

Elsje Koetsier

[elsjekoetsier@gmail.com](mailto:elsjekoetsier@gmail.com)

19264985

Research proposal for a dissertation in partial fulfillment of the requirements for the  
degree MMus (Music Therapy)

**Exploring caregivers' experiences of communication with persons with  
dementia in relation to therapeutic caregiver singing**

Elsjé Koetsier

19264985

School of the Arts: Music

Faculty of Humanities

University of Pretoria

*Supervisor:*

Karyn Stuart-Röhm

*Co-Supervisor:*

Carol Lotter

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## Abstract

Studies show that the use of music and therapeutic singing in dementia care can be beneficial to both caregivers and persons with dementia (PWDs). Therapeutic singing forms part of music therapy interventions with PWDs, which is typically carried out by the music therapist. Equipping caregivers with the skills to use therapeutic singing during morning routines is still relatively unexplored in South Africa. This case study aims to explore four caregivers' experiences of implementing Therapeutic Caregiver Singing in morning routines with PWDs. Subsequently, this study also explores ways in which Therapeutic Caregiver Singing can facilitate communication between these caregiver-participants and PWD-participants. Data collection took place at a care home in South Africa. One four-hour workshop was conducted to equip caregivers with practical techniques to implement during daily routines with PWDs. Interviews were the primary source of data collection, and were conducted with each caregiver on three separate occasions. Diary prompts and observations were used to assist interview questions. This study employed an interpretative phenomenological approach. Results showed 7 superordinate themes namely: a deepened relational connection between caregivers and residents; interpersonal experiences for caregivers; an enhancement of person-centered ethos; promotion of participatory engagement; promotion of emotional responses; unpredictability, changes and challenges in the work environment; and caregivers' resilience. Findings suggest an overall positive experience of Therapeutic Caregiver Singing, with facilitation in communication between caregivers and residents with dementia. Recommendations for future research include exploring limiting factors to the use of Therapeutic Caregiver Singing during morning routines.

Keywords: Music Therapy, Therapeutic Caregiver Singing, Dementia, Person-Centered Care, Caregiver Training, Communication.

UNIVERSITY OF PRETORIA  
FACULTY OF HUMANITIES  
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Full name: Elsje Koetsier

Student Number: 19264985

Degree/Qualification: M Mus: Music Therapy

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Studentenommer: 19264985

Graad/Kwalifikasie: M Mus: Musiek Terapie

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## **Chapter 1: Introduction**

This chapter provides the context and background of the study, as well as the research aim and research questions that guide this study.

### **1.1 Background and context**

The notion of using music to enhance well-being for persons with dementia was one of the main reasons I initially decided to pursue music therapy as a career and then explore the relationship between music therapy and persons with dementia (PWDs) as my research topic in particular.

Music therapy, particularly the use of therapeutic singing techniques, shows positive results in elderly care with PWDs. Therapeutic singing techniques may include music therapy techniques such as meeting and matching, vocal techniques and skills, and observational clues to enhance communication through music. Positive results from the use of music therapy in elderly care include increased lucidity, enjoyment, engaged singing, carry-over memory from previous sessions as well as enhanced social interaction during sessions (Davidson & Fedele, 2011). Although there is research on music therapy and elderly care, there are few sources in the field of elderly care that look further than the immediate and direct connection with music via the music therapist. The work of Beer (2016) shows that using music in daily interactions may affect the emotional connectedness the caregiver might experience with the PWD and that music could indirectly address some of the inner conflicts and feelings caregivers have towards their job.

Research shows the importance of adequate communication in dementia care between the caregiver and PWD (Jootun & McGhee, 2011). Since music can transcend several barriers (Cross, 2014), therapeutic singing techniques can enhance the communication and interaction between a person living with dementia and their formal caregiver (i.e. a caregiver who has received professional training to work with PWDs).

In South Africa, there are few music therapists and few care homes that have access to music therapy services. As a response to this limited access, the role of the music therapist could be extended to sharing appropriate skills with the caregivers who care for PWDs on a daily basis. This would increase access to music interventions. This study explores formal caregivers' experiences of incorporating Therapeutic Caregiver Singing in their care routines with PWDs.



## **1.2 Aim**

The aim of this research study is to explore formal caregivers' experiences of Therapeutic Caregiver Singing within the South African context. Additionally, this study explores whether the implementation of Therapeutic Caregiver Singing may facilitate verbal and nonverbal communication between these formal caregivers and persons living with dementia.

## **1.3 Research question(s)**

1. What are the caregivers' experiences of using Therapeutic Caregiver Singing during care routines with persons living with dementia?
2. According to caregivers, in what ways can Therapeutic Caregiver Singing facilitate communication between themselves and persons living with dementia?

## **1.4 Overview of the upcoming chapters**

### Literature review:

In this section I will be reviewing the literature pertaining to dementia and person-centered care; human communication, specifically the different sub-categories within verbal and non-verbal communication; music therapy and therapeutic singing in elderly care with persons living with dementia (PWDs).

### Methodology:

This section contains discussions on the research paradigm, research design including the context, sample, intervention as well as data collection, preparation and analysis. The chapter ends off with a discussion surrounding the study's research quality and ethical considerations.

### Analysis:

In this section, the data analysis process is discussed step by step as it was carried out during the period of the study.

### Discussion of the findings:

This section consists of the discussion of the seven main themes from this study. The section starts with a brief discussion of the pre-workshop observations of the home and is followed by the discussion of each of the main themes.

Conclusion:

This section concludes the findings of this study and includes limitations and recommendations for future researchers.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

In this section I will be reviewing the following literature: dementia and person-centered care; human communication, specifically the different sub-categories within verbal and non-verbal communication; music therapy and therapeutic singing in elderly care with persons living with dementia (PWDs). Although there is international literature pertaining to the use of therapeutic singing in elderly care with PWDs, there is a paucity of research within the South African context.

### **2.2 Dementia**

The World Health Organization (WHO) reported that approximately 50 million people were living with dementia globally in September of 2020, with nearly 10 million new cases per year. De Jager et al. (2017) noted that fifty-eight percent of cases of dementia were found in people living in low- and middle- income countries in 2017. It is estimated that by 2050, this percentage will rise to seventy-one percent. There are economic, social and physical burdens that arise for the care of those with dementia as well as for caregivers. It is therefore of value to explore ways in which to support caregivers to provide quality care.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) refers to dementia as a major neurocognitive disorder (NCD). The disorder involves a cognitive impairment of language, thinking, memory and perception, varying from mild to severe and can impact activities of daily living (Paudel, Resnick, & Galik, 2020). Due to this general cognitive impairment, caregivers have experienced deterioration in the ability of PWDs to communicate and interact (Egan et al., 2010) which can contribute to caregiver burden and stress (Clyburn et al., 2000). PWDs typically exhibit neuropsychiatric symptoms such as aggression, apathy and irritability (Vasse et al., 2010). Antipsychotic medication is commonly used to treat these symptoms in dementia care, but does not offer a solution for the underlying causes of the behaviour since it only relieves the symptom and not the root of the cause (Vasse et al., 2010).

The approach of person-centered care in supporting the elderly is becoming a more widely accepted and valued concept in recent years (Manthorpe & Samsi, 2016).

Person-centered care developed from Carl Rogers' (1951) client-centered psychotherapy approach. Kim and Park (2017) defined person-centered care as an approach that is able to recognize the individuality of a person in relation to the care practices and attitudes surrounding them. This approach promotes the unmet needs that may contribute to the behavioural symptoms exhibited by persons with dementia (Kim & Park, 2017) Furthermore, a deeper understanding of person-centered care has been rooted in the concept of Personhood (Kitwood, 1997). Kitwood emphasized that an individual's personhood should be recognized in interactions, when providing the individual with a nurturing and safe environment in which they are able to freely express themselves (Manthorpe & Samsi, 2016).

Music interventions have been known to decrease the use of pharmacology (Cho, 2018). Interventions for alternative methods of treatment such as Music Therapeutic Caregiving (Hammar et al., 2010), TANDEM training (Haberstroh et al., 2010) and education for effective communication (McCallion et al., 1999) have proved significant in elevating persons with dementia's emotions, improving co-operation and restoring relationships. Interestingly, research on communication training for caregivers and staff members in dementia care is given insufficient attention, especially since dementia is seen as a communication disorder (Haberstroh et al., 2010).

At the time of writing this study very little research on increased knowledge and skills of relating and communicating with persons with dementia has been done within the South African context. Studies report that health professionals are not adequately trained with communicative skills in dementia care (Kalula & Petros, 2011). This may be due to the lack of awareness and preparedness for the detection of early stage dementia (De Jager et al., 2015), thus not much focus has been placed on providing alternative interventions. The need for adequate care for PWDs and training in improved methods of communication in South Africa is thus of major importance.

### **2.3 Communication**

Jootun and McGhee (2011) propose that competent communication is crucial in providing adequate dementia care and that it has several identifiable properties: it is a process; it is a transaction, it is ever changing as well as context-specific and it is multidimensional. Similarly, Hargreaves et al. (2005) propose a shift away from linear and even interactive models of communication to more transactional models, which include context, field of experience, time and both parties as communicators.

Additionally, Vasse et al. (2010) suggest that speech, gesture, writing, posture, affect, gaze and intonation specifically achieve communication.

For the purposes of this study, I will explore verbal and non-verbal communication in more depth in order to expand on the various modes of communication proposed by Jootun and McGhee (2011).

### **2.3.1 Verbal Communication**

Verbal communication refers to the use of words in order to express oneself, regarded as a key component in delivering a message (Jootun & McGhee, 2011). Paralinguistic features of verbal communication consider the particular characteristics of a person's voice, which includes the volume, intonation, tone and the rate of speech, all contributing to how verbal communication is conveyed and how it flows (Jootun & McGhee, 2011).

Verbal communication is the first form of communication that is compromised by dementia. PWDs will battle to find the right words to name objects and this will eventually lead to the struggle of initiating a conversation (Jootun & McGhee, 2011). In dementia research, methods have been reviewed in order to substantiate the enhancement of verbal communication between persons with dementia and their caregivers. Egan et al. (2010) finds that the use of memory aids, such as biographical information and photos of family, prove the most effective strategy to enhance verbal communication. It must be mentioned that this strategy was more effective with family caregivers than with formal caregivers.

### **2.3.2 Non-Verbal Communication**

Since only 7% of communication is verbal, and the other 93% is non-verbal (Jootun & McGhee, 2011), there is value in observing and analyzing non-verbal communication or interaction. Phutela (2015) suggests that non-verbal communication can be divided into categories including paralanguage, body movement, eye messages, facial expressions, body adornment, touch, attractiveness, space and distance, smell, manners and time. Non-verbal communication includes behaviours that "are typically sent with intent, are used with regularity among members of a social community, are typically interpreted as intentional, and have consensually recognized interpretations" (Burgoon et al., 1996, p. 113). Hans and Hans (2015) discussed aspects of non-verbal communication as kinesics (which looks at body language as

adaptors, emblems or illustrators), head movements and postures, haptics (which looks at the use of touch) and proxemics (the different implications of distances).

Studies have implemented non-verbal communication tools in order to enhance communication with persons with dementia. Adaptive Interaction is a tool that makes use of eye gazes, movements, touch and facial expressions in a reflective manner where interactions are recorded and reviewed in order to address what works effectively, and what does not (Ellis & Astell, 2019). It is therefore a means of communication with non-verbal individuals. Adaptive Interaction is costly to implement and is therefore not accessible to the general population in South Africa, as the country is under-resourced with economic limitations. Another feasible solution should therefore be explored.

Music is seen as a communication tool used to transcend barriers such as linguistic, mental, physical or cognitive in order to connect with others (Cross, 2014). Music therapists can use the communicative aspect of music in their practices in order to enhance the experience with clients who cannot necessarily communicate verbally (Nordoff & Robbins, 1977). In dementia care, music can offer communication, assistance and creativity for PWDs (Beer, 2016).

Gestures, eye contact, bodily contact, posture, distance, facial expressions and body language provides insight on the communication between caregivers and persons with dementia, alongside the use of music as a communicative tool.

## **2.4 Dementia and Music Therapy**

A systematic literature review of about 112 articles on the effectiveness of arts therapies in dementia care (Cowl & Gaugler, 2014) show that arts therapies including visual art, drama or movement, poetry and music is effective in treating behavioural and emotional challenges of dementia. Numerous other studies show a positive relationship between music therapy and dementia including: a significant decrease in anxiety perceived by PWDs (Ueda et al., 2013); a decrease in perceived depression (Guétin et al., 2009); a decrease in social isolation (Ridder & Alridge, 2005) and a decrease of agitated behaviours before and after group music therapy sessions (Ledger & Baker, 2007). In a study on the effects of music therapy on quality of life of PWDs, Cho (2018) found that music therapy can promote a sense of self-worth, belonging and accomplishment through interaction (Cho, 2018). Music is also able to evoke memories and regulate moods in dementia care (Sarkamo, 2018).



Although there have been some studies that go beyond music therapy interventions between just the client and therapist, there appear to be limited studies regarding extending interventions to formal caregivers. Providing caregivers with a broader skill set in order for the daily interaction between the caregiver and the PWD to be enhanced is valuable since caregivers interact with PWDs daily and due to cognitive impairment (Paudel et al., 2020) and the symptoms that come with the impairment, communication between caregivers and PWDs is often strained. This in turn implies miscommunication can cause discomfort, pain or trigger additional neuropsychiatric symptoms such as apathy, irritability and agitation (Vasse et al., 2010).

Music therapists aim to alleviate behavioural and psychological symptoms; offer coping skills to caregivers through music communication; as well as promote mood, personhood and sense of self (Cho, 2018; Ridder & Alridge, 2005; Ueda et al., 2013). If music therapists share the techniques they use in practice, communication between caregivers and PWDs in South Africa could be supported.

## **2.5 Therapeutic Singing**

Therapeutic singing has proved beneficial in care with PWDs. Therapeutic singing usually forms part of music therapy interventions with PWDs, which is carried out by the music therapist. It supports the notion of the Music Child which refers to a person's natural instinct to respond to sound stimuli (Nordoff & Robbins, 1977). Therapeutic singing is used in Music Therapeutic Caregiving, which is often defined as caregivers singing to or together with persons with dementia during care (Hammar et al., 2011). Davidson and Fedele (2011) investigate group-singing activities with PWDs as well as their caregivers, which shows that lucidity and social interaction improved – prompting more communication. Since PWDs are more open to communication during Music Therapeutic Caregiving morning routines than during routines consisting of only verbal instructions and body movements, it is able to promote adequate communication. Additionally, a study by Clark et al. (2018) found that group therapeutic singing had social and cognitive benefits such as promoting self-identity and quality of life. Singing familiar songs with PWDs promotes a sense of belonging, which in turn encourages conversations between PWDs in a group music therapy setting (Dassa & Amir, 2014).

Laura Beer (2016) reflects on the role of the music therapist in formally training and sharing these “sensitive” or therapeutic singing skills with the caregivers of people who have dementia. Equipping caregivers with therapeutic singing techniques may allow for enhanced communication and increased quality of life for PWDs. Caregivers are involved in the care of persons with dementia every day and the idea that they are able to offer the benefits of therapeutic singing is seen as a cost-effective solution to reach a larger number of people in their everyday life. By sharing therapeutic skills with caregivers, they are equipped in their daily work, which can lead to job satisfaction (Clyburn et al., 2000). This can create a more positive work environment, which can lead to better communication and relationships between caregivers and PWDs.

Emotional support for caregivers is not always recognized in general caregiver training to be essential to quality of life (Beer, 2016). Additionally, Van Der Poel and Pretorius (2009) reported a lack of adequate care training in South Africa since there is a limited understanding of dementia and little advocacy for the disease. This is due to various reasons, such as the prevalence and severity of HIV/AIDS in the country, which has the attention of the country’s healthcare system (Van Der Poel & Pretorius, 2009). Although research in South Africa needs to advocate for adequate training for health care professionals to diagnose and treat dementia (Kalula & Petros, 2011), emphasis should also be put on the importance of emotional support for caregivers in this context.

Furthermore, Hammar et al. (2011) explored the experience of Music Therapeutic Caregiving where caregivers sang with PWDs during caring circumstances. The results showed that Music Therapeutic Caregiving affords improved welfare of the PWD, increased communication and cooperations between the caregiver and PWDs (Hammar et al., 2011). The caregivers in the study reported a sense of ‘being’ with the person with dementia. This shows recognition of personhood with regard to those living with dementia.

Formal caregivers in aged care homes receive training communication with PWDs, but often the training is task-oriented, such that the behaviours, verbalizations and vocalizations are somewhat neglected (Beer, 2016). This can leave many caregivers feeling inadequate and powerless in some aspects of their job (Hammar et al., 2011). Music can be communicative (Trevathan, 1999). The role of the music therapist in

sharing skills is to assist the caregivers and bring awareness to the significance of intonation, rhythm, silence song and speech in order to create a bridge between the skills caregivers may already have, and skills that can enhance communication even more (Beer, 2016; Ridder, 2003). In a study conducted by Swall et al. (2020), caregivers reported that singing and music can be effective in the care of and communication with persons with dementia. The use of music is therefore an increasingly valuable tool in building a bridge in communication between caregivers and PWDs.

Internationally, the role of the music therapist providing training services is explored by various researchers such as Beer (2016), McDermott (2018), Baker (2018), Wosch (2018), Stige (2018) and Ray (2018). In South Africa, Stuart (2017) undertook a pilot study with preliminary results that show promise in implementing therapeutic singing with PWDs. Themes that emerged include shared awareness, shared engagement and shared intention. Apart from this study, however, there is a paucity in the literature on the training of caregivers in therapeutic singing in South Africa. Given the possibility of positive implications, as well as the third-world country context, this approach to sharing therapeutic singing techniques with caregivers should be explored as a possible solution to the communication problem caregivers experience daily.

## **2.6 Conclusion**

This review entails literature on the various aspects relevant to exploring the significance of therapeutic singing to enhance communication between caregivers and PWDs. In the healthcare context of PWDs, it has been suggested (Jootun & McGhee, 2011) that non-verbal communication can be observed by looking at eye contact, gestures, bodily contact, distance, facial expressions, posture and body language. By implementing music interventions such as therapeutic singing in caregiver training, caregivers could be more equipped with tools that can enhance their communication with PWDs.

It is evident that there is a gap in the literature concerning the significance of therapeutic singing in elderly care within the South African context. This study, therefore, intends on exploring the caregiver's experience of therapeutic singing and how it facilitates the communication between PWDs and their caregivers within a South African context.

## **Chapter 3: Methodology**

### **3.1 Introduction**

This study focused on a four-hour long workshop for four caregivers from an aged care home during which therapeutic singing and basic music therapy skills were shared. Therapeutic singing was implemented by the caregivers during their morning routines with residents with dementia. Data was collected over four weeks. This section will discuss the methodology, research paradigm, qualitative research and research design, as well as the intervention, data collection, preparation, analysis, research quality and ethical considerations of this study.

### **3.2 Research Paradigm**

This study employed an interpretative phenomenological paradigm which aims to better comprehend the quality and nature of phenomena as they organically present themselves (Willig, 2008). Heidegger's interpretative phenomenology is grounded on an array of tenets such as the concept of being, encounters with entities within the world, being in the world, being with, spatiality and temporality (Heidegger, 1927/2011). Interpretative phenomenology also refers to Heidegger's Hermeneutics, which involves interpretative processes, and means that the hermeneutic circle and double hermeneutics were employed and used during the analysis of this study.

Phenomenological research looks at the nature of experience from the viewpoint of the person who is experiencing the phenomenon (Patton, 2002). For this particular study, I looked at the experience of formal caregivers' therapeutic singing from the viewpoint of the caregivers. This included the use of observational data to inform the questions I asked the caregivers during their interviews. Heideggerian phenomenology presents an approach of research that focuses on the person as well as the context of their existence (Mackey, 2005). With regard to interpretative research, reality is socially constructed so as to recognize that there is no single, observable reality (Merriam, 2009).

The ontology of my study rests in the nature of consciousness, from the phenomenological point of view. It was seen in exploring caregivers' experience of therapeutic singing and how it facilitated the verbal and non-verbal communication between the caregiver and the PWD during the morning care routines. The epistemology of the study was a phenomenological epistemology where there was a

subjective exploration of the experience. From the information gathered at the interviews, directly from the caregiver, and observed and interpreted by myself as the researcher.

Interpretative phenomenology as a research approach and methodology makes use of various qualitative methods and involves contextual description and analysis (Terre Blanche & Durrheim, 2006). Accordingly, this study used a small sample, semi-structured interviews and diary entries. The aim was to make sense of the experience of caregivers' therapeutic singing through the interviews and the diary entries in order to analyze and interpret common patterns and themes.

### **3.3 Qualitative Research**

Qualitative research is naturally exploratory and is generally used to encourage more research on a phenomenon that is new or has not been addressed with a certain group of people (Creswell, 2003). With regard to this study, the implementation of caregivers' therapeutic singing in a South African context for persons with dementia has not been extensively researched, and was deemed a phenomenon worth exploring. Qualitative research is concerned with meaning, i.e. how people experience their world, and is more interested in the texture and quality of experience, rather than the cause and effect (Willig, 2001). Therefore, for the purpose of my study, research was appropriated through means of in-depth interviews with the caregivers and observation analysis with the focus on the meanings and experiences of the caregiver of the communication between themselves and the PWD.

Creswell (2003) defines qualitative research as the approach where "the inquirer often makes knowledge claims based primarily on constructivist perspectives" (p. 18). For this study, it suggested looking at research that develops a pattern, theme or theory. I then developed these themes from the data collected during the study. Furthermore, I collected participants' meanings; focused on a single phenomenon; studied the context of the participants and collaborated with them; made interpretations on the findings and the data collected; and created a scheme for change (Creswell, 2003).

### **3.4 Research Design**

This section explains and describes the research design that was used in this study and the relevance of such a design for this specific research study.

### **3.4.1 Case Study Design**

A case study design was employed in this research study. Yin (2003) suggests that a case study is utilized for several reasons: when the core focus of the study is to answer the “why” and “how” questions; when the behaviour of the participants in the study cannot be manipulated; when contextual conditions are covered because they are believed to be relevant to the phenomenon of the study, or when the boundaries are not entirely clear between context and phenomenon (Baxter & Jack, 2008). A descriptive case study design elaborates on an intervention or a phenomenon as well as the real-life context in which it occurred (Yin, 2003). This is significant to the study, because it provides detailed descriptions of the phenomenon within its context: to explore the experiences of the caregivers, within the context of morning care routines at the aged care home in South Africa. Given the purpose of this study, the design was emergent and slight changes were made where it seemed appropriate.

Within this case study design, triangulation was a valuable way to integrate information from a variety of sources to gain an in-depth understanding of the phenomenon under investigation. This often refers to the implementation of a range of data analysis and collection techniques within the framework of a single case study (Willig, 2008). During this study, through the use of interviews, observations and diary entries as data collection, triangulation was ensured.

### **3.4.2 Context**

The aged care home that partook in this study, is a senior citizen center and a care home situated in South Africa. The aged care home is a government funded welfare organization that cares for the wellbeing of elders in the community. The main language of both residents and staff is Afrikaans. The home has one occupational therapist and one social worker. The care home is familiar with music therapy as it is a student placement: music therapy has been provided by students studying towards their Masters degree in music therapy and have completed their clinical placement hours at the aged care home. The Alzheimer’s and Dementia unit provides care for over 50 PWDs. It is the largest and most prominent unit of the home and is the most sought after in terms of donations and public interest.

### **3.4.3 Sample**

Four caregivers and four residents in the dementia unit at the aged care home participated in this study. Subsequent to a meeting with the head nurse, caregivers



were able to volunteer for participation. It was made clear that any number of interested caregivers could attend the workshop, but that only four would be selected to participate in the study according to their work schedule over the four week period. Only four formal caregivers were selected by the head nurse for the duration of the study after the workshop and only those four caregivers attended the workshop.

Inclusion criteria for caregiver participants were that each caregiver had to have had at least three months of care-based training. Special arrangements with the care home management were made so that each caregiver participant could be paired with one resident participant for the duration of the study. The inclusion criteria of the resident participants were a diagnosis of dementia and a MMSE (Mini-Mental State Exam) score of 12 or less, indicating mid to late stage dementia and the capacity to provide verbal assent before the observation of a session with the caregiver. A request for consent from the aged care home was made in order to view residents' files (See Appendix D). Residents who were hard of hearing (hearing loss of more than 50%) or in poor physical health were excluded from the study, since it could interfere with the facilitation of therapeutic singing or lead to a resident being unable to participate during the data collection.

Before the study commenced, the caregiver participants were informed about the reason for the study by receiving a participant-information form (see Appendix B and C), which explained the study. The process of obtaining informed consent was done with due sensitivity, where honouring the rights and dignity of the participants was a primary ethical consideration for the study, acknowledging the vulnerability of this particular client group. Regarding resident participants, the next of kin or guardian of the PWD were contacted and asked to sign the forms. Additionally, resident participants gave verbal assent before the start of every session during the study. All caregiver participants had to be available to attend a four-hour workshop on therapeutic singing before the commencement of the study. Participants (both caregivers and residents) were able to withdraw from the study at any point, and would not have been penalized. If a resident with dementia declined on the day, arrangements would have been made for another resident that meets the inclusion criteria to be selected, following the same consent process. If the next of kin or guardian of a resident participant decided to withdraw their consent during the study, they may have done so and the corresponding resident participant would have been withdrawn from the study and replaced by another willing participant.

### **3.4.4 The Intervention: Therapeutic Caregiver's Singing Workshop**

Participant caregivers attended a four-hour Therapeutic Caregiver's Singing workshop. During this workshop, caregivers were equipped with practical techniques and song suggestions that they could implement during the daily routines with PWDs. Prior to engaging with the practical aspects, the workshop offered caregivers a better understanding of the role of music in daily life; a discussion about dementia; a brief introduction to the theoretical concept of the Music Child<sup>1</sup> (Nordoff & Robbins, 1977) and Personhood (Kitwood, 1992); as well as explaining musical elements and elaborating on music therapy techniques. Each caregiver had the opportunity to engage practically through role-playing different scenarios that may arise during a morning routine. The caregivers then had the opportunity to practice using Therapeutic Caregiver's Singing techniques in each scenario. The workshop was designed and facilitated by music therapist Karyn Stuart-Röhm. I observed the workshop. After completing the workshop, caregivers were asked to implement the Therapeutic Caregiver Singing into their daily routines with a PWD. Please see Appendix A for an outline of the workshop.

### **3.5 Data Collection**

This study took place over a four-week period, during which two sources of data were collected and used for analysis. It must be noted that before the study commenced, due to the Covid-19 global pandemic, the data collection process was delayed and the pandemic regulations restricted the original sources of data that would have been collected. Initially, during the proposal of the study, the goal was to collect three sources of data to use for analysis: interviews; videotaped recordings and diary entries.

Due to the nature of the morning routines being quite pressed for time, as well as the logistics of moving from observing and video-recording one caregiver's morning routine to the next, I was unable to video record the morning routines for further analysis to guide the interview questions. Instead, I observed the morning routines with the caregivers and used my observations in the moment as well as the diary entries to guide the interview questions later in the day.

#### Data Source A: Interviews

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<sup>1</sup> The Music Child refers to the natural instinct a person has to respond to sound stimulus and demonstrates that we can perfectly understand the musical language through structure, shape and musical characteristics without having any musical training.

Each caregiver participated individually in three interviews: one pre-workshop interview (before the implementation of the techniques); one interview that took place two weeks into the implementation of the techniques; and one post-intervention interview (at the end of the four-week implementation). The pre-workshop interviews started with introductory comments about confidentiality, also reminding them that the interview was being recorded. These aspects were also specified in the consent form and the participant-information form (Robson, 1993). The interview that took place two weeks into the implementation of the techniques served as a check-in to see how the caregivers were experiencing Therapeutic Caregiver Singing. The post-intervention interviews were semi-structured with questions about how they experienced Therapeutic Caregiver's Singing with persons with dementia, specifically regarding the resident they were paired with for the duration of the study. The use of semi-structured interviews was very valuable, as it allowed the caregiver participants the opportunity to share their personal experiences of therapeutic singing with the residents (Smith & Osborn, 2003). Refer to Appendix E for the interview outlines. I used the observations of the morning routines to inform questions within the interviews during and after the four-week period. Questions had a clearly defined purpose but made use of flexibility in how they were worded, the amount of time and attention spent on various topics, and the order in which the questions were asked (Robson, 1993). This allowed for boundless answers, and aimed not to limit the responses whilst maintaining a focus on the research purpose.

### Data Source B: Observations

The sole purpose of using observations for this study was to assist the interview questions with each caregiver throughout the duration of the study. These observations were direct observations, without any intervention (Shaughnessy et al., 2012). This means that observations were made without interfering with the morning routine between the caregiver and resident. Even though the observer was present in the morning routine, they were not involved in manipulating or controlling the morning routine.

Each caregiver was observed twice during the four-week period: once two weeks into the implementation of the techniques, and again at the end of the four-week period, prior to the final interviews. Observations were focused on body language, non-verbal cues, facial expressions and all verbal cues.

### Data Source C: Diary entries

Each caregiver was encouraged to keep a diary for the duration of the study. This was used as a reflexive tool for caregivers to reflect on their experiences and perceptions of their communication with their paired resident throughout the study. It must be noted that the caregivers may have had different expectations of what was necessary in keeping a diary for research purposes (Willig, 2008). In order to keep the diary entries focused on the experience of Therapeutic Caregiver's Singing and the verbal and non-verbal communication, there were prompts in the form of short questions that informed short answers to assist the caregivers in the reflection process (See Appendix F). This was explained in detail to them during the workshop, and did not take them more than 5 minutes to fill in. Through the use of the diary entries, the caregivers were able to reflect on the process, after each morning care routine, in order to remember as much as possible about their experience. Additionally, the diary entries were used as interview prompts during the final interview with each caregiver participant at the end of the study, to get an overall perspective on each participant's subjective experience. I also asked for feedback on the experience and sustainability of the diary entries. Caregiver participants were, therefore, informed and reminded that I would read the entries in order to support the interviews.

### **3.6 Data Preparation**

Concise preparation was needed before analyzing the data collected over the four-week period.

### Data Source A: Interviews

The recording of each interview was transcribed verbatim by myself as the researcher, which is a common procedure for interpretive phenomenology (Smith & Osborn, 2003). This included my questions as the interviewer. I protected the identity of all the participants by only using pseudonyms.

