

The meaning of nursing-home: ‘Waiting to go up to St. Peter, OK! Waiting house, sad but true’ — An Australian perspective

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Abstract

Background: This article is derived from a larger Australian research study using multiple qualitative methods to investigate truth-telling in aged-care.

Aim: To analyse and discuss findings associated with residents’, personal care assistants’ (personal carer, enrolled nurse) and the registered nurses’ perceptions about the nursing-home. The thesis is that the health of the resident in a nursing-home is directly linked to care provision that encourages autonomy.

Methods: Research participants’ personal journals, group discussions, follow-up in-depth discussions and the author’s field journal across five nursing-homes.

Results: The nursing-home is described as endowed with suspicious awareness and mutual pretence, overloaded with tasks, short of staff and starved of time with little engagement with the residents.

Discussion: Residency that claims to have as its primary focus ‘the resident’ ought to take seriously the residents’ health and therefore the residents’ autonomy. However, the nursing-home, as described here, fails to adequately understand this link.

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1. Introduction

This article reports on the findings associated with research participants’ perceptions about residency — that is, the nursing-home. Arguably, the perceptions expressed here by residents, personal care assistants (personal carer, enrolled nurse) and the registered nurses suggest that the ‘home away from home’ is much less than that, and not a home one would look forward to going to. The thesis is that the health of the residents in a nursing-home is directly linked to care provision that encourages autonomy. The nursing-home that claims to have as its primary focus ‘the residents’ ought to take seriously the residents’ health and therefore the residents’ autonomy. However, a residency that is described as

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endowed with suspicious awareness and mutual pretence, overloaded with tasks, short of staff and who are starved of time and have little engagement with the residents fails to adequately embody this link.

The palpable absence from this discussion of a positive nursing-home culture requires explanation. My work sought to understand truth-telling in the nursing-home and in so doing, I listened to a negative – not positive – lived experience. Whilst mindful of an alternative culture, as espoused by the Eden Alternative (Barba, Tesh & Courts, 2002; Drew & Brooke, 1999; Thomas, 1994) the de-emphasis on a positive nursing-home environment is based on what I discovered rather than how it might otherwise be. Furthermore, a view that the portrayal of the nursing-home presented here is ‘not new’ and ‘well known’ and therefore unspeakable must be seriously challenged. Such a narrow view would also silence ongoing examinations surrounding equally well documented and equally important healthcare issues such as the AIDS pandemic, cardiology and complementary medicine (Willis & Broom, 2004).

2. Themes from the literature

The reader is directed elsewhere for a more extensive analysis of themes from the literature as they relate to truth-telling in clinical practice (Tuckett, 2004a); ethical practice and the nature of the nursing-home in the Australian context (Tuckett, 2005a); and care, communication and control in the context of aged-care provision (Tuckett, 2005b). In this article, the literature reviewed is only that relevant to those themes expressed in the forthcoming data. Consequently, the review examines the notion of nursing-home as a ‘home’, underscores the task-orientation to care in a time-starved and staff-depleted context with limited interpersonal interactions. The literature review concludes with a brief overview of awareness theory.

Home away from home

The transition of the older person (resident-to-be) into the aged-care facility (nursing-home) has been discussed as ‘rarely ... a positive life transition’ for the resident or the resident’s family members (Nussbaum, 1993, p.238). Similarly, the observation of resident–staff interactions raises concerns about the notion of the ‘home-like’ environment (Edwards, Weir, Clinton & Moyle, 1993). With an emphasis on tasks (technical aspects of care) and a ‘paucity of social and supportive care’, the nursing-home has been characterised as a ‘mechanistic warehouse model of long term care’ (Armstrong-Esther, Browne & McAfee, 1994, p.271; Clinton, Edwards, Moyle, Weir & Eyesaon-Annan, 1996, p.17) and ‘dormitories for those who are near death’ (Fiveash, 1998; Nussbaum, 1993, p.245).

An analysis of home as a place for the care of the aged is important since how the care recipient and care provider conceive of this concept impacts on how persons perceive of their roles and interpersonal relationships (Wilmot, 1995 cited in Nussbaum, Pecchioni & Crowell, 2001). If the older person perceives of her/himself as a patient in a medical facility, it might be expected by her/him that staff define themselves as ‘nurses ... whose primary goal is the technical, medical treatment of the patient’ with the care focus on formality, the impersonal and efficiency (Wood & Kroger, 1993, p.270). However, in contrast, staff may perceive of their task as the provision of the home-like environment. Residents in one study (Gubrium, 1993) declared that the nursing-home feels like home (Martha Gilbert); like home but not home (Lula Burton); never home (Myrtle Johnson) or a prison (Bea Lindstrom and Don Hughes). The tensions between the differing orientations to the same care circumstance underscore the possibility for miscommunication and misunderstanding.

A number of defining characteristics further add to understanding the nursing-home. Universally, care provision is task-orientated (McCormack, 2003). Task-orientated care is the provision of instrumental care (cure orientation). That is, the provision of physical care rather than affective (socio-emotional) or communicative aspects of care, with the aim to get the work done (Ong, de Haes, Hoos & Lammes, 1995). The majority of this care is performed by the less educated, often untrained, personal carer (Australian Nursing Journal, 1998; Burgio, Engel, Hawkins, McCormick & Scheve, 1990; Mezey, Miller & Linton-Nelson, 1999). As described by a personal carer

We are giving production line nursing It’s just line them up, toilet them, shower them, throw them in the dining room, give them their food, back to bed and that is their day ... (The Queensland Nurse, 2002, p.8).

This understanding of ‘production line’ care resonates with the view that the nursing-home is a ‘question of eat, sleep, eat, sleep and play bingo You do the same all the time’ (Gubrium, 1993, p.135; and see Lyytinen, Liippo, Routasalo & Arve, 2002; Shawler, Rowles & High, 2001).

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