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Older Residents’ Personhood: How It Is Perceived within Long-Term Care Facilities

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ABSTRACT

Personhood is that dynamic process in which each individual is involved by virtue of being alive. It is a frame of reference affecting one’s self-concept, body image, behaviours, and relationships with others. While the needs of older adults who move into long-term care facilities have received some attention in the nursing and related health care literature, emphasis seems to have been placed on their physical and social health, not their emotional well-being. It was within this context of understanding that the research question emerged: how do members of the long-term care facility perceive older residents’ personhood? Ethics approval was obtained through the university.

For this qualitative ethnographic study, registered nurses, older residents, para-professional staff, and significant others were interviewed individually and participated in focus groups. The two most common themes in the findings were: (1) the proclamation, the need to acknowledge older residents’ personhood and (2) the deed, the presence of behaviours which shape personhood.

Nursing care provided in long-term care facilities needs to be reflected upon so that older residents are treated with respect and dignity.

Key words: ethnography, older adults, long-term care, facilities

About 7% of older Canadians reside in collective dwellings, primarily health care facilities. Institutional residency is age-related, increasingly from 2% among seniors aged 65 to 74 to 32% among those aged 85 and over. Women aged 85+ are significantly more likely than men in the same range to live in institutions. It is within this context that understanding the experiences of those living within long-term facilities assumes importance on the research agenda of Canadian nurses.

The phenomenon of interest in this study was “older residents’ personhood.” Personhood is that living, dynamic, and historical process in which each individual is involved by virtue of being alive. It is a frame of reference affecting self-concept, behaviours, and relationships.

Literature Review

Within nursing practice generally, Boykin and Schoenhofer wrote personhood “implies… living out who we are … is being authentic, being who I am” (p. 8), and that it is fostered through nurturing relationships with others. Some authors discussed personhood specifically in relevance to long-term care settings. Sabat appeared to define it as self-hood in his call for treatment of Alzheimer’s disease based on personhood. This same premise was advocated by Moody, who explored the relationship of dementia, advance care directives, and personhood. McCurdy equated humanity with personhood in his discussion of the care of human beings with dementia. Heliaker wrote that ignoring the stories of older adults in long-term care severs the elder from personal experience and depersonalizes him or her. Bartlett and O’Connor talked about using the lens of personhood for dementia practice and research. Perry and O’Connor examined how spouses preserved the personhood of a partner with dementia and found four common strategies: maintaining continuity, sustaining existing competencies, protecting the partner from incompetence, and strategizing public encounters.
Purpose and Method
However, these writings, while of benefit to gerontological nursing practice, do not answer the question of how personhood is experienced within long-term care facilities. Ethnography was chosen to answer the research question. Morse and Field wrote that “ethnography is a means of gaining access to the health beliefs and practices of a culture and allows the observer to view phenomena in the context in which they occur” (p. 26). Long-term care facilities are cultures unto themselves.

Participants and Sampling
Ten registered nurses (RNs), 11 older residents (ORs), 11 para-professional staff (PPs), and 5 significant others (SOs) participated. Para-professional staff primarily represented visible minorities, while registered nurses, residents, and significant others were Caucasian. Various groups participated since differences in perceptions among staff, families, and residents are documented. Ethical approval was obtained as per agency policy.

Data Collection and Analysis
Each participant had two individual interviews and contributed to two population-specific focus groups. Semi-structured questions provided consistency in data collection. Field notes were maintained, and six weeks was spent by a researcher as an active participant in the setting.

Data collection and analysis occurred concurrently. Interviews and focus groups were audiotaped and transcribed. Through reflection upon the data, initial coding categories emerged into themes. The themes came from the language of the data and were verified with participants.

Findings
'Two primary themes emerged on participants’ understanding of “older residents’ personhood.”

The Proclamation: Acknowledgement of Personhood
The first theme was the acknowledgment of personhood; its existence was proclaimed by participants. Acknowledgement may be viewed as a continuum. At the “low” end, there is failure to acknowledge personhood. Participants expressed: sometimes we forget that we are dealing with people because we get so task focused (RN) and they [staff] don’t know me (OR). When staff did not know the older person as an individual, the resident was often treated as a diagnosis; oh she has Alzheimer’s (RN). At the continuum’s “high” end, personhood was acknowledged—this meant verbal recognition of the intrinsic worth of an older resident. One participant said, all human beings deserve our respect, perhaps the aged more so than others (RN). Others expressed, all people have a right to make decisions for themselves (RN), and they [residents] have years of experience and knowledge, we can learn a lot from them (PP).

Participants acknowledged that movement along the continuum was possible, some days we simply forget that residents are people; it is easier to deal with baths and meals (PP).