### Data Source B: Observations

Since the purpose of the observations were to assist the interview questions, no real data preparation was needed. I only had to inform the caregivers and nursing staff of

the dates I was coming for observations. Additionally, I made sure to get consent as well as verbal assent on the days of the observations from both the caregiver participants and the resident participants.

### Data Source C: Diary Entries

The diary entries were transcribed electronically to access easily after the duration of the study. Although initially only used to assist the questions during the interviews, the entries were also analysed to identify common trends in the way each caregiver answered the short questions on a daily basis.

### **3.7 Data Analysis**

Data analysis is referred to as the process where meaning is developed from the data collected (Merriam & Tisdell, 2015). For this particular study, I used interpretative phenomenological analysis (IPA) to capture the texture as well as the quality of an individual's experience. IPA recognizes that these experiences are not directly available to the researcher and are thus always an interpretation of the individual's experience of the phenomenon (Willig, 2008). IPA aims to analyze through the use of thick descriptions and does not attempt to hypothesize, define, validate or theorize an experience. The role of the researcher in IPA is, therefore, to make sense of the experience as the participants narrate it (Dickson et al., 2011). This involves interpretation, which will be supported by employing the double hermeneutic of "the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009, p.3). This also references the hermeneutic circle and points to understanding and interpretation involving a synthesis of the participants' (in this case the caregivers') sense-making and that of the researcher during analysis (Eatough & Smith, 2017).

IPA has no descriptive approach, but provides a set of flexible guidelines. These are explained in Chapter 4 (Eatough & Smith, 2006). The analysis process consisted of identifying key phrases or words, making comments on these phrases, identifying themes using the comments and phrases, clustering the themes together and settling on superordinate and subordinate themes. These themes were then used to create an overall description of the experiences of the caregivers into the final group narrative during the discussion.

### **3.8 Research Quality**

Qualitative research requires an active engagement with data that may be subjective. In order to accurately assess the rigour of the qualitative data, quality strategies should be implemented (Creswell, 2003). Even though subjectivity and interpretation are usually involved in qualitative research, measures should be taken to show the credibility of a qualitative study. This should be addressed by employing elements such as trustworthiness, transferability, dependability and confirmability, which will all contribute to the credibility of this study (Pandey & Patnaik, 2014).

In order to ensure the aforementioned elements were addressed, I employed the use of thick descriptions as part of the IPA analysis in order to achieve credibility and transferability. Transferability assesses whether the unique factors of an inquiry can be transferable to other situations (Ansdell & Pavlicevic, 2001). Through detailed descriptions of the participants, the setting and the themes, I provided as much detail as possible, which included elaborating on meaningful interactions, experiences or actions, specifically the interaction between the caregiver and the PWD. This ensured in-depth descriptions of the dynamics between the caregiver and PWD, and forms of communication that may occur throughout the interactions during the analysis of the data.

Furthermore, I made use of triangulation, which is another validity procedure as well as a confirmability and dependability strategy (Morse, 2015), to search for unity between different sources of information to form the basis for categories or themes throughout the study (Creswell & Miller, 2000). Using interviews, observations and diary entries to express the narrative of the phenomenal experience ensured this confirmability.

I made use of reflexivity to reflect, acknowledge and assess my own biases and assumptions as the researcher of this study. This allows readers to understand their various positions and how interpretations were shaped (Creswell & Miller, 2000).

Finally, peer review was employed to avoid biases and assist the development of the study. By consulting two supervisors, this was ensured. Peer reviewed studies are used to assist researchers in producing and analyzing patterns in their data (Morse, 2015). Peer reviews allow for credibility by establishing someone external to the study and are one of the best procedures to use during the process and duration of the whole research study (Creswell & Miller, 2000).



By implementing all of these strategies to address credibility, transferability, dependability and confirmability, trustworthiness of the research study should be ensured (Shenton, 2004).

### **3.9 Ethical Considerations**

Booklet 13 of the HPCSA General Ethical Guidelines for the Health Care Professions (2016) indicates that when working with research participants, the researcher must ensure that the rights of these participants are protected as far as possible, at all times. The booklet further highlights the basic ethical principles in health research, which include non-maleficence, beneficence, autonomy, confidentiality and justice.

Non-maleficence is the principle of not doing harm (Booklet 13, p. 2). This refers to the minimizing of risks and harms of the research to the participants. The principle of beneficence speaks to the benefits of health research, which outweighs the risks of the research. Both of these will ensure acting in the best interest of the research participants, namely the caregivers and the residents, of this particular study.

The principle of autonomy ensures that participants are afforded the opportunity to make informed decisions about their participation in the study (Booklet 13, page 2). Participants' rights were respected by obtaining both informed assent from resident participants and informed consent from caregiver participants. It was important that all participants fully understood the information regarding the participation, were able to consider the potential consequences and benefits of participation and could provide verbal and/or written consent (Oliver, 2003). Since this study involved vulnerable individuals, informed consent was challenging. As cognitive decline ensues with PWDs, the capacity to provide informed consent could be jeopardized, and so measures were taken in order to protect these participants (Slaughter, Cole, Jennings, & Reimer, 2007). Through considering the mini mental state examination (MMSE) scores (i.e. scores that are less than 12) as well as using clinical judgement and consulting alternative methods of assessing capacity such as asking participants to repeat back what they understood from the information provided (Slaughter et al., 2007), it was determined whether these PWD participants were able to give their own consent, or whether it was necessary to consult a legal guardian or next of kin regarding the matter.

The legal guardian or next of kin of the residents at the home were asked to provide informed consent. Verbal assent was additionally obtained from resident participants

because although their next of kin/guardian will sign a consent form, I value their own assent before observing their morning routine. Similarly, if resident participants were distressed by a caregiver singing to them during a session, their wishes were respected and the singing was stopped immediately. This was also explained to the caregivers for the days that I was not there to observe. The next of kin/ guardian was sent a cover letter explaining the research and a consent form, which they were asked to sign (See Appendix B). As participants living with dementia may not be able to give written consent, a participant information document (See Appendix C) was read to them, explaining all of the basic information about the research study, regardless of whether or not they need informed consent from a guardian. This was used to obtain the verbal assent, in the presence of both the caregivers and myself.

The principle of confidentiality ensures that the participants' identity will be protected (Creswell, 2013). This principle contributes to ensuring the dignity and respect for the persons involved in the study. Participants were informed of their rights to withdraw from the research study at any stage of the process (Merriam & Tisdell, 2015). Additionally, during the research process, I did not side place any participant above another to ensure equality (Creswell, 2018).

Lastly, the principle of justice allowed the research to be fair and just, with participants either left better or at the very least the same as before the research was directed, without the study being used to benefit the researcher whilst harming the participants.

The data (i.e. the interview transcripts using pseudonyms, as well as the diary entries) collected throughout the research process will be stored at the University of Pretoria for a period of fifteen years in an electronic password-protected document where confidentiality will be strictly implemented. If future researchers wish to use this data they may do so.

## Chapter 4: Data Analysis

The primary question for this study is: *What are the caregivers' experiences of using Therapeutic Caregiver Singing during care routines with persons living with dementia?* The secondary question to this study is: *According to caregivers, in what ways can Therapeutic Caregiver Singing facilitate communication between themselves and the persons living with dementia?*

This chapter provides an account of the analysis of the data, namely the semi-structured interviews (Appendix G) conducted with the four caregivers before the workshop, and during and after the implementation of Therapeutic Caregiver Singing techniques. Each interview was conducted individually with each caregiver whereafter the interview was recorded and transcribed. The entire analysis process was completed on a Google Sheets document with different sheets labelling the different stages of analysis (For full breakdown of analysis, see attached document labelled Appendix I).

Although IPA has no prescriptive approach, it provides a set of flexible guidelines (Eatough & Smith, 2006). These guidelines divide the analysis and interpretation of the data into several stages.

Firstly, after reading the transcripts of the interviews in order to gain an overall picture of the various caregivers' experiences (Smith & Osborn, 2007), excerpts were extracted from the transcript of each interview. The excerpts consisted of the entire transcript, omitting just the interviewer's questions and separating answers that were long. These excerpts were then translated from Afrikaans to English in the same Google Sheet document.

### Figure 1

*Transcripts and Translations of Excerpts from Interviews*

PRE	Transcript	Translation
	"Okay, ek kom in en dan se ek goeie more ouma, goeie more oupa, hang nou af wie in die kamer is. Vrolike gesig, because ons het mos nou die maskers mos nou op, nou kan jy mos nou nie gesien jou uitdrukking nie, maar jou oe en jy hou kontak met jou oe kyk jy vir die persoon in die gesig in. Dan se jy, oupa, ouma, ons gaan nou bietjie was en dan gaan ons lekker eet daarna... so wat gaan jy doen? Gaan jy bietjie opstaan?"	"Okay, I come into the room and I say, "Good morning Ouma, good morning Oupa," It depends who is in the room. Friendly face, because we are wearing masks now so you can't see your facial expressions as well, but you maintain eye contact with the person. Then you say, "Ouma, Oupa, we are going to wash now and then we are going to eat afterwards... so what do you want to do? Are you going to get up?"
	"En dan, dit hang nou af dan want as jy nou gaan inkom met 'n aggressive mood, dan gaan daai persoon... as jy party keer kom hulle van 'n plek af, dan weet hulle nie hoe om met mense te werk nie, dan kom hulle somer met daai houding aan en dan is daai persoon aggressive en dan is daai persoon se hele dag gespoil, en dan moet jy nou as iemand anders nou albei nou maar net .... As jy mooi met die persoon praat, dan gaan daai persoon mos nou met jou samewerking gee... dit hang alles van jouseif af."	"And then, it depends because if you come in with an aggressive mood, then that resident.... sometimes caregivers come from a place where they were not taught how to work with people, then they will come with an attitude and then that resident becomes aggressive and then their whole day is spoiled, and then you have to just....if you speak nicely to the resident, that resident will give you their cooperation.... it all depends on you."
	"En so gaan jou werk makliker mos nou wees. Veral van Alzheimer's pasiente moet jy so... want kyk hulle is basies soos kinders net soos daai kinders by die huis... as jy onbeskof met jou kinders is, dan gaan daai kind later nie eers weer met jou wil praat nie of met jou geheime deel of so nie... so dit hang alles van jouseif af, hier kyk jy met jou pasient praat"	"And then your work will be easier. Especially with residents who have Alzheimers, because they are basically like children at home... if you are rude to them, they will not want to talk to you or tell you all their secrets... so it depends on you, inside here (points to heart), how you talk to the patient."

A single sentence comment was created to represent the content of each paragraph in the transcript (Smith & Osborn, 2007). These comments were made next to the translations of the transcripts.

**Figure 2**

*Translated Transcript Extracts with Corresponding Comments*

C	D
Translation	Comment/Theme
"Okay, I come into the room and I say, "Good morning Ouma, good morning Oupa," It depends who is in the room. Friendly face, because we are wearing masks now so you can't see your facial expressions as well, but you maintain eye contact with the person. Then you say, "Ouma, Oupa, we are going to wash now and then we are going to eat afterwards... so what do you want to do? Are you going to get up?"	Caregiver verbally communicates with and informs the resident of the progression of the morning Caregiver notes the importance of eye contact and facial expressions when communicating with residents with dementia Caregiver gives the resident options to decide what to do first in the morning
"And then, it depends because if you come in with an aggressive mood, then that resident.... sometimes caregivers come from a place where they were not taught how to work with people, then they will come with an attitude and then that resident becomes aggressive and then their whole day is spoiled, and then you have to just....if you speak nicely to the resident, that resident will give you their cooperation... it all depends on you."	Caregiver notes that there are other caregivers who are not adequately trained to work with residents with dementia Caregiver notes that residents will give their cooperation if they are treated well Caregiver proposes that the success of a morning routine is dependent on the attitude of the caregiver
"And then your work will be easier. Especially with residents who have Alzheimers, because they are basically like children at home... if you are rude to them, they will not want to talk to you or tell you all their secrets... so it depends on you, inside here (points to heart), how you talk to the patient."	Caregiver suggests that residents share their secrets Caregiver compares working with residents who have Alzheimers, to having children

Subsequently, the comments that emerged were listed without paying too much attention to the connection between each single sentence comment (Smith & Osborn, 2007). An inductive approach was implemented to keep to the original transcripts of the caregivers' actual words in order to develop an accurate analysis of the caregivers' experiences (Thomas, 2006).

**Figure 3**

### List of Themes from Interview 1

INTERVIEW 1
Caregiver verbally communicates with and informs the resident of the progression of the morning
Caregiver notes the importance of eye contact and facial expressions when communicating with residents with dementia
Caregiver gives the resident options to decide what to do first in the morning
Caregiver notes that there are other caregivers who are not adequately trained to work with residents with dementia
Caregiver notes that residents will give their cooperation if they are treated well
Caregiver proposes that the success of a morning routine is dependent on the attitude of the caregiver
Caregiver suggests that residents share their secrets
Caregiver compares working with residents who have Alzheimers, to having children at home
Caregiver proposes that it is the caregiver's responsibility to assess their own mood and how they speak to the residents
Caregiver emphasizes the importance of eye contact when communicating with a resident with dementia
Caregiver says communication with a resident is dependent on how the caregiver approaches it
Caregiver observes that residents enjoy her sense of humor in the morning routine
Caregiver notes the importance of putting her problems aside when she comes to work in order not to take it out on the residents and to meet their needs
Caregiver states that sometimes it is an effort to put on a smile when coming to work
Caregiver recently experienced the loss of her mother and talks about navigating grief

The comments from each interview were clustered into groups of similar meaning, ensuring that redundancy and repetition were avoided. The clustered comments gave rise to the themes that emerged. Each theme therefore contains the accompanying short comments which can be traced back to the extracts from each caregiver's interview transcript. For example, the theme of 'Caregiver works flexibly and individualistically to cater for residents' needs' encompasses comments such as 'Caregiver gives resident options to decide what to do first in the morning'.

**Figure 4**

### Grouping of Themes with Subsections of Comments

THEMES
<b>The nature of working with residents with dementia is challenging</b>
Caregiver states that sometimes it is an effort to put on a smile when coming to work
Caregiver states that a white lie is needed in order to get residents to cooperate on difficult mornings
Caregiver explains the challenge with working different shifts when a resident is left in a good mood and when she comes back is in a bad mood
The caregiver acknowledges that some days with residents are difficult and more challenging
Caregiver suggests that residents take a while to get used to the new caregivers on different shifts
<b>Caregiver works flexibly and individualistically to cater for residents' needs</b>
Caregiver gives the resident options to decide what to do first in the morning
Caregiver proposes that the success of a morning routine is dependent on the attitude of the caregiver
Caregiver suggests that residents share their secrets
Caregiver proposes that it is the caregiver's responsibility to assess their own mood and how they speak to the residents
Caregiver says communication with a resident is dependent on how the caregiver approaches it
Caregiver observes that residents enjoy her sense of humor in the morning routine
Caregiver suggests that interactions are easier with residents they have known for a long while
Caregiver notes that words must be taken in consideration when working with a new resident as they may get offended
Caregiver notes that she must think about her interaction with a new resident before interacting with them

Following this, each interview's themes were compiled. Interviews were grouped according to the Pre-Workshop interview, During-Implementation interview, and Post-intervention interview respectively. Themes within each interview were colour-coded according to content relevancy and formed the subordinate themes of the study.

**Figure 5**

*Grouping of Themes across All Three Sets of Interviews*

A1		fx	CAREGIVER 1
A			
1	CAREGIVER 1		R
2	Verbal communication is the primary form of communication during morning routines		
3	Relationships with residents pose challenges when residents as aggressive		
4	Verbal communication with residents poses challenges		
5	The nature of the caregiver's work is unpredictable		
6	Colleague support		
7	Caregivers are able to separate own feelings from work		
8	Residents' relationships with loved ones affect their mood		
9			
10	CAREGIVER 2		J
11	The nature of working with residents with dementia is challenging		
12	Caregiver works flexibly and individualistically to cater for residents' needs		
13	Caregiver uses person-centered approach and Personhood		
14	Body language assists verbal communication as primary form of communication		
15	Working different shifts with different caregivers is challenging		
16	Caregiver compares resident to having children		
17	Caregiver processes personal grief whilst caring for residents		
18	Caregiver encounters racial incidents with residents		
19	Covid pandemic poses challenges to residents		
20	Caregivers need to be resilient to work with residents with dementia		
21			

Next, all of the subordinate themes were grouped according to colour. A few final changes were made to ensure the relevance of grouping certain themes together in order to form accurate superordinate themes.

**Figure 6**

*Colour-Coded Themes across All Interviews with All of the Caregivers*

A		B
1	CLUSTERED THEMES	
2		
3	Verbal communication is the primary form of communication during morning routines	
4	Verbal communication with residents poses challenges	
5	Body language assists verbal communication as primary form of communication	
6	Gestures and repetition assist communication with residents	
7	Verbal communication is still the primary form of communication during morning routines	
8	Relationships with residents pose challenges when residents are aggressive	
9	Residents' relationships with loved ones affect their mood	
10	Caregiver generally has a good relationship with residents	
11	Therapeutic Caregiver Singing has improved the relationship between the caregiver and the resident	
12	Using Therapeutic Caregiver Singing has deepened the relationship between the caregiver and resident	
13	Caregiver has a relationship with resident beyond the professional work relationship	
14	Covid allowed caregiver to empathize with residents' difficulties	
15	Therapeutic Caregiver Singing allows for a new connection between the residents and caregivers	
16	Therapeutic Caregiver Singing assists communication between resident and caregiver	
17	Working different shifts with different caregivers is challenging	
18	Caregiver encounters racial incidents with residents	
19	Covid pandemic poses challenges to residents	
20	Working with residents poses racial challenges	



Finally, the themes of the sample were examined and grouped according to superordinate and subordinate themes (Smith & Osborn, 2007). The complete list of superordinate and subordinate themes can be found in Appendix H.

**Figure 7**

*Superordinate and Subordinate Themes*

SUPERORDINATE THEMES	
<b>Therapeutic Caregiver Singing allows for a deepened relational connection between caregivers and residents</b>	
Therapeutic Caregiver Singing has improved the relationship between the caregiver and the resident	
Using Therapeutic Caregiver Singing has deepened the relationship between the caregiver and resident	
Caregiver has a relationship with resident beyond the professional work relationship	
Covid allowed caregiver to empathize with residents' difficulties	
Therapeutic Caregiver Singing allows for a new connection between the residents and caregivers	
Therapeutic Caregiver Singing assists communication between resident and caregiver	
<b>Unpredictability, changes and challenges in the work environment</b>	
Covid pandemic poses challenges to residents	
The nature of the caregiver's work is unpredictable and changes on a daily basis	
The nature of the caregiver's work is still unpredictable and changes all the time	
Covid lockdown has been challenging for caregivers and residents	
Caregiver still has challenging work days	

Seven superordinate themes were identified, namely: Therapeutic Caregiver Singing allows for a deepened relational connection between caregivers and residents; Unpredictability, changes and challenges in the work environment; Caregivers' resilience; Caregivers' reflections of intrapersonal experiences following Therapeutic Caregiver Singing implementation; Therapeutic Caregiver Singing enhances person-centered ethos; Therapeutic Caregiver Singing promotes participatory engagement; and Therapeutic Caregiver Singing promotes emotional responses.

The next chapter will provide a deeper look into each of these themes through the use of quotations and reference to literature.

## Chapter 5: Discussion of the Findings

The primary question guiding this study is: *What are the caregivers' experiences of using Therapeutic Caregiver Singing during care routines with persons living with dementia?* The secondary question for this study is: *According to caregivers, in what ways can Therapeutic Caregiver Singing facilitate communication between themselves and the persons living with dementia?* This chapter will discuss the findings and themes from the semi-structured interviews conducted with the four caregivers, with reference to relevant literature.

### 5.1 Pre-workshop observations

In order to accurately reflect and discuss the findings of this study, it is important to consider the context of the study and the challenges reported by the caregivers at the aged care home during the initial interview.

Communication was reported as the most difficult challenge. The caregivers' primary form of communication during morning routines is verbal communication. Despite the cognitive decline in residents with dementia and resultant decline in communicative abilities (Götell et al., 2002; Egan, et al., 2010), caregivers' morning routines with residents appeared to depend on the residents' ability to communicate verbally. One caregiver noted the challenge of primarily using verbal communication as this created uncertainty as to whether or not residents understood verbal cues when they were unable to respond. In a review by Eggenberger, Heimerl and Bennett (2013) consisting of 12 studies, literature showed that these verbal communication barriers could be frustrating to the developmental aspect of the caregiver-resident relationship. Overall, caregivers stated that the experience of using verbal communication as the primary source of communication was unpredictable, with it sometimes being challenging and other times being quite easy. The unpredictability depended on the mood of the resident and changed on almost a daily basis. Two caregivers reported that they used body language, gestures and repetition in order to assist verbal communication during morning routines.

Other challenges were reported: One being racial incidents that occur between caregivers and residents at the home. Given the context of the post-apartheid era in South Africa, it must be noted that for majority of South Africans, racism is still very much prevalent, especially with regard to the older generation who lived through the Apartheid era. Makoni and Grainger (2002) conducted a study on the interactions

between residents and caregivers in both the South African and British contexts. It was found that compliance-gaining situations were more prevalent within the South African context, due to racist discourse. This was present in the 'power struggle' between nurses and caregivers, when residents were resistant to nurses' toil for control. Within the context of the aged care home, one caregiver recalled an incident where the resident mistakenly identified the caregiver for a white person, and showed their disappointment when they realized the caregiver was not. The caregiver shared that this incident affected her relationship with the resident, but noted that it did not help to blame the resident who is unaware of what exactly they are saying at times. Another caregiver recalled a scenario where a resident thought they were on his farm and mistook the caregiver for a domestic worker, who was not allowed in the main area of his house. The caregiver shared that she had to put herself in the resident's shoes to understand why he could react in this way, instead of getting upset with him.

Another challenge reported by the caregivers was the variations of moods of the residents. One caregiver commented on the aggressive nature of residents in the mornings, and how the residents' mood affected the progression of the morning routine. Vasse et al. (2010) stated that aggression is a common neuropsychiatric symptom of dementia. The caregiver noted that although she is fearful at times, she would not show the resident her fear and highlighted that it is important to stand her ground when working with aggressive residents. Caregivers also commented on the need to manage situations despite the emotions they may be experiencing at that moment.

The staff schedule and shift changes were highlighted as a challenge. Residents were cared for by different caregivers, rather than the same one. The caregiver mentioned cases where the mood and attitude of the previous caregiver impacted the mood of the resident when the next caregiver comes in for their shift. This appeared to affect the smooth flow of the morning routine, which itself was affected by the mood of the residents. Therefore, caregivers were generally left feeling exhausted after completing morning routines with residents.

These observations and comments made by caregivers during the initial, pre-workshop interviews represent the caregivers' experiences during morning routines before the implementation of Therapeutic Caregiver Singing techniques. These observations assisted the reflection of the caregivers' experiences of using Therapeutic Caregiver Singing techniques during the study.

## 5.2 THEME 1: Therapeutic Caregiver Singing allows for a deepened relational connection between caregivers and residents

All four of the caregivers reported a deepened relational connection with the residents they cared for over the four-week period. This connection was experienced in various ways, and contributed positively to aspects of the residents' quality of life. Cho (2018) considers quality of life to be "concerned with a person's emotional and physical well-being, interpersonal relations, personal development, self-determination, and social inclusion" (p. 2). This theme highlights the interpersonal relations between the caregiver and resident in terms of residents' quality of life.

Caregivers 3 and 4 encountered a deepened relational connection through getting to know the residents better by using Therapeutic Caregiver Singing. Caregiver 3 commented on the experience, saying:

*"I feel like it was a good thing... you learn so much about the resident that you were not aware of, or you just never saw it like that before... and in those 10 to 30 minutes that you spend with that person, you chat to them and then you sing with them... it stimulates their souls as well."*

This particular experience of Therapeutic Caregiver Singing allowed the caregiver to affirm the personhood of the resident she cared for by acknowledging that there was more to the resident than she originally thought. This notion was echoed by another caregiver who explained that Therapeutic Caregiver Singing allowed her to directly get to know the resident through verbal and non-verbal interactions that recognized and emphasized the resident's personhood (Kitwood, 1997). In a study on therapeutic singing across two nursing homes in Sweden, Hammar et al. (2011) found that therapeutic singing allowed caregivers to view residents as the whole human being. Through a deepened relational connection in getting to know residents as individuals, Therapeutic Caregiver Singing ensured better well-being for the residents.

Deepened relational connections could also be experienced through common interests. Caregiver 2 shared a moment with a resident where they connected through a common song interest:

*"And then I went in, but I sang without realizing I was singing and did not notice her facial expressions... We forgot about it, but I was just singing away... and I went to her room and went to the cupboard and she got up and started singing with me. And I say, "Ouma, do you know this song as well?" Sy said, "Yes my child, we sang it at Sunday school." Then we started talking before we even started washing... So I learnt a lot from her through this process, so yeah, through music therapy."*

This interaction allowed the caregiver and resident to bond over a song, which enabled a smooth social interaction. Musical experiences, especially with regard to older adults, could promote social contact and lessen the feelings of social isolation (Davidson & Fedele, 2011; Sixsmith & Gibson, 2007). A study conducted by Sixsmith and Gibson (2007) stated that music is a source of social cohesion and social contact within dementia care. This is in agreement with Davidson and Fedele (2011) who, although within the context of group-singing, conducted a study with singing activities for residents and caregivers. The study reported a decrease in feelings of social isolation through singing, promoting more communication for residents. Caregiver 2 was able to communicate and build on the social, reciprocal connection with the resident she cared for, through means of a common song interest.

Caregiver 3 reflected on a reciprocal relationship with a resident after the study:

*"One morning I was a bit depressed and she, through being spontaneous, helped me to lighten up... So yeah, most of the time it was nice."*

The caregiver noticed how the resident's mood during the singing could affect her own, and how it could impact her mood and attitude for the rest of the work day. In a study by Götell et al. (2009) on the influence of caregiver singing and background music on emotions and moods in dementia care, it was found that both caregiver singing as well as background music enhances the mutuality of emotional communication. Similarly, in a study describing caregivers' perspectives on using singing and music with residents with dementia, Swall et al. (2020) found that singing

and music can facilitate mutual interaction between caregivers and residents. For Caregiver 3, Therapeutic Caregiver Singing allowed this mutual connection with the resident she cared for.

Caregiver 1 recalled a moment during the morning routine where she was able to comfort a resident through song.

*"Uhm, the day she was sad. I came into the room and she was teary-eyed. She was sad and when I tried to ask her what was the matter, she said that she misses her daughter... and uhm, I tried encouraging her and we began to sing and she started to cry."*

This moment allowed for an emotional response from the resident as the relational connection between the dyad deepened. In an article on music at the end of life, Gordon and Clements-Cortes (2013) discussed that music is able to provide comfort in situations where words seem insufficient, whilst it is able to facilitate emotional expression. In this scenario, the caregiver was able to comfort the resident who was missing her daughter, through song.

The same caregiver commented on the improvement of her relationship with the resident, attributing the improvement to the music. She noted that singing allowed both parties of the dyad to enjoy their time together during the morning care routine and added that musical interactions now occur more frequently throughout the work day. McDermott et al. (2014) reported that persons with dementia are still able to develop musical relationships despite cognitive decline. Their findings showed that meaningful musical experiences resulted in emotional connectedness. This is in agreement with a study by Clark et al. (2021) on PWDs and their family caregivers, where it was found that group song writing prompted interactions leading to social connections and empathic relationships. Through the use of music and singing, Caregiver 1 was able to build on the relational connection with the resident she cared for. Through the use of Therapeutic Caregiver Singing, all four caregivers experienced a deepened relational connection with the residents they cared for.

### **5.3 THEME 2: Caregivers' reflection of intrapersonal experiences following Therapeutic Caregiver Singing implementation**



Caregivers' experiences of Therapeutic Caregiver Singing went beyond the effects it had on the residents alone. Each of the caregivers reflected on intrapersonal experiences of Therapeutic Caregiver Singing.

Three of the four caregivers reported that their experience of Therapeutic Caregiver Singing had a positive impact on their mood and attitude towards work, and affected their state of mind for the remainder of the day. Caregiver 1 particularly noticed these mood changes on tougher work days, saying:

*"It changes your mood, because sometimes... (pauses) Sometimes uhm, you don't feel like coming to work or you do not feel like working with one of the residents because they have upset you... in the mornings they can be aggressive, but when you start to sing... then your mood changes."*

Although the body of research on the benefits of therapeutic singing on caregivers is growing, a significant portion of research is still focused only on benefits for PWDs. However, Davidson and Almeida (2014) conducted a study on the impact of group singing activities on both the caregiver and PWD. Results showed that singing improved caregivers' mood, energy levels and focus, aligning with the experiences of the caregivers during this study. Another study by Osman et al. (2014) focused on exploring health benefits of singing for both the caregiver and PWD, and similarly found that singing had a positive impact on the mood as well as the sense of well-being of the caregiver. Therapeutic Caregiver Singing had a positive impact on the caregivers' well-being, particularly elevating their mood and state of mind.

Therapeutic Caregiver Singing enabled caregivers to rediscover parts of themselves. Caregiver 2, having to process grief during the implementation of the techniques, reflected on this, saying:

*"I needed this. And afterwards I was a different person... I got my old self back. And that was something good, especially on that particular day."*

Music could strengthen transcendental experiences of identity, which allows a person to experience a sense of meaning, purpose and significance in life (Ruud, 1997). For Caregiver 2, music played a role in rediscovering a part of herself through the implementation of Therapeutic Caregiver Singing. Similarly, when Caregiver 3

reflected on her experience, she noted that it led her to discover a new side of herself, reinforcing the notion that music can strengthen new experiences of identity (Ruud, 1997).

Two of the caregivers spoke about how music allowed them to process their grief. Caregiver 4 reflected on the significance of music in relation to loss from a few years ago:

*"Like I experienced for myself, I would put on some music. I would put someone, like my mom, my mom passed away three years ago. I will put on her favourite music, and then it almost feels like her presence is with me. Then it changes completely, okay, you realized she is not with you anymore, but there is still that warmth. So the music does a lot to a person."*

Belfi, Karlan and Tranel (2015) conducted a study suggesting that music evokes stronger autobiographical memories than other external stimuli. Janata, Tomic and Rakowski (2007) proposed that music evokes strong, emotional memories, especially in responses to popular, familiar music. Through music, caregivers were able to process their emotions in their personal lives. Although the caregivers did not apply the Therapeutic Caregiver Singing techniques they learnt in their personal lives, the implementation of these techniques exposed them to the therapeutic nature of music.

