

# Nursing homes: How can residents' experience be improved?

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## Abstract

This study aims to analyze whether nursing homes residents are satisfied with the services and support they receive. Twenty-five semi-structured interviews with residents, families, and staff were conducted in Switzerland. The results indicate that the majority of the residents entered nursing homes due to a decrease in autonomy but also following a decision made by their relatives. Many of the residents acclimated themselves to their new environment although not all their needs were fulfilled. The need to maintain relationships with family and staff is crucial. The organization of activities is also necessary to residents' stability and to ensure they continue to feel their existence has meaning and that they can still be useful. This also helps to ease the transition and ensure continuity between their home and nursing home facility. Staff and relatives work for the well-being of residents but should offer more individualized support and a more personalized welcome to their patients.

**Key Words** *Nursing homes, residents' satisfaction*

**Focus of Paper** *Practical/Industry*

## INTRODUCTION

Life expectancy is increasing worldwide, a trend that shows no sign of abating in the coming years, according to the World Health Organization (WHO, 2011). Given the expanding elderly population in Europe and longer life expectancy, seniors increasingly need care, which often requires placing them in nursing homes. These homes are often regarded as their last living space. Moreover, due to chronic health problems that coincide with longer life expectancy, improving the quality of life of elderly people represents a major challenge for today's society. Cavalli (2012) describes the two functions of these care centers: the *accommodation* function, which implies full support (hotel services, assistance in daily life, activities and eventually hospice care) and the *hospital* function, including increasingly sophisticated and complex healthcare services.

The objective of this research is to gain a better understanding of "residents' experience". How should staff prepare for the arrival of a new resident? Managing the relationships with their family and the improvements that need to be made to ensure a smooth transition into their new home will also be addressed. The aim is to increase the quality of life within these nursing homes. This study has been carried out in Switzerland where these nursing homes are called "EMS" (Etablissement Médico-Social).

## Residents' quality of life

The World Health Organization (WHO) defines "quality of life" as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1993). For elderly people, the loss of physical autonomy and dependence are weighty and disabling setbacks, even if many residents maintain all their mental and intellectual autonomy. The challenge is to ensure they can "age well". The improvement of the quality of life of elderly people is a significant challenge. Beyond the extension of a healthy life, the intention is to add "quality of life" to the years. With life expectancy increasing, health becomes a major factor in the residents' quality of life, even if

it is far from being the only one. Improving their quality of life requires, above all, respect for their dignity, integrity and freedom to make their own decisions. This is reflected, for example, in the allocation of a single room (rather than a double one): intimate and private space in which the resident will feel at home, or even through entertaining activities that will maintain their desire to live and counteract social isolation. Quality of life also means quality healthcare and support. Indeed, elderly people are eager for attention and individual initiatives that make them feel unique and integrated into the community. The improvement of their quality of life will lead to their fulfillment and well-being. If the patient is forced to join a nursing home (for personal reasons or by relatives) and if it is not her/his choice, it will have an impact on how he/she considers his/her quality of life in the nursing home (Zimmermann-Sloutskis *et al.*, 2012). A literature review (Oswald *et al.*, 2007) was conducted about quality of life in long-term senior centers mainly in the United States, although the authors believe these results would not be so different in Germany or in France. The authors highlighted dimensions which according to the residents influence their quality of life: i) physical well-being including physical comfort, healthcare quality, ii) security, iii) food quality, iv) stimulation and meaningful activities, v) social contacts and good relationships, vi) dignity, personal identity, vii) respect of private life, viii) spirituality, ix) autonomy, and x) service quality.

## **METHOD**

For this study, we decided to conduct interviews with various key actors in order to gather a maximum amount of information and details about the issues. Five categories were defined, namely:

- Nursing home residents
- Residents' family
- Families that are considering whether to send a family member to a nursing home
- Nursing home staff
- Nursing home managers

