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12 Can Older Women Residing in Nursing Homes Feel Empowered? An Exploration of Narrative

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It is assumed that those individuals residing in nursing homes have poor health and little control over their lives. As a consequence there has been little research on this group of people in connection with empowerment. This paper draws upon the narratives of older women residing in two Ontario nursing homes and the frontline workers providing their care. It will illustrate how living environments and the practices of health care workers influence residents' personal narratives. Emphasis will also be given to how past lifestyles and personal biographies can help older people to maintain empowering thoughts even when experiencing various health conditions.

Introduction

Nursing homes are not popular choices for long-term accommodation, however for many older people they may be the only suitable option (Ward and Higgs, 1998). Studies that have explored the views of older people reveal that nursing homes are the last place that they want to live (Sinclair, 1988). When asked why, seniors have commented that although nursing homes can provide comfort, physical care and reduce loneliness, they feel these homes are also a place of loss, both of privacy and independence (Sinclair, 1988). It is precisely these negative aspects of nursing homes that empowerment needs to target in order to improve the image of these homes, and more importantly to increase the quality of life especially for individuals who did not choose to move there.

Empowerment on its own is prevalent in the literature. However few studies explore the theme of empowerment in connection with nursing homes (Nelson, 2000; Meddaugh and Peterson, 1997; Kari and Michels, 1991; Katan, 1991). This may be due to the negative images nursing homes have. Often it is assumed that nursing home residents cannot be empowered because many of them have cognitive impairments (Meddaugh and Peterson, 1997). In addition, some older people do not have a choice in the move to nursing homes (Peace et

al., 1997) and as a consequence they are not viewed as ideal settings for empowerment.

Empowerment is difficult to define (Meddaugh and Peterson, 1997; Hagner and Marrone, 1995). It has a variety of meanings and can be applied to many different experiences. Although there is little consensus in the literature on what empowerment is, many professionals can identify what it is not. Absence of empowerment is evident when there is a feeling of “powerlessness, helplessness, hopelessness, alienation, victimisation, subordination, oppression, paternalism, loss of a sense of control and dependency” (Meddaugh and Peterson, 1997, 32). These words all have negative connotations, and are the same words that are often used in conjunction with nursing home residents. Does this indicate that the loss of health and a consequent move to a nursing home leads to an inevitable loss of empowerment? Are living environments the sole factor in determining whether an individual is empowered, or can individual biographies influence attitudes? The following research will consider these questions.

This paper will first explore the personal biographies of two older women to illustrate how past lifestyles influence present narratives. Then the influence of environment on personal narratives will be examined by considering the interactions between staff members and the residents and the practices within the nursing home. Conclusions will then be sought as to whether older women can feel empowered while living in a nursing home.

The Study

This study involved qualitative interviews with staff and residents in two Ontario nursing homes. One site was used to pilot the questionnaires and the second to conduct the main research. This method was chosen because it not only obtained the narratives of older residents, which is lacking in the research, but it was potentially an empowering experience for the individuals who were interviewed.

Women were solely interviewed, as their perspectives regarding empowerment may be different than males (Yoder and Kahn, 1992). In addition, Rowlands (1995) mentions that some women may have ‘internalised oppression’ during their lives and this could influence their present feelings of empowerment. Therefore it seemed logical to focus exclusively on females.

The Participants

The findings presented are based upon the narratives of two residents without cognitive impairments. Their pseudonyms are Ingrid and Mary.

Ingrid is 78 years old and has been living at the nursing home for 22 years. She is able to walk on her own with the aid of a walker. Ingrid did not work when younger, indicating that she stayed at home. She never married and has no children. When asked about siblings or close family members and friends, she mentioned a sister and sister-in-law who have passed away and then stated “*now I don’t have anybody*”.

In contrast to Ingrid is 76 year old Mary. She has been living at the nursing home for a year and a half. Mary is independent and does not require assistance to get around. She worked in a store when single and after marriage worked “*umpteenth occupations*” until she was able to afford to stay home and look after her 7 daughters and 2 sons. Most of her children live within a half-hour drive of the nursing home, with a few of them living in the United States.

Frontline staff members were interviewed as they spend the most time with the residents (Eaton, 2000). The two staff members who will be mentioned are Erin (who has worked at the present home for 13 years), and Celene (who has worked there for 20 years). Both women have worked in various positions at the nursing home.

