

The Final Sign of Failure of Older People Living in Nursing Homes

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Abstract: The promotion of health and economic status in all over the world resulted in increasing the older population. It's expected, at least 40% of the population over 75 years, need extensive health care services in the last parts of their lives. The rate of transferring the older people to the nursing home is increasing in Iran too. Understanding elder's emotional experiences is important for living in nursing home and understanding why this relocation causes that elder views it as "final sign of failure" is important, because this perceptions and fears have negative effects on elder's adaptation in countering with this challenge. This study aimed to describe emotional experiences of older people living in nursing homes. The qualitative phenomenological approach and purposive sampling amongst residents in private and governmental nursing homes in Esfahan city was applied. Sampling continued till data saturation, resulting sample size became 10 participants. The data was collected with in-depth interviews and field notes. Colaizzi's method was used for data analysis and the rigor was based on transferability and credibility. Three themes were extracted from the data (structural components of experience), including: Residents' emotional experiences in nursing home life, Residents' emotional experiences at the entrance in nursing home and Feeling of powerlessness. In this study, older people have shown various emotions to relocation and residency in nursing homes. Older people, with different context and different history in their life, had unique experiences. In addition, it is essential to pay attention to social, financial, mental, spiritual and physical needs of older people as a holistic care, because concerning only physical needs of older people cannot lend to promote hopeful, meaningful and purposive life for them.

Key words: Experience, emotions, nursing home, placement, elders

INTRODUCTION

It was estimated that 10% of the world's population, 606 million people, were aged 60 or over in mid-2004 (Lee, 2005). According to survey in 2006, 5.6% of population in Iran were over 65 years old, this population expected to increase in 2030, over 10% of population, nearly to 8.5 million (Nikfarjam, 2005). Almost 2 million Americans live in nursing homes and the figure is expected to reach 5 million by 2030 (Theodos, 2003) as well in Iran, older people residency in nursing homes is increasing (Tajvar, 2004).

It has been found that placement usually occurs at a time of distress and crisis, e.g., following an acute illness or period of hospitalization. Hence, the demands requiring adjustment may tax older people to near and beyond the limits of their resources. Increasing attention is therefore being paid to understanding older people's experiences adjusting to such placement. It isn't difficult

to understand why such placement is often regarded by elders as the final sign of failure. These perceptions and fears have a negative influence on older residents' adjustment when they are faced with this challenge, understanding these experiences for continuing in nursing home is important (Lee *et al.*, 2002).

In a study in Hong Kong, it was found that elders generally had mixed feelings towards such placement (Lee, 1999). In addition, in a study on elders of Tehran, in responding to this question what were your feelings, before admitting in nursing home? Over 28 % of them have had sense of happy (Tajvar, 2003). Another study suggested half of the female Chinese residents verbalized their joy regarding the relief from doing' tedious' housework. They said they had been working very hard for their families in the past and the residential home was a place for them to relax and enjoy. Of course, the Chinese values of balance, harmony and collectivism have made it easier to remain open and accept the communal way of living (Lee, 1999).

Transition to the care and environment of a residential home has been identified in the literature as the most significant relocation affecting older people. However, little effort has been made systematically to review and synthesize the body of knowledge relating to older people's experiences with such placement. This has led to lack of concerted effort in the development of strategies to help elders adjust to such placement with dignity and success (Lee *et al.*, 2002). However, admission to these homes poses many discontinuities in relation to customary life styles in a community setting (Lee, 1999). Elders are confronted with not only a change in physical location of primary living space but also a change in daily life patterns, social networks and support. Entering to residential home makes the most stress and fear in older people. While, Deveer and Kerkestra (2001) stated that some of the residents have feeling of being at home while living in nursing home (Shin *et al.*, 2003).