Caregiver 2, having experienced loss recently, reflected on how music was able to bring back memories she did not necessarily want to process.

*"So music is actually fantastic, because it brings back things you might've blocked and that you don't want to talk about again... it brings it back, and I think I needed that."*

In their article on music at the end of life, Gordon and Clements-Cortes (2013) reported that familiar music could provide comfort to family members during the bereavement period. Through processing their loss and finding comfort in the music, both Caregiver 2 and Caregiver 4 were able to care for residents whilst grieving, even reflecting that evoking these memories was necessary.

Diary prompts allowed caregivers to reflect on the progression and use of Therapeutic Caregiver Singing during the morning routines. Caregivers were able to self-reflect on their caring for those with dementia. Caregiver 2 especially made note of this, stating:

*"It helps me to process my thoughts, because when I go home this evening, I have to be there for my children and my mom and my brother at the hospital... I have to go visit him."*

In an interview study by Chen et al. (2013) on integrality for caregivers, it was found that caregivers have difficulties maintaining their physical, social and emotional selves in their multifaceted lives. Although research is limited in relation to the benefits of self-reflection for caregivers, perhaps providing some form of reflection for caregivers at work would allow for more balance. Two of the caregivers stated that they would continue to make use of diary prompts as a form of self-reflection at work. Caregiver 3 also suggested using the reflection with a different resident each week, in order to record what works for that particular resident and report back to the head nurse on a weekly basis. Reflecting on the use of Therapeutic Caregiver Singing during morning care routines allowed the caregivers to recognize the impact it had on the residents.

Lastly, Caregiver 3 commented on the relaxing effect of Therapeutic Caregiver Singing, and how it impacted both the resident and the caregiver. Having witnessed the relaxing effect of singing on the resident, she was able to use the same techniques to calm herself down during a busy work day:

*"[I feel] completely relaxed. You completely forget about everything and your day just goes on. And uhm, when you start thinking 'this just needs to end now', then you think about what you told her this morning, what she must do to relax. It is very effective in relaxation, yeah."*

Music is known to have an effect on the autonomic nervous system, which can reduce stress and anxiety (Kemper & Danhauer, 2005). This supported findings in an exploratory study by Davidson and Almeida (2014) proposing that singing activities have a positive impact on caregivers' mood and relaxation. The study showed that more regular attendance and involvement in singing activities resulted in a greater

state of relaxation for caregivers. By maintaining the use of Therapeutic Caregiver Singing throughout the work day, caregivers would be able to experience an increased sense of relaxation. All in all, three of the caregivers had intrapersonal experiences through the implementation of Therapeutic Caregiver Singing, through means of mood and attitude enhancement, self-reflection, sense of self and relaxation.

#### **5.4 THEME 3: Therapeutic Caregiver Singing enhances person-centered ethos**

The aged care home of this study provided person-centered care for residents. When interviewing caregivers before the commencement of the study, notions of person-centered care were emphasised. The way in which the caregivers spoke about their morning routines with the residents revealed their focus on the “whole person” with individual needs.

Caregiver 2 spoke about person-centered care in terms of allowing residents to make their own decisions in the morning, saying:

*"Don't choose a dress for her, because it will show her that she still is that person inside, that no one can take that person away from her... even if she isn't there anymore, even when they don't see it... even when her children don't see."*

Within dementia care, person-centered care is built on the concept of personhood (Kitwood, 1997). Kitwood (1997) suggested that persons with dementia have an enduring sense of self, and emphasises that attention should be given to their personhood. In a study by Manthorpe and Samsi (2016) discussing the recognition of personhood within the context of dementia care, it was proposed that caregivers should provide a safe and nurturing environment for residents to express themselves. By providing an environment during the morning routines where a resident was able to make their own choices, Caregiver 2 promoted the personhood of the resident.

Therapeutic Caregiver Singing affirmed the ethos of person-centered care by supporting the caregivers in caring for the residents in a flexible manner. In their article on person-centered care, Talerico et al. (2003) noted that by employing a person-centered approach, caregivers were able to cater for residents' individual needs. Caregiver 2 proposed that every resident is different, and therefore should be

treated in such a way to meet their unique needs. She shared about a moment where she asked a resident, who was usually annoyed with the music playing in the day centre, what type of music they enjoy. This led the caregiver to put on classical music, which in turn allowed the resident to calm down and relax at the day centre. Caregiver 2 also shared an experience pertaining to volume sensitivity, which allowed a resident to engage with the music. Softening the music in the day centre for a resident who was sensitive to loud sounds, allowed the resident to listen to the music, and thus she responded by moving her hands and feet. After a while, the caregivers turned the volume of the music up slightly, which allowed the resident to sing along.

Caregiver 3 reported that working in a way to cater for a resident's musical preference allowed the resident's mood to be improved:

*"We sang a lot. Sometimes she is very... Her eyes are dark, and she is tense. She fights with other residents and then I would tell her, "Ah no, let's brighten up the day... the sun is shining" and then we sing for a bit and often she will sing louder... she loves music. Sometimes I play her... she loves uhm.. soft music, calm music, so then I will also put some... uhm, some panflute music on and then she will hum to it."*

Knowing that music could be a source of comfort in order to support an individual emotionally (Gordon & Clements-Cortes, 2013), allowed for an understanding of how the resident's mood could improve with Therapeutic Caregiver Singing. Welch (2005) suggested that musical communication allows for emotional expression. By knowing the resident's musical preferences, Caregiver 3 was able to cater for the emotional needs of the resident she cared for.

When Therapeutic Caregiver Singing was applied, it supported the ethos of person-centered care at the home. Caregiver 4 noticed how the music brought out a new side of the resident:

*"It changes the person, because it is almost as if it brings out something inside the person. You really connect with the person themselves."*

This experience was in relation to the concept of the Music Child (Nordoff & Robbins, 1977), introduced to the caregivers during the workshop. The Music Child is a

person's natural instinct to respond to sound stimuli. This demonstrates that people can understand the musical language without having any musical training (Nordoff & Robbins, 1977). In agreement with this, Cross (2014) noted in his article on musical communication that music allows for an alternative way of expressing oneself. Creating an environment where the residents were able to express parts of themselves through Therapeutic Caregiver Singing also enabled musical communication between caregivers and residents.

In addition, Caregiver 4 became aware of the residents' needs to connect with someone, *"even if it is just for 5 minutes."* In an article exploring the skills needed for effective communication in dementia care, Jootun and McGhee (2011) stated that PWDs were often deprived of human interaction, which led to an increased sense of isolation and detachment. Connecting with residents through the support of Therapeutic Caregiver Singing enabled caregivers to decrease experiences of detachment and isolation for the residents.

Two of the caregivers discussed incorporating dance, humor and pre-recorded music in caring for residents. They suggested that it lifted residents' moods. Caregiver 2 specifically spoke about how she used humor in conjunction with Therapeutic Caregiver Singing during the morning routine:

*"Then I will say to her, take out your clothes, then I will run us a bath and then while I run the bath, I start to sing... just any song, she likes it when I move with my bum and then she'll laugh. And that is what helped the process, at the end of the day when we are done, we feel good, because we did not fight."*

A study by McFadden et al. (2001) on the foundations and meaning of personhood in dementia, suggested that finding humor in daily life whilst living with an incurable illness like dementia represents a "triumph of the human spirit" (p. 76). Similarly, Dean and Gregory (2004) reported in their study on humor and laughter in health care that the use of humor could assist therapeutic relationships, relieve tension and protect a sense of worth and dignity. The use of humor supported by Therapeutic Caregiver Singing therefore enhanced the personhood of the residents Caregiver 2 cared for.

The use of pre-recorded music in the day centre with the residents also allowed the residents to engage with both the caregivers and each other. The music in the centre enabled the residents to participate through dancing:

*"No, it has gotten better. I think it is because of the music, because sometimes they just sit there and do nothing... and then we come in and sing... or we take them to the day centre. Like last week, we put on some music and then we started to jive in the day centre... we all enjoyed it."*

Although this study focused on the use of Therapeutic Caregiver Singing, there is value in adding the use of pre-recorded music to the daily routine with PWDs. Studies such as the one on music and dementia by Nair et al. (2013) proposed that live music could be more beneficial than recorded music. The use of recorded music, however, is still prevalent within dementia care. Götell et al. (2009) found that background music during morning routines increased reciprocity and playfulness between caregivers and residents. The study also reported that caregivers and residents were on the same emotional wavelength during these morning routines. The playfulness exerted by the caregivers through the pre-recorded music at the day centre therefore allowed for more engagement from the residents. Overall, Therapeutic Caregiver Singing supports the person-centered ethos at the aged care home, by adapting to residents' musical preferences, moods and incorporating dance, humor and pre-recorded music in the morning routines as well as throughout the day.

#### **5.5 THEME 4: Therapeutic Caregiver Singing promotes participatory engagement**

Caregivers reported that residents engaged with the caregivers during morning routines by means of singing and dancing. Caregiver 1 witnessed participation through singing with a resident, stating:

*"It is something good. Uhm, especially when the person lies in the bed and as the person lies there and you start to sing to them and they react... It's amazing to witness. Because to us, they just lie there, but now they start singing and then react so it is something very good."*



Hammar et al. (2011) found that when residents sang with caregivers during care routines, the residents were more open to communication and interaction. Through the use of Therapeutic Caregiver Singing, Caregiver 1 was able to prompt a reaction and response from the resident through active singing. Hammar et al. (2011) also found that therapeutic singing enabled more cooperation from the residents during morning care routines. Caregiver 2 reflected on a specific situation with another resident at the home:

*"But uhm... There is this lady, not this one, but there is another resident who is difficult. She does not want to sleep or eat... she just wants to do what she wants to. She likes to sing, and when you start to sing to her, you can do wonders... so it basically helped a lot with her and with me."*

In this scenario, the use of Therapeutic Caregiver Singing provided a diversion for the resident which enabled cooperation during the morning routine. In a study on self-regulation in adulthood, Saarikellio (2010) reported that literature supported the notion of music as a distraction. Using music to lighten the mood promoted mood regulation for the resident, which allowed her to participate through singing. Furthermore, Caregiver 2 also reflected on another moment where she used Therapeutic Caregiver Singing as a distraction with a resident who refused to eat. She recalled singing *Jan Pierrewiet* with the resident as she fed her some porridge.

The caregivers noticed that singing with residents during morning routines was sometimes accompanied by dancing. Caregiver 2 reflected on a moment where she prepared the bath for the resident she cared for:

*"It all worked well together like uhm, where she started to sing and then I sang with her... or I sang and then the volume went up and we went... and then the beat started and we danced."*

Sixsmith and Gibson (2007) in their study on music and the well-being of PWDs, found that music participation was enhanced by dancing. Music activities involving dancing provided opportunities for residents to communicate feelings with carers. Similarly, in a review on dance in relation to dementia, Klimova et al. (2017) confirmed that dance has a positive effect on the physical, cognitive, emotional and social performances of PWDs. By incorporating dance with Therapeutic Caregiver

Singing, Caregiver 2 was able to provide more opportunities for participation, which had a positive impact on the resident.

Music allowed the residents to remember and reflect on their younger days, which in turn enabled them to participate through dancing and singing. Caregiver 2 reflected on this saying:

*"There are a few of them that sit in a corner, and then when we put the music on for all of them... because we play music from their time, it reminds them of their younger days. And then they will remember, even though they don't remember the words, they move their hands or feet... and you can see that they do listen to everything that goes on."*

Literature shows that music could evoke memories. Belfi, Karlan and Tranel (2015) reflected that memories evoked by music were more vivid than memories evoked by other stimuli. Furthermore, they found that music could evoke emotions felt at the time of the event recalled, which resulted in a greater re-experience of the feelings. Caregiver 2 thus played music that reminded the residents of events when they were younger, which prompted them to participate through dancing and singing.

Caregivers noticed that residents participated during morning routines through singing and dancing. Participation prompted more communication, interaction and cooperation. Additionally, using singing as a diversion and music as a way to evoke memories also enabled more participation from residents.

## **5.6 THEME 5: Therapeutic Caregiver Singing promotes emotional responses**

Caregivers experienced that Therapeutic Caregiver Singing promoted emotional responses from residents. Caregiver 3 noticed that Therapeutic Caregiver Singing was able to lighten the resident's mood during the morning routine. In a systematic review conducted by Chatterton et al. (2010), it was found that music could elicit responses from PWDs. The measured responses in this study included facial expressions, head and limb movement as well as eye movement. The caregiver witnessed a physical change in the resident, where she began the day seemingly tense, but loosened up once the caregiver and resident started singing together.

Caregiver 3 expanded on the relaxation aspect of Therapeutic Caregiver Singing saying:

*"I will say that it helps a lot with relaxing. It helps them to relax, because I've seen... sometimes they are very intense so you go stand in front of them and then you clap your hands and they will move and say okay, let's sing and put on some music... and then in that moment you can see that their dark eyes start to shine and smiles start to form on their faces... so yeah, it definitely has an effect on relaxing them."*

McDermott et al. (2012) reviewed 18 studies on music therapy in dementia care. Findings showed that music can reduce behavioural and psychological symptoms of PWDs. Similarly, Guetin et al. (2009) reported that the use of 'relaxation therapy' reduced the levels of depression and anxiety exhibited by PWDs. Therapeutic Caregiver Singing promoted relaxation, which in turn reduced psychological and behavioural symptoms in residents.

Caregivers experienced that the music used during the morning routine also provided stimulation for the residents. Caregiver 1 reflected that residents typically did not engage in any activities prior to Therapeutic Caregiver Singing. This was in agreement with findings in the study conducted by Sixsmith and Gibson in 2007 stating that social withdrawal from music activities was prevalent in PWDs. Through the use of Therapeutic Caregiver Singing and pre-recorded music, Caregiver 1 reported that residents engage more in activities, noting enjoyment on their faces as they partook. In their chapter on music and dementia, Baird and Samson (2015) noted that music could be a source of non-verbal communication for caregivers, as well as providing stimulation for residents. Therapeutic Caregiver Singing provided stimulation as well as enjoyment allowing for more engagement from residents through the day.

All in all, Therapeutic Caregiver Singing elicited emotional responses from residents through facial expressions and bodily movements. These were exhibited as residents were stimulated or when music was used as relaxation to reduce behavioural and psychological symptoms.

## **5.7 THEME 6: Unpredictability, changes and challenges in the work environment**

This theme discusses unpredictability and change in the work environment as described by the caregivers. In the case of this study, unpredictability and change was exacerbated due to the Covid-19 pandemic. Caregivers were expected to work longer hours and had to be isolated from their families and loved ones. This continued for a few months. Interestingly, this allowed the caregivers to empathize with residents who are unable to see family members and are isolated from the world around them. Caregiver 3 reflected on this, stating:

*"Here are people that are suffering just as much, who also don't have families that can visit them, who have also lost someone... the family outside of the home also suffers, so you have to... I have always thought of that."*

A study conducted by Cañas-Lerma et al. (2021) on empathy in health care found that despite the increase in stress perceived by health care professionals during the Covid-19 pandemic, capacities for empathy have not decreased. Caregivers were able to identify with residents in a new way, acknowledging the challenges families outside the home must have been facing whilst being separated from their loved ones in the home.

In addition to the challenges experienced due to the Covid-19 pandemic, caregivers also reflected on the unpredictability of their work environment and how it changes on a daily basis. Caregiver 3 reflected that mood changes in particular are still prevalent with residents, saying:

*"You don't always know in what mood they will be in. Each person is unique in their own way."*

Mood changes still played a role in the interaction and progression of the morning routine with the residents. McDermott et al. (2014) conducted a study on the importance of music therapy for PWDs. Findings showed that although music improved residents' moods short-term, mood changes were unpredictable since other variables at the homes affected the residents' moods. Although Therapeutic Caregiver Singing provided various benefits for the caregiver and resident, it did not impact the predictability of the morning routine. A recommendation for future research could be to design a study focused more directly on using Therapeutic Caregiver Singing to structure a morning routine.

Caregiver 1 reflected that time of day also impacted the effectiveness of Therapeutic Caregiver Singing:

*"Sometimes the morning routine flows naturally... Some days she does not want anything to do with me... it depends on her, especially in the afternoons. In the afternoons they are something else... from the afternoon to dinner time, they are something else. They understand nothing and they are aggressive. They want to go home, but the mornings are quite fine."*

Although this study was focused on implementing Therapeutic Caregiver Singing during the morning care routines with residents, caregivers found their afternoons with residents to be unpredictable and challenging. In a study on social interaction and affect in dementia care, Jao et al. (2018) reported that residents were more anxious during afternoon activities than morning activities. Implications for the implementation of Therapeutic Caregiver Singing in the afternoons could be recommended for future research.

Unpredictability and change in the work environment for caregivers was exacerbated by the Covid-19 pandemic, residents' mood changes and the time of day. The ways in which Therapeutic Caregiver Singing may be able to accommodate these challenges better may imply recommendations for future research.

### **5.8 THEME 7: Caregivers' resilience**

This theme highlights the resilience of caregivers within the aged care home environment, which impacted their use of Therapeutic Caregiver Singing. Resilience could be seen as a dynamic, multidimensional construct explaining, by means of risk and protective factors, why a person is able to have a positive outcome in the face of extreme adversity (Palacio et al., 2020; Dias et al., 2015). Caregivers' resilience was experienced through their ability to separate personal feelings from professional work. Caregiver 2 reflected on this, saying:

*"You come from your home, we all have our problems... You come from home and then you take out all your problems on the patients"*

*which is wrong... when you walk through that gate or door, you have to put your problems aside... and then you come in with a cheerful face."*

Being able to identify personal emotions and feelings, and putting it aside so as not to interfere with work, would be an invaluable skill for any caregiver to obtain. Wilks et al. (2011) reported in their study on the influences of caregiver coping and resilience that caregivers employ emotion-focused coping to regulate their emotions. This included emotional expression and reflections on positive and negative thoughts. Caregivers reflecting and identifying feelings that impact their work allowed for better coping, which enabled higher perceived sense of resilience.

Another significant aspect of caregivers' resilience at the aged care home was that caregivers felt comfortable enough to talk to colleagues about their experiences. Harmell et al. (2011) in a review on the psychobiology of dementia care, reported that social support is a factor of resilience that improves the psychological and physical health of caregivers. By talking about their frustrations, and having shared experiences, caregivers were able to process their emotions throughout the day and maintain shared resilience.

Caregivers also reflected on the significance of having a positive outlook at work. Caregiver 3 suggested that although caregivers manage their work day differently, caregivers should have a "feel" for the resident group as well as enjoy working with them. One of the contributing factors to resilience was having positive feelings about caregiving (Dias et al., 2015). Palacio et al. (2020) reviewed 23 studies on resilience with caregivers. Findings showed that having a positive outlook on the work allows the caregiver to visualize the positive aspects of caregiving, making the work day more bearable. This enabled caregivers to enjoy their work with residents.

Caregivers noted the significance of being able to understand care situations from the residents' perspectives by focusing on gratitude. Caregiver 3 expanded on this, saying:

*"Sometimes you feel frustrated, but you have to look at it from a different perspective, and you think 'it could've been so much worse.' And we have so much to be grateful for, but we don't always understand how those people's minds work. So sometimes, you feel*

*frustrated, but when you think about your life as their life, then you understand it better, yeah."*

Merrilees (2016) conducted a study review on the impact of dementia on family caregivers and reported that gratitude influenced caregiver coping strategies such as positive reframing, acceptance and seeking social support. Gratitude has allowed caregivers to reframe their outlook on their work with residents. This in turn has enabled a coping strategy for caregivers' resilience.

Two caregivers reported that Therapeutic Caregiver Singing has enabled them to feel more satisfied at work, since it allowed them to make a difference in a resident's life. Caregiver 4 stated:

*"Yes, I will say that basically every day I have worked here... every day you look forward to coming to work because you feel... I always say, when I go home I want to feel that I made a difference in someone's day. And that helps to do the work."*

Finding purpose at work through the support of Therapeutic Caregiver Singing allowed caregivers to feel more satisfied. In their chapter on managing resilience by creating purpose, Spake and Thompson (2013) proposed that it is a human need to participate in a community. They suggested that this implied involvement in a larger purpose than a person's own interests. Caregiver 2 reflected that Therapeutic Caregiver Singing has allowed her to not just come to work with the mindset of working for money to provide for her family. Instead, it has enabled her to enjoy her work because she could make a difference in how a resident perceives their day. By implementing Therapeutic Caregiver Singing to fulfill this need through caring for PWDs, caregivers experienced a greater sense of purpose at work. All in all, caregivers' resilience towards their work with residents was experienced through emotion-focused coping, social support, positive outlooks, gratitude and purpose.



## **Chapter 6: Conclusion**

The aim of this study was to explore the caregiver's experiences of Therapeutic Caregiver Singing by looking at how it may or may not facilitate the verbal and non-verbal communication between the caregiver and PWD. Caregivers' reported a deepened relational connection with residents, as well as intrapersonal experiences of Therapeutic Caregiver Singing. The implementation of music-informed techniques such as Therapeutic Caregiver Singing allowed for better communication and interaction skills through an increased sense of active participation through singing and dancing, as well as elicited emotional responses from residents. By maintaining a person-centered ethos during morning routines, caregivers were able to cater for residents' individual needs.

### **6.1 Summary of findings**

Through the use of Therapeutic Caregiver Singing over the course of a four-week period, it was reported that all four caregivers experienced a deepened relational connection with the residents they cared for. These connections were experienced through social interactions allowing for opportunities to get to know residents better. Caregivers and residents deepened their relationships through song, comfort, enjoyment and mutuality of emotional connectedness. It was found that Therapeutic Caregiver Singing supported the person-centered ethos at the aged care home, through means of adapting to residents' musical preferences, moods and incorporating dance, humor and pre-recorded music in the morning routines. Caregivers found that Therapeutic Caregiver Singing elicited responses from residents through facial expressions and bodily movements. These were exhibited when residents felt stimulated or relaxed and were found to reduce behavioural and psychological symptoms of dementia. Caregivers noticed that with the support of Therapeutic Caregiver Singing, residents participated in morning routines by singing and dancing. This participation invited more moments of communication, interaction and cooperation. Therapeutic Caregiver Singing was also used as a diversion and evoked memories for residents, enabling more participation. In terms of the caregivers' experience of Therapeutic Caregiver Singing, it was reported that caregivers had interpersonal experiences through self-reflection, mood enhancement, sense of self and relaxation. Caregivers' resilience was explored and experienced through emotion-focused coping, social support, positive outlooks, gratitude and purpose. It was found that unpredictability in the work environment persists and was worsened by the Covid-19 pandemic. Caregivers reported that unpredictability at work was still present with residents' mood changes, noting that

the time of day played a role as well. The ways in which Therapeutic Caregiver Singing could facilitate these challenges may be recommended for future research.

## **6.2 Limitations and recommendations**

All of the caregivers noted that they would like to continue using Therapeutic Caregiver Singing, as well as some of the daily diary prompts to assist reflection. One caregiver suggested that she intends on having a discussion with the head nurse about the continuation process of the use of Therapeutic Caregiver Singing at the aged care home. There are, however, a few points for further discussion in terms of limitations in this study and things to consider for future research.

Firstly, a few of the caregivers were confused about when to use Therapeutic Caregiver Singing. One caregiver noted that she was able to use the techniques because her resident was able to communicate verbally with her. In contrast, another caregiver said she used Therapeutic Caregiver Singing because her resident was unable to communicate verbally. Although neither one is right or wrong, it does raise the question of how well the caregivers understood the intention behind the implementation of the techniques. Therapeutic Caregiver Singing is intended to assist the progression of the morning routine for both the resident and the caregiver, regardless of whether or not a resident is able to communicate verbally. Another point of confusion was when a caregiver thought Therapeutic Caregiver Singing worked better on an individual basis. Therapeutic Caregiver Singing was intended to be implemented individually with one caregiver and one resident. Due to the deterioration in the resident with dementia's ability to communicate effectively, attempting to use the techniques in a social setting could be very challenging. Perhaps the caregivers confused the use of music in the day centre with some of the techniques they used with residents in the morning, but regardless, there needs to be more clarity on when and perhaps even how to use Therapeutic Caregiver Singing.

Secondly, it was reported that several factors limited the use of Therapeutic Caregiver Singing. Caregivers stated that they could not use Therapeutic Caregiver Singing when a resident refused the music or the singing during a morning routine. Keeping person-centered care in mind, it is clear why caregivers felt the need to stop using music when the resident did not want to listen to it. A few of the caregivers perceived that they could not use Therapeutic Caregiver Singing whenever a resident was in a bad mood. In contrast, others suggested that they used it especially when residents were in a bad mood or aggressive. The dilemma of when Therapeutic

Caregiver Singing is appropriate to use could provide insight into planning future workshops to implement the techniques. Caregivers also stated that they would stop using Therapeutic Caregiver Singing whenever they perceived that it did not bring about change in the resident's mood. This raises questions of how long and when it is appropriate to "give up" using the techniques, and also whether Therapeutic Caregiver Singing should be able to elevate a resident's mood every time that it is used.

Lastly, another limitation of Therapeutic Caregiver Singing was that caregivers experienced that the techniques worked on some days and not on others. Variables to consider would be the change in mood of the resident, change in shifts of the caregivers, time of day as well as the mood of the caregiver. Although Therapeutic Caregiver Singing is not intended to be a simple solution to a complex problem, it is worth analysing what could enhance the experience of the techniques as well as reconsider aspects of the methodological approach with regard to further research.

### **6.3 Conclusion**

This study addresses the gap in literature regarding the training of caregivers to apply Therapeutic Caregiver Singing in their daily routines with PWDs in South Africa. Data shows that caregivers' overall consensus of using Therapeutic Caregiver Singing was positive and provided various benefits for both the caregiver and the PWD. My hope for this study is that it will enable more opportunities for caregivers to use Therapeutic Caregiver Singing as well as provide more insight into why this could be a tool of great value in dementia care.

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## 7. Appendix

### Appendix A

#### Therapeutic Caregiver Singing Workshop Outline 2021 (four-hour workshop)

<b>Content</b>
<ul style="list-style-type: none"> <li>● Introduction and welcome</li> <li>● Group norms and making a safe space</li> <li>● Discussion of work with Elderly with Dementia: experiences</li> </ul>
<ul style="list-style-type: none"> <li>● Music and the role of music in our lives/society</li> <li>● Music excerpts: how it makes us feel</li> <li>● Music and the brain and body</li> </ul>
<ul style="list-style-type: none"> <li>● What is lost in Dementia?</li> </ul>
<ul style="list-style-type: none"> <li>● The Music Child concept</li> <li>● Personhood concept</li> <li>● Elements of music and qualities of music</li> <li>● Practical examples of playing</li> </ul>
<ul style="list-style-type: none"> <li>● Why is singing significant?</li> <li>● Observation Skill: Body, eyes, voice, elements, hand movements in communication</li> <li>● Principles of Therapeutic Singing Meeting/matching/mirroring/attunement</li> <li>● Vocal techniques and use of elements</li> <li>● Songs to use / practice / share suggestions / role play</li> <li>● Practical tips for sing-a-longs</li> <li>● Role play</li> </ul>
<ul style="list-style-type: none"> <li>● Report back/experience / trouble shooting</li> </ul>
<ul style="list-style-type: none"> <li>● Closing, feedback, Q&amp;A</li> </ul>

## Appendix B – Caregiver Consent Form

FACULTY OF HUMANITIES  
SCHOOL OF THE ARTS  
Music Therapy Unit  
Tel: 012 420 5372  
Fax: 012 420 4517  
musictherapy2@up.ac.za



Date: .....

Dear Caregiver,

### Exploring communication between caregivers and persons with dementia in relation to caregivers' therapeutic singing

The following information is provided for you to decide whether you wish to participate in the present study. The purpose of this study is to explore the communication between caregivers and persons with dementia in relation to caregivers' therapeutic singing. This study includes a one-day workshop you will be invited to about therapeutic singing techniques that you may apply during morning routines with residents living with dementia. Data will be collected over the course of four weeks via 2 direct observations (which will only be used to inform interview questions). This study also includes:

- a pre-workshop interview
- post-intervention interview
- one additional interview

You will be asked to fill out diary prompts (should only take you 5 minutes) during the process.

I will be asking for written consent from resident participants' next of kin/guardians, as well as obtaining verbal assent from resident participants themselves before every session that will be recorded.

Privacy and confidentiality are assured, no names or identifying personal information will be exposed during the study and there are no known risks and/or discomforts associated with this study. You have the freedom to withdraw at any stage during the study. All data collected during the study will be stored in an electronic password protected format at the University of Pretoria for 15 years. All interviews will be transcribed with pseudonyms. Future researchers may have access to the written, anonymised data stored at the University. Please do not hesitate to ask any questions before or during the study.

Elsje Koetsier (082 564 1734)

Email: [elsjekoetsier@gmail.com](mailto:elsjekoetsier@gmail.com)

*ek*

I, ....., have read the above and am satisfied with my understanding of the study. I hereby voluntarily consent to participation in the research study as described. I give my

full consent to be observed during the 4 weeks. I understand that I can withdraw from the study at any stage.

Signature of caregiver: .....

## Appendix C – Participant-information form and assent

FACULTY OF HUMANITIES  
SCHOOL OF THE ARTS  
Music Therapy Unit  
Tel: 012 420 5372  
Fax: 012 420 4517  
musictherapy2@up.ac.za



Dear participant,

My name is Elsje. I am a student at the University of Pretoria and I have come to do my research study at your home. I am researching the communication between caregivers and persons with dementia in relation to caregivers' therapeutic singing. The research involves observing parts of your morning routine with your caregivers twice over the course of four weeks.

You have the choice to take part in this study, if you do not wish to take part that is absolutely fine. If you take part in the sessions and want to leave at any time, that is also fine.

The observations made will only be used to assist interview questions for the research study. All data collected during the study will be stored at the University of Pretoria. All interviews will be transcribed with pseudonyms. Future researchers may have access to the written, anonymised data stored at the university.

Researcher/ student: .....

Caregiver/ Witness of verbal consent: .....

## Appendix D – Letter of permission and ethical clearance

FACULTY OF HUMANITIES  
SCHOOL OF THE ARTS  
Music Therapy Unit  
Tel: 012 420 5372  
Fax: 012 420 4517  
musictherapy2@up.ac.za



### Letter of Permission

*Exploring communication between caregivers and persons with dementia in relation to caregivers' therapeutic singing*

To Whom It May Concern,

I am a student at the University of Pretoria currently completing my masters degree in music therapy. As part of my masters, I am conducting a study looking at the communication between caregivers and persons with dementia in relation to Caregiver's Therapeutic Singing.

