

Safe, but lonely: Living in a nursing home

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ABSTRACT

How do residents in nursing homes experience their life there? Gathering and analysing the personal views of residents is an important way of studying the effectiveness of nursing homes. The aim of this study is to describe the experience of a group of nursing home residents. Fourteen residents were interviewed. The data were analysed by using a qualitative content analysis method. The main finding was that living in a nursing home is a 'safe but lonely' experience. Feeling respected, secure and cared for by the nursing staff, as well as having a sense of autonomy were regarded as positive factors by the informants. The reliability of nurses and the extent to which they meet the social needs of residents are factors that appear to need improvement. The findings that residents experience both loneliness and safety are discussed in this article.

KEY WORDS: *elder care, content analysis, nursing, reliability.*

Introduction

Only those living in a nursing home know what it is like. Recently, there has been increasing interest in the quality of care in nursing homes (1). Nursing homes should provide an environment where residents' integrity and autonomy are protected and where residents can thrive. Anderson et al (2) tested a hypothesis about the relationship between management practice (communication openness, decision making, relationship-oriented leadership and formalization) and resident outcome (aggressive behaviour, restraint use, immobility and fractures). They concluded that there was a correlation between more positive resident outcomes and the size of the facility and the tenure of the nursing director. Several studies (3, 4) show that lack of competent personnel and nursing home residents with more complex caring needs leads to insufficient care. This can be improved, however, (5, 6) by a qualitative improvement program in nursing homes that includes risk adjustment and by following up care workers. There are correlations between satisfaction, commitment, stress and quality of care as perceived by staff. Reports from family members are often positive but have also led to implementation of emotion-oriented care in some homes. Despite this, while generally positive, the overall assessment of nursing homes by family members has not improved (4, 6 and 7).

The quality of care as assessed by competent nursing home residents has been studied by some authors (1, 8). They found that the residents were mostly satisfied with the extent to which their wishes were met in regards to meals, shower routines, opportunities to listen to radio and TV, and their feeling of safety. The greatest difference between what residents wanted and what they experienced concerned the opportunities they had for close social relationships.

One phenomenon that has been explored through the years is that of autonomy in nursing home settings (9). A multidimensional understanding of the principle of autonomy would best fit in a nursing home context. Mattiasson (10) did an empirical study with nurses, assistant nurses, nurse aides, extra staff, and competent but chronically ill elderly residents in 13 nursing homes in Sweden. She examined the organizational environment, particularly the climate, organization of work, and selected staff and resident characteristics in relation to resident autonomy. She found that registered nurses respected the nursing home resident's autonomy to a greater extent than auxiliary nurses did.

Crabtree (11) and Agich (12) discuss the autonomy of elderly living in nursing homes as being dependent, yet at the same time striving for more self-determination. Living in a nursing home makes residents dependent on nursing personnel to meet their basic needs (11, 12). Thus it is important to be aware of the various dimensions of autonomy and how nursing personnel can manage various aspects of resi-

dents' autonomy even when residents are incapable of total autonomy in a nursing home (13).

Thriving and integrity are discussed as two other important concepts for nursing home residents, and while thriving may be considered only a theoretical possibility for the well-being of a physically frail resident, integrity is certainly a complex issue which should be addressed (14, 15).

Previous studies have not addressed the resident's experience of living in a nursing home. Understanding how residents in nursing homes regard living is important and has implications for nursing care and practice. The aim of this study is to describe the experiences of a group of nursing home residents. The two research questions were: How do the residents experience care? How can nurses help the residents to have a good life in the nursing home?

Design and method

The study was a qualitative hermeneutical study with content analysis of fourteen interviews with residents in three different nursing homes.

Sample

A total of 14 residents from three different nursing homes were asked to participate. The inclusion criteria for these residents were that they had lived at the nursing home for at least three months, they were competent and did not suffer from a dementia disease, and they agreed to participate. The residents' (8 female and 6 male) had lived in the nursing home for different lengths of time (from 3 months to 10 years).

Three nursing homes which fulfilled the Norwegian quality regulations for nursing homes were selected. The quality regulations require that a minimum of care such as bathing, clothing and meals should be met. All the nursing homes had about a total of 150 residents each located on long-time ward or rehabilitation ward. They were located in different communities in a large city. Each resident had their own room with personal belongings and furniture.

