

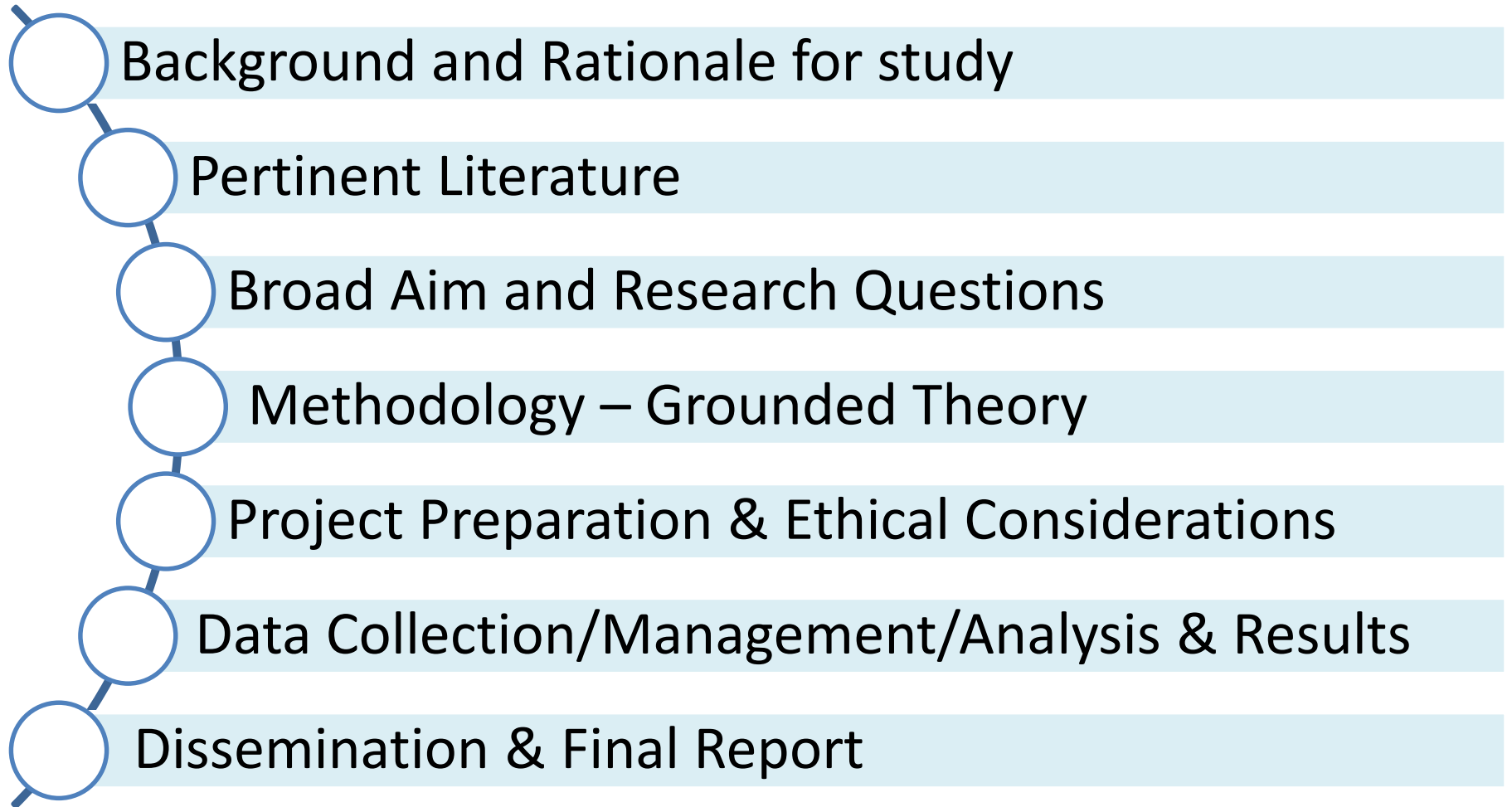


‘The lived experience of nursing home residents in the context of the nursing home as their ‘home’.