I would like to complete a 4-hour workshop with caregivers at your home. Everyone who volunteers will be welcome to join the workshop, but only four caregivers will be interviewed and recorded for the duration of the study. The workshop will offer caregivers a better understanding of the role of music in our daily lives; a brief introduction to the theoretical concept of the Music Child and Personhood as well as explaining musical elements and elaborating on music therapy techniques. After the workshop, data will be collected over a 4-week period where caregivers, if possible, must have the same resident (in addition to their normal schedule and corresponding residents). I would like to ask for the institution's permission to view residents' files before the start of the 4-week period. The study includes two observations (which will only be used as a prompt to inform interview questions) of morning routines, which excludes the parts of the routine where residents are dressed or bathed. Additionally, caregiver participants will have three interviews before, during and after the intervention to discuss their experience with using Caregiver's Therapeutic Singing. Lastly, each caregiver participant will be encouraged to fill out diary prompts during the study. These prompts should not take longer than 5 minutes to fill out.

Privacy and confidentiality are assured, no names or identifying personal information will be exposed during the study and there are no known risks and/or discomforts associated with this study. Written consent will be obtained by caregiver participants, as well as, next of kin/guardians of resident participants. In addition, verbal assent will be obtained from resident participants before observation. All participants have the freedom to withdraw at any stage during the study.

All data collected during the study will be stored at the University of Pretoria, all interviews will be transcribed with pseudonyms. Future researchers may have access to the data stored at the university. Please do not hesitate to ask any questions before or during the study.

Kind regards,  
Elsje Koetsier



## Faculty of Humanities

Fakulteit Geesteswetenskappe  
Lefapha la Bomotheo



7 December 2020

Dear Miss E Koetsier

**Project Title:** Exploring communication between caregivers and persons with dementia in relation to caregivers' therapeutic singing  
**Researcher:** Miss E Koetsier  
**Supervisor(s):** Dr CB Lotter  
**Department:** School of the Arts  
**Reference number:** 19264985 (HUM040/1020)  
**Degree:** Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 4 December 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

**Prof Innocent Pikirayi**  
**Deputy Dean: Postgraduate Studies and Research Ethics**  
**Faculty of Humanities**  
**UNIVERSITY OF PRETORIA**  
**e-mail: PGHumanities@up.ac.za**

Fakulteit Geesteswetenskappe  
Lefapha la Bomotheo

**Research Ethics Committee Members:** Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa



## Appendix E

### Pre-Workshop Interview Questions

1. How would you describe the morning routine with the person you currently care for?
2. Can you describe how you communicate with the person you care for?
3. How would you describe the interaction between yourself and the person you care for during the morning routine?
4. How would you describe the relationship between yourself and the person you care for?
5. How do you feel after completing a morning routine with the person you care for?
6. In general, are there any specific moments of communication, with the person you care for, that stood out for you during the morning routine? It could be bad or good.

### During-Implementation Interview Questions (These were prompts - questions change slightly due to observations/diary entries)

1. How would you describe your morning routine with the resident you cared for over the past two weeks?
2. Have you made use of Therapeutic Caregiver Singing over the past two weeks? Why/Why not?
3. Have you used any specific techniques or songs?
4. What was your experience of using diary prompts to reflect on the morning routines?
5. How would you describe your relationship with the resident you care for?

### Post-Implementation Interview Questions (These were suggestions - questions changed slightly due to observations/diary entries)

1. What are your thoughts on Therapeutic Caregiver's Singing?
2. Have you made use of therapeutic singing during the morning routines with the person you cared for? Why/Why not?
3. How would you describe the morning routine with the person you cared for during these past four weeks?

4. Were there any specific moments of communication (with the person you cared for) that stood out for you during the four weeks?
5. How would you describe the interaction between yourself and the person you cared for during these four weeks?
6. How do you feel when you use Therapeutic Caregiver's Singing techniques?
7. How do you feel after completing a morning routine with the person you cared for after these four weeks?

**Appendix F** - Diary entries (only used for interview question prompts)

CAREGIVER 1

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

My patient was happy. She laughed she told me she slept well. Eye-contact was on point.

We had a joyous morning. We sing and danced.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Morning routine was fabulous. We sing and danced. I felt awesome we had a good laugh.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Today was okay. She was very quiet. Didn't talk much. She didn't slept well. Today was one of her off days.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

We didn't do much. I felt fine. I tried to find out what was bothering her but she didn't tell anything just that she didn't slept well. I started to sing softly and she respond, but only for a few minutes.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

My patient was fine. She seemed happy, she asked me how I am doing. She gave me a hug. She also smiled.

We sing and danced together. Her tone of voice was a bit soft.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

I felt fine, happy because my resident responded well this morning. I first started to hymn, and further on we sing shaked my head clap hands and she did everything I did.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

So this morning was so hot. We jumped and jive. It is a beautiful morning. We made eye contact we laughed facial expression she seemed so happy. We sing in the passage taking hands we had a marvelous time.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

So this morning after I washed her and getting dressed. We went outside sitting in the shade on the grass.

She begun to sing, but I don't know the song. Still need to sing out what her favourite song are. And the morning routine was just awesome.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

This morning she was very irritable didn't talk much, she was also very edgy.

No eye contact. She didn't even touched me or take my hands. She just told me that she misses her family.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

So I started to hymn for more than 5 mins she didn't do anything. Afterwards she begin to hymn with me and than she started to cry.

I gave her a hug and told her everything will be fine. I felt a bit sad but I tried to cheer her up.



Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

My patient was quiet this morning was sad and did cry.  
She told me I must leave her alone as she misses her daughter.

We had physical contact, I hugged her and told her everything will be fine.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

It was a very sad morning. I got into her room I begun to sing and she did sing with me and suddenly she begun to cry.

I tried to console her and asked her what's wrong so she told me she misses her daughter.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

So today was a fine morning.

She reacted for 2 mins tap her hands and suddenly told me to stay quiet.

I tried to sing further but no response. Her facial expression seem a bit down.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

The morning routine went fine.

I helped her get dressed. We sang and clapped hands and suddenly she didn't wanted to sing further.

I tried to convince her but no luck.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

We had a blast of a morning. She was so happy. We laughed and sang together.

She was very calm. We talked and sing and the eye contact was on point.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Oh my. We were in the dining room with the other residents.

We moved the tables and put on some music.

We danced and sing like there was no end.

We clapped hands and jumped around, I felt awesome during the morning routine.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Oh what a morning! Resident was very aggressive. She didn't want to do anything. She just told me to leave her alone. She didn't have a good night's rest.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

I felt a bit down as the resident didn't want to do anything. I tried to calm her but she didn't want to hear anything. I tried everything but it was a no go! Maybe the next day...

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

My patient was very happy, we made eye contact.

She sang with me, there were no physical contact, but we danced.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

My resident was very chirpy.

When I begun to sing she sang with me.

We clap hands she responded to the therapeutic singing.

She was very calm and relaxed.

CAREGIVER 2

Name: Ouma B

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Toe ek in stap in die kamer kon ek sien Ouma lyk 'n bietjie af, vra toe more my ma, jy lekker geslaap. Sy kyk my aan en sê ag wat dieselfde en ek maak 'n grappie met haar toe lag sy baie lekker.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Terwyl ek haar was begin ek te sing en sy sing saam. Kon sien op haar gesig sy geniet dit want haar liggaam het ook ritme gehad. Die oggend het toe baie goed afgeleop . Ek het goed gevoel en ek kon sien sy dit ook geniet!

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Ouma was weer op haar stukke vanoggend.

Sy wou geen samewerking gee nie het maar besluit om later terug te gaan.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Toe ek later terug gaan. Some sing toe smile sy toe weet ek nou gaan sy haar samewerking gee. Sy toe later ophou sing en begin gesels oor haar dogter en hoe kwaad sy vir haar dogter is maar ek haar gerus gestel en gesê sys al more kom kuier toe sy weer baie bly. Is nie maklik om haar altyd te oorreed nie, maar ons is darem rustig deur die oggend routine.



Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Groot smile toe ek in stap.  
Sy was baie kalm en rustig.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Niks gesing nie, sy wou net gesels en ek het geluister was lekker om met haar te gesels en net te luister toe ons uit die kamer stap toe sing ek en sy sing saam. En ons dans dans na die sentrum toe.

Sy die baie geniet en ek!

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Vanoggend was dit nie maklik nie. Sy was net weet hoekom sy hier is en sê dat haar dogter haar weggegooi het. Ek haar verseker dat dit nie so is nie en al is haar dogter nie hier nie is ek hier. Sy my 'n stywe drukkies gegee en gesê dat ek haar dogter is van nou af!

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Jesus loves me het ek toe begin sing en sy eers gesmile en toe sing sy saam na die gesing het sy haar volle samewerking gegee en ons altwee het die oggend roetine geniet.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Die nagskof sê sy was heelnag onrustig weer wil net huis toe gaan en weet waar haar dogter is en wanneer kan sy huis toe gaan.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Sy was glad nie in 'n mood vir sing nie maar sy was glad nie onbeskof of kwaad nie. One net gesels en sy my 'n drukkies gegee toe ons klaar is.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Ek nie vanoggend by gewees met die oggend roetine nie, maar het die middag by haar gaan sit in die sentrum. Hulle is so 'n groepie wat elke dag langs mekaar sit. Ek het 'n grappie gemaak en hulle almal lekker gelag.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ek toe sommer opgestaan en begin dans en hulle te lekker vir my gelag.

Later het ons musiek opgesit en sy lekker saam my gedans.

Vandag was 'n goeie dag!!

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

In die oggende as ek ouma was laat ek sy self haar klere uit kies.  
Vanoggend sê sy sy het niks klere nie haar dogter het al haar klere.  
Het haar gewys dat haar naam op al haar klere is sy wil toe weet hoe dit hier gekom.  
Haar mooi alles verduidelik toe sy weer kalm.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ons het sommer gedans en gesing.  
Sy geniet dit as ek so dans en figuurtjies maak.

Oggend het verder rustig afgeloop. Sy was weer daarna in 'n goeie mood!!

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Vandag het ek nie vir ouma gewas nie maar het die middag met haar gaan gesels in die sentru,. Sy was taamlik rustig.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ons musiek aangesit en lekker gedans. Sy het dit geniet maar later gaan sit. Sê sy nou moeg maar ook baie lekker gelag. Hulle almal geniet dit as daar gedans word veral sy.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Vanoggend was ouma weer baie hartseer. Sy sê sy verlang haar man en dat haar kinders haar weggegooi het. Ek het maar net geluister en haar 'n stywe drukkies gegee en ons altwee gehuil. Ek vertel haar van my moeder wat ook oorlede is en date k net so verlang en toe praat sy weer moed in vir my.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Sy sê vir my dat sy nou my ma sal wees. Ai ek kan nie my trane keer nie. Sy goed gesê wat heeltemal sin maak.

Vanoggend kon sy weer vir my laat beter voel het daar was nou wel nie musiek sing betrokke nie maar sy soos 'n regte moeder vir my gewees vanoggend. Ons is toe daar uit die kamer met 'n goeie gemoedsrus.



Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Vanoggend was my gemoedsrus nie so lekker nie maar toe ek na haar toe gaan toe sê sy ai hier is my kind, ek gewonder waar was jy.

Ek sommer baie beter gevoel en ons oggend roetine het goed afgeloop.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Die middag het ek voor haar gaan staan en sommer net begin dans en sy te lekker gelag vir my.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/  
**body movement**/ **tone of voice**?*

Vandag kon ek weer niks by ouma reg kry nie. Sy wou net huis toe gaan.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ek maar later terug gegaan. Dit was laat die middag en toe sy weer haar ou self. Ons weer lekker saam gepraat en gesing. Dit vir my baie goed gevoel want vanoggend het ek haar so jammer gekry, maar sy weer darem okay en het van alles vergeet!

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Is nie maklike om elke dag met 'n goeie gemoed op te staan nie, maar ke probeer ook maar net my beste. Vanoggend kon Ouma weer vir my moed gee met haar liefde en omgee. Sy vanoggend vir my 'n stywe drukkies gegee dit so baie vir my beteken.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ons op die stoep gesit en net geluister na musiek. Sy het saam gesing en daar was ritme by haar en sy dit baie geniet.

Name:

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Aangesien ek nou nie elke dag by ouma is nie, gaan ek die middag af na haar toe. Vanoggend toe ek aankom skreeu sy "Kyk wie is hier!" Sy toe so bly om my te sien!

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Ek sommer dans dans daar by haar gekom. Sy dit so geniet haar gate uit gelag vir my en ek nogals goed gevoel want ouma was weer baie liefdevol!

CAREGIVER 3

Name: Mev. D

Date: 10/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner toon 'n aggressiewe houding toe ek môre sê en vra hoe dit gaan. Oë was verwilderd en sy geslaan met hande en geskel. Ek het haar hande geneem en being sing, baie saggies, sy onmiddellik saam gesing, gelag en my hande geneem en begin wieg, oë het gestraal van geluk.

Kan sien hoe liggaam ontspan, harder being sing en sy al hoe meer ontspan, kon aangaan met roetine.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Het gesing vir haar.

Gesê ek is baie lief vir haar en oogkontak met haar gehad.

Ontspanne en gelukkig.

Name: Mev. D

Date: 11/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner het sentrum vrolik ingekom, breë glimlag en oë wat blink van vreugde. Uit rolstoel opgestaan met hulp, vrolik getel soos sy na stoel beweeg met 'n ritmiese beweging in haar liggaam. Opgewek gegroet. Was ontspanne.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was opgewonde oor inwoner se positiewe houding. Was nie nodig om te sing nie.

Name: Mev D

Date: 12/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was vrolik toe sy sentrum binne gekom het, vriendelik môre gesê en gelag. Ek gevra hoe dit gaan, sy met stralende oë gesê goed en being gesels. Sy uit haar eie saggies being sing en hande geklap, nie lank geneem en haar maat langs haar het saam gesing, sy was baie ontspanne en so het ons heeldag deur gesing as ek by haar gaan sit het.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was gelukkig en opgewonde.  
Vir inwoner gesê sy sing mooi en ons is almal familie van mekaar en dis mooi as ons almal gelukkig saam kan wees.

Name: Mev. D

Date: 15/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was aggressief, het met 'n oproende stemtoon gegroet, wou nie gehelp wees nie.

Langs haar gaan sit, en saggies haar hande gestreel en vir haar gesê 'n kind van Jesus is nie so lelik nie, inwoner met 'n huil stemmetjie geantwoord, wat moet ons doen?

Ek begin neurie, sy al harder saam geneurie, later sê sy, sy voel nou baie beter.

Haar oë heeltyd op my gerig, kan sien sy ontspan.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was rustig.

Het gesing.



Name: Mev. D

Date: 16/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was aggressief met inkom in sentrum. Mond was geplooi en oë was donker.

Sy geskel en baklei met ander inwoners. Ek vir haar gesê dis nie mooi om so te baklei nie, haar hande geneem en gesê onthou netnou skyn die son weer en dan lyk alles weer het, het sy gesê dit is so, ek verstaan, sy begin gesels en lag, was ontspanne, was 'n glimlag op haar gesig, oë het geblink van geluk, stemtoon was ook sag.

Was nie nodig vir sing nie.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was baie opgewonde oor inwoner se positiewe reaksie. Was nie nodig vir sing, hou heelyd oogkontak met haar.

Name: Mev. D

Date: 17/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was ongelukkig, oë was donker, mond was op 'n houpie getrek. Haar gesigsuitdrukking het boekdele uitgespreek. Net 'n kopknip gegroet, was nie spraaksaam nie. Het sagte panfluit music gespeel, stelselmatig het sy in haar stoel being wieg en haar hande geklap. Kon sien hoe haar liggaam ontspan en hoe haar oë straal.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was opgewonde oor inwoner se positiewe houding. Het musiek gespeel.

Name: Mev. D

Date:18/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was rustig, liefdevol. Gelag en vrolik met my gesels oor haar verlede. Soos ons gesels het, het sy being sing, nie lank geneem en ander inwoners sing saam.

Sy het geglimlag en oë geblink van vreugde.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was rustig en ontspanne.

Het gesing vir inwoner en aanraking baie belangrik vir inwoner.

Name: Mev. D

Date: 19/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was rustig, het vrolik gesels, oë het gestraal, kon gesprek voer. Later het inwoner aggressie getoon en was raserig met ander inwoners. Het langs haar gaan sit en liefdevol haar hande en arms gestreel en being gesels, later gesing op lae stemtoon, al harder totdat sy weer geglimlag het. Was heelyd in oogkontak, kan sien hoe haar liggaam ontspan en oë weer straal van geluk.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was ontspanne en het gesing en gesels met inwoner.

Name: Mev. D

Date: 22/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was vrolik, lag en gesels. Kan sien liggaam is ontspanne en oë het gestraal van geluk. Sy gevra ek moet rustige musiek speel, want dan voel sy veilig.

Ander inwoners saam gesing en opmaat van musiek gewieg.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was baie rustig.  
Sagte panfluit musiek gespeel.  
Inwoner van ontspanne.

Name: Mev. D

Date: 23/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was baie stil, sê sy voel eensaam omdat sy nie haar familie kan sien nie. Kan hartseer in oë sien, gesig is baie strak. Ek haar hande in myne geneem en saggies begin neurie. Sy saam geneurie en haar liggaam gewieg.

Stelselmatig kon ek voel hoe haar spiere verslap, sy begin smile en oë het gelag. Sy sê musiek maak haar kalm. Saam het ons prentjies geteken oor haar gevoelens soos ons harder saam geneurie het.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was kalm.

Het gesing en geneurie.

Sy was leifdevol en 'n inspirasie vir my, sy my ook veilig laat voel.

Name: Mev D

Date: 24/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was vrolik. Met 'n groot glimlag gegroet en gevra hoe dit met my gaan. Was baie liefdevol teenoor my, haar oë het geglimlag. Sy het swaaiende arms vir my oor haar jong dae vertel, terwyl ek haar hande masseer het. Liggaam was ontspanne.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was opgewonde en vrolik.  
Was nie nodig vir sing of musiek nie.  
Inwoner my kalmte gegee en my gerus gestel sy is 'n kind van die Here.

Name: Mev. D

Date: 25/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was baie stil, kon hartseer in oë lees, gesig was baie strak. Net met 'n kopknip gegroet was ook nie baie spraaksaam nie.

Voor haar gaan sit en my hande om haar gesig gevou en met haar gesels.

Stelselmatig kon ek sien hoe haar liggaam ontspan, trane het oor die wange geloop, sy gesê sy voel eensaam.

Nadat ons saam gesing het, het sy gesê sy voel beter en dankie dat sy saam ons kan wees. Sy vir res van die dag geglimlag en gesit en neurie.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was kalm. Liefdevol teenoor inwoner.

Haar laat veilig voel.

Het gesing.



Name: Mev. D

Date: 26/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was buierig, het heelyd geraas en geskel. My weggestamp, wou nie sing of na musiek luister nie. Oë was heelyd donker, gesig was strak, was net na haar familie gaan.

Verlange na familie en eensaamheid was die oorsaak.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was vrolik, tenspyte van inwoner se buierige houding.  
Nie musiek of sang het haar rustiger gemaak nie.

Name: Mev. D

Date: 03/03/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Inwoner was vrolik, tog ook hartseer. Oë was tranerig, maar daar was 'n smile op haar gesig. Sy gedurig gelag en stories vertel. Sy het self gevra date k panfluit musiek moet speel.

By haar gaan sit, terwyl ons na musiek geluister het, het ons na mekaar gestaar en kort-kort vir mekaar geglimlag.

So het beide van ons vroliker geword, kon sien hoe haar oë being straal en sy ontspan.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Was teneergedruk.

Inwoner my opgehelder deur haar laggies en stories. Musiek was die deurslag tot ons altwee.

CAREGIVER 4

Name: Mrs O

Date: 12/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She made eye-contact, smile and were very relaxed this morning.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

It made me as well feel very happy to know that singing can do so much for someone. Bring out the happiness (smile, face expression in someone else).

Name: Mrs O

Date: 13/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Looked into my eyes – then told me how much she loves to sing.

Very happy – clapping her hands.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

We sang together and I could see how much we enjoyed it together.

Very calming and relaxed.

Name: Mrs O

Date: 14/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She laughed this morning, sitting with her friends.

Soft tone in her voice.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

We talked about Valentine's Day – what she used to do on this day.

Her meaning of Valentine's Day (She was very happy to see that it made me feel happy too).

Name: Mrs DVG

Date: 17/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She opened her eyes – looked into my eyes.

I sang her a song about Mountains (no mountain too high for you to climb on)

She looked at me with tears in her eyes.

She became relaxed (She is very restless, I assume because she's got lots of pain).

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

It was very touching I never thought "Anita" would respond like that to me. I could feel the sadness, the way she looked at me. She don't talk anymore, but she a sound while I sang to her – could feel the connection we had).

Name: Mrs O

Date:

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She was very happy this morning. There were music in the sentrum this morning.

She was relaxed, clapping hands, dancing and even singing.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Every one participated this morning.

The one's that doesn't went to their rooms.

Mrs O loves music – to dance and sing together as well.

Name: Mrs O

Date: 22/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She was very relaxed. Singing along. We had eye-contact.

She was clapping hands and moved her body along to the beat we were singing.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

It made me feel very happy to see her dancing along as we sing.



Name: Mrs O

Date: 23/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She were sitting in the sentrum.

Very happy, calmed and relaxed. She loves to make eye-contact and were singing along.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

Glad to be a nurse, changing someone's perspective about life.

Name: Mrs O

Date: 26/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

We had a conversation this morning. She talked about her son. What she is going to do when she visits him. She even holds my hands while we were talking.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

I just thought that some children must appreciate that they still have their parents, because you'll only gonna have them once...

Name: Mrs O

Date: 27/02/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

Very relaxed this morning, said she slept well, we had eye-contact, she held my hands while we sang together.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

As we sang along, holding hands, I could see in her eyes how happy she was.

Name: Mrs DVG

Date: 03/05/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

I moved from 2 floor to 1<sup>st</sup> floor. When I came there the nurse working there with Anita said she never opened her eyes this morning. As I called her on her name, she opened her eyes. I sang to her moving around the bed – she turned her head and kept looking in my eyes.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

I was very happy, because now I knew she remembered me, even if it's just by my voice. The moment I said good morning Anita, look at the beautiful day outside, she slowly opened her eyes. I was so overwhelmed.

Name: Mrs DVG

Date: 04/03/21

*How did the person you cared for **respond** or **react** during this morning's care routine?*

*For example, did they **smile**/ make **eye contact**/ **verbally express** themselves/ did they **relax**/ make any form of **physical contact**/what were their **facial expressions** like/ **body movement**/ **tone of voice**?*

She was very relaxed this morning – opened her eyes (we had eye-contact).

I sang with a very soft voice, she likes it.

*How did **you** experience the morning care routine?*

*Did you use any **Therapeutic Caregiving Singing** techniques/ how did you **respond** to the person you cared for/ how did you **feel** during the morning routine?*

As long as she opens her eyes, I know that she is hearing my voice. And just to tell her everything is gonna be alright.

## Appendix G: Transcripts of interviews

08 February 2021

### CAREGIVER 1 - Pre-workshop Interview

**Interviewer:** Hello Caregiver 1, ek het net 6 vrae vir jou vandag. Kom ons begin sommer net dadelik. Okay, so hoe sal jy die oggend roetines beskryf wat jy met die inwoners het?

**Caregiver 1:** Uhm, ek sal in kom in die oggende in die kamer... More Mevrou, more, hoe gaan dit, lekker geslaap? Ons gaan nou was mevrou... kleretjies uithaal en baie vrolik.

**Interviewer:** Okay, so jy verduidelik vir hulle presies wat gaan gebeur?

**Caregiver 1:** Hmm.

**Interviewer:** Okay, baie verbale kommunikasie... en verstaan hulle alles?

**Caregiver 1:** Som van hulle verstaan en som van hulle verstaan nie, want some van hulle kan nie terug praat nie, so jy moet vir hulle dink en vir hulle klere uithaal, maar soms dan se hulle nee, hulle wil daai of daai aantrek of so.

**Interviewer:** Okay, dis interessant. En wat doen jy dan met die wat jy agterkom dan nie verstaan nie?

**Caregiver 1:** Ek neem dan die besluite vir hulle, ja.

**Interviewer:** En dan, kan jy bietjie vir my verduidelik hoe jy dan kommunikeer met die inwoners?

**Caregiver 1:** Uhm, met die mense wat vir my kan verstaan, of...?

**Interviewer:** Uhm, kombinasie van almal. Kom ons praat spesifiek dalk net oor die dementia inwoners.

**Caregiver 1:** Sal mos die gesprek tussen ons... uhm, hell meneer, hoe gaan dit vandag? Sal hulle miskien op die stoep sit of kom meneer ons gaan nou stap 'n bietjie... of hulle af tuin toe bring en blomme sien. Want baie van hulle hou van buite wees... die voeltjies sien en uhm, ja.

**Interviewer:** Is die kommunikasie maklik of is dit moeilik?

**Caregiver 1:** Soms maklik, soms moeilik.

**Interviewer:** Okay, wat maak dit moeilik?

**Caregiver 1:** Soos as hulle nie vir jou verstaan nie.

**Interviewer:** Beskryf vir my die verhouding tussen jou en die inwoners?

**Caregiver 1:** Uhm, verhouding tussen ons twee... baie van die inwoners se verhouding is quite fine of so, maar dan is daar die sommige van die inwoners is baie aggressief... so dan moet jy hard begin praat en some van hulle kom vir jou om jou te slaan of so, maar jy moet net wys jy is nie bang vir hulle nie, so jy moet hard praat en standvastig staan teenoor hulle. Maar verder is dit okay.

**Interviewer:** Okay ja, want dit is meer 'n eensydige verhouding van jou kant af, voel jy die effek daarvan?

**Caregiver 1:** Somtyds ja. Veral as hulle so aggressief raak, dan moet jy wys jy is nie bang nie, maar dan is jy eintlik bang... want wat as hy nou klap of iets soos daai.

**Interviewer:** Hoe voel jy na 'n oggend roetine met die inwoners? Miskien in terme van energie vlakke of gemoed?

**Caregiver 1:** Energie vlakke... somtyds voel ek moeg, in soms in die inwoners nie kan dink.. Soms kan die inwoners nie vir hulle self dink nie, so jy moet vir hulle dink en uhm... die gemoed is altyd daar. Want soos ek en die colleagues werk, so praat ons met mekaar en so laat ons vir onself gemaklik te laat voel tussen die inwoners.

**Interviewer:** Okay, so dit help dat jy saam met mense werk wat verstaan waardeur jy gaan.

**Caregiver 1:** Yes (laughs).

**Interviewer:** Okay, en dan die laaste vraag... is daar dan enige iets wat vir jou uitgestaan het in terme van as jy kommunikeer met die inwoners? Dit kan goed of sleg wees.

**Caregiver 1:** Uhm, veral met die wat nou laat stadium is... as jy nou praat en vra... daar is altyd 'n glimlaggie, of so. Jy se nou vir die persoon, "oh, jou vrou se sy's lief vir jou en so" veral daar is een inwoner daar bo en dan sal hy altyd lag as jy se sy vrou is lief vir jou... en ja, baie pragtig. (laughs).

**Interviewer:** Ah, ag ja wat. Okay, so dit is al wat ek vandag wou geweet het. Baie dankie vir jou tyd, ek sien vir jou weer more.

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22 February 2021

Interview During Implementation of Therapeutic Singing

**Interviewer:** Hello, hoe gaan dit met jou?

**Caregiver 1:** Goed dankie en self.

**Interviewer:** Hoe was die afgelope twee weke vir jou?

**Caregiver 1:** Dit was fine gewees. Uhm... die eerste paar oggende was uhm.. Happy go lucky en ons het sommige oggende dan is sy aggressief... en dan was daar een oggend wat sy baie hartseer gewees het. Ons het gesing en so, en toe begin sy net te huil en toe vra ek vir haar nou maar wat's fout... sy mis haar dogter. En ek het haar probeer troos of nou weer aan te gaan, maar sy wou net niks weet nie.

**Interviewer:** Ja, ja. So het die musiek toe opgehou na dit?

**Caregiver 1:** Ja, toe los ek die musiek maar.

**Interviewer:** Sjoh, dit klink asof dit 'n interessane twee weke was. Ja, hoe vind jy die tegnieke wat jy toepas en so?

**Caregiver 1:** Uhm.. dit werk nogals. Want ek het 'n pasient wat uhm, sy kan terug praat met my, en sy loop en so. Ek en sy kan 'n gesprek hou, so dis fine gewees want as ek sing dan sing sy saam of as ek iets doen dan doen sy dit saam met my. So dis baie interessant.

**Interviewer:** So watter liedjies het opgekom of het jy gebruik?

**Caregiver 1:** (laughs) Uhm, Jan Pierre-wiet, en uhm... sy's eintlik uhm... Engels-sprekend. Yes, en dan Twinkle Twinkle Little Star en so.

**Interviewer:** En het sy al gewys watter een haar gunsteling is?

**Caregiver 1:** Nog nie. Ek moet nog daai enetjie uitvind.

**Interviewer:** Okay ja dit sal interessant wees om te hoor wat gebeur dan nou. En ja, hoe sal jy die verhouding met die inwoner nou beskryf?

**Caregiver 1:** uhm... dit was nog altyd goed gewees. Want ek werk nie eintlik met haar nie, so, na die ontbyt dan gaan ek nou na haar toe en hulle almal sit in die sentrum en dan gaan ek na haar toe. Dan praat ons... sy praat altyd van haar dogter wat nou nie vir haar kom kuier nie, en haar hier neergegooi het en so.... En dan se ek nee, mevrou dit is nie so nie... dan praat jy maar moed in en so. Maar die verhouding was nog altyd goed gewees.

**Interviewer:** Okay, en voel jy dit het beter geraak met die sing by of dink jy dit is nog baie dieselfde?

**Caregiver 1:** Nee, dit het beter geraak. Ek dink dit is as gevolg van die musiek, want somtyds sit hulle net daar en dan doen hulle niks nie... en dan kom ons nou in en



dan sing ons... of ons vat sommer almal in die sentrum. Soos laasweek het ons musiek aangesit en toe begin ons te jive in die sentrum... ons almal het dit geniet.