### **Interview guide**

Several qualitative questionnaires were developed. For all the interviews, the procedure of Yin (1989) and Eisenhardt (1989) was followed. Questions were organized in order to form semi-structured interviews aimed at exploring known topics in depth but also analyzing, controlling, verifying and following the trends. The goal is to keep the respondent concentrated and motivated to answer the questions and facilitate his/her answers. The respondent answers as he/she wishes, and has the possibility to not respond to a question. The interview was entirely recorded except when the staff did not agree to do so. There was no time constraint, i.e. the respondent could take as long as he/she wished to answer the question. The questionnaire was paper-based but is not given to the respondent. The interview lasted between 30 minutes and one hour and a half, depending on the interviewees. First of all, it was important to properly greet the respondent and create an atmosphere of trust and empathy. The first part consisted in setting out the rules of the game and the purpose of the interview, speaking clearly, without long speeches. Then, came a brief introduction of the recording mode (handheld recorder) and of the explanation of the question progression and the fact that they were not obliged to answer. It is necessary to always start with a fairly broad question in order to avoid infringing on the respondent's privacy and in order to win his/her trust. Respect and active listening are very important and will lead the respondent to say more things, to develop his/her ideas, and even to talk about other points, not mentioned in the interview but still very interesting for the research.

## RESULTS

### A deliberate choice or not?

For the resident or his/her family, the choice of moving to a nursing home is not easy. Many did not agree to move to a nursing home and have difficulty accepting this choice: “My father did not want to move to a nursing home, it was the worst thing that could have happened to him” (Q1, respondent 1), “But he did not agree” (Q1, respondent 2), “He refused” (Q2, respondent 8), “He always resisted the idea and refused to consider this solution. He was upset” (Q2, respondent 10), “I admit that I was not thrilled about the idea” (Q3, respondent 12), “Many are opposed to it” (Q5, respondent 25). “In the end, he never really integrated into the nursing home and did not like the other residents” (Q1, respondents 2), “We know he won’t be happy even if it is the only solution” (Q2, respondent 10), “He is angry with us, he says we want to get rid of him. He tells us that we want to put him in jail, that we have no right to decide for him” (Q2, respondent 10). Others do not approve of the idea but decided to go anyway, knowing that it was for their own wellbeing and because they did not really have a choice: “We more or less made him accept the idea of moving to a nursing home” (Q1, respondent 1), “It was not really her thing [...] but she got used to it after a few weeks [...] she was happy. Since then, she has even made a few friends” (Q1, respondent 4), “He accepted to go try for a few days first, to see how it was” (Q1, respondent 5), “She is very apprehensive, it might be hard at the beginning” (Q2, respondent 6), “At the beginning he was not really motivated to go, even not at all [...] he ended up accepting the idea” (Q2, respondent 8), “She would have preferred not to go there but she’s taking it well” (Q2, respondent 7).

In addition to being the family’s choice, it is as if the family “conspiring” against the elderly individual (as stated by residents who do not agree with the choice) in cahoots with the doctor or the hospital. Indeed, doctors sometimes warn against the danger of staying at home. The elderly often do not have their say in a decision coming from a professional. “First it was our choice, then the doctor’s” (Q1, respondent 4), “We discussed with the doctor that he would not be able to climb the stairs to his place anymore and that he needed assistance at home” (Q2, respondent 10), “Residents find themselves in situations where they don’t really have the choice” (Q5, respondent 21). Likewise, families are highly involved in the process, which allows them to recreate an intense emotional relationship between them and their parents that had often disappeared. “It was hard at the beginning, we don’t feel at home, we are spied on in everything we do” (Q3, respondent 13), “At the beginning we are a little lost as everything is different from home” (Q3, respondent 14), “I felt disoriented and I missed my apartment and my life from before” (Q3, respondent 14), “I often feel alone and I would like to talk to people” (Q3, respondent 14). However, sometimes the individuals are the ones who want to move to an institution. For some, they realize that they cannot face the tasks from their daily life anymore, that they would be better off in a nursing home and that they do not want to be a burden to their children. For others still, they make the choice to go as a couple in order not to be separated. “She chose by herself” (Q2, respondent 7), “They decided by mutual agreement to move to a nursing home when they would feel tired or when they could not do what they used to anymore (Q2, respondent 9)”, “She is the one who chose the nursing home as she had friends who were there” (Q2, respondent 7).

