Attitudes of nursing home residents towards staying in a nursing home: a qualitative study

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Abstract

Objective: This study aims to investigate the attitudes of elderly residents in nursing homes towards their stay and to distinguish between various types of these attitudes.

Context: The demand for nursing care among older individuals is on the rise, leading to the establishment of nursing homes in major cities despite the prevalent cultural norm of family care.

Methodology: Semi-structured interviews based on guidelines were conducted with 21 residents across four different nursing homes . Qualitative content analysis was applied to analyze the interview data.

Findings: The study identified two main categories of residents: those who were placed in the nursing home by close relatives and those who made the decision to move independently. Factors such as social networks and individual self-help capabilities played a significant role in shaping residents' decision-making processes.

Conclusion: Nursing homes in Egypt serve diverse functions depending on the needs and circumstances of older individuals. While charitable institutions may serve as a last resort for those with limited income and social support, nursing homes can offer social interaction opportunities and medical care for more financially stable residents.

Keywords: attitudes, care seeking, Egypt, nursing home, older adults, qualitative research.

Introduction

There was a significant demographic shift towards an ageing population. Projections indicate that the number of individuals aged 65 and above in the country will increase from 3.497 million in 2005 to 7.487 million by 2025, representing a rise of 4.8% to 7.6% of the total population (SCWA, 2008). With this ageing trend comes a rise in age-related disabilities, leading to a greater demand for nursing care services. A national household survey revealed that 8.27% of individuals over 50 years old experienced at least one functional limitation (Nandakumar et al., 1998).

Traditionally, care for older persons has been viewed as a familial responsibility. Rugh's ethnographic study (1985) highlighted the family's role in providing care, and recent research by Nandakumar et al. indicated that 78% of older could rely partially or fully on this traditional support system. However, the authors caution that this figure may not fully capture the range of older adults' needs or their families' ability to meet those needs. Moreover, the stability of this traditional support system is uncertain, particularly given ongoing societal changes.Urbanization has had a notable impact on the social networks of older individuals. The increasing participation of women in the workforce and the prevalence of nuclear family structures have reduced the capacity of adult children to care for their aging parents, especially in terms of assisting with daily activities (Fadel-Girgis, 1983).

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This shift is particularly evident , where the effects of these societal changes on elder care are most pronounced. In , older individuals who require nursing care and cannot receive it from family members typically have three options. The first option is residing in a nursing home or a geriatric medical unit within a hospital. Some hospitals also offer geriatric medical units that may serve as long-term residences for older persons, providing medical treatment alongside care services. Boggatz and Dassen (2009) developed a conceptual model of care-seeking attitudes among older adults, emphasizing that attitudes are shaped by various factors including perceived threats, options and barriers to seeking care, and life dispositions. This model underscores the importance of exploring these factors to understand care-seeking behaviors.

Limited literature exists on nursing care seeking. Boggatz and Dassen (2005) noted a slight overcapacity in existing institutions compared to estimated care needs, attributing this to older persons' preference for family care. A qualitative study by Boggatz et al. (2009) found that older from low-income groups often reject non-family care due to financial constraints and traditional views. Those with higher incomes may accept home care for its familiarity or independence support but generally reject nursing homes.

Sinunu (2004) explored long-term care demand from families' perspectives, revealing a shift towards institutional care for those who can afford it. However, little is known about older persons' perceptions. Given the income distribution and varied pricing structures of care facilities, attitudes towards nursing homes likely vary widely.

This study aims to fill gaps in understanding by exploring nursing home residents' attitudes towards staying in such facilities, aiming to differentiate between different types of attitudes. It builds on previous research to enhance knowledge of care-seeking behaviors among older regarding nursing home use, with implications for future care planning.

Method

Data Collection:

The methodology employed in this study mirrored that of Boggatz et al., facilitating comparison with previous findings on home care utilization among older . Semi-structured guideline interviews were utilized for data collection, lasting between 30 to 50 minutes based on participants' focus and willingness to engage. Interviews were conducted by either the first author or a female research assistant, with interviewer and interviewee gender matching. The research language was colloquial Arabic. The interview guideline was akin to Boggatz et al.'s but centered on nursing home residency. Questions stemmed from the conceptual model, exploring various aspects of older persons' care-seeking attitudes, including their experiences before nursing home admission. Additionally, participants' opinions on home care were gathered for comparison. Introductory questions covered biographical and current life aspects. Interviews were recorded digitally for transcription and in-depth analysis.

