



CLÍNICA

The personal relationships that are established by residents of a nursing home

Las relaciones personales que se establecen por los residentes de un hogar para ancianos

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Palabras clave: anciano; anciano de 80 o más años; hogares para ancianos; Investigación Cualitativa.

ABSTRACT

Objective: The purpose of this paper is to study and develop a theory about the personal relationships established within nursing homes.

Methodology: qualitative and interactive investigation built from the development of a grounded theory. The study took place in 6 nursing homes in the region of the southern districts of Cordoba, in southern Spain. The participants were 16 residents and 4 professionals of these centers. The collection of information was done through in depth interviews.

Results: In the context of the nursing homes there are mainly three groups of people who interact with the elderly: partners, roommates (when sharing a bedroom) and caregivers. We have built some roles in each of these groups living together, on which we will base the dimensioning of some of the characteristics of these people. The situation in either of these roles is not static or permanent, people may change from one to another depending on various circumstances.

RESUMEN

Objetivo: El propósito de este trabajo es estudiar y teorizar sobre las relaciones personales que se establecen en el seno de los hogares para ancianos.

Metodología: Estudio cualitativo de tipo interpretativo construido a partir del desarrollo de teoría fundamentada. El lugar de realización han sido los 6 hogares para ancianos de la comarca de la campiña sur de Córdoba, en el sur de España. Los participantes han sido 16 residentes y 4 profesionales de estos centros. La recogida de información se ha realizado a través de entrevistas en profundidad.

Resultados: En el contexto de las residencias de personas mayores hay principalmente tres grupos humanos que interaccionan con el mayor: los compañeros residentes, el compañero o compañeros de cuarto (si comparten dormitorio) y las personas que lo cuidan. Se han construido una serie de roles en cada una de estos grupos de convivientes, para la cual nos vamos a basar en la dimensionalización de algunas características de estas personas. La situación en uno u otro de estos roles no es estática ni permanente, las personas pueden ir cambiando de unos a otros en función de las diversas circunstancias.

INTRODUCTION

Background. Qualitative studies about the relationships established in a nursing home.

Friendly relations among partners

Bergland and Kirkevold ⁽¹⁾ conducted a study that analyzed the influence of close relationships between partners in the concept of "*thriving*" (psychological well-being and emotional satisfaction). In order for these relationships to contribute this particular type of welfare must be perceived by the players as positive and significant. Although relationships among partners were not essential for residents to experience emotional satisfaction, some of them expressed a desire to establish relationships of this type. Authors concluded that is very important that caregivers develop their role as facilitators of meaningful human interaction in order to strengthen this development experience (thriving).

Silva et al. ⁽²⁾, addressed the theme of friendship in a residence in Brazil. They conducted interviews of 15 elderly people and also used participant observation. Informants defined the concept of friendship in light of support which gave them friendly relations with respect to the shortcomings experienced in their daily lives. In this context, the friendship went beyond the physical, age or culture differences.

Coexistence in the common rooms and bedrooms

Hauge and Heggen ⁽³⁾, used participant observation and interviewed 5 elderly from two institutions in Norway to investigate how the residents felt that their institutions were like a home. Many elderly spent much of their time in the lounges. They expressed that the well-defined boundaries is the fact that defines a home and these lounges, but they also had certain physical limitations, they were seen as ambiguous, so these rooms would be located in an area between public and private areas. The relationships established in these lounges were defined as weak and were seen as forced, and some residents without physical limitations preferred not to be in these rooms. Although the elderly included in this study had single rooms decorated and shaped according to their preferences, they found it difficult to maintain a lifestyle with privacy in these institutions.

Oh ⁽⁴⁾, developed a research in a nursing home in Korea. Through interviews, he studied the experiences of 14 mentally lucid elderly who had suffered strokes and who shared bedrooms with partners suffering from dementia. Informants told of being

affected by intense and severe discomfort. Over time there was an evolution through which lucid elderly tried to find a sense of the situation they were facing and experienced a sense of resignation when they realized that they did not enjoy the power to change institution policies. Changes occurred in their character, they felt a continual fear about also suffering from dementia, came to undervalue their own lives, became more indifferent to others and lost motivation for their activities, which finally resulted in a decrease in independence.