Data collection

The researcher conducted one 30 – 60 minute interview with each informant. Based on the resident's response, questions were asked about respect, autonomy, and how their best interests were taken care of. They were also asked for advice on how the nurses could help them to have a good life in the nursing home. The interviews focused on aspects that the informants thought were important in regards to living in a nursing home. It was important to ensure that no misunderstanding had arisen and also to encourage the residents to clarify and explain their answers (16). The researcher took notes during the inter-

view and wrote a record of the interview as soon as it was finished. The slower pacing of the interviews allowed the researcher to take notes, and also gave the informants time to reflect on and expand their answers.

Analysis

The analyses were conducted by using a qualitative content analysis method (17). The researcher categorized all the material after a thorough reading. The analysis started with an open categorization while the written material, in this case, the interview notes, was read line by line. The first analysis revealed categories like «lack of thriving», «longing» and «activities» which became the category «loneliness». This resulted in several categories as mentioned. Rereading the material and categories resulted in more abstract categories. This categorization resulted in the main category of 'becoming safe but lonely'.

Information from all 14 informants was used when analyzing the data even though only some of them are cited in this section. The citations are selected for being representative or of creating meaning for the category represented (16).

Ethical considerations

The study was reviewed and approved by the Regional Ethics Committee for Medical Research in Health Region South, Norway. The patients were guaranteed anonymity and confidentiality. The staff nurse informed the residents about study, and collected signed consent forms from those willing to participate. The participants could discontinue their participation at any point. It was important to be aware of the informants' health condition during the interview and breaks were taken whenever they were requested.

Results

The main finding was that the experience of being 'safe but lonely' characterises residents' experiences of living in a nursing home. The main subcategories were the resident's feelings of 1) feeling safe, 2) feeling lonely or «nurses have no time for me» with subcategories such as loneliness, sadness, boredom, nobody to talk to and lack of companionship, 3) feelings of being respected or not, and 4) feelings of distrust or lack of reliability in the care given. The worst part of living in a nursing home appears to be the loneliness and lack of social contact with family, friends, and nurses.

Feeling safe

The residents at the nursing home emphasized that moving into the nursing home had made them feel safer than they felt when living in their private home. Many residents told of feeling insecure and anxious when they lived at home. They were afraid that something adverse might happen to them and that they would not be able to get help when they needed it. The informants stressed that having people in the vicinity at all times was one of the substantial benefits of living in a nursing home. A subcategory of the safety category was a lack of trust in the foreign nurses. These nurses came from non-European countries and had weak Norwegian language skills which led to problems with communication and understanding both for the residents and the nurses and in turn led to feeling of insecurity for the residents. Another subcategory was «haste». The nurses were too busy to attend to the residents properly, so the informants did not feel that they were respected and regarded as unique individuals. This gave them a feeling of insecurity. All informants, however, stressed the importance of safety as the greatest benefit of living in a nursing home. One said:

I told you before, but I must repeat that I feel very safe here! They watch us even during the night. I had terrible pain here one night and I was afraid there was something wrong with my heart. I waited for a long time and hoped it would pass, but in the end I had to call for the nurses. They came at once; yes, I got immediate help that night. The nurses don't sleep in the night here in the nursing home. I feel very safe here! (Interview K)

Another respondent started the interview spontaneously by saying: *It's*

so good to live here at this nursing home. It's safe and all is well. Safety is the great advantage of living here (Interview C). The informants gave their particular nursing home more credit than they appeared to think that nursing homes were generally given in the mass media. They felt they were cared for, but that at the same time the standard of their care would have been even better if there had been more nursing personnel.

«Nurses have no time for me» – Feelings of loneliness and sadness

A quote from one of the informants clearly states dissatisfaction with living in the nursing home. The days were long, boring, and empty, and informants felt uncared for. The informant was sitting in a wheelchair and started the interview by saying spontaneously:

*I think it's very boring and sad to live here in the nursing home. I have no one to talk to. Either the residents here don't hear or they don't speak. Sometimes the nurses go outside and smoke. I smoke as well. When the nurses smoke, I drive my wheelchair out to them and smoke because I want someone to talk to. Here there is **nobody** to talk to – it makes my day long and boring. I really wish the nurses would take some time to talk to us.* (Interview I – emphasise by the informant).