Sample & Ethical Considerations:

Participants were selected through purposeful sampling, considering three criteria: residence in a nursing home or geriatric unit, inclusion of different socioeconomic strata, and representation of Muslims . Approval was obtained from relevant departments and institutions, and informed oral consent was obtained from participants, often in the presence of a witness. Anonymity and confidentiality were assured.

Data Analysis:

Transcription and translation were conducted by research assistants. Content analysis using ATLASti 4.1 followed Mayring's method, comprising six steps: outlining guiding assumptions, determining units of analysis, reducing data by assigning codes, deriving a category system from coded data, refining the category system, and conducting constant comparisons to identify patterns. Measures to enhance trustworthiness adhered to Lincoln and Guba's criteria, focusing on confirmability, dependability, transferability, and credibility.

 The sample included residents from various backgrounds, reflecting socioeconomic diversity and religious representation. Data analysis involved a systematic process of coding and categorization, ensuring thorough exploration of care-seeking attitudes among nursing home residents

Table 1: Sample Composition by Gender, Social Network, Setting, Self-Care Abilities, Religion (n = 21)

Gender		Number
Female		15
Male		6
Familial Network		Number
Single		5
Widowed, no children		2
Widowed, with children		12
Married, with children		2
Type of Institution		Number
Charitable Institution		4
Fee Charging Nursing Home		13
Geriatric Medical Unit		4
Self-Help Abilities		Number
Not Dependent on Help		10
Dependent on Help due to Physical Disease or Impairment		9
Dependent on Help due to Psychiatric Disorder		2

Results

The participants in this study were divided into two main categories based on their attitudes and decision-making processes regarding staying in a nursing home. These categories are labeled 'Reacting Types' and 'Acting Types,' representing distinct approaches to the decision-making process and attitude towards nursing home residency.

1. **Reacting Types** This category includes participants who did not make the decision themselves to stay in a nursing home. Instead, external factors or decisions made by others, such as family members or caregivers, influenced their placement in these facilities. The attitudes and experiences of these individuals varied within this category.

   - **Influenced by Family:** Some participants were placed in nursing homes by their families, without actively choosing this option. Their attitudes towards nursing home residency were shaped by familial decisions and the circumstances that led to their placement.
   - **Lack of Autonomy:** Participants in this category lacked autonomy in the decision-making process regarding nursing home residency, influencing their overall attitude towards their living situation. They may have expressed feelings of resignation, acceptance, or even resentment towards their circumstances.
   - **Mixed Feelings:** Within this category, there were varying emotions and perceptions. Some participants accepted their situation with resignation, acknowledging the practicality of nursing home care. Others expressed a desire for more independence or a sense of loss regarding their autonomy.
   - **Reliance on Caregivers:** Participants often relied heavily on caregivers within the nursing home for their daily needs and activities. Their experiences were influenced by the quality of care and support they received from staff members.
   - **Emotional Impact:** The emotional impact of being placed in a nursing home without personal choice was evident among these participants. Feelings of loneliness, isolation, or dependence on others were common themes expressed during interviews.

2. **Acting Types** This category comprises participants who actively made the decision themselves to stay in a nursing home. Their attitudes and experiences were influenced by their own choices and preferences regarding their living arrangements.

- **Self-Determined Decision:** Participants in this category actively chose nursing home residency based on their own assessment of their needs, preferences, and the available options. Their decision-making process reflected a sense of autonomy and agency.
- **Positive Attitudes:** Many participants in this group exhibited positive attitudes towards nursing home residency. They viewed it as a practical and beneficial solution that met their care needs and provided a supportive environment.
- **Sense of Control:** Acting Types participants often expressed a sense of control and empowerment in their decision to reside in a nursing home. They felt confident in their choice and were actively engaged in making the transition smooth.
- **Adaptation and Adjustment:** Participants in this category demonstrated adaptability and a willingness to adjust to their new living situation. They engaged proactively with staff members and fellow residents, contributing to a positive social environment.
- **Emotional Well-Being:** Overall, Acting Types participants reported higher levels of emotional well-being and satisfaction with their nursing home experience. They valued the opportunities for social interaction, support, and personalized care.

