003-2019). Research designs varied and included a comparative study (n=1), two pre-test post-test quasi-experimental research studies (n=2), a structured evaluation study (n=1), a multi-method research study (n=1), a participative action research study (n=1), and a mixed-method study (n=1). Studies were based in multiple countries, with two each in the United States of America, United Kingdom, and Malta, and one in Israel. Terminology regarding the setting differed, so that authors referred to residential care facilities, nursing homes or residential care homes, with little evidence of any real distinction between them.

7.3.1 Prevalence of learning opportunities in residential long-term care

The limited number of results, as well as the absence in the literature reviews of detailed overviews of practices in fourth age learning, is testament to the fact that

there are few opportunities for learning in residential long-term care for older persons. Although national strategies on active ageing do recommend preventative services across the long-term care continuum (Formosa, 2017), "connecting with pedagogy in social care is not yet well established given that older people are a relatively marginalised group with the theoretical and practice aspects of lifelong learning" (Hafford-Letchfield & Lavender, 2015, p. 197). While there have been admirable efforts in the application of social pedagogy to residential childcare (Formosa & Galea, 2020), it is unfortunate to note that there have been limited attempts to fit such initiative in a "life course" standpoint that includes older persons in care settings. This is certainly disquieting considering that educational gerontologists and adult educators alike pointed to such a gap as much as four decades ago (Findsen & Formosa, 2011). Of course, such scarcity lies in direct contrast with the widespread availability of participatory arts and leisure activities for older persons in care settings (Curtis et al., 2018). While this is certainly a positive development, one should ensure that residential long-term care is safeguarded from being hijacked by *ad hoc* "entertainment activities" that provide few opportunities, if any, for meaningful interaction (Formosa, 2019e). The terms "learning" and "activity" are far from synonymous. Learning, as the "process whereby human beings create and transform experiences into knowledge, skills, attitudes, beliefs, values, senses and emotions" (Jarvis, 2001, p. 10), is distinct from the pursuit of "activity as social participation" (Katz, 2000, p. 136). Indeed, Björk et al. (2017, p. 1884) claim that in the 172 Swedish care homes they surveyed the "most commonly occurring everyday activities were receiving hugs and physical touch, talking to relatives/friends and receiving visitors, having conversation with staff not related to care and grooming" is testament to Formosa's (2019b) argument that an impulsive pursuit of activities as "end-in-themselves" focuses narrowly on individual and personal adaptation to overlook structural differences in later life based on class, ethnicity, gender, sexuality and physical and/or cognitive disability.

7.3.2 Aims and characteristics of learning programmes in residential long-term care

The goals of the documented learning programmes were diverse and included functional, comparative and empowering traits. At one end of the continuum, Namazi and McClintic's (2003) and Shapira et al.'s (2007) studies aspired to enable residents to learn how to use personal computers and browse the Internet to keep contact with friend and relatives, and engage further with their areas of interest. Such research is presently, especially following the course of the COVID-19 pandemic, more opportune than ever before. Yet, although research has shown

that more residents of nursing homes are using the Internet, such usage remains at a very low rate. While video calls, email, Zoom and Skype are taken-for-granted by community-dwelling older persons, many reports in the mass media have cited how a large number of care homes still lag behind on digital connectivity (Formosa, 2021). At the other end of the continuum, Formosa's (2019a) and Formosa and Cassar's (2019) research worked within a critical paradigm to examine the impact of learning programmes on personal empowerment. Rebutting stereotypical views of older persons in care homes, these studies demonstrated how fourth age learning can be fun, therapeutic and empowering, as participants improved their levels of assertiveness, enabled bonding to take place between unacquainted residents, and showed that common difficulties and pains can be better withstood and even overcome when shared. The possibility that residents run their own programmes through committees did not, however, materialise, despite the fact that residents held a wide range of abilities and expertise. Midway between these two standpoints finds Buettner and Fitzsimmons' (2003) and Hafford-Letchfield and Lavender's (2015, 2018) documentation of the range of learning programmes for older persons in residential long-term care. Herein, one discovers how learning sessions made use of a vast range of activities that included drama, wine/cheese social events, gardening, dancing, wheelchair biking, crafts, poetry, fashion, walking, photography, sewing, singing, pet activities, cooking, making memory books, and reminiscing.

