

## Activities in nursing homes: A descriptive study in Southern Austria

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This study aimed at (1) assessing activities and services offered by nursing homes, (2) estimating the residents' and the nurses' contentedness about the residents' activities, and (3) finding out the residents' and nurses' wishes for alterations in the home routine. Based on the information of 255 residents and 171 nurses in eleven Austrian nursing homes our results showed that there was a great discrepancy of the values between the residents' and the nurses' view of an active daily life in the institution. While residents expressed the wish for more activities in the nursing homes, nurses wanted a facilitation of their care work.

*Keywords:* nursing home, activities, contentedness, nurses, residents

From a global point of view, nursing homes are gaining importance since life expectancy has increased and relatives are getting less inclined to care for their aging family members (Blaumeiser & Klie, 2002). For the aging generation these institutions give a place to live in, supporting them in everyday activities and providing help and security. Many studies have found, however, that although well meant, those institutions tend to turn residents into passive, depressive and dependent individuals (Maier & Seligman, 1976; Baltes, 1996). Cavan, Burgess, Havighurst and Goldhamer (1949) described that moving into a nursing home is a critical life event, which is responsible for the loss of one's own resilience. Therefore it is not surprising that the prevalence of depressive disorders in nursing home residents is close to 40% (Teresi, Abrams, Holmes, Ramirez, & Eimicke, 2001). A lack of autonomy (Kasser & Ryan, 1999) and little influence on decisions are also taken for possible reasons that lead to inactive behavior. During the fifties and seventies of the 20<sup>th</sup> century the importance of activities was recognized and emphasized as main criterion for a successful aging process and adjustment to old age (Cavan et al., 1949; Havighurst & Albrecht, 1953; Lemon, Bengtson, & Peterson, 1972). There is an essential connection between an active life, psychological well-being and life satisfac-

tion (Menec, 2003). Older persons need a stimulating environment, which lets them be active even though they are in need of care (Lawton & Nahemow, 1973). Experience of one's own competence can be made also in institutions, if positive and healthy capacities of older persons are taken into consideration and encouraged (Lapierre, Bouffard, Dube, Labelle, & Bastin, 2001; Slangen-de Kort, Midden, Aarts, & Wagenberg, 2001). Psychological well-being and adjustment to the environment of the nursing home are directly related to the amount of involvement in decisions of every day life that are given to the residents themselves (Shawler, Rowles, & High, 2001).

The activities offered should be in accordance with the residents' interests and inclinations. The necessity to encounter older persons in this sense has been recognized for a long time. Therefore nursing homes provide an institutional framework in which being active is possible. Residents predominantly get distraction and entertainment by ergotherapeutic and occupational options (Ledgerd & Roberts, 1999), but these activities often have nothing to do with the residents' former life. That is the reason why the gap between theoretical discussions and practical realization in the field of helpful activities and occupations is considerable (Ledgerd & Roberts, 1999; Green & Cooper, 2000).

### *Aims*

The aims of this study were to collect baseline data of the use of activities and services, and moreover to find out how content residents were with them. In addition nurses' estimates of the residents' contentedness with the activities

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and services were gathered. Both, residents and nurses, were asked about their wishes, ideas and suggestions as far as daily living in nursing homes was concerned.

This article addresses the following questions: (1) Which activities and services were offered by nursing homes? (2) To what extent did residents use the activities and services? Did they carry out activities initiated by their own? (3) How content were the residents with these activities? (4) How did nurses estimate the residents' contentedness with the activities and services? Were there any differences between the estimation of contentedness ratings of residents and nurses?

## METHODS

From a total of 48 nursing homes in Southern Austria (Carinthia) a quarter were selected at random. 11 of these 12 nursing homes took part in this study. The investigation was designed as a cross-sectional study and was conducted between November 2002 and April 2003.

### *Instruments*

*Interviews with management staff.* As it is common practice in consumer research (Hallwirth-Spörk, 2000), management staff was interviewed by the project manager in a first step in order to determine service offers of the particular nursing home. They also have the function of a gatekeeper to help the researcher to get familiar with the home environment and to come in contact with the residents.