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Structure of the Presentation



Background & Rationale for Study

- Transition to long-term care can be an emotional and stressful occasion for older people as well as their families (Cheek et al, 2007; Ellis, 2010).
- The UN reports that approximately 20 countries in 2000 had over one-fifth of their total population aged 65 years and over. Population projection figures suggest many of these countries will have well over 35% of their total population aged 65 years and over by 2050.

Background & Rationale for Study

- A worldwide demographic trend elucidates significant global transitions to an older population as people are living much longer and are in effect ageing in place (Want et al., 2008; Gitlin et al., 2009).
- Additionally, the need to explore the perspectives of older people receiving such care and their perceived quality of life remains high on the research agenda (Ehrenfeld, 1998; Hellström and Hallberg, 2001; Phelan and McCormack, 2016).

Pertinent Literature

- The Livindhome Report (2011) provides important insights into home care identifying the drivers for change in each European country.
- However, it did not explore the context and nature or meaning of 'home', nor does it offer a sufficient operational definition. No clear or unequivocal contrasts are presented
- Moore and Ryan (2014) have outlined the importance of exploring the roles of home care workers and have identified a disconnect in the centrality of such roles and its recognition within the wider health and social care contexts.

Pertinent Literature

- HIQA (2012) reported on the need for greater reliability and less variation in the quality of Irish healthcare and the need for the setting and implementation of standards and monitoring compliance with them as important levers in driving improvements in quality and safety in healthcare.
- HIQA (2012) also suggested that such standards in healthcare were instrumental in providing professional expectations, ensuring safeguarding patients and delivering continuous improvement in the quality of care provided.

Aim of Study

The aim of this study was to explore the context and nature of the lived experiences of nursing home residents as their current 'home'; and to evaluate the importance and role that nursing home staff played in enabling and maximising a 'homely' experience for their residents.

Research Questions

- To identify the current context and meaning of 'home' from the residents and nursing staff perspective.
- To identify, compare and contrast the residents' previous context and meaning of 'home' prior to admission to this nursing home.
- To examine current levels of nursing home practice that determines a '*typical day*', thus enabling identification of the factors that may maximise or minimise the lived experience of 'home'.

Research Questions

- To explore the factors that influence current practice and service provision that promotes or inhibits a 'homely' experience.
- To make recommendations to NHI that will inform future planning, policy provision and educational provision to staff.

Methodology

Grounded Theory Approach

Why Grounded Theory? “Grounded Theories, because they are drawn from the data, are likely to offer insight, enhance understanding and provide a meaningful guide to action” (Strauss & Corbin, 1998, p12). Further, Cutcliffe (2000) contends that where the researcher is aware that there is a lack of substantial knowledge in the given area, then a GT methodology is most suitable.

Core Elements of GT Approach

- Constant comparative analysis
- Theoretical sampling
- Theoretical sensitivity

Project Preparation

- Letters of introduction circulated from NHI and Ulster University in advance of project.
- Participant Information Sheets & Focus Group Topic Guides & Consent Forms designed for both residents and staff groups.
- Random sampling of urban and rural split of nursing homes registered on the NHI data base
- Ethical approval Ulster University INHR Ethics Filter Committee & NHI Clinical Governance Committee.

Data Collection

- Total Homes Registered with NHI data base (n=443): City of Co Dublin (n=42); Co Donegal (n=12)
- Total participants (n=92) Staff (n=44) Residents (n=48)
- 8 Staff Groups and 8 Resident Groups = Total Focus Group Interviews (n=16)

Nursing Home Residents (n=8 groups)

NH 1. (n= 7)	Range 35-84 Ave 62.42
NH 2: (n=6)	Range 74-98 Ave 84.5
NH 3: (n=6)	Range 74-85 Ave 80.0
NH 4: (n=6)	Range 82-89 Ave 86.16
NH 5: (n=4)	Range 44-91 Ave 73.5
NH 6: (n=4)	Range 60-94 Ave 76.0
NH7: (n=9)	Range 55-86 Ave 79.33
NH 8: (n=6)	Range 71-90 Ave 83.83
Totals (n=48)	Range 35-98 Average Age = 92 Years