This quote reveals a **lack of companionship**. A staff that cannot find the time for residents leads to boredom and loneliness. The nurses do not see, nor do they meet the residents' social needs. Another resident had mixed experiences with the social community at the nursing home:

My niece is very caring and supportive. She often takes me out from the nursing home. [To me,] it doesn't matter where we're going, as long as we go out for some time. I don't have any friends here. By the way, there is a female resident here I talk with a lot. It's so nice to have someone to talk to. The nurses don't have time to talk to us; apart from when there's something extraordinary – only then do they take time to talk to us. (Interview C)

Informant M said she had nothing bad to say about the nursing home, but emphasized that fortunately, she was not dependent on company, since there was none: *There's nobody here to talk to at all!* The informants said that the nurses were unable or unwilling to take the time to talk to them. Some informants pointed out that a language barrier made communication with some of the nurses difficult. According to those residents, the lack of personnel led to loneliness among the residents because the nurses had little time to chat with the residents. Every respondent agreed that the failure to address the social needs of residents, made the days long, lonely and boring.

Feelings of being respected

The informants were asked whether they felt respected or not. Most gave answers such as: *We are met with respect from everybody here! The nurses behave wonderfully – they really show us respect, really!* (Interview C). This informant mentioned respect spontaneously before she was asked about it. Another informant explained what he meant by respect:

Sure, they show respect for us. Some of the residents can be really angry with the nurses and yell at them. But the nurses never yell back or punish them in any way. They are nice to the residents, and calm them. I never interfere in such situations. But the nurses meet us with respect. There are so many nice people here. (Interview F)

But of course, some of the residents stressed that because of the language barrier, they were dissatisfied with the nurses, because they did not understand them:

I can't say we are respected here. I don't know what should be done for us to experience respect. Too many nurses here are foreigners. They don't understand what I say. Today there was a new nurse here who didn't understand a word I said. (Interview I)

Residents felt that this lack of respect was expressed as nonchalance.

It gave the residents a **feeling of not being understood**. It was not only this respondent who was concerned with nurses' lack of proficiency in Norwegian. Several informants stressed that they could not discuss their problems with the nurses because the nurses did not understand what they said and thus did not understand their needs. Other informants said that they used humour to solve language problems and that by the combined use of hands and words they could communicate what they wanted from the nurses.

Feeling a lack of reliability

The one thing that the residents ask for is reliability. They reported that the nurses often did not follow up on agreements such as making training appointments and other agreements related to care. The informants stressed that if a nurse had promised the resident something, he or she should attend to this immediately or at an agreed time. This was not always the case, and the residents felt frustrated at having to wait for 'eternities' for what they had been promised. This, the informants agreed on, was an aspect of their care that could be improved.

Discussion

Even if the informants mentioned positive factors in their experience of living in the nursing homes, they also mentioned deficiencies in the care they experienced. These deficiencies tended to result from systemic limitations such as too few staff assigned to too many and too frail residents. Another deficiency was related to residents' experiences concerning how they were taken care of and whether the nurses were reliable. It was important for the informants to emphasize their feeling of safety. In Norway there is restricted access to permanent beds in nursing homes. Residents who have permanent beds seem to emphasize that they appreciate the security which comes with always having staff around them. This has been documented in other studies of Norwegian nursing homes as well (4). Nursing homes in Norway are mainly owned and run by the state. Only a few are private homes. Municipal officials recommend which residents should be given a permanent bed in a nursing home. Because of the lack of beds in nursing homes, residents live at home for as long as possible. When residents finally do get a permanent bed they are often quite frail and depend heavily on assistance.

As other research has documented (15), the feeling of being respected and maintaining one's integrity needs more attention. This corresponds to findings in this study showing that residents' social needs are not met satisfactorily. In this study, integrity is defined as living in accordance with personal values and maintaining moral soundness. The residents in this study all experienced that their integrity was respected. At the same time, their autonomy was limited, especially regarding social life at the nursing home. As already mentioned, autonomy is important for residents in nursing homes. Agich (12) discusses autonomy as vital for being able to live the life one regards as best for oneself. All the residents stressed that they were lonely and lacked significant others, mainly family and nurses, to talk to. It was difficult to establish new friendships in the nursing home. The lack of someone to talk to about everyday matters caused loneliness, sadness, boredom and a lack of self-determination. This finding is confirmed in a newly published study from Norway (1). There is a huge potential for the staff to improve their practice and service for the nursing home residents in this area.

A central phenomenon in this study is the resident's feelings of being met with respect. Several of the informants mentioned their feelings of being met with respect as a fundamental aspect of good nursing care. To be met with respect means that the person is being met with appreciation for the unique human being he or she is. Respect includes respect for the autonomous choices each resident makes regarding his or her own life. It includes respect for the unique person's integrity. It is vital for human beings to feel that their dignity is respected (20). Nurses could improve quality of care in nursing homes by paying attention to residents' self-esteem, dignity and autonomy.

