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Feature Article

The personnel's experiences with the implementation of an activity program for men in municipal health services

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ABSTRACT

The aim of this study was to explore the personnel's experiences with the implementation of an activity program for male residents in municipal care services. The design was inspired by a grounded theory approach. The data were collected by means of two focus group interviews with 11 participants in total. The findings showed that the personnel experienced that continuity was a prerequisite to being and remaining motivated when taking part in the activity program. Therefore, a lack of continuity was an obstacle. The categories 'to be prepared', 'to be responsible for a sense of fellowship', and 'to gain new perspectives' illuminate the personnel's experiences. Different conditions had an impact on how the personnel experienced the implementation of the activity program and whether they stayed motivated for being a part of the program in the future. More attention should be given to ward routines that, with only minor changes, may strengthen the activity leader role.

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Introduction

Residents in Norwegian municipal care services have a legal right to have their basic needs met, and this includes being offered varied and individualized activities.¹ Public documents emphasize that health and care services should offer high quality care and further emphasize the need for increased physical and social activities.² The service should be customized to residents' individual needs, with an emphasis put on health promoting activities and prevention.³

As facilities within the municipal care services, nursing homes serve different functions. On the one hand, the nursing home is supposed to be a home for the old and frail with a substantial need for care in a facilitated environment. On the other hand, the nursing home is an institution and offers medical treatment and rehabilitation.⁴ Most nursing homes offer a variety of activities for the residents, but basic care and treatment seem to take precedence over activities of a physical, social, and cultural nature.^{5,6} While residents rated care quality higher than the personnel in one study, both residents and personnel rated the quality of the activities offered poorly.⁷ Variations in stimuli and activities were highlighted as factors influencing residents' quality of life.⁸ However, personnel and

residents had divergent views on the desired activity. While the personnel thought that residents preferred activities where the personnel played the active part, the residents expressed a desire for activities where they themselves were active.⁹

Involving personnel in issues concerning a change to more activities for residents in nursing homes can address a number of challenges and barriers; however, the research conducted into this is scarce. One study found a negative correlation between activities and the ratio of both unlicensed staff and registered nurses (RN). An increase in both types of personnel resulted in a decrease in activities.¹⁰ The researchers explained the negative correlation between the number of unlicensed staff and the number of activities by their lack of competence, and the negative correlation between the number of RNs and number of activities by the fact that the RNs were trained in more medical aspects of quality that lead to a lower focus on activities.¹⁰ Another study focusing on restorative care activities described nurse assistants' experiences as a lack of time to motivate the residents to take part in activities, cognitive impairment among the residents, lack of knowledge of this diagnosis, the residents' problems with performing the activities, fear of being accused of abusing the residents, and lack of support from the nurses as barriers to perform activities.¹¹

Male residents in nursing homes can be seen as having been placed in a women's world, in that the majority of the residents and

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personnel are women. Approximately 30 percent of nursing home residents are men,¹² while ten percent of the personnel are men.¹³ Consequently, activities offered in nursing homes are often dominated by female activities and interests,¹⁴ and are rarely tailored to men's past experiences. Gender among the personnel, in this case a majority of female personnel, can be seen as a barrier to conducting activities tailored to promote person-centered care among male residents.¹⁵ There are, therefore, grounds for assuming that male residents in nursing homes are particularly at risk of not benefitting from individualized activities,¹⁶ and consequently they are more likely to be pacified than women.¹⁷

In spite of a great amount of public documents highlighting the importance of activities for residents in municipal care services, rather few research studies focusing on the personnel's experiences with such activities were found. Given these conditions, researchers from the regional university college teamed up with the personnel from one nursing home in order to explore the personnel's experiences of taking part in an activity program for male residents.

Aim

The aim of this study was to explore the personnel's experiences of the implementation of an activity program for male residents in municipal care services.