Personal Biographies

Family Structure and Roles

Throughout the interview, Ingrid focused mainly on her present living situation, and as a result she had little to say on the roles she previously held in her family. Mary on the other hand had a lot to say on the subject, providing insight into the position and responsibilities she held in her family. Four times during the interview she returned to talking about her husband working in the Arctic Circle. Mary mentioned visiting him once, but for most of the time she stayed at home to care for their children. She held a supportive role for her husband (who was head of the household while he was present), and a leadership role in regards to her children. This may have contributed to her present confidence. As Ingrid never married or had children, she did not have the same roles or support systems as Mary. This may be why she did not want to expand on questions concerning family.

Personal Traits

Ingrid and Mary varied greatly with their personalities. Ingrid, who describes herself as shy and quiet, displayed these characteristics throughout the interview. She answered questions briefly, and often paused for some time before answering. In contrast, Mary claimed that she is outgoing. At one point Mary discusses her previous busy lifestyle:

I am not much of a talker really. I didn't have time for it! Not when you have that many children, you don't have time for it. I remember when we use to come to afternoon tea, and I said 'oh my God no! I don't got time to sit down and drink a cup of tea!'

In the nursing home she still keeps busy helping out with some chores. She requested the interview to be scheduled later in the morning so she could finish washing off the tables after breakfast!

It is evident that Mary still enjoys interaction with others. When asked if she felt a sense of community in the nursing home she answered:

Yes I do. In this nursing home we take part in everything. And one day a week we have one of the people here they read the newspaper ... we'll discuss it all you know. We disagree about lots of things on it that we read about it ... but it's very good.

Although Mary states she enjoys quiet times, the continuation of group activities and a busy lifestyle help make her feel part of a community. In contrast, Ingrid quickly replied that she did not feel part of a community in the nursing home. She said she feels isolated because most of her friends have moved away, and she does not like to participate in some of the group activities such as Bingo.

Personal traits seem to be closely connected with previous lifestyles. As a consequence, Mary, who has lived a busy life and who has always been surrounded by people, says she is happy living in the nursing home. Ingrid, who lived a more private life is discontent where she is, stating she has lost her "freedom" and is isolated from others.

Images of Nursing Homes

When asked about her previous opinion of nursing homes Ingrid replied "*I didn't think anything about nursing homes much ... [No?] ... I never thought I would ever be in one*". This is the same answer that Mary gave, indicating that they distanced themselves from even thinking of living in a nursing home. Mary views nursing homes as places to help people who are unable to care for themselves:

Get a good nursing home that has a good name you know like, it's as good as being home. Especially for **handicapped** people, they are far better off. And the one I am in at present, there is lots of examples sitting around there to see. And if only for the nurses, where would they be? Feeding them, clothing them ...

By emphasising the word handicapped, Mary is separating herself from other residents. She sees them as different from herself and nursing homes as places to help dependent people. This strategy may form part of the explanation for her empowerment in the face of her own declining health.

Environment: Interactions Between Staff Members and Residents

How Residents Are Regarded

Erin explains that a lot of the staff “*look at the residents as their grandparents, or somebody's grandparents*”. Celene follows a similar theme stating that she feels the staff think of the residents as part of their family. This view is positive and it denotes respect for the residents. Later Celene mentions “*lets face it, a lot of the residents do not have family, we are all the family they have got*”. As true as this sentence may be, it brings with it a feeling of compassion. It might be that the staff regard the residents as victims, which emphasises the power imbalance between them. If this power imbalance is internalised by the older person it could lead to disempowerment.

Empowerment/Disempowerment

Scenarios were presented in the interview to gain some insight into how frontline staff and female residents interact. One of the scenarios presented in the interview concerned helping Mrs. Taylor put on new socks. It asked if the frontline worker would seek her opinion on which of three pairs she wanted to wear. Celene replied that she would recommend the pair that matched, but would leave the decision up to Mrs. Taylor. This is an empowering belief, but Mary provides an example that indicates this is not always practised. Mary mentioned that she has been encouraging her roommate to get dressed on her own. She said her roommate had been improving, but yesterday a staff member came in and “*threw her off*”. When asked if the nurse was putting her clothes on for her, Mary gave the following reply:

Yeah, but she was kinda, you know, being rough. Chucking her clothes on. She said ‘I'm in a hurry’, but I said ‘I don't care if you are in a hurry or not. I'll do it’ I said ‘if you are in a hurry’.

This would not come as a surprise to either Erin or Celene. Returning to the sock scenario, both admitted that some staff members would not take the time to ask the resident what socks they would want to wear. Erin estimates that on average “*it would be fifty, fifty on what girls would actually take the time out to ask, and what girls would just do*”. Erin even admits that if she was in a hurry she would just put the pair of socks on that matched without asking the resident. Therefore although some staff members do take the time to ask opinions and encourage the abilities of residents, it depends on the individual staff member and the time they have available whether this is done.