Attitude is a factor that affects quality of aging (Haffman, 2003). There are myths and misconceptions about aging. Differentiate this aging myths from realities, is the first step in understanding individual feelings and developing positive attitude about aging (Farrell, 2004). Because the goal of resident-centered care is to provide support for continuous growth, encouraging significant relationships with family and community and attention to individual needs and each resident's tendency and respecting to every person's life style and skills in this setting is crucial (Eshagi, 2004).

MATERIALS AND METHODS

Recognition of humankind's feelings with quantitative method is relatively difficult, for assessing these feelings, so researchers carried out the qualitative research for deep understanding of the concept (Wood and Harber, 2002). Phenomenological approach was used for exploring and developing insight into the world as it is experienced (Potter and Parry, 2005; Patton *et al.*, 2004). The findings of this study gained using interview and observation in nursing homes. Sampling for interviewing was based on purposive approach. The inclusion criteria was adherence to interview, have experiences of living in nursing home, ability of recalling and defining daily experiences. Interview was unstructured and in-depth in this study. Observation used for taking notes about interactions, relations, environmental conditions and non-verbal communication. Data collection was done in private and governmental and charity nursing homes located in Isfahan city and were done after getting permission from nursing and midwifery faculty and dean of nursing homes.

Each interview lasted 20-30 min and maximum 30 min; because the participants were elders and were getting tired.

Colaizzi's phenomenological analysis method was applied. At first, the taped interviews were played repeatedly and their statements were transcribed.

Next, for extracting meaningful information, statements were underlined line-by-line. Further questions were included for the next meeting while transcribing and listening. Raw data was read several times to convert meaningful statements into universal and abstract statements. At the same time, efforts were made to find out whether the constructed meaning and theme groups were formed according to difficult themes and categorized. Through this abstraction, meanings of statements were compared through phenomenological literature, so similarities and differences were analyzed. After identification of themes, they were written down and then statements on the interconnectivity of those themes were made along with statements for each theme, theme group and categories. Efforts were made to describe phenomena as accurately as possible to travel the essential structure. In order to confirm whether the final statement was appropriate for the emotional experience of the participants, validity of the essential structure was confirmed with the participants.

The rigor of the present study was grounded on the two items (Credibility and Dependability) suggested by Guba and Lincoln. For credibility of findings researchers showed extracted codes to participants and with their confirmation, the findings were validated, also researchers referred to an expert person in qualitative research and findings validation who confirmed the findings and extracted codes. Also for dependability of the findings, researchers have explained research process in detail for helping the other researchers in getting the results.

RESULTS

As it was explained in pervious part, data were analyzed by Colaizzi's method that guided researchers to transcribe the interviews and underline meaningful information line-by-line. Then, codes were extracted in the second stage. For example:

"here is not bad, I can't do any intervention, or feeling (satisfied or unsatisfied), everybody has to adapt him/her self"(participant number 2).

"we have to stay that, if we don't be here, there isn't anywhere for us to live" participant number 8).

Underlined part is the most important part, seems should be extracted from this statement.

