



Gaming for Mutual Learning in Elder Care GAMLEC

IO2 The Board Game

IO2.1. and IO2.2. Overall Learning Goal and Educational Objectives of the GAMLEC Learning Board Game



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The results of the Erasmus+ project GAMLEC consist of these learning goals, and educational objectives of the learning board game guide to the design of format of the card content, of the rules of the learning board game for the game version with Game Coach, of the rules of the learning board game without Game Coach, of the learning game cards for adults about the quality of life of nursing home residents, a Compendium, the rules of the learning board game, an instruction manual for the game version with Coach, an Educational Framework, Guidelines for the learning board game, and an interactive E-learning platform. The results are available in English, German, Italian, Dutch and Lithuanian at www.gamlec.eu.

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IO2.1 Overall Learning Goal of the GAMLEC Learning Board Game

1. Continuous Improvement of the Quality of Life of Dependent Seniors in Care Homes

The overall aim of the game is to contribute to continuously improve the QoL of dependent seniors in care homes through continuous learning on different levels. Starting points are the indicators and criteria listed in the European Compendium on Criteria for the quality of life of care home residents (hereinafter “the Compendium”). However, the overall learning goal of the game goes beyond the first level, which would be the sheer knowledge of the indicators and criteria, and aims at including a series of soft skills as listed below. The learning goal of the board game includes general and increased awareness of human needs in order to bridge the gap between “them and us” while fostering empathy for the other person. This does not only refer to the relationship between carers and dependent older persons, but refers to all stakeholders as well in order to foster mutual understanding and respect, and the ability to learn from each other. All humans share the same needs. Differences become evident when it comes to the satisfaction of the needs. There are differences in terms of the importance individuals attribute to the needs, the way they like to fulfil them, as well as the way they are able to fulfil them. Generally speaking, it is important for QoL that individual needs are fulfilled in a way that meets individual preferences.

1.1. Awareness of and Self-Reflection on the Quality of Life

The game aims at expanding the knowledge and awareness of all the players: the professional staff, the volunteers, and the family members of the care home residents as well as the seniors themselves. With this game, we want to improve the quality of life of dependent older people through self-reflection as well as increase the players’ respect and empathy towards the seniors.

The goal is to increase the players’ awareness of what “autonomy, participation, and dignity”, the three criteria developed in the European Compendium, mean to dependent older people, and how they can be fulfilled in care homes. Another goal is to ensure that they reflect on what these criteria mean to themselves and how they fulfil them in their personal lives while discovering that the needs to be fulfilled remain fundamentally the same when growing old. Only the strategies on how autonomy, participation and dignity have to be guaranteed change. This awareness helps bridging a perceived gap between older people and those who take care of them.

Accordingly, the goal is also to foster reflection on “quality of life” based on the criteria listed in the Compendium. These criteria refer to older dependent people living in nursing homes. However, gaining knowledge about them is supposed to make the players think about “quality of life” in general. Together with all the subcategories, the criteria and the real-life examples from nursing homes that represent “autonomy, participation, and dignity” are meant to offer specific suggestions on how to fulfil them, and inspire the players to come up with creative ideas on how to continuously improve the quality of life of dependent seniors in nursing homes.

The difference in what individuals perceive as “quality of life” is not so much determined by related needs but by the strategies that are needed to do so. As long as people are independent, they can normally satisfy many of their needs by taking action themselves. However, if they become dependent, they might need someone to help them or act on their behalf. Needs do not change according to age. It is what individuals consider the most important needs to satisfy, along with the strategies to do so, that are more likely to change. In a nutshell, people are happy whenever the needs they consider to be the most important can be satisfied in a way they like. Learners explore the meaning of quality of life. The concept of general well-being is learned through the indicators of



quality of life in the Compendium as well as through stories and real-life examples that convey the criteria of the Compendium on the cards.

Satisfying many needs the way we like is given for granted as long as we do not need the help of others to do so. As a consequence, and as long as people are independent and do not need the help of someone else, there is often a lack of awareness around many needs and their satisfaction. At the same time, there is a tendency to highlight differences rather than similarities (young versus old, one culture versus another culture, etc.). It is therefore helpful to raise awareness of similarities between people of younger age and dependent senior citizens as well as between people with different cultural backgrounds and/or habits.