**Interviewer:** Ag dis oulik om te hoor! En dit maak dit seker beter vir julle ook?

**Caregiver 1:** Die gemoed, alles is beter ja.

**Interviewer:** En die oggend roetine self? Gaan dit beter met die musiek of is dit baie dieselfde as voor die musiek?

**Caregiver 1:** Somtyds is dit beter. Som oggende dan wil sy nou niks doen nie, of sy se vir jou sy het nie lekker geslaap nie... maar daar is oggende wat dit baie beter is. Dit is nie elke dag dieselfde nie.

**Interviewer:** Ek wou net kommentaar lewer op iets wat ek opgelet het toe ek met julle almal gepraat het die eerste keer... so in navorsing praat hulle baie oor caregiver burden... waar jy werk die heelyd met die mense en dis tough want die kommunikasie is nie lekker nie en dis tough om partykeer met die mense te werk... wat ek interessant vind met julle almal is dit is die teenoorgestelde. Julle positief outweigh julle negatief. En ek wonder net, het jy kommentaar daaroor of hoekom dink jy is dit dalk so?

**Caregiver 1:** Jy moet hulle kan verstaan... uhm... die positiewe moet meer... met die Alzheimer mense, jy moet hare op jou tande he. Jy moet, want uhm... dit baat nie jy as persoon raak ook aggressief teenoor hulle nie... jy moet altyd ook probeer so, uhm... en jy moet vir hulle kan verstaan.

**Interviewer:** Ja en ek bedoel die manier hoe julle daaroor praat kan mens ook sien hoe julle julle werk sien... en dis eintlik maar net kommentaar wat ek daarop wou lewer. Uhm, en dan op 'n praktiese aspek... hoe is die dagboek inskrywings vir jou?

**Caregiver 1:** Uhm... hoe vind ek dit? Dit is nogals baie interessant, want een dag het jy nou baie om oor te skryf en die next dag is dit nou net hulle lus nou nie... hulle wil nie sing nie, so daar is nie veel om oor te skryf nie. Of, ek het een dag gehad waar sy baie aggressief gewees het wat ek net vir haar uitgelos het... sy wou niks met my te doen gehad het nie... ek het probeer, en sy het gese ek moet my mond hou, en toe probeer ek haar kalmeer maar sy wou niks verstaan nie. So toe los ek dit maar net daar, maar dit is baie interessant. Dit is interessant om te sien hoe die musiek vir hulle kan verander.

**Interviewer:** Dis goed om te hoor. En dit vat nie te veel tyd nie?

**Caregiver 1:** Uhm nee. Want ons werk nie elke oggend met hulle nie, so ons sal so half 9/9uur na hulle toe gaan. Dan is hulle klaar gewerk en dan sit hulle nou net daar, dan sal ons nou daarnatoe gaan om te practice of net om te kyk of hulle nog okay is.

**Interviewer:** En dan laastens, het jy enige vrae vir my vir die volgende twee weke?

**Caregiver 1:** uhm, is daar miskien 'n verskil... die video wat julle vir ons gewys het, want sy praat mos nou en ene wat nou aktief is.... Soos sy kan mos met my praat en alles doen wat ek se, so dit maak nou nie eintlik saak nie?

**Interviewer:** Nee, ek dink jy't eintlik nog 'n resource sal ek amper se, want sy kan praat. Jy kan vir haar vra, wat wil jy vandag sing of is jy lus om te sing? Wat sommige van die ander mense nie het nie, watn hulle moet nou alleen probeer uitfigure... okay wat gaan ons nou doen? So ek sou se dis eintlik 'n asset, maar dit is ook moeilik. Hulle kan makliker vir jou se as hulle nie lus is vir musiek nie, wat nie lekker is nie, want dan gooi dit jou af. En luister maar vir hulle, dis hulle vorm van kommunikasie so ek dink luister daarna. Ek dink partykeer kan jy miskien probeer musiek doen as sy nie lus is nie, maar as sy weer reageer dan weet jy okay, nee, nie vandag nie. Maar ek sou bietjie kyk na die situasie en dan weer probeer. Beantwoord dit jou vraag?

**Caregiver 1:** Hmm ja.

**Interviewer:** Okay, baie dankie. So dan sien ek jou oor twee weke dan weer vir die finale onderhoud en gedagtes oor die studie.

**Caregiver 1:** Okay, baie dankie.

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*08 March 2021*

Post-intervention interview:

**Interviewer:** Eerstens, hoe gaan dit?

**Caregiver 1:** Goed dankie (laughs).

**Interviewer:** (laughs too) Okay dis goed! Uhm, so ek net 'n finale paar vrae wat ek vir jou wil vra vandag. So eerstens, wat is jou opinie oor die therapeutic caregiver's singing?

**Caregiver 1:** My opinie... dis nogals iets baie goeds. Uhh... veral uhm, as die persoon in die bed le en die persoon le net daar en as jy nou begin sing en die een reageer... is iets amazing om te sien. Want vir ons is dit net... die een le net daar, maar as hy nou begin sing en die een reageer dan is dit nogals iets baie goed.

**Interviewer:** Hmm. En op jouself? Het die enige effek op jou gehad?

**Caregiver 1:** Ja... my gemoed. Dit verander jou gemoed, want somtyds.... (pauses) somtyds uhm... voel jy nie miskien om te kom werk nie of jy is nie lus nie of een van die inwoners ontstel jou nou... hulle is die oggend nou aggressief of so... maar as jy begin sing en... dan is jou gemoed is reg.

**Interviewer:** Dis goed om te hoor. Uhm, so ek weet jy het gebruik gemaak van die tegnieke... ons het al daarvoor gepraat, maar kan jy dalk vir my bietjie vertel van hoekom jy dit sou gebeur het of dan hoekom jy dit nie gebruik in verskillende situasies nie?

**Caregiver 1:** Gelos vir daai dag... as die persoon nou vir my se sy wil nie sing nie, of as die een nou aggressief is en jy probeer nou om dit te gebruik en dit werk nie. Dan moet jy dit maar los. En hoekom dit goed was.. As die persoon uhm.. Sy samewerking gee.

**Interviewer:** Okay, so was daar iets in hulle gemoed wat vir jou dan gese het okay, ek kan miskien vandag die tegnieke gebruik?

**Caregiver 1:** Ja, as hulle... die manier hoe hulle wakker skrik. As hulle nou, uhm... more, en daar is 'n glimlag om die een se gesig... nee dan kan jy dit gebruik. (laughs)

**Interviewer:** Okay, en beskryf vir my so bietjie die oggend roetine met die een inwoner?

**Caregiver 1:** Okay... as ek nou inkom in die kamer dan "more mevrou", of sy sal nou op wees... of sy sal nou so bietjie le of so... en uhm... dan sal ek nou vir haar se, dis 'n mooi dag hier buite, die gordyne ooptrek... vra wat sy nou wil aantrek, en dan sal sy haar eie klere uit haar kas uithaal... en dan sal ek nou vir haar 'n vol was gee en soos ek vol was gee so begin ons te sing. Ja, en dan sing sy saam... of daar is sommige oggende wat sy baie aggressief is of sy lus nou nie of sy's hartseer - sy mis die dogter... maar verder aan is die oggende roetine nogals goed.

**Interviewer:** Hmm, okay. En is daar enige spesifieke oomblikke oor die 4 weke wat vir jou uitgestaan het?

**Caregiver 1:** Uhm... Die dag wat sy hartseer was. Ek het ingekom in die kamer en sy was net huilerig.. Sy was hartseer en toe probeer ek vra nou maar wat gaan nou aan of so.... Sy mis haar dogter... en uhm, ek het nou probeer vir haar moed inpraat en ons het begin sing en so... en sy begin huil. Ja (laughs).

**Interviewer:** Okay.. dis cool dat dit vir jou uitstaan het. En dan, hoe sal jy die interaksie beskryf tussen julle?

**Caregiver 1:** Somtyds vloei dit goed... somtyds wil sy niks met my te doen wees nie.... Dit hang van haar af, veral in die middag. In die middag is hulle nou something else... van middag tot etenstyd is hulle something else. Hulle wil niks verstaan nie, hulle is aggressief. Hulle wil huis toe gaan, maar in die oggende is dit quite fine.

**Interviewer:** Okay, dis interessant... Ek onthou julle het dit gese voorheen. Okay, en hoe voel jy as jy van die tegnieke gebruik?

**Caregiver 1:** Baie relaxed. Hmm. Ek voel gemalklik, veral as hulle hulle samewerking gee, dan is dit great.

**Interviewer:** Okay... en dan laastens, hoe voel jy na die oggend roetine?

**Caregiver 1:** Somtyds voel ek moeg... somtyds is die gemoed somer heeldag daar. Sing en dans en so.

**Interviewer:** Ja... en is dit wat help? Is dit wat die skuif dan in jou gemoed is... as daar musiek was in die oggend roetine.

**Caregiver 1:** Ja... ja. Of al is daar nie gewees nie, ek probeer net vir myself lekkerder te maak.

**Interviewer:** Okay... sjoe. Okay, ja dit is al wat ek by jou wou geweet het. Baie baie dankie vir jou tyd, ek waardeer dit opreg.

**Caregiver 1:** Okay ja, dit is 'n plesier.

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*08 February 2021*

#### CAREGIVER 2 - Pre-workshop interview

**Interviewer:** Hello Caregiver 2, ek het net 6 vrae vir jou vandag. Hoe sal jy die oggend roetine beskryf met die inwoners?

**Caregiver 2:** Okay dis nou as ek inkom by 'n pasient se kamer? Okay, ek kom in en dan se ek goeie more ouma, goeie more oupa, hang nou af wie in die kamer is. Vrolike gesig, because ons het mos nou die maskers mos nou op, nou kan jy mos nou nie gesien jou uitdrukking nie, maar jou oe en jy hou kontak met jou oe kyk jy vir die persoon in die gesig in. Dan se jy, oupa, ouma, ons gaan nou bietjie was en dan gaan ons lekker eet daarna... so wat gaan jy doen? Gaan jy bietjie opstaan? En dan, dit hang nou af dan want as jy nou gaan inkom met 'n aggressive mood, dan gaan daai persoon... as jy party keer kom hulle van 'n plek af, dan weet hulle nie hoe om met mense te werk nie, dan kom hulle somer met daai houding aan en dan is daai persoon aggressive en dan is daai persoon se hele dag gespoil, en dan moet jy nou as iemand anders nou albei nou maar net .... As jy mooi met die persoon praat, dan gaan daai persoon mos nou met jou samewerking gee... dit hang alles van jouself af. En so gaan jou werk makliker mos nou wees. Veral van Alzheimer's pasiente moet jy so... want kyk hulle is basies soos kinders net soos daai kinders by die huis... as jy onbeskof met jou kinders is, dan gaan daai kind later nie eers weer met jou wil praat nie of met jou geheime deel of so nie... so dit hang alles van jouself af, hier binne af... hoe jy met jou pasient praat.

**Interviewer:** Sjoë, ja nee, ek stem saam. Okay, so hoe sal jy dan die kommunikasie kan beskryf tussen jou en die inwoners?

**Caregiver 2:** Tussen myself? Wel, jy moet direk in 'n persoon se oë inkyk en dan gesels jy ... ek dink basies van myself af, want ek is 'n... ek hou van uhm, hoe kan ek se? Ek hou van grappe maak. En ek dink vir Alzheimer's is dit nogals goed en hulle geniet dit nogals... veral as jy nou.. Jy kom van die huis af, ons almal het probleme... ek kom nou van die huis af en nou kom haal jy jou probleme uit by die pasiënte wat verkeerd is... as jy by daai hek of by daai deur instap, dan skuif jy jou probleme weg... dan kom jy met 'n wonderlike gesig... jy's al voel jy nie eers so lekker... ek het nou laas week my ma begrawe, maar uhm... (starts tearing up), ja, uhuh. (pauses) En vir my is dit ... ek was op 'n vakansie gewees die hele maand, en al hierdie goed het gebeur in die vakansie en my broer het 'n massiewe hartaanval gehad, toe hy nou hoor van my ma... so alles het gelyk gebeur, maar ek het vir die Here gevra, "Here, as ek terug gaan werk toe, laat ek liewers vanaand of iets soos daai.. Liewers te gaan treur, want ek het kindertjies wat om my ma gewees het, so ek moet maar in die badkamer gaan sit en daar gaan treur of om die huis stap en daar gaan huil... sodat ek reg kan wees vir hulle. So dit is, ja, dit is met 'n pasiënt ook so. Ek weet nou nie of dit jou vraag beantwoord nie (interviewer nods)... okay.

**Interviewer:** Ja, ag ek is baie jammer om te hoor oor jou ma.

**Caregiver 2:** Dankie.

**Interviewer:** Uhm, okay. En dan, ja, so kan jy my meer vertel van die interaksie tussen jou en die inwoners?

**Caregiver 2:** Kyk uhm, vir die wat ons nou hier het... wat ons nou gewoon aan is, is dit bietjie makliker. Ons ken mos nou vir hulle, ons weet mos hoe ook hulle roetine is en so aan, maar iemand wat nou nuut gaan kom.. Gaan jy nou uhm.. Jy moet eintlik mooi dink wat jy gaan se, want somtyds dan se jy iets dan... jy't nou nie gedink het jy 'n woord gese het nie, dan vat dit in daai persoon se gedagtes... dan sit hy dit in iets anders in miskien... en dit is wat hulle miskien voel, uhm... ek gaan nou nie vir jou samewerking gee nie, want uhm... maar jy't nou nie bedoel om dit te se nie, so as jy ook grappe maak... dan moet jy ook weet watse grappe jy kan maak... as jy nou wil iets se dan moet jy eintlik mooi dink voordat jy met hulle praat. En dit is dieselfde met kinders ook.. So basies ek vind dit eintlik... vir my is dit om vir hulle te behandel... kyk, jy behandel hulle nie eintlik soos 'n kind nie, want hulle is basies groot mense, maar op 'n manier draai jy dit maar nou net soos jy met jou kind gaan maak, maar jy moet altyd ook se, kyk uhm.. Veral in die oggende, dan se jy mevrou... kyk jou lieflike kleretjies, kom kies gou vir jou 'n rokkie... moenie self vir haar 'n rokkie gaan uitkies nie, want dit gaan vir hulle wys "ek is nog daai mens, want ek is nog hier binne in, jy kan nie daai mensie wat hier binne my is, wegvat nie... al is daai nie meer daar nie, al sien julle dit nie raak nie.. Al sien my kinders dit nie"... laat jy nou net dit is nog daar. Of as sy nou gewoon is om met haar beertjie loop, moet dit nie wegvat van haar af nie, want dit is nog in haar in... en as sy nou se sy gaan nog shopping doen of so doen, dan laat sy gaan. Vat vir haar, se ons gaan vir my hier by Checkers of so... probeer die game net saam speel met haar. En somtyds 'n klein wit leuentjie,

gaan ook nie dinge so... ons het 'n geval hier gehad wat 'n persoon, hy wou nie gebad het nie, die nurse het ingegaan, maar ek weet nie wat het daar gebeur nie, maar toe moet ek nou ingaan, en ek gaan toe nou mooi praat. En uhm, dit was nou net 'n klein wit leuentjie, maar al wat ek vir haar gese het was "Ouma, kom jou dogter het nou net gebel, sy het gese sy gaan vir jou kom haal en dan gaan julle lekker uiteet vir tee en koekies en so aan... en dan gaan staan sy op en dan gaan ons badkamer toe en ons bad. Toe sy nou weer aangaan met die dag, toe het sy nou vergeet van die dogter wat kom en so aan... ek bedoel, alles het net 'n klein wit leuentjie, net om die samewerking te kry. Ja, dit gebeur, dit is nie dat jy jy kan nie altyd net uhm.. Eerlik wil wees nie, jy moet net om daai persoon se samewerking te kry, want dis somtyds moeilik. Kyk, ons is different skofte wat ons werk en jy weet nie hoe daai skof werk met daai een (pasient) nie, en dan somtyds as ons hier kom, dan of uhm... nie altyd nie, maar somtyds 'n mens se dinge is maar dan se daai persoon, dan wil daai persoon was en dan is dit lekker en dan se die persoon, maar jy gaan nie vir my kom se wat om te maak nie... verstaan jy? Nou, uhm, maar jy het nie gister gewerk nie ... verstaan jy my punt? So ja, nou maak ek dit tien teen een vir haar makliker, en nee my ouma, jy kies self jou kleretjies, en jy kan nou self jou was.. Ek sal vir jou kyk, en ek sal help waar ek kan, en so gaan ons aan. So dit is basies, ons is mos nou skofte, en jy werk nie elke dag nie... nou is ons die naweek af, dan kom ons Maandag, dan is hulle mood nou weer gechange of so. So ja... jy moet maar net vir jouself dink, okay fine, nou daai dag was nou nie so lekker gewees nie, en soms onthou hulle dit... dit het die oggend gebeur, maar dis mos nou weer wastyd, verstaan, en dan kom daai terug wat nou gister gebeur het. Nou kom dit terug, en nou moet jy nou die goeie rol speel en nounet vir haar mooi met haar praat en so aan. Maar dit gebeur. Dit is nie lekker nie, maar dit gebeur.

**Interviewer:** Ja, dit maak baie sin. So dan hoe sal jy die verhouding tussen jou en die inwoners dan beskryf?

**Caregiver 2:** Op die oomblik sal ek se dit is goed. Van myself af, want as ek inkom in die oggende... as ek "Hallo, goeie more"... wat ek eintlik wil se is 'n mens, jy maak nie saak wat met jou gebeur of wat alles.. Of die rou is nog seer, verstaan jy? Jy vrolik nou iemand anders op en deur daai help dit vir my genees.

**Interviewer:** Sjoie, dit is baie interessant. Want ek bedoel, die verhouding is nie nou die 'normale' tipe verhouding nie...

**Caregiver 2:** Dit is die ding... die ding is in hierdie tyd ook is dit vir hulle moeilik. Want dit is dieselfde met my ma, sy het mos nou siek geraak.. Sy't Covid gehad en so aan en sy't mos nou hartsiekte en sy't al daai goeters, en met al daai chroniese siekte het dit nou nie gewerk nie en dan het ons nou gebel en toe later aan het ons vir haar 'n foon gegee en dan het sy gehuil oor die foon en gese "ek mis vir julle" En want hulle kan niemand sien nie en dieselfde met die mense hierso. Hulle kan nie hulle mense sien nie, want in die begin was dit gewoonlik... hulle kon hulle gereeld sien, en nou is dit "hoekom is my dogter nou so lank weg? Iets is nie reg nie, hou sy nie meer van my nie?" Dis eintlik wat in hulle gedagtes aangaan, of "hulle het my weggegooi" en dit is wat gebeur hierso... hulle se dan, hierdie een dametjie sy se nou as jy vir haar se, sy sal mos nou more sal sy kom... dan se sy " nee, ek weet sy

was vir 'n lang tyd was sy nie hier nie, sy't my weggegooi" ... sulke goeters, en dis hartseer. En die ding is, uhm... dink maar net jy is besig met jou eie ma... behandel daai persoon soos jy jou eie ma sal behandel.

**Interviewer:** Sjoe is dit vir my interessant hoe julle almal praat van die verhoudings met die inwoners.

**Caregiver 2:** Ja, en die ding is ek geniet dit om so met hulle te werk, want jy kan eintlik... soos ek is 'n mens wat... ek hou van... ek is 'n eerlike mens, en somtyds is dit moeilik, en dan vra ek net "Here, gee my net die krag om nou deur die dag te gaan en om hierdie mense te help, want hulle mense kan nie by hulle kom nie" En dit doen vir hulle baie as hulle miskien 'n besoeker het, en hulle sien hulle kinders en so. Want nou stop dit mos weer. Dan kan hulle mos nou nie weer besoekers kry nie... daarvoor is ons mos daar. Om dit vir hulle beter te maak en vir hulle makliker te maak... en om vir hulle laaste dae wat hulle oorhet... en wat vir my so erg maak is dat uhm... (tears) met my ma se laaste operasie in die Kaap...(cries). Sjoe, jy bring trane! (laughs).

**Interviewer:** Ah, maar dis goed! Trane is nodig! Dis alles deel van die rou proses.

**Caregiver 2:** Ja, kyk daar was nou nie tyd vir my gewees om... want alles was dit moet gereel gewees het, daai moet gereel... my broer in die hospitaal, en so. Vir my is dit maar net, ek moet alles op my eie doen. En as ek beign te praat, dan kan ek nie ophou nie. So dankie vir jou ook, ek dink ek het dit nogals nodig gehad.

**Interviewer:** Sjoe, ja, maar baie dankie dat jy ook so oop is Caregiver 2.

**Caregiver 2:** Nee, ek is 'n baie eerlike mens (laughs).

**Interviewer:** Ja, en ek wil ook vir jou se omdat ons nou die volgende 4 weke saam gaan werk, wees ook eerlik met my. As jy wil ophou, of nie wil he iets moet deel wees van die studie, verstaan ek. Dit is deel van die proses van rou, so wees asseblief oop met my oor hoe jy voel en hoe dit met jou ook gaan.

**Caregiver 2:** Nee, ek dink nogals... op die oomblik dink ek dit is nogal iets goeds vir my.

**Interviewer:** Okay, maar ek wil maar net he jy moet...

**Caregiver 2:** Nee moenie worry nie, ek sal vir jou se, ek sal vir jou se.

**Interviewer:** Okay, dankie. Uhm, okay dan het ek net nog twee vrae vir jou. So hoe voel jy nadat jy 'n oggend roetine klaar maak?

**Caregiver 2:** As dit goed afgegaan het, dan voel ek nogals baie goed. Dan is daai persoon nogals heeldag happy. Toe wanneer iemand anders nou weer in sy pad inkom of so aan. Ja, ek dink nogals.... Ja, ek weet nie of dit jou vraag beantwoord nie. As dit nie goed gaan nie... wel, elke dag is nie maklik nie, en daai uhm... dan



blaas ek maar net asem, en skep asem, en ek se “Here, kom ons probeer weer.” Veral as die persoon nie wil bad of so nie, kyk, jy kan nou lekker vrolik wees met daai persoon, maar hulle het nou besluit ek gaan nie bad nie... al is jy nou hoe nice of wat. So dan se ek... okay ouma, jy kan maar nog so bietjie le. Dan gaan stap ek weg, doen ek ander takies, dan kom ek terug en dan is sy in ‘n ander mood. Dan is sy in ‘n beter mood. Dan gaan sy easy badkamer toe. So moenie karring op ‘n persoon nie, veral nie op hulle nie. Moenie dik praat met hulle nie, want dan gaan hulle later aan heeltemal aggressive raak. So, stap weg en dan kom jy later weer terug. Dan gee jy vir daai persoon ‘n tydjie... miskien le en dink hulle ook goed, want hulle gedagtes... so jy weet nie wat hulle dink nie, jy kan nie dwarsdeur hulle brein sien nie, so as daai persoon nie wil bad nie, stap weg. Doen iets anders. En kom weer terug, maar moenie forseer nie, want dit is waar bakleiery en seerkry en al dit uhm... en abuse inkom. So stap maar liewers weg en dan kom jy maar weer terug en dan probeer jy weer. En as dit ook nie daai tyd reg is nie, dan stap jy net weer weg, en dan kom jy maar net weer terug. Tot jy nou... ja.

**Interviewer:** Okay ja, so oor die algemeen voel jy goed... jy voel nie doodmoeg of...?

**Caregiver 2:** Nee, nee. Ek voel goed ja.

**Interviewer:** Okay, en dan die laaste een is, is daar oor die algemeen enige spesifieke oomblikke waar kommunikasie met ‘n inwoner uitstaan?

**Caregiver 2:** Uhm... ons het een dag ‘n pasient gekom het vir die naweek. En toe roep hulle vir my, ek moet haar nou kom haal hier by die uhm... ek weet nou nie of dit deel is nie, maar wat ek vinnig nou kan onthou. Dit het lank terug gebeur, toe praat ek so “Hello Ouma, welkom hier by ons... en ek hoop Ouma gaan dit geniet en so aan.” Uhm... maar ek praat maar nou daai suiwer Afrikaans... kyk ek is mos nou kleurling, somtyds het hulle nou nog daai rassistiese houding in van hulle... van van die mense nou. Maar ek praat nou daar daai suiwer Afrikaans en uhm... anyways, later vergeet ek nou jy moet suiwer Afrikaans praat.. So ek begin sommer so te praat soos die coloureds mos nou praat... hier is ouma net so vir my, “My got”. Sy sak so vir my af... sy se “Ek was nou so happy, ek dog dis ‘n blanke dame wat nou hier, maar toe jy nou jou bek oopmaak, toe hoor ek jy is proper coloured.” En ek moet nou maar lag, want dis toe maar nou net soos hulle is... is mos nou. So dit is dingetjies wat gebeur en Ek kan mos nou nie vir haar kwaad raak nie. Ja nee, en ek lag toe maar nou net, en van daarvan af was ons toe... sy het baie nice, baie nice geword, ja. Ja, dit is oomblikke wat gebeur het. Daar is so baie wat nou al gebeur het.

**Interviewer:** Ja, maar daai veral is vir my baie interessant dat jy dit noem, want dit is definitief iets wat gebeur, hulle is nie bewus van...

**Caregiver 2:** Kyk, jy kan hulle nie blameer nie, want kyk soms is dit moeilik vir party... maar jy moet net verby dit kyk, ek praat verby dit en praat oor iets anders. Hulle is geneig om dit te se, dit is in hulle, hulle het Alzheimer’s, so hulle dink nie... hulle dink aan daai jare mos, so, jy moet maar sterk wees. Jy moet sterk wees en



maar op jou tande byt, laat ons maar aangaan. Jy kan nie kwaad raak en vir die aunty sommer 'n hou gee nie, en se maar jy kan nie so praat nie.

**Interviewer:** Okay, maar dit affekteer... affekteer dit die verhouding van daai punt?

**Caregiver 2:** Ja... kyk aan die begin. Dit het nogals 'n effek, dit maak nogals seer ja. Maar as jy nou in die beroep is, dan weet jy nou mos maar uhm... daar is party mense, party mense wat nou nie so kan vat soos wat jy kan nie... kyk ek is nou al jare in die besigheid so ek is nou al gewoonnd aan dit. En hulle is lief om te se van "jou kaffers" en so aan... so al wat ons nou... se nou maar daar kom studente, dan se ons maar vir die studente just ignore it and talk about something else. Want die meeste students is swart, en hulle hou nie... kyk uhm, party pasiente hou nie van different mense wat om hulle is nie. Hulle is gewoonnd aan een mens, of so, en somtyds moet ons ruil vir 3 maande... en dan het hulle nou so gewoonnd geraak en dan moet ons nou weggaan van daai vloer af en na 'n ander vloer toe gaan, en dan moet hulle nou weer aan daai verpleegsters... en dit is heeltemal amper soos 'n kind wat uit die skool uit gaan, om hom na 'n ander skool te sit. Daai kind was gewoonnd aan daai skool maar nou moet die kind weer aanpas by daai skool. En uhm, hulle is weer Alzheimer's, maar nog altyd het hulle ook gevoelens en hulle verstaan en onthou jou gesigte. Somtyds onthou hulle nie, of somtyds iets gaan hulle laat onthou aan jou.

**Interviewer:** Sjoe, dit is vir my ongelooflik dat jy oor sulke goed so kan praat.

**Caregiver 2:** Dit is, jy moet hare op jou tande he om met hulle te werk.

**Interviewer:** So baie dankie, dit is al wat ek nou wou geweet het by julle vandag.

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*22 February 2021*

**Interviewer:** Hoe gaan dit met jou Caregiver 2?

**Caregiver 2:** Ons gaan aan, ons gaan aan.

**Interviewer:** Hmm, okay ek is bly om dit te hoor. So, hoe was die afgelope twee weke vir jou?

**Caregiver 2:** Man, dit was nogal... weet jy die musiekterapie doen nogals goed. Hmm. Daar is een oggend wat ek onder gekom het, en ek het nie met 'n lekker gemoed gekom nie... en uhm.. Nou nie laat ek aggressive was of so nie, maar my gemoed was net af gewees so... en toe is dit nou einde van die dag, is dit vice versa. Toe is sy nou die... amper soos... sy is die caregiver en ek is nou die pasient... dat sy nou vir my so moed in... toe kon ek nou nie op die ou einde van die dag glo dat dit nie 'n mens... dat 'n person is wat nou met my gesels het... want ek het ingekom by die deur en toe kyk ek nou vir haar so en sy kyk vir my en sy se vir my "Jy't nie lekker

geslaap nie” en dit was toe die waarheid wat sy toe vir my se. En ek gaan sit by haar op die bed... en sy se vir my “Praat met my, my kindjie”. Ai, toe loop die trane. En ek praat met haar en sy se vir my uhm... “Jy hoef nie bekommerd te wees nie, ek is van nou af jou ma.” En vir my was dit so like joh, dis nou ‘n dementia person wat dit nou vir my se. En vir daai oomblik was dit like something.. Dit was iets fantasties gewees, want ek het dit nodig gehad... daai selle moment het ek dit nodig gehad. So ja, dit doen nogals iets goed. En toe daarna nadat ons gesels het en gewas het en so, toe loop ons die gang af en ons begin te sing... ek dink ek het eerste begin “Jesus loves me” en ons sing, en sy sing, en ons gaan loop tot by die sentrum... en dit was so like uhm... my ma is nou wel nie daar nie, maar dis amper of my ma nou iemand gestuur het vanoggend. So dit was like... dit doen goed nogals rerig waar. Sy is nie elke dag dieselfde nie.. Ek bedoel ek is ook nie elke dag dieselfde nie.. So uhm, daai selfde moment het sy nogals vir my basies... ek weet nie of dit vir haar gehelp... maar ek dink dit het vir haar ook gehelp, want sy het ook vir my vertel van haar man wat oorlede is en sy verlang na haar man en so het ons toe begin gesels... en dan het sy gese van haar kinders wat vir haar weggegooi het... en so, maar dis mos nou soos hulle praat en so, toe se sy vir my “Maar jy is nou my dogter” en ai julle, toe sy nou dit se... ai mense is darem so jinne ouma jy weet nou net wat om te se... ek het dit nou nodig gehad. En daarna was toe was ek nou weer ‘n ander mens... toe is ek nou weer my ou self. En dit was iets goeds, daai spesifieke dag.