Courtship relationships

Mendoza et al. ⁽⁵⁾, through 42 semi-structured interviews, addressed the issue of sexuality with elderly who lived in nursing homes in Alava, Spain. The sexual experience evolved over the lives of informants in two stages, both influenced by religious beliefs: first, sex was clearly directed towards procreation, in the second stage, sexuality was associated with love, with affection, with tranquillity and the fact of not being alone. It was also reported that the non-availability of single rooms was changing the experience of intimacy in a negative manner.

Nay ⁽⁶⁾, also addressed the issue of sexuality interviewing 20 elderly women living in an institution in Australia. Some of them said that they were already too old for these issues and that sexuality was not appropriate for women who had no husband. They defined sexuality as limited to male complacency and associated it with reproduction and youthful beauty. Others acknowledged that they thought about sex but had no opportunity to practice, because there were few men available. What they missed was the closeness, the touch of someone special and close embraces in bed at night.

The relationships with caregivers

The participants in the study of Anderberg and Berglund ⁽⁷⁾ considered professional care givers are crucial to: maintaining a balance between pain and well-being, retaining control over their own bodies, living for today without worrying too much about future vulnerability and hiding themselves from a situation in which they felt compromised.

Chang ⁽⁸⁾ studied the perceptions of self-care among elderly people living in these institutions. They explained the beliefs of the respondents, organizing them around three major themes: the importance of self-caring, barriers to recover the capacity of self-caring and the facilitators that can help them maintain this capability.

The conclusions of Liukkonen's interviewees ⁽⁹⁾ were that professional staff were always busy and pressured so they asked for the caring staff to talk much longer with them about their wishes, hopes and daily thoughts.

Research objective

This work aims to provide a theoretical-interpretative approach to the personal relationships established by elderly people living in nursing homes.

METHODOLOGY

The research is a qualitative study of the interpretative type, based on the development of grounded theory. ⁽¹⁰⁾

The locations chosen for this study were 6 nursing homes placed in the southern countryside of Cordova, Spain. The participants have been chosen by using an intentional and theoretical type of sampling^(10, 11): we invited people to participate in interviews who were considered most appropriate for understanding the phenomenon of the study, in this case, the elderly residents and professionals of the nursing homes. As the data analysis was taking place, we increased the number of participants in order to achieve an overall perspective as wide as possible for each code and category emerging from the data collection.

In spite of carrying out more interviews, there were no new findings and data analysis did not provide new properties and dimensions for all the research categories, we did not add more informants: theoretical saturation criteria^(10, 11).

The directors of each nursing home, as well as professionals and nurses in nursing homes took the figure of "gatekeepers", typical in qualitative research, allowing the development of the "snow ball" technique.⁽¹²⁾

A total of 16 residents from these institutions have been interviewed: 7 males and 9 females. The age of the elderly people interviewed ranged from 56 to 98 years old, and the time they had lived in the nursing home varied from 8 days to 26 years. The elderly affected by degenerative-neurological disease at an advanced level were not included as participants. Four professional caregivers working in these nursing homes were also interviewed.

The meetings took place in a private office ready for receiving visits or in the informants' bedrooms. The testimonies of the participants were recorded in digital format through a MP3 device and transcribed literally afterwards.

The developing of grounded theory requires the support of various strategies. Theoretical sampling and theoretical saturation has already been discussed above. Another key aspect is the constant comparison method: we have simultaneously encoded and analysed data in order to develop concepts. We have continuously worked on comparing the incidents (minimum units of analysis) of data in order to refine concepts, identifying their properties, exploring how they relate to each other and integrating them into a theory.^(10, 13, 14)

Other resources used are the memos or memoranda (notes of the theoretical ideas as they were emerging to the researcher in the encoding process) and diagrams (graphical representations of relationships between concepts).

The data analysis procedure was organized in three stages: open encoding, the axial encoding and the selective encoding.^(10, 13, 14)

According to the criteria developed by Emmanuell, Wendler and Grady⁽¹⁵⁾, afterwards adapted to the qualitative research of Barrio and Simon⁽¹⁶⁾, we have tried to ensure the ethical propriety of our research:

- Social or scientific value.
- Methodological design must be consistent with the objectives and the interpretation of results, selecting the correct contexts and informants.
- Favorable quotient among risk-benefit.
- Informed consent signed by each participant.