Environment: Practices Within the Nursing Home

Provision of Activities

There are a variety of activities that take place at the nursing home. Ingrid and Mary confirm that they are asked for their opinions on what activities take place. Mary states:

They ask us ‘what do you think?’ Like do you think, even on an outing like a trip we are going somewhere. ‘Do you think we should go for a day, or just go for lunch?’ you know ... you don’t feel you are stuck doing something that you don’t want to do at all.

Activities are present to benefit the residents therefore asking their opinion is important to ensure the activity is meaningful.

Encouraging the interests and hobbies of individual women is also a valuable way to increase their self-esteem. However, Celene explains “*I find a lot of that is not happening anymore [encouraging hobbies] and I don’t know why*”. Examples of this discontinuity come from both Ingrid and Mary. Ingrid loved to do embroidery and scrapbooks, and she indicates “*I don’t do anything like that now*”. Mary said she loves gardening and although she used to help with the gardens when she first came to the nursing home, this activity has discontinued. Both women have noticed changes in their health and they associate that with their lower levels of activity. However, Erin expressed a different view. She blames the inactivity on time restrictions, and feels a lot could be improved for the residents:

Our residents in nursing homes need more than what they have. Like I see a lot of stuff that they could be doing, that they aren’t ... You know, like a big 90% I would say do nothing. And I find they deteriorate more when they are not actually doing activities, and being involved in outings.

This may explain why Mary has a different viewpoint. She is content with living in the nursing home and this is because she is part of the ten percent who are involved with activities and outings. However for the other ninety percent, activities might be regarded differently.

Family Involvement

Family involvement is important to some of the residents. Mary states that she is content living in the nursing home, “*except that I am not near my family you know. I wish I was a bit nearer ... so I could see them more often*”. Mary’s family has made some big decisions for her such as picking out a suitable nursing home. She comments “*I know they wouldn’t put me anywhere that was you know ...*” indicating she trusted their judgement. She agreed that moving to a nursing home was the best move for her, so the decision was not solely her children’s. They do empower her by asking for her opinion when they go out. Mary explains that “*they phone me up and talk to me first and say, ‘how are you feeling? We are thinking of taking you to some place, or such a place’.*” Having an empowering and supportive family does seem to help Mary feel more in control of her life.

Community

Ingrid has been living at the nursing home for many years. She says she does not feel a sense of community, and states “*there is not really anyone I can talk to, they are so out of it*”. She does have one roommate that she converses with, but Ingrid does get frustrated because her roommate is not at the same cognitive level as herself. Mary is in a similar situation, however instead of getting frustrated she often tries to empower others around her. Earlier it was mentioned that she was trying to teach one of her roommates to dress herself and become more independent. This illustrates the concern Mary has regarding her neighbours. Therefore it is not uncommon for residents to look out for and empower each other.

An example of how residents work together to influence their environment involves the resident council. Many issues are brought up at the council, which both Ingrid and Mary attend. The council gives some of the residents positions of responsibility. For example, Ingrid stated in the interview that she was the president of the resident council, denoting a sense of pride in this accomplishment. The resident council provides a chance for residents to voice their concerns, and to include their input into what activities take place and what meals are served. Everyone questioned agreed that the resident council was an effective way of hearing the voices of residents. However, everyone but Mary commented that not enough residents attend the meetings. Erin made the following observation:

I think they need more of an input. Like they only have certain residents that go to that council. So it is only those certain residents that have the input in the building. So they need a bigger out turn, they need more encouragement for the other residents to join them. So that they do get the whole issue and not just these 4,5,6 individuals.

Therefore, the resident council is only effective in hearing the opinions of the select few residents that attend the meetings.

Conclusion

Returning to the words describing an absence of empowerment, we can see that they do describe Ingrid to a certain extent. She feels alienated from others, seems to be dependent on staff members for care, and the absence of close friends and family may cause staff to regard her as a 'victim'. In contrast, Mary displays many qualities of an empowered individual. She has a sense of control over her activities, feels part of a community, and tries to empower others around her. Therefore, the most important conclusion is that it *is* possible to feel empowered while living in a nursing home.

There are many factors that contribute to the differences between these women, with one of them being health. While it is acknowledged that Mary is in better physical health than Ingrid, the argument could be put forth that factors such as family support, continuation of past lifestyle and identification with certain roles has also influenced Mary's empowerment. Therefore it is not only health and living environments that need to be considered when determining whether empowerment is possible. The narratives drawn upon have illustrated the strength of individual biographies.

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