



# Understanding functional ability: Perspectives of nurses and older people living in long-term care



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## ABSTRACT

The functional ability of older people has come to play a significant role in their care. Policies and public debate promote active aging and the need to maintain functioning in old age, including among older people living in long-term care. This study explores the meanings given to functional ability in the interview talk of long-term care nurses (n = 24) and older people living in long-term care (n = 16). The study is based on discourse analysis and positioning theory.

In this study, accounts of functioning differed between nurses and older residents. For the nurses, functional ability was about the basic functions of everyday life, and they often used formal and theoretical language, whereas for older long-term care residents, functional ability was a more versatile concept. Being active was promoted, particularly in the nurses' talk but also sometimes in residents' talk, thereby reflecting the public discourse about functioning. In their talk, the nurses positioned themselves in relation to functional ability as competent professionals and active caregivers. In residents' talk, we found three positions: an active individual taking care of him or herself, a recipient of help, and a burden to nurses. To move in a direction that promotes activity and rehabilitative care, a better understanding of older people's individual needs and their own views of functional ability is needed.

## Introduction

### Functional ability and long-term care

In this study, we analyze the meanings of functional ability<sup>1</sup> in the interview talk of long-term care (LTC) nurses and older people living in LTC. Functional ability is broadly understood here as an individual's capacity to carry out the activities that he or she needs or wishes to carry out in a given environment. Functioning has become an important part of elderly care, not least because of the paradigm of active aging that highlights functioning and independence (Katz, 2000; World Health Organization, 2002a). In public discourse, those who remain active in their later years are seen in a positive light (Weicht, 2013). Active aging has been promoted worldwide; however, consensus has

not been reached on its meaning, and it has been criticized for excluding the frail and dependent (Boudiny, 2013; Walker, 2002). Increasing age is associated with the risk of decreased functioning. LTC residents, who are often frail elders with progressive diseases, could be regarded as a group that is not achieving the ideal of active aging. However, geriatric rehabilitation programs and general aging policies aim to change the care culture in LTC by shifting it toward the promotion of activity (see Routasalo et al., 2004).

Measuring functional ability plays an important role in aging research, and a range of instruments have been used to assess older people's functioning (Guralnik & Lacroix, 1992). Activities of Daily Living (ADL) (Katz et al., 1963) is a traditional method to assess older people's functional ability and is widely used in LTC (den Ouden et al., 2015; Grönstedt et al., 2013; Littbrand et al., 2009; Phillips et al.,

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<sup>1</sup> In Finnish, the word *toimintakyky*, which refers to the extent to which an individual is able to carry out different activities, can be translated as “functioning” or “functional ability.” In the text, we use both, depending on the context.

2007). The Resident Assessment Instrument (RAI) is commonly used worldwide, including in Finland (National Institute of Health and Welfare, 2017), to assess LTC residents' functioning and the quality of their care (Kahanpää et al., 2016; Onder et al., 2012). In addition to these, physical performance measures (Grönstedt et al., 2013; Peri et al., 2008) are used, to mention but a few. In gerontology and geriatric nursing textbooks, functioning is often classified into physical, mental or cognitive, and social categories (Guralnik & Lacroix, 1992; Harrison, 2013; Heikkinen et al., 2013). Guralnik and Lacroix (1992) add sensory functioning to this list. Based on a biopsychosocial model, the International Classification of Functioning, Disability and Health offers language and concepts for the discussion of disabilities and functioning, describing functioning as a mixture of not only health conditions but also personal and contextual factors (World Health Organization, 2002b).

### Long-term care in Finland

In Finland, the municipality is responsible for organizing elderly care services. These services can be provided by the municipality itself, together with other municipalities, or the municipality can buy the services from a private provider (Finlex, 1982; Finlex, 2012). Elderly LTC consists of nursing home care, LTC wards in health center hospitals or community hospitals, and assisted living with 24-hour assistance and care (Johansson, 2010). At the end of 2015, 0.4% of Finns aged over 75 lived on an LTC ward and 1.7% in a nursing home, whereas 7.1% lived in assisted living facilities (Sotkanet Indicator Bank, 2017). Recent research shows that the use of LTC increases with advancing age and in the last years of life (Forma et al., 2017). Nursing homes and LTC wards are regarded as institutional care. In Finland, as in many other countries, there has been a shift toward the reduction of these institutions (Anttonen & Karsio, 2016; Ministry of Social Affairs and Health, 2013) in favor of so-called homelike facilities, such as assisted living with 24/7 care. In both institutional care and assisted living with 24-hour care, the majority of employees are practical nurses. There are also other employees, such as registered nurses or physical therapists. A physician is available for consultation mostly by phone and may visit the facility a few times a month. On LTC hospital wards, the physician may be present daily.