All human beings share the same needs. What is different from one person to the other is the importance attributed to individual needs, in other words the individual hierarchy of these needs, along with the strategies used to fulfil them.

For example, everybody needs to be touched but physical contact might be more important to one individual than to another. The perception of what kind of physical contact is appropriate and from whom and when also depends on the individual's cultural background.

As long as nutrition is guaranteed, food might be more important to some individuals than to others. As to the strategies to fulfil this need, the cultural background, religion and individual preferences play an important role: some senior citizens might be vegetarian or vegan, others might not eat pork, others might want to eat meat three times a day. The same applies to other eating habits, such as meal times, table manners, etc.

A short overview of the concepts of needs and strategies used to satisfy them is given below. The overview is not exhaustive and is meant to clarify the above-mentioned concepts of "needs" and "strategies".

Needs	Strategies
Needs are always involved.	Strategies are actions or a set of actions we take to satisfy our needs.
<p>All human beings have the same basic needs, irrespective of age, culture or gender.</p> <p>Basic needs are all those needs that are responsible for physical well-being (air, water, food, shelter, physical contact, etc.), but also autonomy, freedom of choice, celebration, authenticity, meaningfulness, growth, and social needs, such as empathy, belonging, consideration, respect, beauty, etc. (see annex for more examples).</p> <p>Every individual has a personal hierarchy of needs.</p>	<p>There are many different strategies to satisfy the same needs. Strategies are influenced by individuals' cultural background and their habits and preferences.</p> <p>If food is the need to be met, we might choose between different strategies to satisfy it, e.g., eating a pizza, vegetables, a steak, salad, etc.</p> <p>If, for example, companionship is the need to be fulfilled, we might choose to be with a friend, become a member of a club, join a group of people who shares the same interests, etc.</p>
The most important needs will be crucial for the decision the individual makes, and/or the action s/he takes.	The strategies chosen will focus on the satisfaction of the need that is perceived as the most important in a given moment and/or situation.



1.2. Awareness, Self-Reflection Empathy and Respect for Individual and Cultural Differences (Individual Hierarchy of Needs and Strategies)

As stated before, all human beings have fundamentally the same needs. They have a different hierarchy of needs according to their broader cultural background, also known as “Parakultur”¹ (e.g., being Italian, Dutch, Lithuanian, German, etc.). Belonging to groups, such as age, gender, a club, a political party, is known as “Diakultur”¹, and is also crucial for the importance an individual attributes to the different needs that are present at the same time. Not all the needs that are present at the same time can be satisfied, and the individual has to make a choice, or accepts that some needs cannot be satisfied at all. In addition, we all have our own individual culture or “Idiokultur”¹.

All these factors are crucial, not only for the importance every individual gives to the different needs that may be present at the same time (the individual’s hierarchy of needs), but also for the different strategies chosen to fulfil those needs that can be satisfied under given circumstances.

Individual preferences due to collective or individual culture play an important role for the perceived quality of life (e.g., being able to choose the type of food; being addressed in a certain way, such as Ms or Mr, or just by first name, etc.). At the same time, specific circumstances (individual situation, health, degree of autonomy of the older person) have to be taken into consideration.

Creativity is much needed to bridge the gap between individual preferences, the constraints of the specific circumstances and the resources at hand. Accordingly, it is important to come up with a variety of strategies to fulfil a need, such as a variety of food or flexibility when it comes to how to address the older people. In some cultures, calling an old person Mr or Ms might be perceived as “cold”, or “keeping them at distance” and has a negative connotation. In other cultures, it is a sign of respect to address older people with Mr or Ms, and does not mean being unfriendly or cold. These are general rules, but what counts in the end, though, is how the old person wants to be addressed, being able to find this out and adapt accordingly.

It is important that the players not only increase their awareness through the learning board game, but that they also become aware of examples of different strategies, specifically through the content of the cards that offers real life examples that represent the indicators or criteria of the Compendium.