Residents in a nursing home have an unexpressed right to be taken care of in such a way that he or she feels comfortable and is regarded

as a human being. A resident is a human being with unique integral qualities and capabilities. Caring instructs us to meet 'demands for respect' as the Danish psychiatrist Adserballe has said: «to show patients respect when we speak about and speak with them, to show respect and tolerance for their uniqueness when meeting patients, and to show respect and empathy and to try to understand how the patients themselves experience their situation and condition» (21, p. 94). If residents are met in this way, hopefully they experience that more of their social needs are met so that they will not experience such a high degree of loneliness.

The nurses in the three nursing homes in this study met these demands for respect to a certain degree because the residents felt secure and looked after. The residents felt safe in their nursing home, and they were grateful for the care they received. The results of this study are comparable to what Mattiasson and Andersson (8) found in their study of competent nursing home residents. However, whether empathic understanding from the nurses was experienced as satisfactory by the residents can be questioned. The residents did not feel that their social needs were met in such a way that they felt they were regarded as unique human beings who could still make important contributions to society. In a way, the question can be turned around: is it the residents who show empathic understanding for the stressful situations that nurses endure, and might this lead to the residents not demanding more strongly that their social needs should be met?

The results of the present study show that residents living in nursing homes suffer from boredom and loneliness. This is similar to other findings from nursing homes (8, 10). Many nursing homes in Norway suffer from a shortage in qualified health care personnel (4). Because of the shortage in qualified staff, the residents' basic, important needs such as everyday conversation are not met. This should be taken seriously by health care administrators and politicians. It is also of vital importance that nurses in nursing homes are aware of this lack in care offered to the residents. The nurses should spend their time with the residents when possible. The resident's relatives and friends should be encouraged to visit, and take time to talk and take the resident out for a walk. Some residents do not, however, have relatives or friends. A visiting service should be provided for them as well. Perhaps this service could be organised by a nurse administrator and provided by a humanitarian organization. In Norway, visiting services already exist for prison inmates. Hopefully, it could be a supplement to staff and relatives for nursing home residents as well. It is important, however, to stress that the resident's social needs as well as physical needs are equally important duties for nursing personnel in nursing homes.

Methodological discussion

The fact that only competent residents were interviewed may have limited this study. 70–80% of the residents in nursing homes suffer from a dementia disease (18). Residents suffering from dementia may have a different experience of living in a nursing home that is not included in this study.

The reliability and validity of the study depend on whether the study actually provides answers to the research questions. Kvale (16) says that validity refers to whether an investigation yields a correct answer. On the other hand, reliability means that investigations of the same phenomenon by the same method will yield the same answer, which means the findings are consistent. Throughout the interviews the informants were asked questions to clear up any misunderstandings or to control the tentative hypothesis created during the interview. Kvale (16, 19) calls this «communicative validation». Categorization was done by the researcher and reviewed by another expert on qualitative research in order to validate the categorization. The results of this study seem to be relevant and valid for the three nursing homes in the study. It may also be possible that residents in other, comparable nursing homes may have experiences similar to the residents in this study, (Kvale's «analytical generalisation») (16).

Implications for practice and research

The informants in this study felt taken care of, respected, and protected. They felt safe when living in the institution because nurses were

around them day and night. However, being safe is only part of the experience of living in a nursing home; the feeling of loneliness is also important. In this respect, society should consider meeting the challenge of creating a more vibrant social life in nursing homes by including the residents in social settings and providing enough nurses to take care of both the social as well as the physical needs of their residents. A step in this direction might be organizing volunteer visiting services for residents. It is recommended that nurses spend more time with their residents and that they meet social needs as well as physical needs in everyday life at the nursing home.

Further study including a larger sample and observations of daily life in the nursing home is recommended. Future studies should focus especially on how to improve the quality of nursing in order to meet the social and physical needs of the residents.

Conclusion

The aim of this study was to describe the experience of living in a nursing home. The two main questions were: How do the residents experience care? How can nurses help the residents to have a good life in the nursing home? A central finding was that all the informants emphasized the importance of feeling safe and respected. The experience, however, is linked to a feeling of loneliness. Nurses are therefore faced with the huge challenge of providing holistic care that addresses both the social as well as the physical needs of the residents.

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