Nursing Home Staff (n=8 groups)

NH 1: (n=6)	9 months – 25 yrs.
NH 2: (n=4)	2.5 months – 8 yrs.
NH 3: (n=6)	4yrs - 8yrs.
NH 4: (n=6)	4.0 months – 11 yrs.
NH 5: (n=5)	6.0 months – 10 yrs.
NH 6: (n=5)	2yrs – 40 yrs.
NH 7 (n=2)	1yrs – 6 yrs.
NHI (n=10)	16 yrs - 30 yrs.
Totals (n=44)	Range 3.0 months - 552 months (46 years)

Data Management and Analysis

- Open, axial and selective coding.
- Field notes/observations & theoretical memos & Diagrams.
- Emergence of sub-categories to support core category?
- Initially manual analysis of transcripts, charting, collages, then QSR NVivo.
- Checking of theoretical construction against participant's meaning of phenomenon (Chiovitti & Piran, 2003, p427)

Data Analysis

- Time of residency in nursing home (or accumulated time) ranged from 4 months to over 11.5 years.
- Core reasons for admission, particularly in urban area was directly from acute hospital sector and related to either physical health deterioration or falls at home. A concomitant change in personal circumstances was noted in nearly all circumstances.

Data Analysis

- The younger residents were admitted due to RTC & severe physical illness/immobility issues.
- Whilst this was also prevalent in the rural sector, other reasons such as loneliness and feelings of isolation/inability to cope with life changes/spousal death are high on the reasons/choices for admission to NH sector.

Context

Demographic
Change

Changes in the
Persons Needs

Knowing the
Person



Causal Conditions

Changing Life
Circumstances

Deterioration of
Physical/Psychological Health



Intervening Conditions

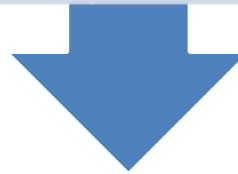
The Characteristics of
the Carers

The Nature of Care Giving within the
Therapeutic Relationship

Action/Interaction Strategies

Reluctant Acceptance

Passive Acceptance



Consequences

Transitions in
Care/Connectivity

A Social
Environment

Adaptation



Core Category

The **'Understanding'** and **'Knowing'** of the **'Person'** is central to the concept of **'homely care'** in a Nursing Home

Sub-Categories

- Dependency levels – Acceptance/Change
- Connectivity – Families – Normalcy.
- Communication – Really Knowing Me – Caring for me and Respecting my Choices.
- Transitions – From home to home!
- A social environment – ‘A new lease of life’
- Loneliness – Adjustment
- A ‘**disconnected**’ & ‘**reluctant/passive**’ acceptance of current reality.

Sub-Categories

- **Self Awareness** – Perceptions, Attitudes & Attributes (staff and residents).
- For Staff: Training – Skills – Staffing
- **Understanding and Respecting** the resident's back ground, life-stories and cultures – Urban – Rural.

Core Category

The **'Understanding'** and **'Knowing'** of the **'Person'** (even when they can't find the words) is central to the concept of **'homely care'** in a Nursing Home, where recognition and acceptance of the fact that as the older persons life events change, so too must their needs change also.

“I am 89 years of age and I have buried all of my relatives, my husband, my sister and my brother. I have been living alone for many years and the only human contact I have had was when the postman would call with me. I experienced sadness, loneliness, anxiety and despair. So I decided to come here and give up my beautiful home and ***my life as I knew it to be!*** Life is strange and funny you know, but if I can accept that ***it needs to change, which is what I have done.*** Then my day to day living here is just not all that bad really. It’s the ***acceptance of this new way of living in this home,*** that is the hardest thing to accept. But, alas, it is the most important thing to do, and ***then life becomes so much easier you see!***”



Discussion & Questions?

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