The players gain awareness of the differences, and are offered specific examples of what (older dependent) people might like or prefer to do, or on the contrary what might be a no-go area for them. The preferences narrated in the real-life stories can be explained by their cultural or religious background, or might depend on individual preferences. There may be huge differences or similarities to what the players themselves like or dislike, what is acceptable to them, and what is not. However, the objective is to ensure that the players recognise the differences, are not judgmental but are respectful and behave accordingly.

¹ Cf. Hans Vermeer, 1986

1.3. Awareness of Biases, Stereotypes and False Assumptions (Human Perception and The Inner Map Versus Reality)

Prejudices in favour of, or against, individuals tend to highlight traits of a specific group of people. Often, they refer to presumed deficits or negative traits without any tangible proof that they are true. Examples are: “older people are not interested in learning new things”, “older people are not interested in politics anymore”, or “they are no longer able to do this or that”, “older people are no longer interested in sex”, to name just a few.

Prejudices can lead to attitudes and/or behaviour which do not acknowledge the real needs of the other person or groups involved, such as dependent older people in a nursing home. They can also lead to a restricted offer of activities, or to activities that do not really match what older people would be interested in, because decision makers start from false assumptions of what they want and need. In addition, they have to take scarcity of resources or other constraints into account.

At the same time, there might be stereotypes, biases or false assumptions towards care givers, volunteers or older people’s relatives as well. This can lead to misunderstandings, conflicts and can hinder cooperation between stakeholders.

Therefore, the GAMLEC learning board game aims at inviting players through stories and examples on the cards to reflect, question stereotypes, and be rather curious and investigative rather than being judgmental.

1.4. Awareness of and Self-Reflection on Individual (Core) Values

Values are intangible forces that influence and guide our decisions and our behaviour throughout life. In the case of the GAMLEC learning board, the objective is to make players aware of the importance of values and the role they play in a person’s life. In turn, awareness of what is important to the players themselves and the other person is raised. The latter is even more important when talking about dependent older people in nursing homes.

“What is important to you?” is a crucial question to ask. It fosters empathy and respect in the first place, and is supposed to translate into reflections, behaviour and actions that improve the quality of life of dependent older people in nursing homes.

The GAMLEC learning board game offers real-life stories representing the quality criteria of the Compendium that shows appropriate and inappropriate behaviour. The objective is to make the players reflect on what is important to them, and what may be important to the older people they take care of. Learning through stories about somebody who performs an action that is inconsistent with the beliefs of the players can make them think about their own behaviour, and whether it is aligned with their values and beliefs. Self-reflection and increased self-awareness are supposed to enhance players’ sensitivity towards older peoples’ values that could be different from their own. The examples on the learning cards are supposed to lead to a behavioural change, and, as a consequence, improve the quality of life of dependent care home residents.

1.5. Awareness of Violence²: Settings, Behaviour and Violence in Language and Communication

Violence or abuse are often unintentional and caused by lack of knowledge or sensitivity. The more subtle forms of violence, e.g., in communication, are very common. Nevertheless, most people are not aware of it. Therefore, with the GAMLEC game we suggest the approach to be used in non-violent communication according to Marshall Rosenberg, where classification and judgment of people are considered behaviour promoting violence. This resonates with what has been stated before about bias and stereotyping.

The kind of thinking whereby a conflict is due to the fact that the opponent is wrong can lead to violence in communication and behaviour. Violence is more likely to occur when one party is weaker than the other and/or in a dependent position.

The GAMLEC game focuses on communication because violence in communication is one of the most subtle forms of violence that is not often recognised.

1.6. Motivation to Continuously Learn, Improve and Cooperate

The core learning objective of the GAMLEC learning board game is to: a) create awareness of the indicators and criteria listed in the Compendium as well as the above-mentioned areas; and b) ignite curiosity to continuously learn more, from each other and from best practices, in order to continuously improve the QoL of the dependent care home residents. In addition, the GAMLEC game intends to contribute to improving job satisfaction as well as personal satisfaction of all stakeholders.