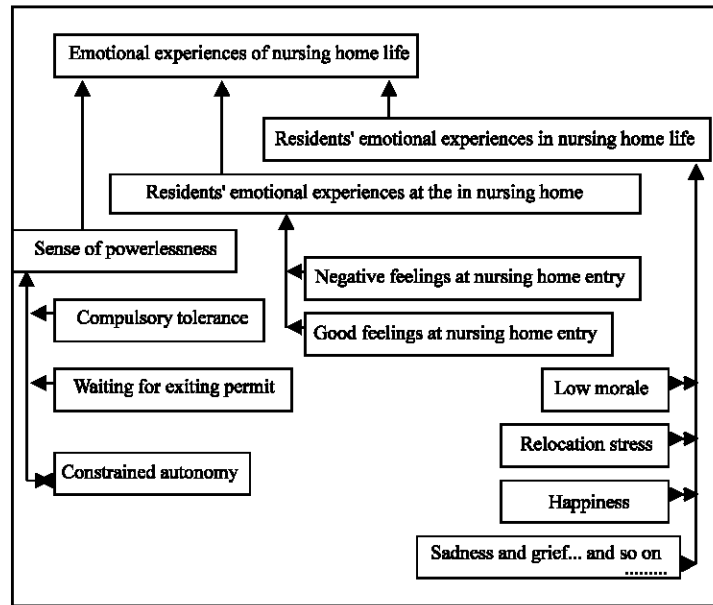


Fig. 1: Categorization of concepts

In third stage, the meaning of each significant statement spelled out, known as formulated meanings or codes (16). e.g. from underlined phrase everybody has to adapt him/her self, the concept of compulsory tolerance and from; if we don't be here, there isn't anywhere for us to live... the concept of taking shelter was understood.

During this stage, 70 codes or formulated meanings were extracted. Of course, after extracting the codes of every interview, next interview was done. Then all of extracted codes were listed and clustered into some categories. Some times, it was necessary referring these clusters of themes back to the original protocols to validate them. At this point, discrepancies may be noted among and/or between the various clusters. Researchers should avoid ignoring data or themes that do not fit. The stances from this stage including:

The codes 1-6 indicated participant's low morale, sorted in subject category of low morale.

Resulted in this way, subject categories were formed. Then, results are integrated into an exhaustive description of the phenomenon under study. I.e. subject categories such as compulsory tolerance, waiting for exiting permit, constrained authority categorized under bigger subject category (Fig. 1).

Finally Three themes were extracted from the data (structural components of experience), including:

- Residents' emotional experiences in nursing home life
- Resident's emotional experiences at the entrance in nursing home.
- Sense of powerlessness.

DISCUSSION

One of the concepts was sense of powerlessness. Some of the participants, expressed inability for changing conditions and compulsory tolerance and/or they found themselves in constraint adaptation. A number of them have stated constrained autonomy and waiting for exiting permit that concept named powerlessness. Sense of powerlessness could be resulted in situation that one body believes that it is inevitable. Sense of powerlessness increases depression and feeling of inadequacy (Maas *et al.*, 2001). Same as the participants of Lee's study who believed that residential care was an unavoidable alternative to family care, two residents felt powerless and hopeless with a wish to die (Lee, 1999). Some of the participants expressed nursing home entry with helplessness and didn't see any future for them. Although residents have expressed feelings such as loneliness, sadness, depression and some things like that, several of them expressed statements of convenience and happiness. The participant (no; 6) expressed sense of happiness, being away from family problems, or the participant (no; 9) expressed sense of happiness for having autonomy and freedom of family unfavorable problems. In other studies has been seen this finding, Lee's study suggested elders have different feelings about this setting (Lee, 1999).

As mentioned earlier negative feelings were stated also, i.e. the participant (no; 3): "I have a bad feeling... damaged morale!". Another study conducted by Lin and Ou also showed the elderly's morale in a geriatric day care institution was higher in comparing to those in

a nursing home. The participant (no; 3) expressed sense of worthless and absence of self-esteem. Sense of dignity and self-esteem is related to each other. Low self-esteem could result in depression and elder person may feel loss of control on its life in this situation. Absence of control results in weaker justice, less activity and reducing physical health of elder person (Mass *et al.*, 2001). In the case of last example, researcher noticed this participant has not any visitors and her roommates were suffering mental disorder also other studies were stated this matter, as in Tseng and Wang's (2001), study social support provided by family members and near friends was an important predictor of quality of life (Tsang and Wang, 2001). Some of the residents expressed sadness and grieving. Grief is a very powerful feeling and it is a combination of sorrow, loss and confusion. This reaction is starts in responding to loss of a person, role, relationship, health or autonomy (Haffman, 2003). In addition, some of them expressed sense of helplessness and anger, depression and hopelessness, fear of death and absence of motivation.