**Interviewer:** Ja, dis ongelooflik. So dit klink asof die verhouding tussen julle twee verskriklik gegroei het?

**Caregiver 2:** Ja nee, regtig waar. Ons het nogals ‘n baie goeie verhouding ek en sy. Sy is sukkel met dementia so, maar daar is party kere soos daai oggend waar ek weet nou nie of dit die Here se wil is of wat gebeur nie, maar daai moment waar sy nou... like a normal person en dit was... alles wat uit haar mond uit gekom het, was die waarheid gewees en ek het dit nodig gehad... en so het my dag verder baie beter aangegaan. Uhm, ek bedoel daar is party dae wat mens voel wat jy...veral nou in my situasie wat dinge nou nie lekker is nie... my broer is in die hospitaal, hy was 27 dae in die ICU, Donderdag nou gekom Spescare toe... hy sukkel nog met die loop en so, en hy is baie emotional en hy kon mos nou nie by die begrafnis wees nie, so ek moet sterk wees vir hom, en ek was nou Vrydag daar gewees en ek was nou gister daar gewees en nou elke dag wat ek daar kom dan is hy nou verskriklik emotional, so ek moet nou maar net sterk wees... en daai dag, toe kon ek seker nou maar nie sterk wees nie, en sy’t vir my gehelp, so dit doen baie goed regtig waar. Ek is bly nogals dat jy’t gekom, dat mens al hierdie goedjies het so dat mens dit aangepas het.... Dit het alles mooi saam gewerk soos uhm.. Waar sy begin sing en dan sing ek saam, of ek sing en dan gaan die volume bietjie op en dan gaan dit so... en dan begin die beat en ons dans... nou die dag het ons weer die musiek aangesit en toe het ons almal bymekaar gekry... want hulle is so groepie wat bymekaar sit, toe nou vir haar gevat en haar maatjies wat by haar is... en ons het lekker gedans en ek hou mos van guy maak, en ek sing toe Hasie hoekom is jou stert so kort, dan wys ek nou my boudjies en dan lag hulle, so ja, dit help nogals baie vir hulle. Regtig waar, dit is nogal iets goeds.

**Interviewer:** Joh dit kink ongelooflik. So sou jy se die musiek help ook in die oggende?

**Caregiver 2:** Nee dit help baie hoor. Somtyds dan is daar nou nie musiek nie, dan is dit net 'n gesels... dan gesels ons nou net, dan het daar nou niks musiek in die oggende roetine gebeur nie... maar dan in die middag dan sit ons nou musiek aan en dan gaan dans ons so. Daar is nie altyd waar daar musiek is nie, maar die gesels is daar, dit help baie. Veral as jy... jy moet eers inkom in die kamer in, en dan moet jy nou eers kyk okay.... Soos nou die oggend eers was ouma, jy kon sien Ouma was nie lekker nie. Dan vra ek, "Ouma, wat gaan met my ma dan nou aan?" Sy se nee man, my kinders het my weggegooi. Sy's baie lief vir daai storietjie... haar dogter het haar weggegooi en sy wil huis toe gaan en sy soek haar bankkaart en al die goed. Toe se ek nou, Ouma, wie is ek dan nou? Toe se sy, "Ja man, ek weet jy is my dogter." So jy sal my dogter bly... ons vergeet van Jenna (haar dogter se naam is Jenna)... so los dit, jy is nou my dogter. En nou vir haar vanoggend het ons nou almal hier buitekant gehad, met hulle voete in die water... almal met die Alzheimers nou, hulle groepies... en ek het gesing Hasie hoekom is jou stert so kort... En dan het ek hier in die gang afgegaan en my boudjies gewys hoekom jou stert so kort... en hulle almal het nogals gereageer daarop... daar was nie een wat stil gesit het nie, hulle het hulle hande geklap en gelag en so... so ja, dit is nie elke dag wat dit so gaan nie, want hulle is mos nou nie elke dag dieselfde nie. Daar is een oggend wat ek niks uit haar kon kry nie... absoluut niks, want sy het deur die nag het sy op en af geloop, haar klere gepak... sy wil nou huis toe gaan en vir Jenna bel en so. Toe ek nou die oggend by haar kom, ek het seker nou so alles probeer, maar sy het my net so gekyk en toe het ek besluit okay, ek gaan nou later eers terug kom. So na 'n tydjie toe gaan doen ek my ander werk en ek kom terug en ek se "Ouma, is jy nou beter?" "Ag ja, wat het ek nou makeer?" Toe het sy nou weer alles vergeet en toe gaan ons nou weer aan. So ja.

**Interviewer:** So dit maak 'n verskil. En het jy gevind dat die musiek in die oggende die roetine help?

**Caregiver 2:** Dit help nogals in die oggende... veral in die oggende want hier by die middag se kant dan lyk my hulle raak almal deurmekaar en in die oggende is dit baie beter om die musiekterapie te gebruik, because like middag se kant is amper seker tyd na 11 dan voel almal nee nee nee, die een wil huis toe gaan, daai ene wil pak... dis 'n hele deurmekaar ding... so dis beter as jy vir hulle kry in die bed in, en met jou dinge se begin en vra "Ouma, gaan ons nou lekker was en so, kies ouma nou die kleretjies en so" dan tap ek gou die water en dan help... dan as ek dit water tap dan sing ek, dan hoor ek hier aan die eenkant, dan begin sy ook saam te sing en so aan. En so kom hulle in die kamer in.. want ek hou van hard sing en hard praat... so dit help nogals nie net vir haar nie, dit help sommer vir almal. Ons het 'n Tannie, Ouma V, veral in die oggende, in die oggende kan jy met haar alles uitgerig kry.. Soos vanoggend het ek nou vir haar gesing, ek moet nou vir haar pap gee. Gewoonlik dan eet sy nie, sy's nie een wat wil eet nie... sy is op 'n hungerstrike of something... toe het ek nou haar pap gaan haal en begin sing Jan Pierewiet, en toe begin sy saam te sing... en sy staan op... gelukkig is haar stoel vasgemaak teen die muur, want sy staan op en dan val sy, maar sy staan en sy sing Jan Pierewiet en sy doen die skop

werk en die soentjie werk en al die... en terwyl ons dit nou doen, sit ek lepeltjies in haar mond... en sy het 5 lepeltjies gekry, ja. En daarna toe sit ons nou, toe se ek vir haar daar is nou lekker koffietjies... en ons sing nou "You Are My Sunshine" En ek sit die koffie in haar hand en sy drink dit... so sy het 5 lepeltjies pap en 'n hele koppie koffie in... sy wil nie brood gehad het nie, maar ek is bly sy het die ander gehad, so ja. Dit is ongelooflik ja, want toe dit nou lunchtime is toe hoor ons hoe sy skree van daar bo af, toe begin sy nou weer daai roetine in haar in te kry, want sy skree altyd... maar sy hou ook van sing so, ek doen altyd as sy iets wil se of so dan sing sy... maar sy maak haar eie goedjies, gesangetjies... sy's lief vir om te sing. Sy sing sommer van "Ja, julle moet vir my uitlos... so man" maar sy sing dit. Maar sy's baie oulik as sy tyd het.

**Interviewer:** Ag okay, so dis interessant om te hoor hoe jy nou aanpas met van die ander inwoners en kyk sjoh, hierdie werk ook hier. Uhm, hoe voel jy oor die tegnieke wat julle nou geleer het? Voel jy gemaklik om dit te gebruik?

**Caregiver 2:** Nogals ja. Dit is nou eintlik baie beter vandat ons nou daar geoefen het en so... Kan jy nou self sien met die pasiente wat jy nou ken met wie kan jy dit nou doen of so... en surprising, as jy sing of jy iets doen dan uhm.. Is almal involved daar. Soos ons nou die dag die musiek aangesit het, toe het almal begin opstaan en almal wat nie eers kan loop nie wou loop, en hulle klap met hulle voete en hulle klap met hulle hande so dis lekker ja, dit help baie. Dit help baie ja.

**Interviewer:** Dis lekker ja. Interessante ding wat ek opgelet het toe ek die eerste keer met julle gepraat het... jy weet, daar is baie navorsing oor caregiver burden van die werk wat julle doen... dat dit swaar en moeilik is, maar julle is almal baie positief oor julle werk, al het julle julle moeilike dae.

**Caregiver 2:** Ja nee, wat help dit jy het probleme en jy kom by die hek in, dan moet jy jou probleme agterlos. Soos ek se, ek het nie lekker geslaap nie, maar ek het rustig ingekom en ek was stil gewees en toe het die ouma nou vir my... toe is alles nou vice versa, toe is sy die caregiver en ek die pasient... toe het sy nou weer aan my gemoed, sonder dat ek nou gepraat het, sy het self... toe ek by die deur ingekom het toe se sy mos vir my "Ek kan sien jy't nie lekker geslaap nie" en van daarvan af gaan dit toe... ja.

**Interviewer:** Ja, en dit is net vir my ongelooflik. Ek bedoel, jy is onlangs deur 'n bitter moeilike tyd en tog as ek met jou praat is dit nie al wat ek hoor nie... jy sien die positiewe raak en ek weet dit is moeilik, maar ek haal my hoed regtig af vir jou.

**Caregiver 2:** Ja nee, die musiek werk ongelooflik, want sodra jy daai musiek aansit... daar is 'n tannie wat nou nie hou van die harde musiek of so nie, maar dan begin ons dit saggies... tot sy ook later aan besef, daai ritme daai kant klink lekker en dan kan jy sien... dan begin sy met haar hande so, of sy begin met haar voetjies nou te dinges, en dan draai ons dit net so bietjie die volume op en dan later aan dan begin sy ook sing, so ons doen dit maar ook stadig maar seker. So dit help vir almal. Daar is party wat net in 'n hoekie sit of daar sit, en dan as ons nou die musiek aansit dan begin almal nogals... want dit is daai jare se musiek wat ons speel, so dit remind

vir hulle terug na hulle dae. En dan onthou hulle, alhoewel hulle nou nie die woorde kan onthou nie, is hulle voetjies of handjies beweeg... en kan sien maar hulle luister tog wat daar aangaan.

**Interviewer:** Dis ongelooflik om te hoor. Ek wou ook gevra het, hoe vind jy die dagboek inskrywings?

**Caregiver 2:** Ja, ek het nogals taamlik ingeskryf... dit is hoe sy nou nie samewerking gee daar oggend maar ek het haar gelos en nou weer terug gekom en dan het ons dit nou verder gevat. En op die einde van die dag het ek nou self dan het ek nou klaar geskrywe, maar dan sien ek... dit doen nogals iets goeds aan my ook. Op die oomblik, het ek ook 'n ma figuur nodig, so dit help vir my baie. Dit help vir my gedagtes ook weg, want as ek nou vanaang huis toe gaan dan moet ek nou vir die kinders en my ma en vir my broer by die hospitaal gaan visit daar... ek moet regmaak vir dit en daai. So ja, dit doen nogals goed. Dit laat my mind bietjie net wegkom.

**Interviewer:** En dit vat darem nie te lank om te doen nie?

**Caregiver 2:** Nee, kyk dis mos deel van ons roetine. As ons nou gaan was dan kom ek nou in die kamer... dan is daar mos twee bad... dan se ek nou, ouma pick jy solank die klere en dan tap en gou die water... en dan as ek nou by die wasbak is dan begin ek nou te sing en dan hoor ek maar hier van die anderkant af, terwyl sy haar klere soek... sy gaan ook so. En dan die next oggend dan voel sy weer nee sy gaan net le. Dan se sy nou ag ek gaan bietjie maar nou self... So dit is nie elke oggend dieselfde nie, dan pick ek nou self. Dan op die einde van die dag dan se sy ooh, maar jy't nogals mooi gekies (laughs). Ja.

**Interviewer:** Ag dis regtig goed om te hoor. My enigste ander vraag is, is daar enigiets wat jy vir my wou vra?

**Caregiver 2:** Nogals nie. Ek is gemaklik ja. Ons hou van musiek speel, maar met daai tegnieke wat julle vir ons gegee het, kan ons nou basies sien maar dit is hoe dit werk.. En dit is hoe daai is, en daai. So ja nee.

**Interviewer:** Okay, dit is ook goed om te hoor. Dankie vir jou tyd Caregiver 2. Ek sien jou dan oor 2 weke.

**Caregiver 2:** Baie dankie.

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*08 March 2021*

Post-intervention Interview

**Interviewer:** Hoe gaan dit?

**Caregiver 2:** Ag wat, dit gaan orait. My broer is Woensdag huis toe, na 47 dae in twee verskillende hospitale, maar hy doen nogals taamlik goed. Hy loop nogals, hy raak net gou moeg, maar verder gaan hy aan. Hy was net baie emotional toe hy nou inkom by die huis nou en my ma is mos nou nie meer daar nie, en so aan. Maar ja, ons gaan maar aan, ons vat dit maar dag vir dag.

**Interviewer:** Hoe jy hierdie vier weke gevind?

**Caregiver 2:** Weet jy nogals... basies is musiek 'n goeie ding. Ek hou van musiek en so, maar toe jy nou se ons moet aanpas by die mense, kon ek nou self gesien het dat dit werk met party mense en dit werk nie met ander mense nie... Een dag werk dit, en die next dag werk dit nou nie. Maar uhm... daar is 'n tannie, sy is nou nie die ene nie, maar daar is 'n ander tannie wat baie moeilik is. Maar sy wil nie eet of slaap of... sy wil net doen wat sy wil doen. Sy hou van sing, en as jy begin te sing met haar, kan jy wonders uitkry met haar, so dit het nogals basies baie gehelp met haar en nogals met my... met hierdie tyd waardeur ek nou gaan. As ek so moedeloos voel en uhm.. Voel dit was nie my ma se tyd of so gewees nie... mens kry mos nou daai gedagtes, kyk ons kan nou nie Here se werk uit Sy hand uit vat nie, want wat Hy doen is perfect, maar uhm... 'n mens kan maar vrae vra. Hy se ook in die Bybel jy mag vrae vra, maar jy moet lateraan besef dat wat Ek doen, is die regte tydstuk. En toe ek nou hierdie stukkie musiek wat my ma gespeel... sy't van old school gehou, en ek toe nou daai luister toe kom dit net by my, maar sy is orait daar waar sy is. Kyk my ma het uhm... sy was 'n sieklike mens gewees. Sy't bipolar gehad, ja en dit is mos amper daai een wat twee personalities het... een dag is sy orait en die next dag is sy nie orait nie. En van kleins af, is sy al in 'n inrigting ingesit, so ek kon nou al van kleintyd... basies wat ek kan onthou... is uhm, naweke dan het my pa geneem soontoe, en dan het my ma my hare gevleg. Dis altyd 'n... ek kan nou nie alles onthou nie, maar die einste prentjie wat ek kan onthou is dat ek op haar bed gesit het, en sy het my hare gevleg, want my pa kon nie my hare vleg nie. En dit het nou soos al hierdie goed opgebring... sooo uhm, terwyl ek luister na die musiek van haar, kom alles toe nou terug en so... maar dis goeie memories. Daar was nou en dan bad memories, want uhm... daar was 'n tyd wat ek nie daar by haar gebly het nie, toe het sy uh nie meer haar pille gedrink nie... en jy moet jou pille drink as jy daai siekte het... en toe het sy begin aggressive raak en so, en toe wou sy nie op haar eie gaan na die plek toe nie, toe moes ons 'n hofbevel kry en toe moet die police nou kom... en dit was so hartseer gewees. Uhm, (pauses) ons het vir haar gese ons gaan haar oë laat toets, en sy het dit geglo... en uhm, terwyl ons nou oppad is soontoe, kyk sy agter toe om en se nou hoekom moet die polisie nou saam met ons ry... en my trane loop en my trane loop, en sy vee net af my trane, maar sy is nie bewus van waarnatoe sy nou gaan nie. En toe ons nou daar kom, uhm, toe vat hulle nou vir haar en hulle is... ag dis sulke deur, dis sulke ysterdeur en hulle maak die deur toe en sy skorre my naam.... Ooe, dit het vir maande (starts tearing up) vir maande by my gebly. (Pauses) Maar uhm, dit was vir haar eie beswil gewees, want sy was vir 'n paar maande daar en toe sy terug kom toe was sy weer haar ou self, soos ek vir haar onthou het toe ek nog 'n kind was en sy... ja uhm. So musiek is eintlik fantasties want dit bring goed wat jy miskien geblok het, wat jy nou nie weer oorpraat nie... dit bring al daai goeters terug, en ek dink ek het dit nodig gehad, vir uhm... en somtyds



hier by die werk ook... ek werk nou nie op die eerste vloer nie, maar somtyds voel ek so moedeloos en so aan, dan gaan ek af na Ouma B toe, die oumatjie wat ek nou oor doen, en dan praat sy met my... dis amper of my ma met haar praat en of my ma nou met my praat... en nou vir my verduidelik "Ek is oraaits my kind, jy hoef nie bekommerd te wees nie" en dan gaan ek nou weer die next dag af soontoe, dan is sy nou weer heeltemal anderste. Dan is sy nou weer... ek verstaan dit, maar uhm, as ek nou na haar afgekom het is my mood sommer different. Dis regtig waar, my ma het my nounet getroos en gese dit is okay, jy's fine Caregiver 2, jy gaan oraaits wees. Nou die ding is my responsibility is nou my broer, ek moet na hom kyk. Hy is wel ouer as ekke, maar hy het nie 'n vrou of kinders nie of niemand nie. En hy was maar al die jare onder my ma gewees en dit was somtyds moeilik, want veral as jy van die werk af kom dan is jy nou moeg dan moet ek vir hom gaan was en al die dinge. Ek doen dit met liefde en so, maar dit put 'n mens ook uit... veral as jy die next dag kom werk en so aan. Basies uhm, is hy by daai punt waar hy nie vir homself wil help nie. Dis amper, hy't opgegee. Hy's nou moeg van hospitaal, hy's moeg vir pille, hy's moeg vir alles en van almal. So ek moet nou elke dag moed inpraat by hom en so aan, en... soos gister toe sit ek nou die radio aan en toe speel hulle uhm.. Die old school wat my ma van gehou het... en hy skree uit die bloute uit "Mamma hoor daar" en ek dink jinne, besef jy nou Mamma is nie meer daar nie? Maar besef ek, want ek se vir my kleintjie want hy was baie om my ma gewees... dan se ek vir hom, "As Ouma nou huis toe kom" dan kyk hy vir my so, "Mamma, nou by wie se begrafnis was ons nou gewees?" En dan besef ek ek is nou besig om hierdie kind confused te maak. En dan partykeer se ek vir hom, sorry man, ek het net 'n glipsie gehad en so aan. Hy is ook in die proses, ons almal is in die proses, want hy het groot geword om haar... so ja. Dit is 'n bietjie moeilik en so aan, maar die musiek maak 'n mens rustig en dit help baie.

**Interviewer:** Uhm ja ek hoor jou. Ek wou jou nou vra, jy't in die begin gese jy't gebruik gemaak van die tegnieke partykeer en ander partykeer het jy nie. Wat was die redes dat jy gevoel het jy kon dit gebruik of miskien nie gebruik nie?

**Caregiver 2:** Dis een dag wat Mevrouw B nou spesifiek... kyk sy is nie elke dag dieselfde nie. Een dag dan kom ek nou in dan kyk ek eerste op haar gesiguitdrukking. En as sy dan vir my se "Hallo my kind" dan weet ek, nee nee nee, hier gaat ons nou weer. En dan se ek "Hallo Ouma, hoe gaan dit?" en dan se sy "Ag jinne my kind dit gaan goed. Hoe gaan dit met jou?" Sy vra altyd hoe gaan dit met jou. Dan se ek "Nee, met my gaan dit uitstekend" en dan se ek dit gaan goed met ouma so dit gaan goed met my. Dan se ek vir haar, sit jou kleretjies uit, dan tap ek gou die watertjies in en terwyl ek nou die water intap, dan begin ek nou sing... sommer so enige liedjie, sy hou daarvan as ek so wys met my boudjies en dan lag sy. En dit het die proses nou verder aangehelp, dan op die einde van die dag as ons nou daar klaar is, dan voel ons dan goed, want dan het sy nie gestry nie... sy het saam gesing, ons het lekker gepraat en dinge het mooi vlot gegaan vir daai oggend. Dan kom ons weer die next oggend... of seker so twee dae daarna of whatever dan, het sy nou weer heelnag gesit en dink... of hulle se in die verslag sy was opgewees, sy wil huis toe gaan en so. Dan kyk ek nou eers na die beweging so... dan sien ek nee, die besigheid gaan nou nie help nie. Dan gaan ek aan, en praat met ouma. Dan se ek "Ouma, gee my net 'n drukkie." En sy gee vir my 'n drukkie, dan praat sy dan

se sy, weet jy, jy beteken vir my so baie my kinders het my weggegooi.. Dan begin sy nou weer met daai storie “Jy is nou my dogter” en so. En so gesels ons daar is niks musiek involved gewees nie, maar ek het net gekyk hoe haar gesigsuitdrukking is en hoe haar mood is en ek het mos nou gehoor in die verslag sy was nou nie heel nag op en af gewees. En dan op die einde van die dag dan uhm.. Gee sy haar samewerking omdat ek geluister het na haar, en sy het geluister na my. Sy help vir my ook baie basies, want dit tyd waar ek nou is. So ja, dit is nie elke dag dieselfde nie, veral as ek nou opgaan na haar toe, want sy’t my nou lanklaas gesien, dan sal ek nou eers stilstaan en kyk na haar. En as sy nou haar hand self ophig, want dis wat sy altyd doen as ek verby haar kom, dan se sy “kyk, my kind loop verby my - sy groet nie eers vir my nie” dan moet ek nou terug draai en nou vir haar groet. So ja, dit is eintlik moeilik want somtyds dan voel ek nie vandag om nou nog te pie en te dit en nou.. Dit gebeur mos met almal, ons hoef nie perfect te wees of so aan nie. Dan is sy weer vir my moed inpraat. En eendag toe kom ek daar by haar, toe het ek nou ‘n liedjie gehad, wat my ma altyd gesing het. Ek gaan toe in, maar ek sing-sing sonder dat ek nou eers haar uitdrukking of so... ons vergeet van dit, maar ek het nou ingedagte met hierdie gesing wat op my lippe is en ek sing... en ek gaan in en ek staan by die kas en ek sing en sy staan op en sy sing saam. Ek se jinne ouma ken jy dit ook? Sy se “ja my kind, dit het ons nou op Sondagskool geleer. Toe begin ons nou gesels met my, ons het nou nog nie eers begin was of iets nie, want ek het nie met daai gedagte ingekom nie, my gedagtes was op ‘n ander plek en ek het net gesing. En ons twee sit nou en gesels en almal is nou al klaar en ons twee gesels en so aan, toe se sy nee sy het nou van die gesang gehou... dit het hulle elke Sondag in die Sondagskool gesing en hulle moet die woorde geken het en al... toe sy my nou vertel van haar kleintyd en hoe het sy... so ek het ook baie van haar geleer deur hierdie proses... so ja, deur die musiekterapie.

**Interviewer:** Sjoë, ag dit is ongelooflik om te hoor. Hoe voel jy as jy die tegnieke toepas?

**Caregiver 2:** Daar is party dae wat dit gemaklik gaan, maar daar is soms... dan is daar party dae waar ek dink my jinne, ek sing nou maar niemand reageer nou hierso nie, maar ek sing nou al aan en dan change ek nou die song en dan... oh hel, maar ek sing nou alleen en niemand reageer nie, dan begin jy sommer hande te klap of figuurtjies te maak... hulle hou van dit. Dit is amper soos wat hulle kindertjies is... dan sien ek, oh maar die een klap hande en die een begin te sing, want hulle sit so in ‘n groepie in en die ouma... hulle is ‘n skinder groepie. Ja, die vier wat bymekaar sit... hulle skinder omtrent van die ander... dan se daai ene, kyk daar, daai een hou nie van wat jy nou doen nie... dan se die ander ene, nee nee gaan aan my kind, ek hou daarvan, ek hou daarvan. Nou gaan ek aan, maar nou moet ek consider daai ene ook, want my volume raak nou bietjie te hoog nou, want ek raak nou excited om nou hulle reaksie te sien... en dan begin daai ene.. “Kan jy nie stil bly nie? Jy raas!” en dan cool ek down, en dan se ekke... nou saggies praat ek nou met hulle... ag jinne, sy is seker in ‘n slegte mood vandag, ons los die besigheid, ek gaan weer later kom. Dan skree hulle vir my “Kom kom terug!” Dan se ek nee ouma, ons moet consider vir haar ook, dis mos nou die sentrum en ons is nou nie privaat hierso nie, ja. Ek voel nogals goed as Ouma reageer en doen wat ek nou wil he sy moet doen en so aan te. Dan voel ek goed as ek daar uit stap.



**Interviewer:** Ja, en voel jy meer dit kom makliker as daai eerste dag?

**Caregiver 2:** Ja definitief. Daai dag wat ek daar gepractice het... ek nog so gedink, alles is deurmekaar en so ja, en basies nou dat ek dit self ervaar met die ou mensies en so aan, vind ek net dit is 'n baie goeie tegniek. Daar waar ek nou werk is 'n dametjie uhm... sy lyk nog baie jonk, maar uhm sy's 63 het ons nou die dag uitgewerk... en sy is blind. Sy sien so dofweg, maar sy kan nie heeltemal alles sien nie. Toe vra ek vir haar, sy sit so altyd alleen op die stoep. Ons vat haar altyd van die kamer af, dan sit sy alleen op die stoel. Nou sit ek daar, nou se ek "Ouma" Nou se sy vir my, ek is nie ouma nie, ek is nog baie jonk, ek is nog 28... dan se ek nou maar nee, jy lyk nog 28, toe se ek nee ek was nou seker verkeerd gewees, ouma jammer. Dan se ek nou tannie. Sy se vir my nou uhm.. Weet jy wat, ek sal daarvan hou as daar bietjie musiek is. En ek gaan haal toe nou iemand se tape daar in die kamer en ek sit die musiek aan.. En ek sit met 'n boks CDs, en daar begin ons. En ek haal vir haar uit die kombie stoel, en sy begin ritme te gee en ritme te gee... en hier kom die ander tannie in, want hulle is baie bekkig op 4de vloer. Se sy, kyk hier vir rammetjie... want sy sit altyd met so 'n houding so... toe sak die een ouma af, en sy se "Kyk vir rammetjie nek, sy sit so stil hierso maar kyk hoe kap sy daar eenkant. So ja, en ek het nogals goed gevoel want dit is die eerste keer wat sy uhm.. Praat en met my openlik praat so ja nee, musiek is fantasties. Ek is gewoonlik 'n mens wat.. Ek is baie outspoken, so ek hou van grappies maak en sulke dinge en as ek voel dis nou te stil, dan begin ek sommer 'n grappie te maak dat hulle net kan op en wakker raak nou en so aan, of ek sit musiek aan of so. Maar jy kan dit nie met almal doen nie, want almal is nie in dieselfde.. Soos daar waar ons nou is, daar is 'n groepie wat eenkant is... Hulle sit met hulle koerante en verwag stilte. So jy moet nou seker wees wanneer jy die musiek nou aansit, want dan gaan hulle nou weer moan. So ja.

**Interviewer:** Maar dit het nogsteeds 'n plek?

**Caregiver 2:** Ja dit het ja.

**Interviewer:** Dit is vir my so interessant dat julle dit kan toepas, nie net op die eerste vloer nie, maar op die ander vloere ook.

**Caregiver 2:** Ja op al die vloere. En hulle geniet dit nogals. Die tannie wat altyd so sit met die koerant... sy het toe later opgestaan en na haar kamer toe gegaan. En toe later toe kom sy terug, en toe sit sy net daar, maar jy kon sien haar voet beweeg toe. En toe se ek, okay, okay, Toe vra ek nou vir haar, Ouma, watter musiek hou jy van? Toe se sy vir my... sy hou van classic music. Toe se ek fine, ons kan classic musiek opsit... en sy hou van rustigheid. Toe sit ons dit op en sy het dit geniet. Sy het dit gate uit geniet. Ja, dit is eintlik iets goeds, want somtyds het jy nou vergeet van dit. En dan, hoe jy iemand kan help met musiek... soos daai video wat jy vir ons gewys het...so ja. Dit het vir my spesifiek, help dit vir my baie in die werk wat ek nou doen. Om elkeen uit sy hoekie uit te kry en te besef maar uhm... hier is mense wat omgee, hier is mense wat lief is vir my, hier is mense wat dink aan my... hier is mense wat voel maar, uhm... ek beteken nou iets of so. Dit is fantasties eintlik hoe dit rerig op toepassing kom, die musiek ja.

**Interviewer:** Ja, en dink jy jy gaan dit aanhou toepas?

**Caregiver 2:** Ja, definitief, definitief. Definitief. Vir myself ook. Dit maak vir my ook rustiger as ek by die huis is en so aan, as ek bietjie musiek aansit. Eerste sagte musiek of so, dan voel ek gerus, ek voel ek hoef nie te worry oor dit nie... of ek hoef nie te worry oor daai nie. Daar is 'n God wat na ons kyk, so ja. Dis amper soos iemand wat praat met jou, om uit daai musiek woorde uit... so dit beteken baie ja. Ek sal dit definitief aanpas en hoe ek dit nou nodig gaan kry. Want kyk, ons werk nou op verskillende vloere elke 3 maande, so dan kom ek miskien op daai vloer en dan kan ek weer daai tegniek daai kant gebruik en sekere mense wat ek nou nog nie ken hoe hulle moods is nie en so aan, so ja nee.

**Interviewer:** Ag dit is goed. En hoe voel jy na 'n oggend roetine oor die algemeen?

**Caregiver 2:** Nee ek voel nogals baie goed, want somtyds kom jy werk toe net om geld te verdien. Verstaan, dan kom jy met daai gedagte werk toe.. Net om die paycheck te kry, want ek moet vir die kinders sorg en so. Maar at least as ek iemand gelukkig gemaak het vir die dag, dan voel nogals baie goed. Regtig waar, dan voel dit ek het iets beteken vir iemand. Sy kinders kan nie daar wees nie, so ek is daar vir die persoon. Daarvoor is hulle so ingesit, so ek moet vir hulle laaste paar dae moet ek dit beter maak. Dan voel ek as ek dit uitgerig het... somtyds dan gebeur dit nie, dan is daai oumas en oupas skel ons van die een hoek tot die ander hoek toe... dan vra jy, jinne ek gaan nou more weer probeer. Vandag is nou nie hulle dag gewees nie, en dan die next dag dan is dit weer oraait. Dan sit ek nou weer my goedjies in, waar ek dan voel gaan help en so aan.. Dan werk dit. So ja, elke dag is nie dieselfde nie, maar musiek help fantasties eintlik baie.