The goal is to inspire players to not only learn about the quality criteria listed in the Compendium, but to think differently as well. The game aims at motivating them to: a) continuously learn; b) find creative solutions for existing issues; and c) share experiences and knowledge across functions, individual perspectives and borders. The GAMLEC game is also meant to foster mutual appreciation, collaboration, and development of team spirit, cohesiveness and collaboration.

IO2.2 Educational Objectives

2. Educational Objectives of the GAMLEC Learning Board Game

The educational objectives of the learning board game, as stated above for the overall learning goal of the board game, go beyond the acquisition of the sheer knowledge of the indicators and criteria contained in the three categories of the Compendium: autonomy, dignity and social participation. The educational objectives actually represent a further break down of the different aspects of the overall learning goal, as listed above.

² Cf. World Report on Violence and Health, WHO 2002, pages 145 ff.)



2.1. Quality of Life Based on The Three Categories: Autonomy, Dignity and Social Participation with a Need-Based Approach

The objective is to discover the meaning of quality of life, starting from the indicators and criteria listed in the Compendium. The learning game aims at presenting the indicators, which are examples of what dependent older people need to enjoy QoL. Its purpose is to make players aware of the relationship between the strategies used to satisfy the needs at hand and the quality of life as perceived by the individual. Through real-life stories that reflect the indicators and criteria of the Compendium, players are supposed to gain greater awareness of what quality of life means to them and, at the same time, what it could mean to somebody else, especially dependent seniors in nursing homes.

Objectives

Awareness of:

- ✓ The needs human beings have and share.

What kind of needs people have and are particularly important to different people in different situations is an important question to be asked when it comes to dependent older people. The indicators and criteria in the Compendium represent human needs, even though they are implicit and not listed as such, and offer input on how to satisfy them, so that the quality of life of dependent older people is guaranteed. It is important, though, that the players realise that older people are not a somewhat different species, but that the underlying needs of young and older people are fundamentally the same. Strategies on how they are satisfied can be very different though.

- ✓ The variety of ways to satisfy needs - the difference between needs and strategies.

The same need can be satisfied in many ways. A simple example to explain the concept is that everybody needs to eat. However, eating has many different aspects. "Eating" is the underlying need shared by everybody, but the time when individuals want to have their breakfast, lunch, snack or dinner can vary greatly from person to person, and also from culture to culture. The same is true for what they eat, and even how they eat. In some cultures, people use their hands and are proud of it; in others people use cutlery and are proud of this. There can be individual preferences or choices, there can be restrictions or rules to be respected due to individual intolerances, physical impairments, culture or religion. Accordingly, "eating" as a need is not the same as having soup for lunch at 12.00. Soup for lunch at 12.00 is the strategy, and the strategy can be changed in many ways: you can have pizza at 12.30 or cous-cous at 13.00.

- ✓ The necessity to offer a variety of strategies to satisfy different people's needs according to specific circumstances and individual preferences, because it is not only the sheer satisfaction of a need, but the kind of strategy used to do so that determines QoL.



Creative thinking

- ✓ To continuously come up with new strategies to satisfy the needs of care home residents as the circumstances change. In a setting characterised by continuous change (older peoples' abilities and their degree of need for help change rapidly), and scarcity of resources, creative thinking allows players to put their increased awareness (see above) into action in order to improve the QoL of dependent care home residents.

Examples (not exhaustive)

1. A care home resident might have sleep problems, or suffer from restlessness. Accordingly, the needs that have to be satisfied could be "sleep", "rest", "relaxation", etc. One possible strategy is to give them tranquilisers.

Awareness of the need is the first step, along with awareness that this is a need all people share, not just older people. This fosters empathy: it is not just the older person who has this need. In addition, the players are supposed to sharpen their awareness about the fact that the same need can be satisfied in many different ways. If giving tranquilisers to the residents has been the strategy used so far, being able to come up with alternative strategies (creative thinking) could lead to a significant improvement of the QoL for the residents. Indeed, an alternative solution might be to take residents for walks to help them overcome restlessness, instead of pharmaceutical treatment, to name just one alternative (cf. Compendium P 2.2.3 "Non-pharmaceutical therapies are offered").