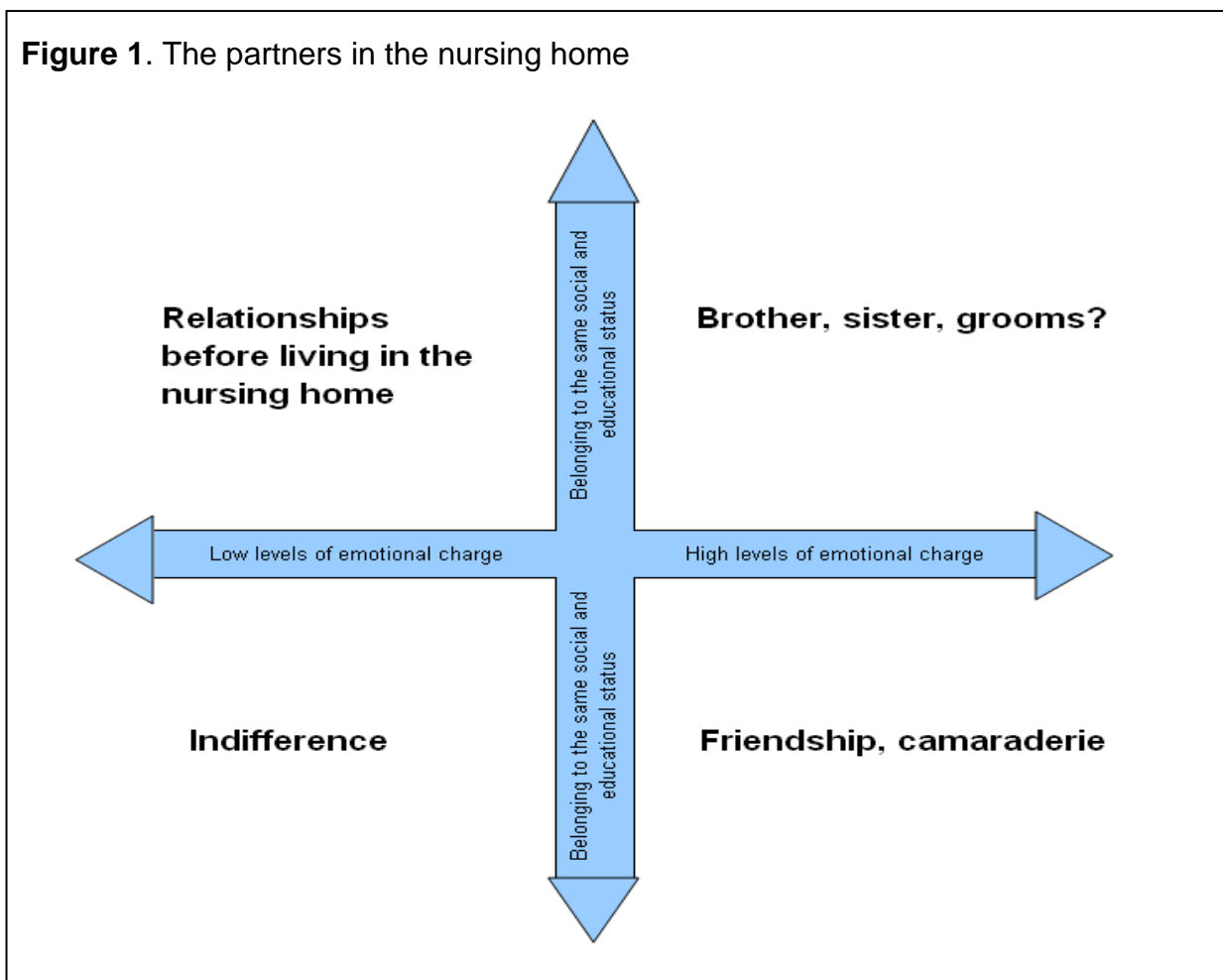
- Respect for the participants: privacy and confidentiality protection. Interviewees were informed about the way of protecting data, how it is stored and who can access to it.
- Independent evaluation, which should not follow the typical assessment schemes for clinical drug trials.
- Equality in the selection of participants.

With the purpose of guaranteeing the appropriate scientific rigor of this study, we have taken into consideration certain key criteria that, according to several authors, provide methodological justification for the qualitative research: credibility, transferability, dependability and confirmability ^(17, 18). The specific criteria addressed to support scientific quality of the grounded theory are four: the data adjustment, correct operation of the theory, relevance and modifiability. ^(19, 20)

RESULTS

In the nursing homes context there are three main human groups that interact with the elderly: partners, roommates and caring staff. We have tried to set a series of roles for all of these participants, basing on the description of some characteristics of these people. To be in one role or in another is not something static or permanent; people can change from one to another according to different circumstances.