**Interviewer:** Ja en wou ook gevra het hoe het jy die diary entries gevind?

**Caregiver 2:** Ja eintlik in die oggende is dit moeilik om te skrywe en so aan. Dan is dit eintlik 'n vinnige proses om te skrywe want kyk ons kry nie tyd om in te skryf nie, want jy moet nou hier kyk en jy moet daar kyk... veral as jy op eerste vloer is, maar dit help nogals as ek nou gekyk het watter dag... Dan ek kyk nou vorige dag, okay ek het dit by ouma gedoen en ouma was so gewees.. Okay ons probeer weer daai. Dan gaan ek terug na daai, en dan skryf ek dit nou weer in en so. So ja, dit help nogals eintlik. Ek het nogals gedink, as ek nou klaar is met die dan wil ek by die huis ook so iets maak... ja, aanhou by die huis en nou inskryf hoe my dag was en dit sal my help nogals. Ja dit het baie gehelp, want kyk as ek nou by die ander ouma kom en nuwe ouma, en ek het dit nou by die ouma gedoen of so dan kan ek miskien nou uitprobeer by die ouma... miskien werk dit by haar. Almal is nou nie dieselfde nie, en dan kan ek nou inskryf dit het so gegaan... of dit het net blugh gegaan vandag. Want daar is dae wat die net blugh gaan, jy kry niks uitgerig met enigiemand nie, dan voel jy ook maar vandag het ek niks beteken nie. Ek het totaal niks beteken vir niemand nie, want niemand wil iets gedoen het, of nie geluister het nie... of dit was net 'n deurmekaar dag. Dit was 'n blou Maandag, so ja. Nee dit is iets wat ek nogals aan mee sal gaan by die huis. My eie diary.. Veral vir nou, die lewe is so kort man, en vir iets wat ek kan agterlaat vir my kinders... kyk dit wat hulle kan lees eendag. Ja.

**Interviewer:** Hmm okay. Sjoe, dit is baie lekker om te hoor. Baie baie dankie vir jou tyd.

**Caregiver 2:** Dit is 'n plesier jong. En ek moet vir jou ook dankie se, jy het iets regtig waar... by hierdie tyd het jy op die regte tyd gekom.

**Interviewer:** Ag ek is bly. Baie dankie Caregiver 2.

**Caregiver 2:** Dit is 'n groot plesier hoor.

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*08 February 2021*

### CAREGIVER 3 - Pre-workshop interview

**Interviewer:** Okay, uhm, so die eerste vraag wat ek het is, so, how would you describe the morning routine with the people you care for?

**Caregiver 3:** Beskryf ons ons oggend roetine?

**Interviewer:** Ja.

**Caregiver 3:** Okay. Wel dis besig.. Uhm, almal is maar bedrywig, besig en goed. Ons probeer so gou as moontlik die wasse doen sodat hulle klaar gewas is, klaar gevoer is en sodra ons met die klaar is probeer ons bietjie met hulle buitekant stap of ons doen inkleur werk of ander aktiwiteite.. Ons dans partykere, hulle speel op musiek instrumente ensovoorts.

**Interviewer:** Okay, so dis maar baie bedrywig?

**Caregiver 3:** Ja dis baie bedrywig.. Hulle loop baie rond en als so dis baie bedrywig.

**Interviewer:** Ja, en is dit redelik lank die oggend roetine?

**Caregiver 3:** Nee, nee, dit is nie so lank nie. Die, uhm, okay hulle staan mos vroeg op - dit is so van 7uur na 8 uur toe en dan tot en met middagete, tot so 12 uur. So dis so 4 ure wat die oggend roetine is. Ja, en dan middae is dit bietjie rustiger.

**Interviewer:** Ek sien. Okay. Kan jy vir my beskryf hoe jy kommunikeer met die inwoners?

**Caregiver 3:** Eerstens, uhm, oorkontak - jy moet oogkontak met hulle he. Met jou lyfhouding se jy dit. Hulle, ja, hulle hou tog dop jou hoe jy jou liggaam gebruik. Miskien net hello se terwyl jy oogkontak maak. Veral as jy voer, ek hou daarvan om oogkontak met hulle te he... jy kan sien. En hulle het gewoonlik, want hulle oe is

dikwels op jou of hier voor hulle en dan jou lyfkontak. Soos ek se jou houding... wat noem mens dit? Ja. Dis vir my baie belangrik. Ja, en dit is ook... ek hou daarvan uhm, as jy nou in 'n groepie werk, probeer om te kyk wie sukkel en skenk meer aandag aan daai persoon as wat jy aan die ander - nie dat jy die ander afskeep nie, maar dan probeer jy daai ene bietjie meer verduidelik miskien vat sy jou hand of so. Hulle moet selfvertroue kry. Soos byvoorbeeld, papiertjies skeur, almal kan dit nie doen nie, jy moet letterlik hulle hand vat en help en wys so moet jy maak, ja.

**Interviewer:** So mens demonstreer baie?

**Caregiver 3:** Jy demonstreer baie.. Jy werk maar saam met hulle ja.

**Interviewer:** Hmm, en verbaal? Verstaan hulle alles?

**Caregiver 3:** Uhm, nie altyd nie. Jy moet maar verduidelik en die verduideliking se oor en oor.. En dan gaan hulle nog altyd in hulle padjie af. Daar is van hulle wat onmiddellik snap, maar dis partykeer 'n gesukkel om almal by te bring.

**Interviewer:** Okay, okay. En dan, hoe sal jy die interaksie tussen jou en die inwoners in die oggende beskryf?

**Caregiver 3:** Met ander woorde die verhouding?

**Interviewer:** Uh, nie die verhouding nie, meer net fisies die interaksie tussen julle.

**Caregiver 3:** Dis nogal maklik. Jy kry die wat moeilik is, maar oor die algemeen is dit maklik, want uhm, ek is nou al my sesde jaar wat ek net by die Alzheimer's werk en uhm, so die meeste van hulle ken my op my naam... hulle spreek my op my naam en soos na die tyd is ek af... soos byvoorbeeld Maandae oggende as ek inkom is daar sekeres wat se, "More Caregiver 3, hoe gaan dit, lekker naweek gehad?" en daai tipe van dinge en so ja dit is redelik maklik.

**Interviewer:** Okay, dis interessant. Okay, en dan hoe sal jy die verhouding beskryf tussen jou en die inwoners?

**Caregiver 3:** Dit is 'n goeie verhouding, dit is 'n goeie verhouding ja. Want jy kry maar mense wat opstanding is en uhm jy moet uhm nie te hard met hulle praat nie en praat saggies en moenie gil op hulle nie en vat hulle en verduidelik mooi vir hulle en vat hom met die hand.. Of haar en gaan se gaan stort en verduidelik mooi wat jy gaan doen en ja. Partykeer moet jy hulle so bietjie afpers om te se jy gaan nou dit of dat doen.

**Interviewer:** Ja, okay. So oor die algemeen is dit goeie verhoudings? [Ja]. En jy voel nie van jou kant af dis bietjie frustrerend nie?

**Caregiver 3:** Uhm, somtyds voel jy gefrustreerd, maar as jy weer uit 'n ander oogpunt kyk dan dink jy, uhm, dit kon soveel erger gewees het [Okay..] en ons het so baie om voor dankbaar te wees, maar ons verstaan nie altyd hoe daai mense se

koppe werk nie. So partykeer voel jy gefrustreerd, maar as jy nou weer begin dink aan jou lewe soos hulle lewe, dan verstaan jy dit beter, ja. Ek se maar net altyd vir my as ek in 'n weird situasie kom, uhm, byt vas more skyn die son weer, more gaan dit weer beter en ja, dan gaan jy maar net weer aan, ja.

**Interviewer:** Ja, dit is baie inspirerend, sjoe. Uhm, en hoe voel jy na so 'n oggend roetine. So ek neem aan dit is nou na die oggend roetine, hoe voel jy?

**Caregiver 3:** Normaal (laughs). Van nature is ek nie iemand wat baie moeg raak nie, vinnig nie. Dis net met hierdie maskers wat jy so bietjie... maar andersins nie, jy uhm, ek kom nie regtig agter nie. Eers vanaand as jy gaan le dan voel jy... okay, jy het 'n lang dag agter die rug so, maar andersins, jy bly besig deur die dag, want vir hulle toiletries, vir hulle eetgoed, en al daai goed so jy bly maar heeldag besig. Ja, (giggles), jy kom nie agter dat jy moeg raak nie.

**Interviewer:** (laughs with Caregiver 3). Ek dink dit is seker 'n goeie ding. Okay, en dan oor die algemeen, hierdie is my laaste vraag, is daar seker oomblikke van kommunikasie tussen jou en die inwoners wat miskien vir jou uitstaan.. Wat vir jou besonders is? Of wat vir jou moeilik is?

**Caregiver 3:** Uhm, ja. Wat vir my baie besonders is, Tannie G, sal vir my se more my kind of more Caregiver 3, hoe gaan dit, het jy lekker dag gehad en vir jou 'n drukkies kom gee en uhm daar is van hulle wat altyd hulp aanbied, kan ek iets vir jou doen en as jy byvoorbeeld se uhm, nee dis oraait, dan se hulle agge nee, maar ek wou iets doen. Ons het 'n oom gehad, hy's nou so jaar terug oorlede... hy't my soos 'n skaduwee gevolg. As ek toilet toe gaan, het hy voor die toilet deur vir my gestaan en wag. Hy't my altyd gehelp, hy was... hy't my ook genoem... ek is, hy't sy vrou in die dorp gehad en ek is sy vrou in Esperanza. Ons het 'n baie goeie verhouding gehad ja, en, dit was vir my daai klein dinge. En dan nog 'n tannie, sy's nou oorlede... Sy't soggens byvoorbeeld aangekom en terwyl ek voer sou sy my rug kom staan en vryf. Jy kry daai spesiale oomblikke.. Daar is mense wat jy tog maar, elke een is uniek op sy eie, maar nie dat jy die een bo die ander uitsonder nie, maar daar is tog van hulle wat jy meer... wat jy meer onthou.

**Interviewer:** Ja ek hoor jou. So dit is maar eintlik die verhouding self wat mens onthou?

**Caregiver 3:** Ja, ons het nou byvoorbeeld 'n oom, hy's 94, hy was die ... uhm, baie oulike oom, maar hy kan baie moeilik ook raak.. Want soos byvoorbeeld nou vat ons aan sy hare om te sny en hy se vir my hy gaan dit nie doen nie, hy raak opstandig en als, maar al wat jy doen is jy vat sy hande vas en jy se "Oom, kom ons wees nou rustig" en dan verduidelik ons waaroor dit gaan, en net soos sy hande vas hou, dan verstaan hy ja, en dan sal hy miskien nog agterna vir jou se maar as dit nie is soos wat ek dit wil he nie, sal ek met jou afreken .. en dan lag jy maar. Dis maar al wat jy kan doen. Maar ek verruil hulle vir geen ander pasiente nie, dis wonderlik. Hulle het diep in my hart ingeklim.

**Interviewer:** Ag ja, dit is hoe mens wil he dit moet wees by die werk.

**Caregiver 3:** Nee kyk, dis eintlik vir my 'n uitdaging om elke dag werk toe te kom, jy weet presies wie jy elke dag gaan kry, maar jy weet nie wat hulle moods is nie, so elkeen het maar sy... so vandag is hy so, more is hy anderste of jy praat nou saam die persoon, hulle sal nou saam met jou lag en dan die volgende dag word daar baklei en sulke tipe dinge, maar ja. Dit is, oor die algemeen, is dit lekker en ek geniet dit.

**Interviewer:** Ag dis goed. Dit is letterlik al wat ek vandag wou geweet het. Baie dankie vir jou tyd.

**Caregiver 3:** Ons moet vir jou ook se dankie, ons waardeer dit en ons sien baie uit daarna.

**Interviewer:** Ah, dankie. Dit is meer as 'n plesier. Okay, dan sien ek jou more vir die werkswinkel. Dankie Caregiver 3!

**Caregiver 3:** Ag okay, dankie.

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22 February 2021

### Interview During Implementation of Therapeutic Singing Techniques

**Interviewer:** Okay, so Caregiver 3, hoe gaan dit?

**Caregiver 3:** Baie goed dankie.

**Interviewer:** Ek wil gou hoor, kan jy vir my jou laaste 2 weke beskryf? Hoe was dit overall?

**Caregiver 3:** Besig... opgewonde.... Partykeer so bietjie gespanne, maar meeste van die tyd was ek opgewonde want uhm... dis lekker om te sien hoe hulle glimlag, van hulle is opgewonde en van hulle i maar buierig en goed maar as jy eers bietjie met hulle begin gesels en hoe hulle ontdooi en goed, uhm... ja, so dit was eintlik meeste van die tyd opwindend gewees.

**Interviewer:** Kon jy in die afgelope 2 weke van die tegnieke van die werkswinkel toepas?

**Caregiver 3:** Ja, ek het met mevrou C... party oggende was sy bietjie buierig as sy ingekom het en... dan het ek nou maar more gese, en dan sou sy vir my se ag nee sy wil nie hier bly nie... dan sou ek haar los en bietjie by haar sit, en lig gestreel en dan vra ek vir haar okay nou vertel vir my hoe was jou dag verder... en dan het sy my vertel en uhm... dan het sy partykeer uit haar eie uit... sy's baie lief vir sing, dna

het sy uit haar eie uit begin sing en uhm... of begin hande klap of sy sal vir my arms en goed streel... en sy is baie lief vir my ma, sy sal altyd met my oor my ma gesels. En dan is sy rustig en kalm. En party oggende sal sy weer inkom uit haar eie uit more se, vra hoe dit gaan en goed... en dan vra sy wat maak ons, dan se ek ons gaan nou hierdie doen... ons gaan inkleur of dit of dat doen en ja sy is baie rustig. Ons het baie gesing. Somtyds is sy baie... is die oe so donker, en sy is gespanne, sy's baie bakleierig met ander en dan sal ek vir haar se... ag nee, kom ons maak die dag mooi... die son skyn... en dan sing ons nog so laaste bietjie en dan sal sy self harder en harder begin sing.... Sy's baie lief vir musiek. En somtyds speel ek... sy's baie lief vir uhm... sagte musiek, rustige musiek, so dan sal ek ook vir haar die uhm... sal panfluit musiek opsit en dan neurie sy saam. En ja, so sy geniet dit.

**Interviewer:** Sjoue, dis baie ongelooflik, ja. En die liedjies wat sy sing?

**Caregiver 3:** Dis meestal soos sy weer kom, watter vriend het ons in Jesus, Bobbejaan klim die berg, suikerbossie, en uhm... hier kom hy terug. Partykeer deurmekaar, kan nie altyd die woorde onthou nie, maar dan neurie ons maar saam. Sy geniet dit, dan lag sy. So dit gaan goed met haar.

**Interviewer:** Het jy geweet sy hou so van musiek voordat jy die tegnieke toegepas het?

**Caregiver 3:** Uhm, soms ja. Want sy het voorheen al musiek terapie gehad en uhm... ek het al agtergekom sy ervaar dit elke keer op 'n ander manier. Toe ek nou die dag aan haar vat en haar arms so swaai toe se sy, "Ons het by die musiekterapie met die linte ook gewerk" so toe onthou sy dit en dan vertel sy vir my ... in die Vrystaat het sy gevoel byvoorbeeld wie sy was en wat sy gedoen het... dan se sy maar nou is ons hierso, ek het my hart vir die here gegee, ons is nou almal hierso. Ons is nou almal familie van mekaar. Sy is 'n wonderlike mens, ja. Sy kan buierig raak, maar as sy eers kalmeer is sy die dierbaarste mens, regtig.

**Interviewer:** En die musiek help haar?

**Caregiver 3:** Die musiek help haar om haar rustig te kry. Ek het agtergekom veral na die middagete en goed is sy... dan se ek vir hulle kom ek sit vir julle rustige musiek op en dan se sy.... Dit is die panfluit musiek. Of dan se sy, vra net vir Caregiver 3, Caregiver 3 sal vir jou rustige musiek gee. Ja, so sy onthou somtyds. Sy is baie deurmekaar ook, maar sy onthou baie uit haar verlede uit. Wat gister, eergister gebeur het onthou sy nie, maar uit haar verlede uit onthou sy baie baie goed. Sy onthou haar kinders se name, sy onthou nog wanneer sy verjaar, sy verjaar die 17 Maart... en as jy byvoorbeeld in November verjaar dan sal sy tel van Januarie af tot by November. So ek geniet dit vreeslik met haar. Sy kan somtyds regtig 'n handvol wees, baklei baie met die ander, en dan kan ek net bietjie met haar gesels en dan is sy weer rustig.

**Interviewer:** So voel jy die verhouding het ook oor hierdie tyd verander?



**Caregiver 3:** Ja. Destyds het ek hier begin werk en my ma daarna, het my ma hier ingekom... sy's op die tweede vloer. En sy het van daardie dag af wat my broer hulle my ma se dokumente ingevul het, het sy gevra wie kom hier... sy is die eerste een wat vir my ma kom hello se het, voordat sy afgegaan het Alzheimer's toe. En uhm... sy onthou my ma, my ma het nou vir 3 maande in Namaqualand gaan kuier en sy het nou gister terug gekom toe se sy wonderlik, nou wanneer gaan ons kom tee en koekies drink? Sy is baie lief vir my ma en vir tee en koekies toe se ek vir haar sy kwarantyn nou vir 10 dae, maar daarna kan ons gaan. En sy was baie opgewonde. En somtyds sal sy ook as ons begin gesels en sing... dan begin die ander inwoners langs haar ook begin sing, so sy kan somtyds 'n motivering wees vir die ander.

**Interviewer:** En wat gebeur dan as almal ander saam sing?

**Caregiver 3:** As almal saam sing dan sal sy se okay kom ons klap hande, beweeg die lywe en sy is ook lief om haar hande so teen die lyf te hou... so ons het so stemtoon gedoen, ons het die oogkontak, ons het die liggaams... movements gedoen en ja. Want ek hou haar soms dop. Party oggende dan is daai oe donker, ek kan sien daar is kwaad. Sy is vir almal kwaad... en dan as sy so gaan sit, dan se ek nee Tannie D, die son gaan nou-nou weer skyn. Ja, Caregiver 3, ons glimlag ons is almal kinders van die Here... so uhm... dit het 'n effek op haar.

**Interviewer:** Sjoue, en voel jy die musiek help met die oggend roetines?

**Caregiver 3:** Ja dit help. Dit help definitief. Dit help definitief. Daar is baie wat sy so kan... uhm ons het 'n tannie Ita, sy hou baie van sing... sy sal deelyd sing. Vir party mense irriteer die musiek en vir ander weer nie, maar oor die algemeen is musiek terapeuties. Hulle hou van dans. Ek kan nie dans nie, maar ek hop so saam. (laughs). Ons probeer.

**Interviewer:** Wat dink jy van die tegnieke help in die musiek? Hoekom dink jy is die effektief?

**Caregiver 3:** Ek sal se dit help baie met ontspanning. Dit help hulle om te ontspan. Want ek het nou al gesien, partykeer is iemand baie intens en jy gaan staan voor hulle en jy gaan staan en klap hande en sy beweeg en sy se kom ons sing en sit musiek op... en dan daai moment wat hulle saamgaan kan jy sien die donker oe begin straal en die glimlagte wat in die gesig kom.. So ja, dit het definitief 'n effek op die ontspanning.

**Interviewer:** Sjoue, okay dis baie interessant om te hoor. Okay, en dan toe ek laas met julle almal gepraat het, dis vir my interessant, navorsing praat oor caregiver burden wat die lang ure, moeilike inwoners, en al daai dinge het 'n effek op julle self en dit maak die werk dan swaarder en moeiliker... en ek kon nie help maar om agter te kom dat julle almal gese daar is moeilike dae, maar julle geniet dit overall. Dit is vir julle lekker om te kom werk.

**Caregiver 3:** Dit is ja. Dit is die lekkerste as jy soggens inkom, want jy weet wie jy kom kuier.. Maar jy weet nie hoe hulle gemoed is nie, en elkeen is so uniek op sy eie.



Soos byvoorbeeld Tannie D, dan dink jy vanoggend okay sy gaan miskien so twee of drie dae miskien vrolik wees en dan is dit weer... want ek dink daar was by die 8 dae wat ek haar geevalueer het, was sy 4 dae wat sy baie donker was. Ja, ons het ons moeilike dae, en daar is van hulle wat dit vir ons baie moeilik maak, wat aanmekaar se “Ek wil toilet toe gaan” en dan vat jy hulle toilet toe en dan gebeur daar niks nie, maar dit is jou werk, jy moet dit doen. En jy weet jy het iets anders belangriks om te doen, en goed, so dit maak dit so moeilik maar nogtans geneit jy dit.

**Interviewer:** Wat dink jy laat die positiewe meer uitstaan as die negatiewe?

**Caregiver 3:** Ek dink dit hang van persoon tot persoon af hoe jy dit hanteer. Jy moet definitief daai aanvoeling he vir mense en jy moet dan liefde he om met hulle te kan werk. Dit is somtyds moeilike goed, ek moet erken, ek het verlede jaar ‘n baie moeilike jaar gehad. Ek het van vakansie afgekom en my man het baie siek geraak en daarna is hy op my huweliksherdenking oorlede.. En jy het donker dae. Jy kom werk toe, jy voel nie lus vir opstaan nie... en uhm... ek het nou hierna toe getrek, ek bly nou in ‘n woonstelletjie, so, en daai selfde week toe kom lockdown. So dit was maar moeilike tye, maar jy het elke oggend met daai opgestaan.. Dit kan beter gaan, en dan dink jy net... hier is mense hier binne wat net so swaar kry, wat ook nie familie kan sien nie, wat ook iemand verloor het... so dit is nie net die inwoners wat moeilik kry nie... die familie buite kry net so moeilik, so jy moet... ek het net nog altyd daaraan gedink.. Daar is mense daar buite wat net so swaar kry soos ek, en ek moet nie met my probleme werk toe kom nie... probeer liewers vrolik wees. Dit was somtyds moeilik gewees, en jy moet vrolik wees en goed. Soos tannie D, my man is dood, en dan sal sy aanmekaar se jou man is dood, ek het ook hartseer... maar dit gaan weer beter raak. So jy moet daai donker dae moet jy vir jouself probeer aangenaam maak, sodat jy dit net met jou persoon is... so is jy gestres is, jou inwoners voel dit aan. En dan maak jy dit eintlik vir jou en vir hulle dit moeilik. So jy moet probeer om met ‘n ontspanne... werk toe kom.

**Interviewer:** Ag, ek waardeer julle eerlikheid regtig.

**Caregiver 3:** Dit was moeilik gewees... ons was lank buitekant gewees en ons het byvoorbeeld vir uhm... toe vir 3 weke, toe dink ek vir verpleegsters wat gewillig wou instaan, so ek het vir 19 dae byvoorbeeld, het ek non-stop elke dag 12 uur skofte gewerk. Want jy wil probeer vergeet van alles... en ek en my ma was in een gebou, maar ons het vir mekaar vir 6 weke nie gesien nie, want ons mag nie van die een vloer na die ander toe gegaan het nie. Dit was moeilik gewees. En jy kon net met die maskers aan kommunikeer... en jy het daai behoefte... en jy weet hulle kry swaar, uhm.. Jy wil met hulle gesels, maar jy kan dit nie telefonies doen nie. En eers toe ons die eerste keer uitkom, en ek kon na vriende toe... en my kinders, was dit vir my moeilik, want uhm... ek is nie gewoond aan alleen uitgaan nie, want my man was altyd daar. En dan kom jy weer terug, en jy’s alleen hierso, en dan more moet jy weer gaan werk, dan dink jy ag, hoe gaan jy deur die dag kom? As jy die volgende oggend opstaan en jy hoor die geluide rondom jou, dan besef jy jy het so baie om voor dankbaar te wees. En, uhm.. Ek kon uitgaan, maar my inwoners kon nie uitgaan nie. Hoe moeilik moes dit vir hulle wees... wat nou nog vir hulle moeilik is. Hulle mag net ‘n halfuur ‘n besoeker op ‘n slag kry, so dis vir hulle net so moeilik so ons moet eintlik

vir hulle aangenaam kan maak. Want anders gaan... ja, ons sal hulle ondergang beteken.. As ons nie wil help of iets doen... so ons regtig daaraan dink. Maar ek geniet dit baie. Ek is nou 6 jaar hier, en ek verruil hulle vir niks nie.

**Interviewer:** Ja uhm... en dan netnog 'n admin vraag, hoe vind jy die dagboek inskrywings?

**Caregiver 3:** Dit is interessant, want ek doen soggens dit. As ek nou geevalueer het, en as ek nou klaar vanmiddag gewerk het, dan vat ek nou 'n tee breuk en dan maak ek eers vir my bietjie hoofpunte, en dan kyk ek okay dit en dit en dit het daar gebeur en dan kyk ek okay, kan ons nie miskien daar beter gaan.. Of so, ja. Of waar kan dit bietjie verander of so. Basies is elke dag nou maar dieselfde, maar jy moet hard dink watter tegniek gaan jy toepas as sy more weer in so donker dag daar aan gaan kom en so. So dit is, ja, ek vind dit heel goed. Dit stimuleer nie net vir hulle nie, dit stimuleer vir my brein ook. So ja.

**Interviewer:** Ah, okay, sjoe dis goed om te hoor. Okay, en dan wou ek net hoor, is daar enige vrae wat jy vir my het oor die 2 weke of voor die volgende 2 weke?

**Caregiver 3:** Nie wat ek nou aan kan dink nie. Ja... dit is vir my regtig... ek waardeer dit vir hierdie kans wat on gegun is, want ek voel dit is nie net... dit is vir ons almal bevoordeel, en ek doen dit nie.. Ek doen dit net met daai een persoon, maar dan is daar so baie ander wat ook wil deelneem met soveel ander dinge.. So jy hoef mos nie nou toe te pas nie, jy kan in die toekoms ook toepas. Ek is dankbaar vir hierdie geleentheid wat ons hier gekry het.

**Interviewer:** Ag ek is bly om dit te hoor. Sterkte met die volgende twee weke, en ek waardeer die tyd wat jy nou vir my gegee het.

**Caregiver 3:** Okay, so ek kan maar gaan?

**Interviewer:** Ja, jy kan maar gaan. Dankie Caregiver 3.

**Caregiver 3:** Baie baie dankie vir alles hoor.

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*08 March 2021*

### **Post-intervention Interview**

**Interviewer:** Okay, so ons kom vandag tot 'n einde. Hoe voel jy daarvoor?

**Caregiver 3:** Ja, dit was vir my interessant gewees... Ek se vanoggend vir Mev. V, ek wil dit vir myself doen... vir die inwonertjies... vir daai week, dan skryf ek vir daai week 'n verslag... dan stuur ons dit in by haar, dan kan sy sien wat ons bereik het. Ek weet nie hoe voel hulle nie, maar dis wat ek wil doen. Uhm, ek het net so baie daaruit geleer... uhm, ek is byvoorbeeld Woensdag was ek teneergedruk gewees

want ek het nie reg gevoel nie... en toe Tannie D, sy het vir my geïnspireer... sy's vir my net so inspirasie. So ja, en jy leer eintlik so baie van jousef... hoe het jy dit nog nooit in jousef raakgesien nie (laughs). So ja dit was vir my baie interessant gewees. En sy't een oggend gesit en gesels en so het sy ingekleur... en dan vra ek vir haar, hoekom glimlag jy? Dan se sy vir my omdat sy gelukkig voel. En toe vra ek vir haar nou teken 'n glimlag. Van vra ek, hoekom is jy dankbaar... dan se sy want sy't 'n blyplekkie, dan teken sy die huisie. So sy het prentjies geteken en so, en sy't op die ou end vir my 'n hele storie vertel van toe sy 'n kind was... toe sy 'n warm bedjie gehad het om in te slaap en was altyd vrolik as hulle gespeel het... dit was baie interessant gewees. En sy was net, ek dink verlede Vrydag, wou sy niks weet van musiek nie, sy wil nie sing nie, so dit was die eerste dag wat sy regtig... sy was onderstebo gewees... sy wou niks gedoen het nie. Sy't vir my geskel, sy't die ander inwoners geskel en goed... sy was die hele dag so gewees. Maar anderste was dit baie interessant gewees.

**Interviewer:** En daai dag, het enigiets haar bui gehelp?

**Caregiver 3:** Ek dink as sy die oggend wakker raak en sy hou nie van iemand nie... of sekere verpleegsters of iets, dan is sy baie stu... en sy skel en dan kom sy partykeer in die sentrum en dan sal sy se, maar jy moet my in die stoel sit. Toe my ma in die ouetehuis kom, was sy my ma se eerste maatjie. Sy glo vas sy't my ma al die jare geken en sy't my as klein dogtertjie geken en vra my of sy my gewas het... toe se sy, nee nee, net nie dit nie. So sy het my aangeneem as haar eie. Daai oggend was net niemand wat, niks wat gehelp het nie. So dit hang ook af van haar dag... en dan party oggende dan kom sy dan is daai ogies blou van die trane. Dan vra ek partykeer dan sal sy se sy's hartseer of sy's gelukkig. En nog 'n ding sy't geweet verlede week was dit gewees... die familie het kom kuier. En haar skoonogter was nog die vorige week op die afspraak lys en sy het laat weet, maar sy't gevra hoekom kom haal hulle haar nie... so ek dink dit het alles daarby gedra. Dit was vreemd want niemand kom kuier vir haar nie en sy wil uit, maar niemand kom haal haar nie.

**Interviewer:** Okay, die eerste ding wat ek ook wil hoor is wat is jou opinie van die terapeutiese caregiver's singing?

**Caregiver 3:** Ek voel dit is 'n baie goeie ding. Ek sal se sy leer jousef ken... jy leer baie van die inwoner wat jy nie van bewus was nie, of jy het dit nog nooit so raakgesien nie... en kyk daai 10- 30 minute wat jy aan daai persoon spandeer, en so gesels jy tussendeur met hulle en so aan dan word daar tog later gesing... sy stimuleer hulle geestelik sowel as... ja.

**Interviewer:** En sou jy se dit gebeur deur die musiek?

**Caregiver 3:** Deur die musiek... ek het agtergekom, as die musiek ook te hard is, hulle hou glad nie daarvan nie. Nou die panfluit musiek en goed, sy fluit saam. Dan sal die ander tannie se, ag nee man, ons wil daar luister, ons wil nie na jou luister nie. En so ja. Die musiek het tog 'n uitwerking. En hulle hou ook daarvan... ja, jy speel CDs, maar hulle hou daarvan om iemand fisies te sien met die klwerbord of kitaar

speel en sing... dan sal hulle saam sing en dans. Hulle wil die resultate sien as jy dit so stel.