The Deed: Personhood Behaviours
The second theme was the deed or “personhood behaviours.” Participants identified behaviours that valued older residents’ personhood. One nurse said, you have to take the time to listen to their stories (RN); another participant stated, sometimes just closing a door if that’s what the resident wants says it all, because it means you listened to them (PP). The staff member who valued personhood was attentive and often used humour to foster a feeling of specialness in the older resident: my kids buy me joke books just for her [older resident]; she’ll often have a joke for me—hers are raunchy (RN).

Some behaviours indicated older residents’ personhood was devalued. Examples included: you would think that I was a piece of furniture if you saw them [staff] move me (OR) and They told her [resident] off—in front of me... just like you would tell a child (SO).

Discussion of Findings
It is in terms of personhood that human nature is fashioned; for it is through it that one’s world is constructed and interpreted.

Personhood Is Subject to the Influence of Others
Personhood is created and changed through social interactions. Residents often rely on staff for such interactions. Challenged by staffing shortages and increasingly complex care, staff sometimes lack awareness and skills to effectively communicate with older adults. Grau, Chandler, and Saunders used interviews to assess residents’ perceptions of nursing home experiences. More negative experiences were reported than positive, and the majority of these had as their referent point the interpersonal behaviour of others.

The influence of others is manifested in the passive view of older residents that some staff members hold. Whereas, staff perceive themselves as the active participants of the facility, as a nurse said, we have to do it for them, that’s why they’re here (RN); they see residents as without proclamation: she needs to be fed and we have her on a toileting routine” (PP).

The “Organization’s” Influence
Organizational traits, such as the physical environment and administrative structure, contribute to the perceptions of older residents’ personhood. The lives of residents are organized around routines: meal times, rest periods. Such activities tend to transform the resident into that of an object, with little ability to participate in decision-making activities. As one staff member said, we have the control... and we make the decisions (RN). Sacco-Peterson and Borell employed narrative interviews with nursing home residents and staff to understand how the physical and socio-cultural environments and residents’ cultural beliefs influenced participation in their own care.
activities. Their findings describe how the environment required residents to overcome greater physical and cognitive challenges to maintain their participation, autonomy, and dignity in self-care than would have been expected if they had been living at home.

The aspects of the older resident's life that are usually reported at staff changeovers and documented in the chart conform to the objective basis of care. Of 100-plus staff-resident interactions observed by the researcher, 98% were instrumental. This type of interaction is objective, in that the intent is to facilitate the completion of the instrumental activities of daily living for the resident. However, residents live their lives through subjective experiences. As one said, I use to teach the exercise program here; then they got in a damn therapist and she said I couldn't do it (OR). The clash of organizational objectivity and residents' subjectivity devalues personhood.

The activities of the facility are task orientated. Often staff members viewed nursing interventions as a job, it's a job worked 7 to 3 and then one goes home (RN), which negates personhood. Also part of the work environment is the cultural distance that separates some groups from others, for example, para-professional from professional staff. As one para-professional said, if you're on a good team, it's great; but if it's a bad team, then you each do your own thing (PP). Nurses who perceive their work environment as supportive have been shown to be more satisfied in their ability to provide high-quality care.12

Limitations
Participants were restricted to those who spoke English. Most paraprofessional staff did not identify English as their first language and perhaps this influenced the interview since understanding of questions may have been impacted. Participants were perhaps hesitant to express personal views for fear of the consequences of reporting derogatory behaviours.

Implications for Clinical Gerontological Nursing Practice
An important role for staff in long-term care facilities is to provide a therapeutic environment for those who live there. Active listening to residents, meeting their needs in a timely fashion, using humour appropriately, and providing special warmth are promotive factors. Jonas-Simpson and associates found that older residents spoke of feeling content and acknowledged when they felt listened to by staff.

Sharing information that potentially enhances personhood helps staff to demonstrate promotive behaviours. This might be done through educational in-services. Some nurses may find sessions painful as they recognize that perhaps they contribute to devalued personhood in older residents. If available, classroom education should be blended with the "teachable moment"—the learning interaction which occurs between staff on a unit, or between an educator and a significant other. Information by itself will not necessarily produce behaviour changes.

Motivation to demonstrate behaviours which promote older residents' personhood comes, in part, from a belief that one has the skills and/or administrative resources to do so.

Valuing personhood must be included in a facility's policies. Opportunities might be provided for staff, significant others, and residents to contribute to policy development, although procedures must be in place to support these policies. One procedure might be a mentoring program. Facility members who promote personhood are partnered with staff learning these skills.

While this study deepens nursing's understanding of older residents' personhood, it raises questions. Does personhood change with the outset of physical decline, a primary reason for admission into a facility? What are the reasons for valuing and (de)valuing of personhood in older residents? The outcomes of research offer the potential of contributing to the quality of life of older residents.

Conclusion
Acknowledgment of personhood is recognizing the integral worth of another human being and demonstrating this in one's behaviours. Cultural members of the long-term care facility often initiate behaviours that affect the personhood of older residents.

References