Partners in the nursing home. We have sized two concepts, the intensity of the affectivity and the level of belonging to the same social-educational status (Figure 1).



High levels of emotional charge-belonging to the same social and educational status: they are companions that the elderly are naming as "brothers" or "sisters" ("in vivo" code). They all share aspects of daily life, leisure, walks or physical spaces for example the same table in the dining room. Sometime those are relationships formed in the youth. When there are high levels of these two characteristics in people of the opposite sex, there are even emotional couples.

H6: "I like listening to him, we have lunch together and there is one more thing, at the dining room table I talk to him more than to the rest."

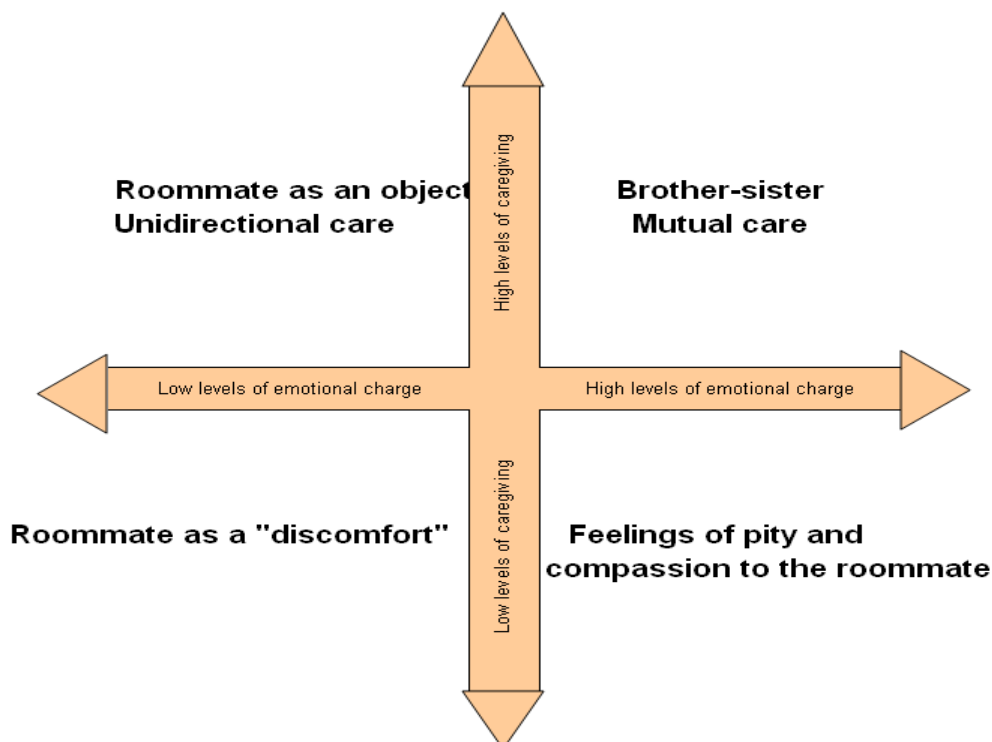
High levels of emotional charge - belonging to a social and educational status are different: they are described by themselves as "friends" or "partners" ("in vivo" code), with which they have occasional meetings, maintaining a kindly and friendly attitude but they do not intend to share all possible circumstances of daily life.

Low levels of emotional charge - belonging to the same social and educational status: in many cases they are residents who had known each other in their youth. Some of them may have had some quarrel or misunderstanding through the years or even in the nursing home.

Low levels of emotional charge - belonging to a different social status and education are: to these partners is an indifference attitude, although with the passing of time, it can evolve to the role of partner-friend if there is an increase of the affective charge. Sometimes, the low affective attachment is due to conflicts arising from not having respected the values of groups belonging to different status.

Roommates. We have described two concepts, the intensity of the affectivity and the implementation of care among the roommates (Figure 2).

Figure 2. Roommates.



High levels of emotional charge - execution of feelings among the roommates: again, we find the concept “brother”. They are really emotionally attached friends who establish an authentic familiar and complicity relationship (although they are not biological relatives). Cares are mutual and include helping in basic daily activities, alerting when the friend is ill and sharing personal objects.