Accordingly, the content of the card could refer to a best practice and/or desired behaviour (like taking a resident for a walk) in order to inspire the players to emulate what is being narrated or come up with new solutions.

2. Older people, just like anyone else, want to do something that is either useful and meaningful, or fun to do. In the case of care homes this translates into activities offered to the residents. In this case there can be a variety of needs involved besides participation, such as self-realisation, creativity, meaning, being appreciated, community, etc. One possible strategy is to offer them knitting activities.

Awareness of the needs involved, even if not in detail and not explicit, is then supposed to be followed by awareness of the fact that there are very many ways to satisfy these needs and, if possible or necessary, come up with new ideas and put them into action, etc.

The content of the cards could mention a variety of strategies, such as laughter yoga groups, literary competitions, watching movies in groups, but it could also refer to a lack of strategies in order to make the players reflect on the consequences. If the care home residents are only offered a knitting activity, those who do not like knitting, or do not know how to knit, cannot satisfy any of their related needs. Besides, the players might also feel sympathetic towards those residents who do not knit (cf. Compendium P 2.2.4 "The range of events is varied and multifaceted").



2.2. Cultural and Individual Differences: The Hierarchy of Needs and the Strategies to Fulfil the Needs

The objective is two-fold: a) to increase awareness of cultural and individual differences and, at the same time, foster empathy towards others; and b) stimulate critical and creative thinking, and the ability to develop strategies that take cultural or individual differences into due consideration. This is important in order to fulfil needs in a way that improves the QoL of care home residents as exemplified by the indicators and criteria in the Compendium.

Objectives

Awareness of:

- ✓ Cultural differences (to be respected) while conveying the implicit message that there are more commonalities than differences in spite of apparent dissimilarities. Cultural aspects include all the differences due to cultural background, age, state of health, and individual culture and biography. They show the absolute uniqueness of every single person.

What has been said above about the universality of human needs, and the different strategies to fulfil them, applies here too. Nationality and cultural background, gender, age, state of health, sexual orientation, etc. represent the different strategies chosen to fulfil the underlying needs in a way that makes individuals happy. In the case of cultural or individual differences, it is helpful to focus on both the differences to be respected (see below), and the commonalities that help to foster empathy. It is important to strengthen awareness of the differences (the strategies) and commonalities (the underlying needs) in order to avoid “right and wrong” thinking, and think of “different options” which the players might like more or less, but do not judge as such. This is also important in order to foster empathy and respect.

Empathy and Respect

- ✓ For all cultural and/or individual differences mentioned above, with special focus on dependent care home residents and stakeholders.

Empathy is different from understanding. Understanding stems from a cognitive process whereas empathy takes place on an emotional level. It is very easy for us not to understand the strategy adopted by the other person or, even worse, disliking it, or not agreeing with it at all. Someone who does not eat any food obtained from animals and does not use other animal products, in other words a vegan, might not understand somebody who eats meat and fish. A vegan might disapprove of the behaviour of a non-vegan, and vice versa. Nevertheless, and especially in the case of dependent nursing home residents, it is important that stakeholders develop empathy when dealing with differences that cannot be understood on a cognitive level and therefore lead to judgmental attitudes and lack of respect.

Possible Examples (not exhaustive)

1. Among the care home residents there might be immigrants with a different cultural background who, therefore, have different habits. They might belong to a different religion, be Christians, Muslims, Hindus, Buddhists, Jewish or Bahais, etc. They might be heterosexuals, homosexuals, or be transgender.



Awareness of differences can be strengthened through card content that tells a story about someone who, because of their religion, does not eat pork, but does not get anything else to eat. It could also tell the story of a resident who dislikes a specific dish, but does not get anything else instead and is forced to eat it against their will. In this case the card content would consist in a negative example that is supposed to evoke empathetic feelings in players, putting themselves in the shoes of the resident who is either forced to eat something they dislike or not eat at all (cf. Compendium A 1.2.1 "Attention is paid to a varied food offer", and A 1.5.2 "Cultural eating habits are taken into account").