Methods

Design

A 12-month activity program was implemented in one nursing home in the eastern part of Norway. The purpose was to offer male residents individualized and increased activities. The activity program comprised two offers: a conversation group and a tour group. The conversation group lasted 60 min once a week throughout the year. The group gathered in an assigned room in the nursing home. Two personnel from different wards were responsible for the activity. They should prepare for conversation and discussions and ensure that all men were included in the conversation. In addition, two personnel assisted during the activity. In total, the activity was offered 31 times, and around six to seven men participated each time. The tour group lasted 90 min once a week during the summer. The group went outside for a walk or took a road trip by hired bus. The personnel were responsible for choosing where to go and what to do. The number of personnel from different wards taking part in the tour group depended on the number of residents participating. The number of personnel varied between three and seven on each tour. The activity was offered in total 16 times, and around five to six men participated each time.

All of the personnel were supposed to take part in the activity program as part of their daily work. The activity leader role rotated among the personnel, and it was also dependent on who was at work the day the activity took place. Written guidelines on how to organize the activities were developed.

In order to explore how the personnel experienced being activity leaders, a qualitative study inspired by a grounded theory (GT) approach in accordance with Corbin and Strauss¹⁸ was conducted.

The setting and participants

The study was conducted in one municipal care services authority, comprising a nursing home, a living community, and a sheltered housing unit. The personnel who had participated in the activity program were invited to participate in the study. The team co-operator (registered nurse) in the nursing home delivered

verbal and written information about the study to the personnel and asked if they wanted to participate. In total, 57 staff members had taken part in the activity program as leaders, wherein 19 of them took part two times or more. A total of 11 personnel agreed to take part in the study and were randomly divided into two groups. There were 10 women and one man among the participants. The age ranged from 30 to 63 years with a mean age of 46.7 years old. Two of the participants had a bachelor's degree in nursing and in disability learning nursing, respectively, eight were auxiliary nurses, and one worked as an occupational therapist. They had been employed from two to 30 years in the municipal care services (median nine years). Nine of the participants worked in the nursing home, one worked in the living community and one worked in the activity section of the nursing home. They had all been a part of the activity program as leaders of the activities. The frequency of participation varied from one to 11 times, with three of them participating once only.

Data collection

Data were collected by means of focus group interviews in autumn 2014. The first group consisted of six participants and the second group of five participants. Two researchers conducted the interviews. An interview guide with themes concerning the personnel's experiences of implementing an activity program for male residents in municipal care services was used. The interviews started with obtaining biographical data and open dialogues in which the participants were encouraged to talk freely about their experiences (e.g. *'Could you please tell us about your experiences of implementing an activity program for men in the municipal care services?'*). The interview guide was used as a reminder for the researchers to ensure all the topics were covered. In order to obtain rich and meaningful data, probing questions were sometimes asked by both researchers to extend or narrow the field of interest (e.g. *'Could you please elaborate on that?'*). The interviews took place in a quiet room at the nursing home, and both interviews were conducted without interruption. The interviews were conducted immediately following the 12-month project period. The first author was in charge of the first interview, while the second author was in charge of the second interview. At the very end of the interviews, which lasted 75 and 60 min, respectively, a summary of the content was presented to the participants in order to ensure that their experiences were understood correctly. Both interviews were recorded, transcribed verbatim and saved in rich text format.

Analysis

Grounded Theory¹⁸ inspired the data collection and analysis. The researchers discussed the interview guide after the first focus group interview with regard to the content of the questions and found them adequate for the second focus group interview. In the open coding process, the text was scrutinized in order to identify the meaning and process of the data. These were then coded. The codes were constantly compared and contrasted by means of discussions in the research team, and grouped into preliminary and more abstract categories. Questions such as who, when, why, where, what, and how were continuously asked in order to gain a better understanding of the data. In the axial coding process, the categories were further clarified and linked to each other. A matrix was created describing the impact of the different conditions on the personnel's implementation of the activity program by means of comparing the content of the categories with variables related to the resident, location, and organizational conditions. Each category was densified during the process of selective coding, and the impact of the conditions on different categories was sought, the

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