Inquiry into regulation of care for older people

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Are there any particular weaknesses in the current system? Does the system adequately take into account the views of service users?

Summary of MSc Social Research Dissertation:

A Qualitative Exploration of the Emotional Lives of Care Home Residents

“I’m not unhappy but I couldn’t say that I’m thrilled”

I recently completed my MSc in Social Research, and this was the topic of my dissertation. This is a summary of my research (the full study is available on request), which argues that the emotions of care home residents are widely ignored in the current system. The findings of my research focus on the lack of consultation with older people in care homes; their views are not widely taken into account.

Summary and Methods

This study explored how older people feel about living in a care home. Scotland has an increasingly ageing population. Care homes are widely used to care for society’s older people, yet of the limited amount of research into care homes, little research collates residents’ experiences, particularly their emotions.

This research used a person-centred approach, focusing on the individual residents. It was an exploratory study situated in two care homes in a large Scottish city. I took a qualitative approach, interviewing 10 residents aged 69-96. The transcripts were thematically analysed and the findings present three key themes; lack of interaction between residents, acceptance, and choice. The thematic accounts of residents’ stories give powerful voices to the emotional lives of care home residents.

The two care homes in the study were private care homes, designed for old age, not falling into any specific care need category, and those with mild to moderate dementia. SCSWIS Inspection reports have given them both ratings of 4 and 5, ‘Good’ and ‘Very Good’. 3 of the interviewees had mild to moderate dementia.

Lack of Focus on the Emotional Needs of Care Home Residents

The emphasis from Scottish Government is on the provision of physical care, with little expressed concern for the emotions of residents, no doubt because of the difficulty of quantifying these. Brown Wilson et al (2009) argue that the voice of care home residents is almost silent and there is a danger that current knowledge of care home life may not reflect residents’ experiences.
Milligan (2005) states that little academic work links emotion and care, despite emotions being an integral part of daily life. Overall, there is a lack of emotional support for people in residential care, unlike hospices, where this aspect is well advanced (Milligan, 2005). It is widely expressed throughout the current literature about care homes that homes generally focus on protocols and procedures, and routine talk of healthcare, while neglecting emotional experiences (Treeweek, 2000; Nolan et al, 2001; Jones and Wright, 2008). It is understandable that health provision is important for care homes, but it does not justify a neglect of emotions. Moreover, physical and emotional well-being are to a great extent inseparable (Milligan et al, 2005).

The care home literature emphasises that emotional well-being is centrally important to the overall health, well-being and happiness of residents. Therefore, the neglect of the emotional lives of residents must be addressed through the production of new research and knowledge and by challenging assumptions that this knowledge is inaccessible.

I believe that by involving older people in research a new analytical seam can be brought to this field. I challenge what is meant by ‘care’, and argue that it is holistic, looking at all aspects to improve everyday life. There needs for a greater focus on the emotional dimensions of living in a care home.

Recently, the effectiveness of the SCSWIS inspection criteria are being questioned following the closure, due to poor levels of care, of the Elsie Inglis care home in Edinburgh in May 2011, despite receiving a ‘good’ rating in October 2010. One key issue is a serious lack of consultation with residents during inspections (which I address in the recommendations).

**Findings**

Lack of interaction between residents was expressed by residents. Many found it difficult to hear due to deafness, many had lived alone before moving to the care home. Lack of interaction resulted in negative emotions for some, and the feeling of living in an institution.

The overarching feeling expressed by residents about living in a care home was one of content because residents had rationalised their situation and accepted it. Acceptance, both positive and negative, emerged as a coping strategy. However, although the majority of residents seemed accepting, when examined further, residents expressed feelings of resignation about their living situation because of limited choice.