### When the nursing home takes over

The transition between home and the institution is not only about the change of residence but also about the relay of the relationship. Indeed, the family who often took care of the parent for months or even years (according to the interviews) is forced to see the employees of the institution take over

and now look after the parent. It comes firstly as a great relief for the family who was involved every day. Families are often tired from this hard work and the day comes when life revolves only around their parent, keeping them away from their family life, children and partner: “All that takes me a lot of time” (Q1, respondent 1), “There was a lot of work and it was really tiring and hard” (Q1, respondent 3) “I can’t take care of him all the time anymore” (Q2, respondent 8) “I reached a breaking point where I could not continue as before” (Q2, respondent 8). Furthermore, since the arrival at the institution, the nursing staff must take over and adapt to the newcomer. The family will, in the majority of cases, have already informed the staff about their parent’s health problems, background and lifestyle, as stated by the persons in charge. However, they only have succinct information at their disposal. Most of the time, this information is even missing and the staff must do without. The lack of this precious information may represent an obstacle for the staff who will be confronted with a “complete stranger”, and they will have to learn how to deal with this person. “We only have a tiny bit of information about the residents” (Q4, respondent 16), “Nobody gives us information about the resident’s past or family” (Q4, respondent 17). These types of information are essential and should be communicated to all staff involved. In several nursing homes, this information which is referred to as “the life story” is often only communicated to the nursing staff and not to the other employees. Nevertheless, this could be useful to improve the quality of life of the residents as the personnel should have the possibility to adapt to the different profiles, needs and wants without judging according to the personality and past and without making blunders: “It would be good to know. This would allow us to better understand what he is going through and to do our best to help him” (Q4, respondent 16), “It would be useful to have some information about the resident such as his/her previous occupation, his/her family, etc.” (Q4, respondent 17), “I think that it would be very enriching to know more about them before their arrival in order to be better prepared to welcome them, help them and mostly communicate with them and take care of them” (Q4, respondent 18), “Having the necessary information to welcome the person is useful, but not about the private life (medical, etc.)” (Q4, respondent 19).

### **Welcoming new residents to the institution: understanding and adapting**

Greeting new residents to a new institution is what is the most important to them. Indeed, the first moments, the first visit, the first contact are the ones that matter the most. Then, on the personnel’s side, they must adapt and create a relationship based on trust with the resident. On the family’s side, they must maintain contact with the parent and not leave him or her alone, as if he or she was abandoned. Although often, when the process and the placement are completed, the family is less present and neglects the parent. However, for some, the change modifies and accentuates the relationship. Caregivers must approach newcomers with tact and professionalism and in no way rush them. Each individual has his or her approach and method and this appears to meet residents’ expectations: “We must also try to understand the resident, understand what he has, what he feels, why he does not want to be here” (Q4, respondent 16), “I never go into the past of the resident” (Q4, respondent 17), “I always go in his/her direction, I listen and I understand him/her” (Q4, respondent 18), “I listen, I use empathy, I welcome what is happening” (Q4, respondent 19), “It is important to show the new resident that he/she is the center of our consideration and that our role is to facilitate his/her life and make it as enjoyable as possible knowing his/her problems and state of health” (Q4, respondent 20). Regarding the standards in greeting the new residents (elements of reference for welcoming a resident and his/her family): “There are no standards” (Q5, respondent 21), “There is no specific training” (Q5, respondent 21), “There is one existing procedure” (Q5, respondent 22), “There are the internal procedures and the basic training of each person but we don’t do any specific training” (Q5, respondent 23), “Not all standards are written down because I think that everyone is different. We

must respect what the resident wants” (Q5, respondent 24). The staff opts more for an adaptation of each person to the present situation, but also to everyone’s personal competencies, the assets, the empathy and the different personalities: “We adapt according to the food-related, health and leisure requirements, and to the family’s collaboration. And then there are some limits” (Q5, respondent 21) “To welcome people you can undergo many training programs, take courses but there is no guarantee that the people will feel welcome” (Q5, respondent 24), “We have to choose specific people to welcome the new residents. Some people are good for that” (Q5, respondent 24), “What is important is the versatility of the nursing home services. All employees must understand that the residents are our clients” (Q5, respondent 24), “Empathy: important criterion but difficult to know” (Q5, respondent 25).