7.3.3 Benefits of learning opportunities in residential long-term care

Throughout the papers one finds various evidence on the potential of learning opportunities in residential long-term care to improve residents' levels of quality of life and wellbeing. Namazi and McClintic's (2003), Shapira and et al.'s (2007) and Buettner and Fitzsimmons' (2003) research confirmed the capacity of non-pharmaceutical methods to enhance the quality of life of nursing home residents by improving cognitive outcomes and reducing agitation, neuropsychiatric symptoms and depression. It is therefore unsurprising that studies reported that residents were more likely to participate in learning activities than in household chore types of activities, such as setting tables, and that agitation behaviours peaked between 14:00 and 20:00, when hardly any learning activities were offered. More specifically, Hafford-Letchfield and Lavender (2015, 2018) listed the benefits to residents of such activities as learning new things (e.g., painting) and how to keep the body and mind active (e.g., the knitting group and exploring *Tess of the d'Urbevilles*), learning for health, learning about what's going on in the world (e.g., discussion of news), learning for personal

capability, stimulating affective learning by reflecting on past lives (e.g., through films, biography, stories). At the same time, computer classes were especially valued by residents who wished to impress younger relatives with their abilities to keep in touch using technology, so that being digitally competent emerged as a great leveller between generations (Hafford-Letchfield, 2016). Likewise, Formosa's (2019a) and Formosa and Cassar's (2019) research detailed the energetic discussion, humour and, sometimes, teasing that occurred during the learning as such sessions provided learners with a safe arena where they could express themselves with confidence. The results thus confirmed how learning in care settings enabled "learning to know" by contributing significantly to residents' satisfaction and independence, "learning to do" by encouraging them to become digitally connected and being offered a unique person-centred approach, "learning to live together" by building bridges between generations and developing support and solidarity, and "learning to be" by developing greater autonomy, judgement and personal responsibility (Hafford-Letchfield, 2016).

7.4   Discussion

There are many positive implications that can be inferred from the results. All articles testified to how an engagement in learning results in a range of positive benefits for residents. As older persons in long-term care face a temporal kind of anxiety – that is, having a limited number of years left on one hand, but then spending long hours doing nothing – learning has the potential to support more meaningful lives by strengthening their levels of physical, psychological and social capital. Similar to Han et al.'s (2016) findings, learning provided residents with an opportunity to remain "connected to self" by enabling them to maintain long-held routines, and "connected to others" by providing them with a context that mitigated against social isolation and loneliness. Indeed, the empirical data underlined out how learning sessions augmented social inclusion; improved locus of control, self-esteem, and self-satisfaction amongst participants; recognised the presence and needs of withdrawn older persons in care settings; and affirmed how volunteers are important resources in facilitating more social and humanistic care in institutional settings. Other benefits included increased mobility and motor skills, lower levels of depression, faster recovery rates, better pain management, increased levels of resilience, reduced loneliness and social isolation, and stronger relations among formal carers, relatives and residents. Another positive inference is the diversity of the methodologies of studies that ranged from quantitative to qualitative to mixed-method research. The presence of such diverse designs allows educational gerontologists to field a broader and a more complete range of research questions, as well as having the opportunity to use the strength of one method of research

to counter or overcome the weaknesses in another to incorporate the concept of complementarity. One should not, however, rest comfortably on such laurels and instead rise to face the various shortcomings and limitations that characterise that interface between late-life learning and residential long-term care. In fact, a critical scrutiny of the results elicits three key gaps.

First, the studies failed to problematise the traumatic life experiences that residents in care homes generally endure on a daily basis (Gilleard & Higgs, 2017). On one hand, residents tend to be living with physical and/or cognitive disabilities that obliged them to seek admission in residential care. If gerotranscendence serves as a catalyst for personal and social empowerment in later life, immanence serves otherwise (Lennon & Wilde, 2019). As ageing bodies get fatigued and ill, undergo rather than initiate, and experience processes over which they have no control, people experience a sense of alienation and their corporeal vulnerability arises as an obstacle to playing any possible part in individual and societal change (de Beauvoir, 1972). On the other hand, the transition to a care home often follows a hospital admission and can be distressing and generally leads to "a loss of autonomy and a lack of agency; they are often excluded from decision-making [… and] few choices with regard to care at the end of life" (Pocock et al., 2021, p. 1637). This dual process means that it is difficult to keep the social imaginary of the fourth age at a distance when the learners not only exhibit high levels of infirmity, but also live in an institutional site of abjection, two factors that should certainly pivot any learning initiative in residential long-term care.