**Interviewer:** Ek dink dit maak sin, want dis die kommunikasie wat hulle wil he.

**Caregiver 3:** Ja, en ek het ook agtergekome as jy 'n musiek video vir hulle speel, hulle geniet dit ook soveel meer as wat hulle net n daai musiek luister. Hulle sien wat gebeur... dis daai stimulasie ja. Huidiglik kan ons dit nou nie so doen nie, maar ons is besig om te kyk of ons nie tog die DVD kan connect en vir hulle televisie speel. Ek het 'n stokkie wat my dogter vir my paar musiek videos gesit het, dan speel ek dit van tyd tot tyd. Ja, en hulle geniet dit daai stimulasie.

**Interviewer:** Uhm, okay, so kan jy vir my bietjie se oor die kere wat jy die tegnieke gebruik het of nie gebruik het nie... wat was die redes dat jy gevoel het dit was gepas of nie?

**Caregiver 3:** Okay as sy die oggend byvoorbeeld kom sy en sy's baie teneergedruk, uhm dan was sy hartseer. Dan het jy dit probeer en vir die meeste kere het dit gewerk. En dan was daar dae wat sy dit weer nie nodig was nie, sy was net vrolikheid gewees en goed... dit was nie nodig nie, sy't net uit haar eie begin sing en jy het nie nodig gehad om regtig iets te doen nie. So ja, dit hang ook van persoon tot persoon af. Daar is weer ander wat ek gesien het jy moet elke keer 'n tegniek gebruik en die een dag werk dit, en die ander dag werk dit nie.

**Interviewer:** Okay, dis interessant. Hoe sou jy die oggend roetine beskryf... oor hierdie afgelope 4 weke?

**Caregiver 3:** Uhm, baie rustig. Meeste van die tyd rustig. Opgewonde gewees. Ja, dis min dat jy agterkom as jy baie haastig is... of jy voel self af, moet jy jou eers self regruk voordat jy na daai persoon toe gaan want hulle voel dit aan. En sy sal baie vir my se uhm, Caregiver 3 wat is fout hoekom praat jy nie vandag so baie nie... of uhm, sy sal vir my se is jy hartseer? Sy weet my man is oorlede, so sy sal vra "Verlang jy na hom?" Se sy sy verlang not heelyd na haar man ook. Maar meeste van die tyd is sy baie rustig en kalm in die oggende.

**Interviewer:** Uhm, en is daar enige spesifieke oomblikke van kommunikasie wat vir jou uitstaan het oor die afgelope 4 weke?

**Caregiver 3:** Met haar? Ja. As sy inkom en daai ogies is so wit en verlep is, sy het so manier van kwaad wees... sy tuit daai mond. En uhm, as jy eers aan haar begin vat, liggamlike kontak, en sy gesels met haar... hoe daai oe skielik of dit kleur kry. Ek kan sien dit kry kleur. En sy begin daai glimlag en goed gee. En sy vertel vir jou, jy kan sien... sy sal altyd as sy kwaad is so sit en goed... en dan sal sy met die hande goed doen... jy kan sien hoe haar liggaam ontspaan. Dis vir my interessant gewees om te sien hoe [die musiek] haar laat ontspaan.

**Interviewer:** En dan, hoe voel as jy die tegnieke gebruik?

**Caregiver 3:** Ek self voel baie rustig, kalm daaromtrent. Soos ek was die een oggend bietjie teneergedruk en sy't my deur haar spontaniteit het sy my weer opgelig... so ja, die meeste van die tyd was dit vir my baie lekker gewees. Ek self, jy ontspan, jy vergeet wat regtig rondom jou aangaan... jy vergeet van, okay jy't nou die oggend miskien met 'n hoofpyn opgestaan... jy vergeet daarvan. Jy vergeet dat jy ook byvoorbeeld nie lank terug hartseer was of... ja, dit voel baie goed ja.

**Interviewer:** En jy voel gemaklik om dit toe te pas?

**Caregiver 3:** Ja, ja. In die begin het ek gedink, okay die ander gaan nou vir jou kyk en vir jou lag... maar niemand neem regtig om te sien wat jy voor daai persoon doen nie. Dis fisies net jy en daai persoon en jy gaan aan daarmee. En dit was baie lekker vir my om agterna te gaan sit en jy maak jou opsomming en jy besef wat dit werklik vir daai persoon beteken het en vir myself. Dis hoekom ek voel ek wil van nou af vir my elke week iemand kies, al doen jy dit nie elke dag nie, al doen jy dit elke tweede dag, kies iemand doen dit en handig dit by Mev. V in dan kan hulle sien watter effek het dit regtig op die inwoners en goed. Jy moet net besluit jy vat nie heeltyd iemand wat maklik is nie, jy moet besluit om iemand te vat wat nie regtig praat nie... en daai moet jy gebruik. Ek het nou-nou gesien 'n tannie wat nie regtig praat en so nie, as jy voor haar gaan sit en jy vat haar hande... hoe sy smile en so. Dit het definitief 'n goeie uitwerking.

**Interviewer:** Ek kan hoor in die manier hoe jy oor als praat dat jy regtig daarby gebaat het. En dan, hoe het jy gevoel nadat jy die oggend roetine met Doreen klaargemaak het?

**Caregiver 3:** Heeltemal ontspanne. Heeltemal vergeet van alles en jou dag het net aangegaan. En uh, as jy begin dink "lets moet nou klaar maak" dan dink jy maar net terug aan wat het jy nou vanoggend vir haar gese, wat moet sy doen om te ontspan. Dink dit is definitief baie ontspanne, ja.

**Interviewer:** Wel, ek is bly om dit te hoor (laughs). Ek dink dit is ook ongelooflik dat jy besluit het jy wil self aangaan daarmee.

**Caregiver 3:** Ek het met myself ondervind... met musiek. Gister was ek byvoorbeeld by my seun gewees... en sy vriend het 'n spesifieke musiek. Toe se hy vir my hy is lus vir country musiek, die musiek wat sy pa na geluister het. Toe vra ek vir hom hoekom los ons dit nie so nie, toe se hy nee maar hy wil nou net daarnatoe gaan en daarna luister... toe vra hy, het jy 'n stokkie van jou pa of iets, maar toevallig het ek een in my handsak gehad. So toe is ons so bly. Dit is so interessant. Daar was 'n oomblik wat jy hartseer was, daar was 'n oomblik wat jy bly was... jy het vrolik saam musiek geluister, wat ons saam gedoen het... so ja, vir myself was dit baie baie interessant. Jy kry tye wat jy van boeremusiek... Wat jou vrolik laat voel en dan is daar musiek wat jou weer hartseer is en goed. Dan wonder jy hoekom het dit 'n hartseer effek, soos daai liedjie van Pretoria se trein... dan wonder jy, hoekom is jy hartseer en dan kyk jy terug na die woorde wat gesing word... dan verstaan jy, maar hoekom is dit so. So jy moet regtig ook na die woorde luister en dink, hoekom het dit daai effek op jou?

**Interviewer:** Ag ek is regtig baie dit was so goed vir jou gewees.

**Caregiver 3:** Ek het dit regtig baie geniet, dankie.

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*08 February 2021*

#### CAREGIVER 4 - Pre-workshop Interview

**Interviewer:** Ek het ses vrae vir jou vandag, Caregiver 4. Die eerste vraag wat ek vir jou het is, hoe sal jy die oggend roetine met die inwoners beskryf?

**Caregiver 4:** Kyk ons het.. Uhm, ek het gewerk by 'n vorige ouetehuis en ons het gehad like oggend sessies met die mense en uhm soos dan sal ek in die oggende miskien, sal ek vra "Weet iemand miskien watse dag is dit vandag?" Dan sal hy se dis Dinsdag, die datum, en wat is die weer daar buite en so sodat hulle ook kan verstaan. Partykeer, uhm, daar is van hulle wat glad nie eers uitkyk nie, en dan sal ek se nee kom ons kyk eers vir die weer en dan kyk ons wat die weer is daar buite, dis sonnig vandag, en so. So, die oggend self is hulle nog baie rustig... ja.

**Interviewer:** Okay, dis interessant. So jy sal dan beskryf dat die oggend roetines is dan, rustig?

**Caregiver 4:** Ja.

**Interviewer:** En dan, verduidelik vir my hoe kommunikeer jy met die inwoners, spesifiek die inwoners met dementia?

**Caregiver 4:** Ek doen basies, like, ons moet mekaar kyk in die gesig. Oogkontak is baie belangrik en veral partykeer.. Party van hulle uhm, hoor ook nie so baie goed nie so ek dink in die gesig kyk is die beste, want as jy nog gaan praat en die een kyk nie vir jou nie, hy gaan miskien nie eers vir jou luister nie, hy gaan nie oplet nie, en okay soos party dinge sal ons nou wys en vra en dan miskien sal hulle meer so verstaan en so. Ja maar oogkontak is baie belangrik.

**Interviewer:** En dit is seker moeiliker nou met die maskers?

**Caregiver 4:** Ja, want hulle lag reeds oor die maskers.

**Interviewer:** Hoe sou jy die interaksie beskryf tussen jou en die inwoners in die oggend?

**Caregiver 4:** Okay soos in die oggend as ons kom in die kamer in? (Ja) Okay, ek sal nou myself as ek inkom in 'n kamer sal ek se goeie more, hoe gaan dit, het jy lekker geslaap? Want ek dink uhm, basies en veral die reaksie van jou gesig en jou glimlag



daai verander eintlik basies hulle hele anders, because uhm, jy het miskien nie lekker geslaap nie. Daar is aande wat hulle glad nie slaap nie, wat hulle min slaap so ek dink 'n vriendelike gesig en die...uhm... hoe jy vir hulle gaan hanteer in die oggende, is... dit maak hulle hele dag anders man.

**Interviewer:** So, hoe hanteer jy hulle dan?

**Caregiver 4:** Baie vriendelik wees, ja, en uhm... daar's uhm... okay, ons weet nou maar van die mense... ek vra miskien nou wat gaan tannie aantrek vanoggend, kas se deur oopmaak, jy kan nou maar pick wat jy wil aantrek... so hulle trek basies, baie van hulle trek aan soos hulle wil, as dit nou blommetjies en wat, dan sal ek nou miskien nou se nee, kom ons verander dit miskien... die broek verander ons miskien wat nou meer gaan pas by die top, so ja man.

**Interviewer:** Okay, so jy gee vir hulle opsies?

**Caregiver 4:** Ja.

**Interviewer:** Okay, so hoe sal jy die verhouding beskryf tussen jou en die inwoners?

**Caregiver 4:** Ja want uhm.. Okay daar is tye neh, tye miskien in die oggende wat jy gaan kom by iemand en dan is hy baie hartseer. Hy gaan nou huil miskien oor 30 jaar of 40 jaar terug.. Uhm.. wat ek nou self weet, man, dit het nou nie gebeur nie. So dan gaan jy maar probeer kalmeer en okay nou goed se wat nie die waarheid is nie. Soos ja, en dan gaan jy kom by die persoon wat miskien nou vanoggend se "wat soek jy in my kamer?" of heel aggressief gaan wees en so. Maar jy gaan net kalm bly, dis al want uhm.. As die persoon so aggressief teenoor jou gaan wees en jy gaan nou wees, dan hoe gaan die dag sense maak? So dis maar beter om kalm te wees soos altyd.

**Interviewer:** Hmm, ja. Dis seker bietjie frustrerend dat die verhouding so is... dat jy inkom en jy weet nie hoe die inwoner gaan wees die dag nie.

**Caregiver 4:** Dit is nou maar so ja. Ons raak al so gewoond aan... ons weet al hoe is wie in die oggende.

**Interviewer:** Ja ek kan dink. Hoe lank werk jy al by the aged care home?

**Caregiver 4:** Ek is nou al in my 5de jaar wat ek nou hier gaan wees.

**Interviewer:** Okay ja sjoe. Mens raak maar dan gewoond daar aan. Okay, en dan oor die algemeen, is daar enige spesifieke oomblikke wat jy aan kan dink wat dalk significant was in terme van kommunikasie met 'n inwoner? Dit kan of goed wees of sleg.

**Caregiver 4:** Nee, ek het hoekaal, vertel ek eendag vir hulle.. Ons het 'n inwoner gehad, Oom Dawie, maar hy is afgesterwe en uhm... die oggend sal ek klop aan die deur en ek sal ingaan en ek sal se more oubaas, nee want hy't gelike jy moet vir hom

oubaas noem, dit maak sy hele dag. En uhm, toe vra hy die oggend vir my uhm, where's the dog? En toe dink ek... okay ons is maar seker op die plaas. En uhm... en ek vra, wat is dit oubaas, die hond? Hy se was the dog friendly this morning? Ek se yes (laughs) toe pluk hy die kerie uit... en se hy (laughs) gaan uit jou bliksem!

**Interviewer:** Vir jou?

**Caregiver 4:** Ja, maar toe dink ek nou nee hy is seker op die plaas en hy's nie gewoon die bediende kom nou in sy kamer in nie, dis hoekom hy nou vra... amper soos verbasend hoe kan jy nou vanoggend verby hierdie hond gekom het. Ja, so ons het... daar is elke dag is daar iets nuuts.

**Interviewer:** Ag shame ja. Ag maar baie baie dankie vir jou tyd vandag Caregiver 4, ek waardeer dit. En ek sien jou dan more vir die werkswinkel?

**Caregiver 4:** Ja dit is reg. Mooi dag!

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22 February 2021

**Interviewer:** Hoe gaan dit met jou?

**Caregiver 4:** Nee, dit gaan goed. Yuhp.

**Interviewer:** En hoe was die afgelope twee weke vir jou?

**Caregiver 4:** Dit is... dit was heeltemal iets anders hoor, ja, because uhm.. Hoe sal ek se, ek het toe nie net met Mevrouw O nie neh... omdat ek is nou op die 2de vloer, ek gaan nou weer apparently volgende maand weer eerste vloer toe, en dan gaan ek nou meer soos in elke dag wat ek daar werk. Maar ek sal se, toe het ek gewerk Mevrouw DVG. Sy het 'n stroke gehad, en sy was 'n outgoing persoon gewees, maar nou is sy like uhm... bedleend, sy het bedsere... en sy praat nie meer nie. En ja, toe het haar suster gaan kuier en by die suster gehoor sy't gehou van uitgaan, bergklim, en sulke goeters... en uhm.. Toe het ek met haar begin like uhm sing in die oggende en uhm.. Dan het sy haar hoe begin oopmaak en... ja, so ek het vir hulle vertel. Toe het ek gehad in die oggende, daar het iets gespeel van no mountain's too high, en ek het vir haar dit begin sing... sy het haar ogies oopgemaak, en ek het gekyk in haar oë in, en daar was nou like regtig daai connection gewees... En ek het vir Staffie vertel, trane het by haar oë uitgekome en dis like uhm.. Die son wat soos sing vir haar... en die woorde dink ek, verstaan? Ek het so vir haar geraak en toe dink ek wow... En ek het haar maar net gesien en sy le net en sy praat nie, dat dit so baie vir haar beteken het. En uhm... ja, en vanoggend weer, en, toe praat sy. Sy kan se soos in "nooo" so, want sy skree, ek kom agter dis miskien die pyn waarin sy is. En toe vra ek vir haar, hoe eet sy vanoggend en hoe gaan dit met haar en so, en toe. So ja, die ja, die sing doen baie... dit doen regtig baie in die mense. Dis amper so, dit bring daai klein mensie daar binne weer uit.



**Interviewer:** Jis, dis ongelooflik om te hoor. Ek bedoel, dis twee weke en jy sien alkaar sulke groot verskil. So, wanneer gaan jy nou terug na die eerste vloer toe?

**Caregiver 4:** Volgende maand. Ja, so ek het net in die oggende afgekom, en Mevrou O is like uhm, sy's elke dag dieselfde. Okay in die middag verander hulle so bietjie want dan begin hulle so bietjie knorrig raak, maar hulle is like in 'n groepie wat dar sit in die hoek soos Mevrou Behr... hulle sit saam. In die oggende, is dit baie belangrik. Dit bring ook in hulle 'n nuwe mens uit, soos in nee ek maak saak en ek beteken ook iets, want uhm... hulle sal altyd deel neem en so.

**Interviewer:** Sjoë, dis ongelooflik. Daar is klaar so baie wat gebeur in die verhouding die afgelope 2 weke, sou jy se met beide van die twee inwoners het julle verhoudings dieper geraak? Hoe so?

**Caregiver 4:** Ja. Deur die musiek, ja. Daar by Mevrou De Villiers-Graaf dan sit ek die radio langs haar, because uhm... die mense in die kamer gaan nou miskien stoep toe bedags en dan is sy alleen en so, maar sy is meer vir my uhm, wakker en dat sy reageer meer. Ja.

**Interviewer:** Sou jy se jy het nou al jou voete gevind in die gebruik van die tegnieke van die werkswinkel?

**Caregiver 4:** Ja, ek sal se die tegnieke wat ons nou geleer het en wat ons toegepas het, dat dit werk. Dit doen baie veranderinge in hulle because dit is amper so... dit bring daai iets daar binne weer uit hulle uit. Jy connect eintlik regtig met die persoon self.

**Interviewer:** En uhm, help dit die oggend roetine of nie?

**Caregiver 4:** Ja, die oggend? Ja.

**Interviewer:** Ja, iets wat ek opgelet het van die eerste keer wat ek met julle almal gepraat het... so hulle het baie navorsing gedoen oor caregiver burdens, mense wat regtig swaar kry in die werksplek omdat jy heelyd ander mense moet help en lang ure werk, kommunikasie is nie lekker nie, en alles. En ek het opgelet die eerste keer wat ons gepraat het, dat nie een van julle praat oor dit nie... dat daar iets anders hier is, die idee wat ek gekry het is dat julle nie opsien teen te kom werk nie. Kan jy dalk kommentaar lewer daarop?

**Caregiver 4:** Ja, ek sal se basies elke dag vandat ek nou hier werk, elke dag sien jy uit om te kom werk because as jy voel... ek se altyd, as ek die dag huis toe gaan en dan wil ek voel ek het 'n verskil in iemand se dag gemaak. En dis wat help om dan die werk te doen.

**Interviewer:** Ek wou maar dan ook net hoor oor die dagboek inskrywings, wat is jou opinie daarvoor?

**Caregiver 4:** Dit vat glad nie baie tyd nie. Ja, okay jy gaan nou neerskryf en dan gaan jy nou weer herleef wat nou regtig gebeur het in die oggend en so.

**Interviewer:** Ja, okay dis nou goed om te hoor. Dankie vir jou tyd. Ek wil graag vra of jy enige vrae het voor die laaste twee weke van die studie?

**Caregiver 4:** (shakes head) Nee, ek is reg. Okay, dan mooi dag.

**Interviewer:** Vir jou ook.

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08 March 2021

### **Post-intervention Interview**

**Interviewer:** Hi Caregiver 4, my eerste vraag is: wat is jou opinie oor therapeutic caregiver's singing?

**Caregiver 4:** Ek sal se... sover ek nou gesien het, is dit iets baie goed, because ek kan sien watter verandering dit gebring het in die mense. Ek sal se ek het dit gister op myself toegepas. My skoonsuster se pa is gister oorlede en omdat hy soos 'n pa was vir my toe ons Macassar gebly het. En toe het ek vir my musiek opgesit en toe lekker uitgehuil en ja, ek het heel goed na dit gevoel, because ek voel ook 'n mens moet een of ander tyd huil. So ja.

**Interviewer:** Ai, ek baie jammer om te hoor van die verlies.

**Caregiver 4:** Dankie.

**Interviewer:** En dan, kan jy miskien vir my se hoekom jy van die tegnieke gebruik gemaak het op sommige dae en hoekom jy op ander dae gevoel het dat dit nie nodig was om te gebruik nie?

**Caregiver 4:** Party oggende is die mense baie rustiger. Dit is ook, daar is nagte wat hulle nie slaap nie, so uhm, dan is jy nou baie geirriteerd in die oggende en jy't nou nie lus vir mense nie. So dan sal ons terug kom en dit op 'n later stadium doen.

**Interviewer:** Okay, so het jy dit dan elke dag toegepas op 'n manier?

**Caregiver 4:** Ja, gedurende die dag ja. En ons het gehad hierso die uhm, hier was iemand wat musiek hier kom maak het en dit was in die middag... en toe is hulle heel... hulle het gedans, hulle het gesing, hulle het aangegaan so dit was heel lekker gewees ja.

**Interviewer:** Dis interessant om te hoor! Hoe sal jy die oggend roetine beskryf wat jy die afgelope 4 weke gehad het met die een inwoner?

Caregiver 4: Ja die oggend roetine... dis beter in die oggende gewees, want hulle is nog kalm daai tyd en dit is nog nie gerush en deurmekaar en so nie... want hoe later in die dag, dis amper so... daai groepie wat nou daar sit, daar is altyd een wat miskien glad nie lus is die oggend nie, soos Mevrouw Behr, en dan is hulle al vier nie lekker nie. Hulle vier is nogal baie close. Daai hoekie is hulle hoekie.. So dan sal ek vir Mev. O wegvat van hulle af, en eenkant gaan sit. Net om haar op daai punt te bring dat sy lekker kalm is en afgesonder is van hulle af vir daai moment, want sy kan lelik uithak. Ja, sy's nie heelyd rustig nie. Daai kiere wat daar staan by haar? Nee. Sy hou nie as iemand aangaan en die een skel en raas dan sal sy sommer opvlieg en daar gaan en so. Sy's soos die huismoeder daar (laughs).

Interviewer: Okay en dit het ook gebeur oor die 4 weke?

Caregiver 4: Ja, en dan was dit nou Mev. DVG. Ja, man ek was nogal heel geskok gewees die Woensdag en ons was die naweek af gewees en toe het ons terug gekom. En dit was seker so hier by 10 uur/ 11 uur toe ek opgaan en uhm, toe se hulle maar sy't nog nooit haar ogies oopgemaak nie, dan dink ek okay fine. Die wonde is erger as wat dit gewees het, maar die susters het mos self. Sy's op medikasie, so sy is nou baie kalmer. Sy was weer rusteloos gewees. So ja, die medikasie het vir haar rustigheid gebring en toe is dit nou wat ek haar roep. Ek het agtergekom sy erken nou al my stem en sy sal reageer... en dan sal ek nou beweeg want ek wil seker maak... ons wil nou sien of sy hoor en dan kyk sy so vir my, ja. Vir my het sy eintlik in 'n ander lig sien ek haar... dit het regtig nou vir my... ek kan sien dit het 'n verandering gebring. Ja, want Mev. O hou van gesels en sy's nou heel wakker en so, maar Mev. DVG nou weer net bedleend is. Ek wonder altyd, wat le 'n persoon en dink so regtig. En veral haar suster het vertel, sy't baie gehou van bergklim en sulke uitstappies en sy was een vir die natuur gewees. So dit moet eintlik baie moeilik vir haar nou wees om haarself te vind in hierdie posisie.

Interviewer: Ja ja, ag shame, dis regtig ongelooflik. Okay, jy't nou soortvan alklair daaroor gepraat, maar is daar enige ander spesifieke oomblikke van kommunikasie wat uitgestaan het?

Caregiver 4: Mev O, sy is iemand wat hou van praat van haar kinders en ek kom agter sy't hulle heel in plek gehou (laughs). Hier moet julle almal gedisiplineer word en ja, ek dink sy't haar kinders baie goed groot gemaak. Mev DVG, het ek mos gese die moment (toe sy gevloek het). Ek het so geskrik toe sy so praat en toe dink ek nee, dit moes nou seker maar net uitgekome het ja.

Interviewer: Okay ja. En dan, hoe sal jy die interaksie beskryf tussen jou en die inwoners?

Caregiver 4: Ek sal se, okay op 'n manier leer jy meer oor die persoon nou self. Ja, ons het nie altyd daai wat ons het uhm, like okay ons gaan nou elke persoon leer ken, miskien so bietjie oor die agtergrond en so, maar nie direk nou regtig nie. Soos uhm, Mev. O, sy wil graag huis toe gaan. Haar stuff sal altyd gepak wees, net die verlanse dat sy weet haar kinders gaan haar kom haal. Dan sal ek nou vir haar

verduidelik nee hulle gaan nou nie kan kom nie, so dis eintlik baie hartseer op 'n manier, because hulle mis hulle kinders. Ja.

Interviewer: Ek dink dit is baie spesiaal dat jy daar kan wees vir hulle vir daai verhouding.

Caregiver 4: Dit is ja. Ek het agtergekom partykeer het hulle net daai need om te gesels, al is dit 'n 5 minute gesels.

Interviewer: Ja. En hoe voel jy as jy van die tegnieke toepas?

Caregiver 4: Die tegnieke, okay, fine. Sy gaan nou sing en jy gaan sag sing. Veral as die persoon soos saam begin sing. En jy kan regtig sien die persoon geniet dit. Dit bring amper daai klein mensie, sal ek se, binne hulle uit. Ja dis wonderlik om dit te sien.

Interviewer: En hoe voel jy as jy dit sien gebeur?

Caregiver 4: Dit maak my baie bly, dit laat my voel dat ek hier is vir 'n doel. Ek kan 'n verskil maak in iemand se lewe.

Interviewer: Dis ongelooflik. Okay, dan my laaste vraag is hoe voel jy nadat jy 'n oggend roetine klaargemaak het met die inwoners?

Caregiver 4: Weet jy dit laat my so goed voel neh, because op die einde van die dag uhm, is ek eintlik bly dat ek iets kan gedoen het vir iemand... dat ek iets kon beteken het vir iemand. Uhm, dat ek iets kon uitbring het in iemand. Ja.

Interviewer: Ag dis goed om te hoor. Selfs die oggende wat dit moeilik is?

Caregiver 4: Ja, want vanoggend het ek hoekal 'n moeilike oggend gehad. Vanoggend is daar 'n nuwe inwoner en hy het so baklei laasweek - hy het drie nurses vasgedruk in die badkamer. En toe het ek nou vir hulle se, los my dat ek alleen nou met hom werk. Partykeer is dit net, veral 'n man, ek voel hy't nog daai klein ietsie in hom wat se, kyk hier, ek hou van my privaatheid en ek het nou nie lus vir 'n klomp vroumense hier rondom my nie. En toe het ek hom vanoggend alleen gedoen en dit was heel rustig. So uhm, jy moet ook leer maar om te sien wat maak 'n verskil miskien tussen die mense. Toe het hy nou vir hulle drie in die badkamer vasgedruk! Toe se ek vir hulle, hy is die tipe mens wat jy sag mee moet praat, want hy wil alleen hard praat. Nee, hy kan sommer gil, so jy kan nie kom met jou hard praterie nie, praat sag en wees rustig en as hy gil die kant dan hou jy maar net vir jou klein en so... maar ja, hy was heel fine gewees vanoggend. Ja.

Interviewer: Okay baie dankie Caregiver 4. Dink jy jy gaan aanhou om van hierdie tegnieke te gebruik - eerlike antwoord nou?

Caregiver 4: Ja, definitief. Definitief. Ek kan sien wat doen dit en dis eintlik heel iets nuuts. Ek dink ek was by 'n kursus by Alexandria gewees, ook vir dementia. Dit was

nou 5 jaar terug, ek het nou nog nie hier gewerk nie, toe het daai werk my gestuur soontoe en toe het ons nou geleer oor die regte van mense... so ja, nou kom die musiek weer in en nou is dit heel iets anders want ek kon nou gesien het wat doen die musiek nou aan 'n persoon. Soos ek myself het altyd ervaar, nee ek sal musiek opsit. Ek sal iemand soos my ma, my ma is nou drie jaar oorlede. Ek sal haar gunsteling musiek opsit en dan voel dit amper vir my... haar presence is hier. Dan verander dit nou heeltemal... okay jy besef nou die persoon is nie meer daar nie, maar daar is nog die warmte van daai en so. So die musiek doen baie hoor.

Interviewer: Dit is goed om te hoor! Ag ja, baie baie dankie en sterkte met alles.

Caregiver 4: Dis reg, baie dankie.

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**Appendix H: Superordinate and subordinate themes**

<b>Superordinate Themes</b>	<b>Subordinate Themes</b>
<b>Therapeutic Caregiver Singing allows for a deepened relational connection between caregivers and residents</b>	Therapeutic Caregiver Singing has improved the relationship between the caregiver and the resident
	Using Therapeutic Caregiver Singing has deepened the relationship between the caregiver and resident
	Caregiver has a relationship with resident beyond the professional work relationship
	Therapeutic Caregiver Singing allows for a new connection between the residents and caregivers
	Therapeutic Caregiver Singing assists communication between resident and caregiver
<b>Caregivers' reflection of intrapersonal experiences following Therapeutic Caregiver Singing implementation</b>	Therapeutic Caregiver Singing affects caregiver's mood during the morning routine
	Diary entries assist the reflection of the use of Therapeutic Caregiver Singing
	Therapeutic Caregiver Singing promotes self-discovery for caregiver
	Therapeutic Caregiver Singing has a relaxing effect on caregivers
	Therapeutic Caregiver Singing has allowed the caregiver to process own emotions
<b>Caregiver has a person-centered approach and incorporates Personhood</b>	Caregivers take initiative to flexibly apply aspects of Therapeutic Caregiver Singing in morning routine with residents
	Caregiver uses dance and humor to assist Therapeutic Caregiver Singing techniques
	Caregiver is able to work flexibly to adapt to the residents' musical preferences

	Caregiver uses person-centered approach during morning routines
<b>Therapeutic Caregiver Singing promotes participatory engagement</b>	Therapeutic Caregiver Singing acts as a way to divert a resident's preoccupation with other matters
	Therapeutic Caregiver Singing allows residents to engage and participate
	Therapeutic Caregiver Singing assists the cooperation of the resident during the morning routine
	Residents participated in Therapeutic Caregiver Singing by singing and dancing
<b>Therapeutic Caregiver Singing promotes emotional responses</b>	Therapeutic Caregiver Singing helps to elevate resident's mood
	Therapeutic Caregiver Singing has a calming effect on the resident
	Therapeutic Caregiver Singing stimulates residents and caregivers
	Therapeutic Caregiver Singing brings about change in the residents
<b>Unpredictability, changes and challenges in the work environment</b>	Covid pandemic poses challenges to residents
	The nature of the caregiver's work is unpredictable and changes on a daily basis
	Caregiver still has challenging work days
<b>Caregivers' resilience</b>	Caregivers are able to separate own feelings from work
	Caregiver has a positive outlook on her work life
	Caregiver highlights importance of self care for fellow caregivers
	Therapeutic Caregiver Singing has given caregiver a new sense of purpose at work
	Colleague support