M7: “My roommate entered three days before me and we are like we were on my first day. She is a good person, very, very good person, like a sister.”

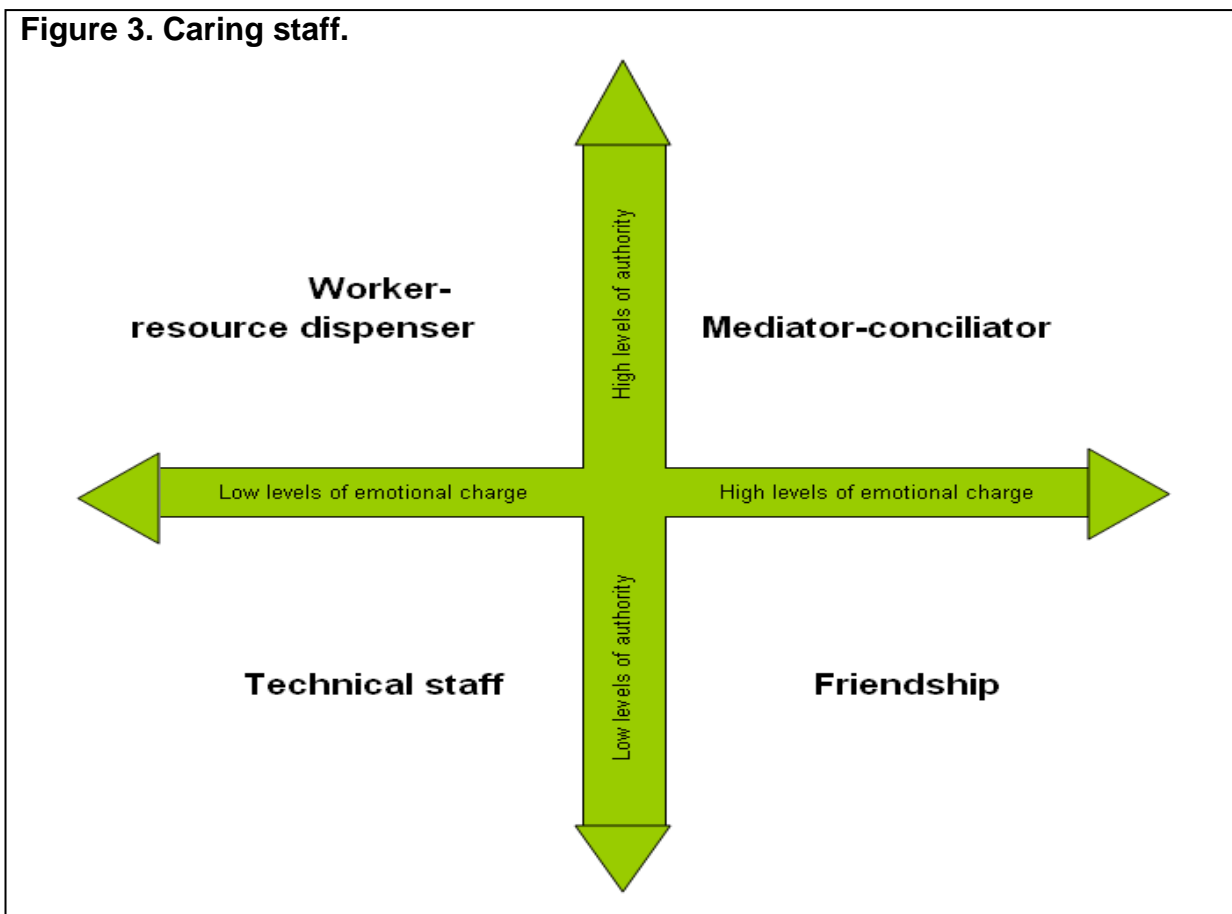
High levels of affective charge - without execution of care among the roommates: it is a type of situation that we find when a valid resident lives with another one in a dependent or dementia situation. It is a roommate who makes the other feel pity and compassion, but is denied establishing a caretaker relationship, probably because this relationship cannot be reciprocal.

Low levels of affective charge - execution of care among the roommates: the roommate is almost treated as an object. The most valid person unilaterally cares for his/her mate, but, in fact, he/she does that in order to help and please caregivers.

Low levels of affective charge - without execution of care among the roommates: there is a mate considered as “unpleasant” and there is hardly interaction.

Caring staff. We have sized two concepts, affective charge and the level of practiced authority.