It is important to convey, even implicitly, that it is essential to go beyond "right or wrong", and get rid of judgmental attitudes in order to guarantee a good QoL to all dependent care home residents, irrespective of individual or cultural differences.

2. Different cultural values are also reflected in the legislation of a country. Among the partner countries of the GAMLEC project, there are cultural differences that translate into different legislations on euthanasia. In some countries, euthanasia is banned by law, like Italy, Germany and Lithuania whereas in the Netherlands requests for active euthanasia are met if the resident is in mental or physical pain and their suffering is not in line with human dignity values. A life that has been fulfilled and come to its end can also be a reason for granting euthanasia.

Learning about existing cultural differences that have been translated into national laws is meant to reinforce awareness of their essential role, and the significance of what is considered important in the different cultures (hierarchy of needs). Possible content for the learning board game could be a task the playing teams have to complete asking them to analyse the pros and cons of euthanasia (for the game version with a Game Coach) in order to strengthen their awareness of different perspectives.

2.3. Biases, Stereotypes and False Assumptions

(Human Perception and The Inner Map Versus Reality)

The objective is to develop critical thinking when it comes to tacit assumptions, stereotypes and biases that can lead to false assumptions, misunderstandings, conflicts and even lack of cooperation in residential care of older people. Tacit assumptions and individual or collective belief systems reflect the inner map of an individual's reality which might be different from reality itself. Without any underlying malicious intent, this can have a negative impact on the quality of life of the dependent care home residents because the stakeholders' "inner image" does not match older people's reality. The same holds true for the relationships between the various stakeholders.

Objectives

Awareness of:

- ✓ Tacit assumptions, biases and stereotypes that are often the result of unreflective individual or collective beliefs.



These may come from different sources, such as: hearsay, generalised individual experiences, etc. Critical thinking is necessary for players to even become aware of such beliefs, stereotypes, or tacit assumptions. It is necessary to question what is given for granted in order to verify whether it is true or not, and get rid of false assumptions.

Critical thinking

- ✓ The ability to question stereotypes, biases, tacit and false assumptions and conclusions.
- ✓ The ability to be curious instead of being judgmental, and ask questions instead of taking things for granted. “Is it true?”, “How do you perceive it?”, “What do you want?” instead of “It is the way I am telling you”, “Everybody knows that...”, “I know what is good for you”.

Possible Examples (not exhaustive)

1. Apart from the fact that interest or lack of interest in politics is independent of age, there is sometimes a stereotyped opinion whereby older people in nursing homes are no longer interested in politics. Therefore, some people believe they are also not interested in continuing to participate in elections as active citizens.

In this case telling the story of a best practice, like a nursing home with a polling station set up for the general elections, can contribute to sharpen the players’ awareness that care home residents are interested in politics and are happy to have the opportunity to vote (cf. Compendium P 2.5.3 “Support in exercising the right to vote is provided upon request”).

2. Sexuality in old age is not only a taboo for many, but older people’s desire for sexuality is often written off.

Telling a real-life story of two older people falling in love in a nursing home who want to be intimate, but do not have a place where they are not disturbed, is another way to make the players reflect on tacit or false assumptions, or stereotypes.

2.4. Individual (Core) Values

The objective is to recognise personal (individual) values, and especially those relating to dependent care home residents’ autonomy, social participation and dignity, and if or how they coincide with the professional values in residential care of older people.

Objectives

Awareness of:

- ✓ One’s own and other peoples’ (core) values, with special focus on the three categories of the Compendium: autonomy, social participation, and dignity

The objective is to encourage the players to think and ask themselves questions. They should become aware of what is important to them as well as what is negotiable or not for them.

They should become more aware of their own values and, at the same time, be encouraged



to think about what is important to the older person and their interlocutors without jumping to hasty conclusions. The objective is to stop relying on assumptions or conclusions but to explore and ask questions about what is important to older people, instead of making decisions on their behalf.

- ✓ How values can show through behaviour, language, ethical codes, characteristics of the facilities, etc.