These two categories, Reacting Types and Acting Types, provide insights into the diverse attitudes and experiences of older adults towards nursing home residency. They underscore the importance of considering individual autonomy, decision-making processes, and emotional well-being in elder care settings.

Discussion

The study's findings delineate a refined conceptual model of care-seeking attitudes within the context . Three key factors highlighted by this model were instrumental in categorizing the identified attitudes. The first factor pertained to the influence of significant others, which facilitated the classification of participants into "acting" and "reacting" types. Subsequently, self-help capabilities played a crucial role in further distinguishing these types. Among the "acting" types, older individuals without self-help limitations were inclined towards fulfilling psycho-social needs, whereas those with reduced self-help abilities focused more on physical care. Among the "reacting" types, reduced self-help abilities contributed to less negative perceptions about residing in a nursing home. Castle, (2003)

Moreover, the quality of the social network aided in delineating these attitudes further. Older individuals who felt neglected by their families expressed more negative views regarding nursing home residency. Interestingly, this negativity wasn't solely attributed to institutional characteristics but rather stemmed from disruptions in their social networks, overshadowing their perceptions of the situation. It wasn't any single factor but the interplay of these three factors that facilitated the creation of a matrix for categorizing care-seeking types based on their distinguishing features. Fadel-Girgis, (1983)

Initially assumed was the significance of the older person's social status in shaping care-seeking attitudes. Residents of charitable institutions, representing lower-income groups, exhibited some distinctive characteristics while also sharing commonalities with other care recipient types. Those categorized under 'Dissatisfaction & Resignation,' for instance, felt neglected like other types but chose nursing home stays reluctantly due to financial ability, unlike those under 'Dissatisfaction & Resignation,' who had no choice and preferred to leave but couldn't. Ibrahim & Ibrahim, (2003)

These findings complement a prior study on attitudes toward home care (Boggatz et al., 2009). Residents of charitable institutions corresponded to participants with insufficient income from the previous study, rejecting home care due to disrupted social networks. This aligns with older studies suggesting charitable homes as places for the abandoned.

Participants who acquiesced to others' decisions mirrored older persons accepting home care due to family decisions in Boggatz et al. (2009). They accepted nursing home stays primarily for medical treatment and due to mistrust in private helpers, reflecting familiar perceptions of home care arrangements. Conversely, those independently opting for nursing homes due to reduced self-care abilities didn't align with prior findings, showing a higher level of independence in decision-making.

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Additional care-seeking types like 'Avoidance of loneliness' and 'Searching for a new life' complemented findings from other studies and revealed evolving motivations for nursing home residency. Finally, older individuals seeking independence in nursing homes represented a new type, highlighting individualism trends and positive perceptions of residential care among those without significant self-care limitations. Mayring, (2000)

These findings caution against generalizing care-seeking attitudes based solely on cultural assumptions. While certain tendencies may prevail, internal cultural differences necessitate nuanced approaches to meet individuals' diverse needs. Wu et al., (2009)

Limitations of the Study

Selection Bias: The distribution of participants among identified categories indicates potential selection bias, with certain care-seeking types possibly overrepresented while others are underrepresented or missing entirely (Author et al., Year).

Fine-Grained Categorization: Some care-seeking types are represented by only one member, raising questions about the meaningfulness of highly detailed categorizations and the potential for subtle differences to reflect individual cases rather than broader factors.

Data Collection Constraints: The study faced limitations in data collection due to institutional refusals and guidance from care supervisors, potentially limiting the diversity of perspectives captured.

Exploration of Sensitive Topics: Detailed exploration of certain aspects of care-seeking attitudes, such as family relationships and care from strangers, was challenging due to participant reluctance and ethical considerations.

Implications for Practice

Tailored Approaches: Different care-seeking attitudes among older individuals necessitate tailored approaches. For example, those in charitable institutions with strained family relationships may benefit from efforts to reconnect with their families.

Qualified Care: Older individuals in nursing homes due to reduced self-help abilities require qualified care workers and training programs to ensure proper care.

Social Support: Assisted living facilities closer to family members' locations could enhance social support for those preferring independence but needing care.

Diverse Care Options: The study emphasizes the importance of diverse care options, including home care services and integrated assisted living facilities, to effectively meet varying care needs among older Egyptians.

Quantitative Studies: Quantitative studies are recommended to determine the prevalence of different care-seeking types and inform the optimal balance and availability of care services.

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