Figure 3. Caring staff.



High levels of affective charge – high levels of authority: nurses and the rest of caregivers would practice as mediators or conciliators, for example, to solve conflicts between residents or to favor the establishment of social relationships among them.

Low levels of affective charge – high levels of authority: in this case, the caregivers act just as workers under the orders of the institution and as dispensers and managers of the available resources for the elderly.

M5: "Conchi is the supervisor, she is always ordering everybody around, which is what she likes, she is the one who orders how we are, how we aren't along with what we need, Amalia is just the director."

High levels of affective charge – low levels of authority: when the caregivers are considered practically as friends or, for example, when care is practiced among roommates in a reciprocal way.

Low levels of affective charge – low levels of authority: in this case, the caregivers are just technical workers that give medicines or cure ulcers, but they practically don't interact with the elderly people.

DISCUSSION

Results discussion

In the work of Hauge and Heggen ⁽³⁾ on the behavior of residents in the common rooms, when the participants are characterized physically these places, the lack of personal items like pictures, embroidered tablecloths and cushions is referenced... The authors indicate that the social relationships established among elderly people in these rooms were fragile. Strange talking and interacting in such rooms is common in Cordova's nursing homes and their inhabitants prefer to spend time watching television. In both studies, more independent residents prefer to leave these halls and move along the corridors or go and stay in their bedrooms.

Oh ⁽⁴⁾ studied the shock concerning the fact of sharing a bedroom with a partner affected by dementia. It is an annoying and intense experience physically and emotionally to the lucid resident and which also means a decrease in his/her social interactions. My current study also reflects the disturbing aspects of living together, but some residents have changed this situation and have become authentic caregivers of those partners who are less favored, what has even contributed to making their daily lives more significant.

In the work of Silva et al. ⁽²⁾ friendly relationships were established in the institution beyond the physical, age or culture differences. However, in our studied nursing homes, residents tended to maintain friendly relationships only with those belonging to the same social level, in terms of education or economic circumstances.

Some of the participants in the study of Bergland and Kirkevold ⁽¹⁾ and Nay ⁽⁶⁾, expressed their desire to establish deeper relationships with partners or even loving relationships, whereas in our study the informants (particularly the women) openly expressed not to seek or establish such interactions. The formation of a couple in one of the nursing homes where this study was executed, led to a series of rumors and comments that led to problems between diverse residents. Similarly in the study of

Mendoza et al. ⁽⁵⁾, it is referred to how partners do not respect each other's privacy and lifestyle. To Bergland and Kirkevold ⁽¹⁾, nurses have a role as facilitators in establishing strong relationships among peers or colleagues (whether friendly or sentimental type): in our study elderly people considered nursing staff as confidants in relation to these issues.

In the present study along with that of Anderberg and Berglund ⁽⁷⁾, the residents expressed the importance of communication and warm treatment from caring staff. The Swedish participants showed more interest in their own self-care than expressed our interviewees, who maintain a higher level of emotional dependency about the care provided by nursing staff, like a need for calling more attention and staying in contact with their caregivers.

In the study by Chang ⁽⁸⁾, it is exposed that one of the reasons why the self-care is important is to avoid residents having to constantly demand support from the staff. As we have proven in the present work and as we have read in the studies concerning nursing home residents' experiences, these continuous requirements of care can cause conflicts and negative feelings if they are not treated as fast as the elderly seek or need. The desire of returning to the home and the ability of providing support by caregivers and relatives for elderly people, are also identified in the Chang's research as facilitating factors for the execution of self-care.

The informants of Liukkonen's study ⁽⁹⁾ required staff to spend more time talking with them. Although nursing staff in our studied institutions were also very pressed for time, they have assumed their roles perfectly, providing human attention, talking and understanding their patients.

CONCLUSIONS

The people who interact in the nursing homes with the elderly carry out roles, which we have tried to explain describing some of the qualities most significant of these people who live or work in the institutions.

The more intense or friendly relationships established between our respondents are consolidated among people who are mutually perceived as having a similar level of social, economic or educational status.

In many cases, when they are living in one bedroom, a functionally independent person with other functionally dependent, the person more physically active spontaneously (or in order to congratulate with the staff) assumes the role of caregiver with his/her roommate.

The relationships with caregivers and nursing staff are determined by a combination of the emotional charge that is established between residents and professionals and the level of authority that is perceived by the elderly in their caregivers.

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