Values

Knowledge

- ✓ Of best practices

Possible Examples

1. A code of ethics is about values. It is a guide of principles outlining best practices to follow for honesty, integrity, and professionalism.

Explaining that there should be a code of ethics and, at the same time, what it is all about, can make the players think about what is important to them, what values they want to be guaranteed for the dependent nursing home residents, and for themselves. In addition, not all players might know that there is such a thing as a code of ethics, and need to learn about that too (cf. Compendium D 3.1.1 “There is a code of ethics that governs the conduct of paid staff and volunteers in situations where the interests of the care home residents can be harmed”).

2. Being noticed and "seen" is a human need but, according to the individual hierarchy, it could be more important to one person than to another, and could also depend on a specific situation. Learning content on the cards could also be an example that makes the players think about how important it is for them to be included in conversations rather than neglected and excluded. A real-life story can inspire players to put themselves in the older person's shoes and think about what would have been important to him or her in the situation described on the card.

In care homes the carers, while taking care of a resident, might engage in a conversation with each other without including the resident who is there but is not being noticed or seen. The resident may perceive this as unfriendly or even denigrating, because it might be important to him or her to be included in the conversation instead of being ignored (cf. Compendium 3.2.1 “The tone of the staff towards the residents is friendly and respectful”).



2.5. Violence: Settings, Behaviour and Violence in Language and Communication

The objective is to raise awareness of violence in general and the various forms of abuse and violence – psychological, physical, financial, sexual, etc. – through increased knowledge and sensitivity.

Objectives

Awareness of:

- ✓ Violence and the different forms it shows especially the more subtle forms, like communication.

Violence can take many forms. Those who use violence against someone else are not always aware of this fact. The non-physical forms of violence, for example in communication, are not immediately obvious to everyone. It is therefore necessary to make players aware of every form of violence, especially the more hidden ones, and raise their awareness in order to prevent or stop violence against care home residents.

- ✓ Own violent behaviour and/or communication (without blaming the person).

Possible Examples (not exhaustive)

1. Dependent seniors in a nursing home need help whereas the scarcity of resources contributes to staff being overworked and distressed. This might be one of the many reasons for violent communication the person is not even aware of.

A care home resident wets the bed. This should not be a reason for blaming the resident, making them feel guilty, or even worse telling them off. An example of how NOT to communicate or behave can sharpen the awareness of the players of violence in speech and foster their empathy (cf. Compendium D 3.2.1 “The tone of the staff towards the residents is friendly and respectful”).

2. Potentially violent behaviour can be unintentional and unconscious. Raising awareness through a negative example can help to reflect on one's own behaviour.

Putting drinking water in a place where a bedridden resident cannot reach it may be totally unintentional, but telling the story may make the players more aware of unintentional mindlessness (cf. Compendium 1.2.3 “Residents have the opportunity to drink coffee, tea or water at any time of the day”).

Forcing a resident who suffers from dementia, and wanders around all the time, to sit in an armchair with an abdominal belt can be perceived as violence, even though there might have been the very best intentions to do so. Raising awareness through similar examples might induce the players to find out if there are better solutions to handle issues of the kind (cf. Compendium D 3.1.2 “Physical or pharmacologic restraints are avoided while a reasonable level of safety is maintained”).



2.6. Motivate to Continuously Learn, Improve and Cooperate

The objective is to motivate the players to share their experiences and best practices, foster curiosity, collaboration and team work activities as well as life-long learning through the game.

Working in care homes and with dependent older people is very challenging for many reasons. It is a demanding job, both from a psychological point of view and in terms of physical effort. The scarcity of resources adds to the difficulties as does the general complexity of the job. This is due to the fact that we are dealing with people whose circumstances and conditions are continuously changing. This requires not only expertise from the professional staff, but also considerable flexibility and creativity, as well as the willingness to continuously learn (from each other, as well).

Objectives

Awareness:

- ✓ That the stakeholders in different facilities are facing the same or similar challenges, and that they can learn from each other across disciplines and tasks: professional carers, volunteers, or family members.