Policy debate around elderly services in Finland emphasizes the care providers' responsibility to support the functioning of their residents. Function-focused care and the promotion of older people's functioning are required by national quality recommendations and by law (Finlex, 2012; Ministry of Social Affairs and Health, 2013). In Finland, disability is the main criterion to qualify for a place in LTC. Moreover, policies such as "aging in place" are based on the expectation that care services support the idea of older people living in their own homes for as long as possible (Ministry of Social Affairs and Health, 2013). This means that they usually have remarkable disabilities by the time they move into an LTC facility. Functional ability is, thus, an important issue among those living in LTC. In addition to promoting functioning, a major principle in present-day LTC is "person-centered care," which emphasizes the self-determination of older people and partnership between the individual and the caregiver rather than the treatment of older people as objects of care (McCormack, 2003). In Finland, person-centered care is expected by the law (Finlex, 2012).

### The aim of this study

This study analyzes the interview talk of nurses and older people living in LTC regarding functional ability in the context of LTC. To our knowledge, no previous study has investigated this theme. The ways in which people talk can be seen as not only reflecting but also constructing the reality (Burr, 1996). We have approached functional ability as a discursive phenomenon. The ways in which LTC nurses and residents talked about functioning were examined by drawing on

discourse analysis and using the concept of positioning. Position analysis has been utilized in elderly care, for instance, when studying client engagement and the power relations between residents and staff (Petriwskyj et al., 2014). Taking particular positions and using certain discourses can have both positive and negative consequences and can even contribute to tolerance for the mistreatment of older people in care homes (Sabat, 2003; Stevens et al., 2013). Therefore, discourses in care facilities have significance for good care and are worth looking at more closely. An analysis of the interview talk of LTC nurses and residents can help us to understand the care culture in these facilities. Although originating from research interviews instead of from an authentic care situation, we think that the ways of talking in interviews reflect social and, for nurses, professional norms, as well as public discourses concerning elderly care and functioning (Allen and Wiles, 2013; Harré et al., 2009).

## Material and methods

### Interviews

We conducted semi-structured one-on-one interviews with LTC nurses and older LTC residents. The interviews took place in eight different LTC facilities in two cities in southern Finland with populations between 215,000 and 230,000. After acquiring approval for our study from the cities' ethical committees, we requested a list of the care facilities where the cities offered LTC for older people. We included all the facilities using the RAI (National Institute of Health and Welfare, 2017). We excluded two facilities where the first author had previously worked. From the included facilities, we chose two in each city that provided institutional care and two that provided assisted living with 24/7 care. After we contacted these facilities, two assisted living facilities declined to participate because they could not find eligible participants for this study. Consequently, two more assisted living facilities were chosen. In the other city, there was only one hospital providing institutional care that was eligible for this study. Two different wards in this hospital were contacted. One of these wards declined to participate, so the hospital was given an opportunity to choose another ward to participate (Table 1).

The ethical committee of the local hospital district and the manager of each facility approved our research plan. The first author contacted the facilities by e-mail or by phone, after which written information about the study was sent to the manager of each facility. The care facilities were asked to choose three nurses and two residents to participate in the study. Eligible residents had to have no more than a minor memory impairment to ensure that they could give informed consent. This was confirmed with an adequate memory test score (Mini Mental Status Examination MMSE > 18) or Cognitive Performance Scale score (CPS ≤ 2). The interviews in the care facilities were carried out by the first author. The interviewees were told that the interviewer was also a registered nurse.

There were 40 one-on-one interviews altogether. The nurses (n = 24) interviewed for this study had worked as nurses for between

**Table 1**  
Participating facilities and number of nurses and residents interviewed.

City	Care facilities	Public/private	Nurses	Residents
#1	Nursing home	Public	n = 3	n = 2
	Nursing home	Public	n = 3	n = 2
	Assisted living facility	Private	n = 3	n = 2
	Assisted living facility	Private	n = 3	n = 2
#2	LTC hospital ward	Private	n = 3	n = 2
	LTC hospital ward	Private	n = 3	n = 2
	Assisted living facility	Private	n = 3	n = 2
	Assisted living facility	Private	n = 3	n = 2
Total	n = 8		n = 24	n = 16

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