Feelings such as bad morale, absence of self esteem, worthless and some things like these have mutual relationship with sense of depression. Kerber *et al.* (2004) showed depression in half of elders living in nursing home according to Geriatric Depression Scale (GDS) that indicates probable depression and instances of depressive behavior such as loss of many activities, interests, absence of energetic feeling, worthlessness and helplessness. Teresi *et al.* (2001) found that, among nursing home residents who were capable of assessment, about one-fifth suffered from clinical depression syndromes. Also in this study, prevalence of depressive disorders among nursing home residents was high. German et al found that, 6.5% of the residents had major affective disorders. While in Touhy's (2001) study, found the moderately high level of hope in subjects. In addition, the findings that hope is not dependent on age, physical and mental health, or functional ability, dispels some myths that elders who live in nursing homes are hopeless. In present study, some of the participants expressed feeling of loneliness but others stated that they have not such feeling. Besides, one of them said that she has habituated to nursing home conditions and in general, she is satisfied of living in nursing home.

In addition, one of extracted concepts was fear of falling. Fear of falling results in loss of autonomy and life style alters after a falling, thus they become isolated in physical and social aspects. This life style associated with functional decline, loss of self esteem, decreasing mobility and loss of autonomy (Roach, 2001).

Most of the participants have experienced relocation stress following entrance in nursing home or relocation

from other nursing home or other room in the same nursing home. Transition of care and environment of a residential home has been identified in the literature as the most significant stress affecting older people (Lee *et al.*, 2002). The older people might experience anxiety, confusion and depression in relocation time from a place to another place. This form of relocation was named removal syndrome (it may be contain transitional confusion) and if they move from home to acute care hospital or rehabilitation center to nursing center during a several weeks period, it's a fact (Hogstel, 2001).

In varying degrees, admission to a residential care home has been found to evoke feelings of abandonment, stress an uncertainty, loss of a home and opportunities for contact with family and friends.

Nay found that entry to a nursing home meant losing every thing for the elders who felt devalued as individuals with no future. One Participant, (no; 4) suffering from physical limitation after an accident, had a compulsory residency and this intensified feeling of worthlessness and helplessness in him. Tseng and Wang (2001) expressed that unless elders become sick or dependent; they (healthy or independent) were not sent to an institution. These elderly get separate from relatives and friends and more probable at risk in lack of sense of worth. Often these individuals have feelings as unimportant, unwilling and unkindness (Haffman, 2003). Of course this participant has had voluntary entrance to nursing home and had good relationship with others. In addition, the findings of Tseng and Wang's (2001) study suggested that the elderly who live longer in a nursing home might feel that they were abandoned and isolated from society and have a bad quality of life.

CONCLUSION

The core concept emotional experience has extracted from concepts such as feeling in daily life in nursing home, feelings in nursing home entrance and sense of powerlessness. In this present study, elders had different feeling about entrance and residency in nursing home. Physical inability, need to be helped by others in doing activities that previously have been done independently, makes sense of loneliness and depression in elders. Emotions such as sense of loss, feeling of abandonment, loneliness and hopelessness are important subjects that are needy to emotional support. These negative feelings overlap each other and could have synergetic role.

In the end, nursing home environment could causes elders have sense of worthy in there and have active, innovative life. Participation in enjoyable activities can deviate residents from problems, concerns and anxiety,

which results in stress reduction. Unfortunately, most focus is paid on client's physical care needs. It is expected that nurturing body, mind and spirit should be met through whole care. Because only attention to physical needs of elders denies hopeful, meaningful and purposive life in nursing homes.

Implications for practice: Understanding aged experiences will help nurses in changing their attitudes toward aging. Thus, the nurses should recognize residents' uniqueness regarding to their needs (privacy, preferences in nutrition...).

In addition, Efforts should be done in the development of strategies to help older people adjusting with nursing home. Therefore, mental health services should have important role in active aging and be supposed to be attend as a leading part in long-term care.

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