Choice underpins how residents feel about living in a home. Lack of choice has resulted in residents learning to accept their situation, thus facilitating choice within the home is central to residents’ feelings. Central to choice, is the notion of consultation with residents. All residents emphasised the importance of being listened to, and consequently feeling that their opinions were being valued. However, many felt that consultation was not occurring. The emotional life of residents is not being explored or encouraged.
This study suggests that the emotions of residents are not being adequately recognised in care homes. The implications for care home practice are that the participants’ experiences emphasise the importance of listening to residents and improving the lives of older people in care homes. The findings advocate the need to create a new framework of care, which places the feelings of residents, as well as their physical well-being, at the centre.

Implications

My dissertation illustrates the importance of the emotions and emotional needs of residents. The three themes in my findings show that residents’ emotional lives are multi-faceted, influenced by health, changes in relationships and social networks (Milligan et al, 2005) both past and present, within and outside the home. Residents felt a mix of emotions about living in a care home, such as contentment, resignation, boredom, frustration, isolation and lack of stimulation. The findings indicate a high level of ambivalence and strongly mixed feelings about institutional care.

Although, this research is a small scale, non-random purposive sample and while findings cannot be generalised to all care home residents, the examples of the experiences of these ten people in two homes are useful in the importance of the emotional lives of residents. My hope is to encourage further research and government policy, and contribute to the debate surrounding how we conceptualise care for older people. My findings show a need for a new framework with a focus on emotional care, recognising the interdependence of mind and body in improving residents’ lives.

Conclusions

My research emphasises that the current system is not adequately collating the emotions and experiences of care home residents. These views and experiences must be collected in order to create residential homes which suit the needs of residents. A vast proportion of older people currently live in care homes and their quality of life is important. Moreover, Scotland has an increasingly ageing population and care homes will have to cope with this demand. We need to ensure that care homes are a place for living, a positive choice, not a last resort. Therefore, ensuring that emotions are considered is vital.

The study’s findings show that the emotional lives of the residents are as important as the aspects of physical care. Although emotions are inherently difficult to study, a strength of my research is that it has given a voice to a marginalised population and communicated their experiences, bringing awareness for wider society and further research.

There are several key messages to be taken away from this research. Firstly, the lack of interaction between residents results in unhappiness and feelings of institutionalisation. The overarching feelings of acceptance and resignation to living in a care home, both positive and negative, emerged as coping
strategies but are inherently tied up with limited choice. Although it may be regarded as a positive that the majority of the residents in my findings are content with their situation, this is characterised by their acceptance as a coping strategy. It is not good enough that residents are resigned to their situation, and this illustrates the need more widely collect users’ views and adapt Scotland’s care home system to better suit the needs of older people.

Recommendations

Each resident at each home will be unique. However, in light of the findings, one can suggest elements to increase the focus on emotions and experiences of care home residents through the following recommendations:

- Encourage residents to introduce themselves to staff and other residents when they arrive at the home. Also, repeated introductions for residents with cognitive impairment.
- Support simple interactions between residents. For example, the facilitation of reminiscence discussions in small groups by the staff. These are ideal for residents with hearing difficulties.
- Compilation of life histories, including interests, for staff members to facilitate interaction between residents. For example, introduce residents with similar interests or histories to help the development of friendships. Also, if possible, facilitate the continuation of their hobbies, for example gardening, baking.
- Regular health checks to ensure residents have adequate hearing aids.
- Offering a range of activities within the home and outside, and encourage participation to provide meaningful activity, alleviate boredom and mental and physical stimulation to residents’ abilities.
- Leave stimulus materials throughout the home to encourage interaction. For example; jigsaws, arts and crafts materials, puzzles.
- Offer quiet lounges for those who find communal living difficult, as well as a space which offers stimulation for residents.
- Support choice through further regular consultation with residents, providing evidence of how their views have (or not) been implemented.
- Encourage friends and relatives from outside the care home.
- Encourage and support care that puts the feelings of residents, as well as physical well-being, at the centre. This must be emphasised in staff training, and have adequate staff numbers to ensure they are spending more equal time with residents.
- The emotional needs of residents should be part of the SCSWIS inspections. Inspectors should routinely talk to residents; their feelings must be compiled if Scotland is to create a care home system which suits older peoples’ needs.

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References


