



How nursing home residents develop relationships with peers and staff: A grounded theory study



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ARTICLE INFO

Article history:

Received 30 July 2013

Received in revised form 27 June 2014

Accepted 15 July 2014

Keywords:

Grounded theory

Interpersonal relations

Nursing homes

Aged

ABSTRACT

Social support and social relationships have been repeatedly identified as essential to nursing home resident quality of life. However, little is known about ways residents develop relationships with peers or staff.

Objective: This study was conducted to explore the ways resident develop relationships with peers and staff in nursing homes.

Design and methods: Fifteen cognitively intact nursing home residents from two facilities were interviewed for this grounded theory study. Sampling, interviewing, and analysis occurred in a cyclical process with results at each stage of the study informing decisions about data collection and analysis in the next. Unstructured interviews and field observations were conducted. Data were analyzed with open, axial, and selective coding.

Results: Residents developed relationships with peers and staff largely as an unintended consequence of trying to have a life in the nursing home. Having a life was a two-step process. First, life motivations (*Being Self* and *Creating a Positive Atmosphere*) influenced resident preferences for daily activities and interaction goals and subsequently their strategies for achieving and establishing both. Second, the strategies residents used for achieving their required daily activities (*Passing Time* and *Getting Needs Met*) and interaction goals then influenced the nature of interaction and the subsequent peer or staff response to these interactions. Residents defined relationships as friendly or unfriendly depending on whether peers or staff responded positively or negatively. There was considerable overlap in the ways peer and staff relationships developed and the results highlight the role of peer and staff responsiveness in relationship development.

Implications: The results provide possible explanations for the success of interventions in the literature designed to improve staff responsiveness to residents. The results suggest that adapting these kinds of interventions for use with peers may also be successful. The conceptual model also presents a number of opportunities for developing interventions for residents.

Published by Elsevier Ltd.

What is already known about the topic?

- Relationships are essential to nursing home resident quality of life.
- Considerable knowledge exists regarding the predictors, outcomes, and dose of resident relationships.
- Little is known regarding the process by which nursing home residents develop relationships.

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What this paper adds

- Residents define relationships as friendly or unfriendly based on peer or staff responses to interaction.
- Nursing home residents develop relationships unintentionally while simply trying to have a life in the facility. The timing and type of strategies used to have a life depend on resident life motivations and goals and greatly influence peer and staff relationship development.
- Residents develop relationships with peers and staff in largely similar ways raising questions about whether relationship interventions designed for use with staff could also be applied and transferred for use with peers.
- Residents are very active participants in relationship development. However, some residents may be less successful in developing friendly relationships.

1. Introduction

Social relationships have been repeatedly identified as essential to nursing home resident quality of life (Bergland and Kirkevold, 2005; Bowers et al., 2001; Cooney et al., 2009; Custers et al., 2012; Tseng and Wang, 2001), life meaning and satisfaction (Bitzan and Kruzich, 1990; Haugan, 2013; Huss et al., 1988; Nussbaum, 1983; Takkinen and Ruoppila, 2001), and psychological well-being (Carpenter, 2002). Residents who are socially engaged are at lower risk for depression, loneliness, other negative health outcomes (Drageset, 2004) and have lower mortality (Kiely and Flacker, 2003). The centrality of relationships to resident quality of life has been acknowledged globally with philosophical and practical shifts in nursing home care delivery. Over 50% of U.S. nursing homes are committed to, or engaged in, 'culture change' (Doty et al., 2008), a care approach founded on the principle that relationships should be central to care delivery (Koren, 2010; Pioneer Network, 2012). *My Home Life*, which supports practice change in care homes across the U.K., emphasizes the need for community in care homes, focusing on relationships residents, family, and staff have with each other in the facility and within the larger community as central to resident quality of life (My Home Life, 2012). The Australian Government (2012) also promotes relationships in the care of older people as a mechanism for delivering person-centered care.

Research on resident relationships in nursing homes has often focused on predictors of relationships (Cook et al., 2006; Mor et al., 1995; Resnick et al., 1997; Schroll et al., 1997; Tsai et al., 2009), outcomes or significance of relationships (as noted above), and the 'dose' of relationships as measured by frequency of contact with others (Blackman et al., 1976; Chen et al., 2000; Quattrochi-Tubin and Jason, 1980) or levels of activity participation (Achterberg et al., 2003; Kiely and Flacker, 2003; Mor et al., 1995; Resnick et al., 1997; Schroll et al., 1997). However, studies of this nature do little to inform practitioners, policy makers, or researchers about the process by which residents develop relationships.

There is a growing body of research exploring the process of resident relationship development. However, the majority of studies have focused on the relationships

residents develop with staff (Cook and Brown Wilson, 2010; Heliker and Nguyen, 2010; McGilton and Boscart, 2007; McGilton et al., 2003, 2012; Medvene et al., 2006; Nakrem et al., 2011; Palacios-Ceña et al., 2013) rather than other residents (see exceptions (Bergland and Kirkevold, 2008; Hubbard et al., 2003; Powers, 1991)), and very few have explored the process by which residents develop relationships with both staff and other residents in a single study (see exception (Brown Wilson et al., 2009)). As relationships with both peers and staff are important to residents, exploring relationship development with both in a single study is needed to more clearly understand any important differences or similarities.

Further limiting our understanding of resident relationship development is the largely one-sided focus of current research. In particular, most studies have been conducted to inform the efforts staff need to make to improve resident relationships, specifically focusing on staff responsiveness to residents, by either enhancing personal knowledge of residents (Cook and Clarke, 2010; Heliker and Nguyen, 2010; Medvene et al., 2006), personal aptitude and skill in empathetic or relational caring (Brown Wilson, 2009; Cook and Clarke, 2010; McGilton et al., 2003, 2012), or both (Brown Wilson et al., 2013). Little research has been conducted from the resident perspective for the sake of understanding what residents do to develop relationships and how their processes can be directly supported. Therefore, expanding current understandings of relationship development to include more information from the perspective of the resident is needed.

Articulating the views of residents and the work residents engage in to develop relationships with both peers and staff is necessary to facilitate identification of opportunities for targeted interventions that promote, support, and sustain relationships in practice. The purpose of this grounded theory study was to develop a conceptual model that explains how residents develop relationships with peers and staff in nursing homes. Specifically the following questions were addressed:

- (1) How are relationships defined by residents? Specifically, how do residents think about, experience, and engage in relationships?
- (2) What is the process by which residents develop relationships?
 - a. What are strategies residents use to develop relationships?
 - b. What are the conditions under which relationships develop?

2. Methods

A grounded theory design was used to explore the ways residents developed relationships with peers and staff in this study. Sampling, data collection, and analysis occurred in a cyclical process (Corbin and Strauss, 2008). In other words, the goals of ongoing analysis guided decisions about theoretical sampling, interview questions, field observations, and coding. Data were progressively abstracted into a conceptual model as the study progressed (Corbin and Strauss, 2008).

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