Second, studies adopted an uncritical acceptance that learning for older persons in care settings can be simply modelled on established foundations of third age learning. This assumption is especially problematic in the case of residents whose communication is of a "non-verbal" type, such as persons living with dementia or survivors of strokes. A possible way out of this impasse is Quinn and Blandon's (2020, p. 24) counsel to embed fourth age learning in a posthuman perspective to transcend traditional boundaries of "humanness", and not to be "dependent on fixed boundaries, voice, identity and rationality". Questioning the Freirean positioning of "voice" as the key pedagogical aim, Quinn and Blandon's (2020) stance has much potential for late-life learning in residential long-term care, as it allows the postulation of frail residents as potential "new beginners" who can benefit from new forms of learning. Quinn et al. (2017) applied a posthumanist approach with older persons living with dementia and residing in care homes, and stated that the results "have shown moments in which post-verbal people with dementia learn generatively, and even teach, suggesting that it is no longer acceptable to leave then out of lifelong learning" (Quinn & Blandon, 2020, p. 58).

Finally, the articles included little, if any, discussion concerning how older persons learn in different ways compared to children and adults to the extent that "geragogy" follows as a logical sequence after pedagogy and andragogy. While these areas are concerned with the acquiring of basic knowledge and adapting to changes in the workplace environment, respectively (Lemieux & Sanchez Martinez, 2000), geragogy "could be defined as the teaching towards older people accommodating the normal physical, cognitive and psychological changes" (Kolland & Wanka, 2013, p. 384). However, only Formosa and Cassar's (2019) learning programme was facilitated by a certified geragogist. Guidance and instruction is required, because those who work in fourth age learning need to be aware of the key transitions in the latter parts of the life course and know how to address the emerging physiological, social and psychological changes by a practical teaching and learning approach that is sensitive to the heterogeneity of residents. Facilitators need to recognise that the "learners are older and use an appropriate approach and practice that can capitalize on their rich life experiences and assist them in overcoming age-related impediments to effective learning" (Boulton-Lewis & Tam, 2018, p. 645).

7.5   Conclusion

This chapter confirmed previous research evidence that learning opportunities in residential long-term care have the potential to result in various health, psychological and social benefits for older persons. As Sabina Jelenc Krašovec and Kump (2016, p. 396) rightly argued, "there is yet no recognised need for the more systematic development of learning activities for people in the fourth age". The type of prevailing learning sessions is diverse and ranges from computer learning to discussing current affairs to visual arts. However, its range of availability is extremely limited. Research continues to document how older persons in residential long-term care tend to spend much of their time in their rooms, sitting and alone, and thus spending a great portion of their days inactive and immobile (Chivers & Kriebernegg, 2017). When improvement and expansion in activity programming are actually implemented, most initiatives use recreational engagement to alleviate boredom rather than the provision of mental stimulation or acquiring new skills in the form of learning. Moreover, academic studies on this interface between older adult learning and long-term care settings neglect the impact of transitioning into a total institution on residents' lives, while embracing outmoded and/or limited paradigms that overlook how older persons in residential long-term care may inhabit a "posthuman way of being" (Quinn & Blandon, 2020, p. 12).

Mitigating against such a state of affairs, and in the hope that fourth age learning in care settings ceases to remain the exception and becomes the norm, requires two crucial strategies. The first is theoretical in character. It is perplexing that none of the articles made any reference to social pedagogy when its objectives – namely, wellbeing, learning and growth – have much potential in reversing the hegemonic belief that learning has no place in post-working lives and care settings (Hunter, 2020). The fact that public policy has been promoting social prescribing as a means of finding community-based solutions to older persons who arrive at medical clinics with non-medical symptoms surely opens a door for the practice of social pedagogy in care institutions (Husk et al., 2019). Whilst both the *modus operandi* and *modus operatum* of mainstream social pedagogy models would certainly require some fine-tuning to bring them closer with geragogical principles, since frail and older persons with disability inhabit different lifeworlds compared to younger peers, its relationship-centred way of working with vulnerable people has much promise for fourth age learning. The second strategy is intrinsically pragmatic. For fourth age learning to be ingrained as both a vital and normal service in residential long-term care, it is necessary that facilities include at least one care professional who is also a specialist in the creation and maintenance of a learning environment. It is indeed essential for care homes to include specialist carers who understand the dynamics of fourth age learning and are willing to prepare learning sessions for residents. A learning therapist, as Jarvis (2001, p. 144) contended, "need not be a separate occupation, but could be a specialism learned by professionals from any of the care professions who could the go on to conduct in-house staff training in understanding the place of learning in the lives of the elderly [sic]". Such an added-on responsibility would not arise in conflict with this person's caring duties since, after all, helping others to learn is an essential part of caring. The twinning of a social geragogy with the presence of learning therapists will certainly be pivotal in ensuring that lifelong learning is really lifetime and lifewide, and ceases only with death rather than following the onset of either frailty, age-disability or admission in residential long-term care. It is certainly likely that in the near future "educators and volunteers will […] be encouraged to create communities that will become learning spaces for diverse groups of adults" (Jelenc Krašovec & Kump, 2016, p. 396).

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