The indicators and criteria in the Compendium provide valuable guidance and direction. In addition, it can be very helpful to learn from past experiences, best practices or creative ideas used by others on how to put the indicators into practice. Best practices can be emulated, or they can inspire the players themselves to develop new ideas. This is particularly important when resources are scarce. Sharing knowledge is equivalent to expanding knowledge. It is important to make the most of the (scarce) existing resources and develop new ideas on how to continuously improve the offer and services for care home residents, against all odds.

- ✓ Of the available resources: facilities, manpower, knowledge, skills, creativity, etc. that can be used to improve the QoL of the care home residents.

It is not uncommon to be unaware of existing resources. Even more so when it comes to knowledge, skills and talent, be it our own or other people's. This does not only apply to the specialised nursing staff or professional employees of the nursing home. It also applies to volunteers, family members and, last but not least, care home residents themselves.

- ✓ That different perspectives offer a wider range of possible strategies and/or solutions to existing issues.

The simple fact that the different stakeholders sit around a table and play a learning game together, with or without Game Coach, offers an opportunity to exchange ideas, best practices, etc. In addition, the learning content of the cards, based on the indicators and criteria of the Compendium, is meant to offer specific input on what is beneficial or detrimental to the quality of life of care home residents.



Ability

- ✓ To share knowledge, learn from each other and cooperate across functions.

Different stakeholders, such as professional carers, volunteers and the family members of care home residents, have different knowledge. They also have different perspectives when it comes to care home residents and what can improve their QoL. In the worst-case scenario, this leads to conflicts because of ignorance, lack of understanding, lack of communication, to name just a few causes. However, if stimulated through a learning experience, there is also an opportunity to communicate with each other, share the acquired (different) knowledge, exchange experiences and perspectives, and cooperate. This opportunity, however, has to be offered.

Knowledge

- ✓ Of quality indicators and criteria, best practices, communication techniques, team building, team work, etc.

Possible Examples (not exhaustive)

1. Any story about what has been done in a care home to improve quality of life can inspire the players to check and see if it is possible to do the same or something similar in their nursing homes.

A literary competition that is not only held at the nursing home but also involves the local community could be an example of such a best practice (cf. Compendium P 2.2.4 “The range of events is varied and multifaceted”).

A best practice could be the behaviour of individuals, or a workflow, for example personally handing over mail to the residents or asking the family members of those residents who are not able to take care of their mail to come and assist them (cf. Compendium D 3.3.7 “The secrecy of the mail is preserved”).

2. There can be resources to use that stakeholders would not think of in the first place. Nursing home residents, due to their biography, may have skills that they would like to practice, contributing at the same time to everybody’s well-being: a win-win situation. In a care home a former seamstress started sewing COVID masks when given a sewing machine and some fabric (cf. Compendium P 2.2.1 “The residents’ biographies are the basis of the offer of activities and the development of skills”, or also P 2.2.6 “Residents are offered the opportunity to volunteer at the facility”).

A family member may have skills that can be offered as an activity, like laughter yoga, dancing, computer literacy, etc. (cf. Compendium P 2.3.6 “Relatives and other trusted persons are involved in care and invited to function as volunteers”).

3. Players could be asked to work together as a team (game with Game Coach) and come up with suggestions on what the perfect nursing home should look like in terms of built



environment. They could put their heads together and discuss what should be offered, etc. (cf. Compendium P 2.1. “Accessibility of public spaces and facilities”).



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ANNEX

The following list of needs is neither exhaustive nor definitive. It outlines examples of human needs according to Marshal Rosenberg's needs inventory.

Autonomy	Celebration	Integrity	Social Needs	Physical Well-Being
Freedom of choice: goals, objectives, dreams, values and projects, space and independence	Of life and accomplishments, as well as losses: beloved ones, dreams, etc.	Authenticity, self-realisation, creativity, meaning, growth, etc.	Being appreciated, help, peace, joy, beauty, inspiration, community, run, laughter, companionship, honesty, safety, intimacy, empathy, trust, affection, sense of belonging, consideration, appreciation, play, love, cooperation, stability, mutuality, warmth, love	Air, water, safety, food, shelter, rest/sleep, sexual expression, movement/exercise, touch