*Questionnaire for residents.* In order to obtain information about the use of activities and services and the degree of contentedness with the offers a questionnaire for residents was administered. Beside the home offers, we also wanted to know which self-initiative activities the residents carried out. The contentedness was measured on a visual analogue scale from 0 to 100, where 100 means highly satisfied. The questionnaire ended with a narrative sequence, where we asked them, if they had any suggestions or ideas for an improvement in the range of the offers and the daily routine.

Nursing home residents were not able to complete the questionnaire independently, so a special procedure was used to get the information. Psychology students who did their practical training in the homes completed the questionnaire after they have had a rater training in a face-to-face setting together with the residents. They were especially taught to deal with the difficulties of communicating with older persons and to get in to practice of interviews by role plays.

*Questionnaire for nurses.* Nurses are often the only persons to whom the residents relate most closely. Therefore it is natural to ask them about the residents' activities. So the same questions were put to nurses. They should estimate the degree of contentedness the residents felt with the activities and services in general. Again, visual analogue scales (0-100) were provided. In a narrative sequence at the end of the questionnaire they should communicate their ideas and suggestions concerning alterations in the home routine. The questionnaires were distributed with an accompanying letter, outlining the aims of the study, after information had been given during staff reunions including the management staff. To guarantee anonymity, the completed questionnaires were sealed in envelopes and collected in a box. In a pre-test these instruments were discussed with the nursing teams in two institutions and tested with twelve residents with regard to their relevance and feasibility.

Before the data collection started all potential participants (residents and nurses) were informed about the purpose and the aim of the study and how the anonymity of each participant can be guaranteed. This approach follows the Ethical Principles of Psychologists and the Code of Conduct, (APA, 2002).

### *Participants*

The investigation followed a census-based design with regard to the ethical guidelines, all residents who were able (MMSE >23, Folstein, Folstein, & McHugh, 1975), and willing to take part in the study were interviewed. We collected data from 255 nursing home residents (31% of total number of residents). The sample consisted of 196 women (77%) and 59 men (23%) with a mean duration of residence of three years. Their average age was 80 years ( $SD=10.7$ ). Most participants were widowed (76%), 50% had completed secondary school and 18% a vocational school. Medical diagnoses comprised cardiovascular diseases (44%), stroke (29%) and mental disorders, mostly depression (27%). On average the residents had been diagnosed with three diseases and most of them needed support in their activities of daily living.

171 nurses (54% of total number of nurses) participated. Most of them were female (95.5%) and almost half of them had finished their vocational training. The mean age of nurses was 35 years ( $SD=9.1$ ).

### *Data Analysis*

The purpose of the study was to give an overview of the activities and services nursing homes offer their residents. Therefore the analysis was primarily descriptive. Mean values of contentedness estimated by residents and nurses were calculated for each offer. Parametric proce-

dures were used to test whether nurses estimated the residents' contentedness in the same way they did themselves. Analyses were performed by using SPSS for Windows.

RESULTS

Activities and services offered by nursing homes

As reported in Table 1, nursing homes differed considerably with respect to the number of activities and service offers available. There were between 5 up to 15 different types of activities in the homes.

Summing up, there were three areas of offers: therapy offers, services and group activities. In the field of therapy offers the focus was given to physiotherapy. Coiffeur, chiropody and home animals were the central services offered in each nursing home. The focus of the group activities

was located in cognitive groups. In only five of the eleven homes there existed a broader range of four specialized group offers. The offered group activities were led by different professional guilds, often nurses, only sometimes occupational therapists, but in most of the cases untrained staff members. Taking into consideration that nurses were primarily trained for care, the additional task of conducting activation groups loaded them with considerable demands.

Utilization and contentedness with the home offers

Table 2 gives an overall view of the whole sample concerning the utilization of activities and services and the contentedness ratings of residents and nurses.

In the field of therapy offers 48 respondents were entitled to physiotherapy, 26 respondents to psychological counseling. Only one resident received psychotherapy. The focus in the field of services was put on coiffeur and chiropody. About two thirds of the respondents, 173 residents, went to the hairdresser's. 124 made use of chiropody. 80 of