### **Activities and sense of usefulness of the residents**

The activities that are offered in the institutions aim to help the resident to integrate into the new environment, to keep his/her capacities and to create a continuity in his/her life. These activities have meaning for him/her and contribute to their wellbeing. Indeed, interviews have shown that most residents appreciate that. However, some activities seem demeaning for residents and do not correspond to their wants or needs: “They showed us the activities but I don’t really see my dad doing pottery or flower arrangements or learning how to use a computer at 90 years old” (Q2, respondent 10), “But the activities such as pottery or knitting, I am still in good enough shape, this is for later when I am older” (Q3, respondent 12). Furthermore, as we mentioned before, the elderly need to feel useful in their daily life: “I am happy here, even if sometimes I miss my house and not doing things by myself anymore... it makes us grow old” (Q3, respondent 12). “Some people will find comfort in participating in daily activities and for example helping in the kitchen, in the laundry room or in the garden. Sometimes what we need is to show them that they are still useful and that they can help in order to restore their positive spirit” (Q5, respondent 25).

### **Meals**

At last, an aspect that appears to be important in the results and that is confirmed by the literature review is meals. Indeed, meals are critical in the life of the elderly. Food is strongly anchored in their life and remind them of the good old days. If a meal is not high-quality or to their taste, their difficulties will be exacerbated. Beyond the meal’s quality, the timing of meals is essential as it will be the occasion for residents to interact and share. Meals therefore are a driver of social ties but also a spatial and time marker that allows them to set the pace of their day. Also, several nursing homes offer the renowned “welcome meal” that allows them to welcome the resident and his/her family on the first day, and to make the transition to the nursing home less painful. “For the meal, we ask them what they want to eat. We offer that the family stays to eat, this is being set up, the welcome meal” (Q5, respondent 25).

### **CONCLUSION**

These qualitative interviews allowed us to confirm certain points. A better psychological preparation to the move to a nursing home is necessary to make the transition simpler and look less like a definitive cut from the outside world, the previous life and the family. Upon arrival, the institution encourages the residents to familiarize themselves with the premises to recreate a feeling of home. However, despite the possibility of bringing some pieces of furniture and some personal belongings or hanging paintings or photos, it is not really possible to meet all expectations, to create the same intimacy as before or to have the same space as what they had at home. Whether it is the employees who go in and out of the residents’ rooms, those who do the cleaning and touch the belongings, the

caregivers who do the bathing, toileting and provide general care, restrictions such as the interdiction to have a carpet on the ground, to bring large pieces of furniture, to have his/her own bed, etc. ultimately, it is not possible to affirm that the new home will be like the previous one and that there are no constraints. Private, cozy, quiet living rooms out of earshot from snooping residents/staff could offer enjoyable and more intimate times to the residents and their relatives. It would also be beneficial to have the possibility to spend a friendly moment with family or friends while being able to speak loudly without disturbing the neighbors or individual rooms for everyone. A recurring problem in all nursing homes, resulting from the desire and demand from elderly people is to have a certain degree of privacy and not to share a room with strangers. More and more, institutions are eliminating double rooms in favor of single rooms.

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It is clear that it is important to individualize the activities and to refer to the needs of each individual to the fullest extent possible, even if this takes time. This explains what managers have been saying: entertainment should be increased. Lastly, knowing the residents’ past is a determining factor for all the staff.

It is in the interest of the institutions for the elderly to focus on new forms of interaction between the residents and their family. Nowadays, new technologies facilitate these interactions from a distance. Residents can then see and talk to their loved ones in real time. But while it can fill a void, it will never replace “real” exchanges and “genuine” moments spent with loved ones. Furthermore, as we have seen earlier, the move to a nursing home is never a pleasurable moment. The elderly as well as the families perceive risks. The nursing homes should then reduce these perceived risks whether functional, financial, temporal, physical, psychological, social, and sensorial.

## **Limits**

The constraint was linked to the choice of respondents. Indeed, regarding residents, the issue was to choose people capable of answering, therefore not senile, in relatively good health and – especially - agreeing to participate to the interviews. The consequence was that the results were biased in a certain way as respondents were selected according to those criteria and not randomly. Excluding the people who could not be interviewed gave a too positive image of the quality of life of the people living in institutions. In a majority of cases, the nursing homes chose the residents that could be interviewed, as well as the time and place.

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