Table 1  
Activities offered in nursing homes

		Nursing Homes											
Nursing Home	A	B	C	D	E	F	G	H	I	J	K	Sum of row	
Number of Residents		160	98	95	90	73	72	50	48	47	44	39	
Therapy Offers	Physiotherapy	●	●	●	●	●	●	●	●	●	●	●	11
	Ergotherapy	●		●				●	●			●	5
	Psychotherapy		●					●	●				3
	Psychological Counseling		●	●									2
	Life and Social Counselling		●	●									2
Services	Magnetic Field Therapy			●	●			●		●		●	5
	Aroma-/Phototherapy							●		●			2
	Massages		●	●	●			●	●		●		6
	Lymph Drainage		●	●	●				●		●		5
	Therapy Dog			●	●		●						3
	Home Animals	●	●	●	●	●	●	●	●	●	●	●	11
	Coiffeur	●	●	●	●	●	●	●	●	●	●	●	11
	Chiropody	●	●	●	●	●	●	●	●	●	●	●	11
Group Activities	Exercise Group		●	●	●		●	●	●				6
	Handicraft Group			●	●		●	●	●				5
	Cognitive Group		●	●	●		●	●	●		●		7
	Game Group			●	●		●	●	●				5
	Unspecific Group <sup>1</sup>					●				●	●		3
Sum all offers	5	11	15	12	5	9	13	12	7	7	7		

<sup>1</sup>This offer includes a combination of different activities like singing, reading to the residents, body exercise and so on.

Table 2  
Utilization and Contentedness

	Utilization		Contentedness (0-100)					
	n	%	Residents		Nurses		n	
			M	SD	M	SD		
Therapy Offers	Physiotherapy*	48	18.8	80.8	24.7	69.3	25.0	141
	Ergotherapy	5	4.2	71	40.4	57.3	32.7	56
	Psychotherapy	1	1.7	100		68.3	30.0	41
	Psychological Counseling*	26	41.3	85.4	18.5	61.2	30.0	42
	Life and Social Counseling	1	1.6	80		62.9	30.2	27
Services	Magnetic Field Therapy	26	24.3	64.3	35.4	53.1	30.1	43
	Aroma-/Phototherapy	2	6.7	90	14.1	87		1
	Massages*	18	12.6	85.8	15.6	67.5	27.1	51
	Lymph Drainage	6	4.5	88.3	9.8	60	37.2	29
	Therapy Dog	44	57.1	75.9	25.7	79.9	23.7	68
	Home Animals*	10	3.9	89	15.9	72.6	24.3	78
	Coiffeur	173	67.8	81.1	21.7	79.1	20.5	166
	Chiropody*	124	48.6	83.7	21.9	76	23.1	163
	Exercise Group*	80	58.8	75.1	30.0	73.6	20.9	91
Group Activities	Handicraft Group	51	37.5	69.4	35.1	75.6	20.9	91
	Cognitive Group*	56	37.1	82	23.2	71.2	25.6	89
	Game Group*	47	34.6	73.6	34.8	69.7	24.8	80
	Unspecific Group	55	71.4	76	20.6	68.3	20.1	32

\*Significant differences in mean ratings between residents and nurses ( $p < .05$ )

the 255 residents participated in exercise groups. Residents' contentedness ratings were between 64 and 90 on the visual analogue scale, with the exception of the one resident who was highly content with psychotherapy. Nurses gave lower ratings for the presumed amount of contentedness than the residents themselves: in Table 2 statistically significant differences in the mean ratings were indicated with an asterisk. For example, contentedness ratings of nurses were significantly lower than the residents' ratings for physiotherapy ( $t(187) = -2.78; p < .01$ ), psychological counseling ( $t(66) = -4.11, p < .001$ ) and the cognitive group ( $t(143) = -2.56; p < .05$ ).

#### Self-initiated activities, frequencies and contentedness

Self-initiated activities should be seen as everyday activities, which can be carried out by the residents whenever it is possible for them. Being active in this sense means, the old person is independent from the institutional setting. As shown in Table 3, only a small percentage of the 255 respondents engaged in activities initiated by themselves, with the exception of going for a walk (81 residents). We have

to note, that people with mental disorders reported no self-initiated activities. The degree of contentedness with these activities was again rated higher by the residents than by nurses. In Table 3 significant differences between the residents' and nurses' ratings were indicated with an asterisk.

If contentedness ratings from both groups (nurses and residents) were available, they always differed from each other. For example, those residents who used the library, indicated a mean degree of contentedness of 84.2 ( $SD = 16.2$ ), whereas nurses rated the residents' contentedness with a mean score of 51.4 ( $SD = 31.4$ ). The difference was highly significant ( $t(105) = -6.75; p < .001$ ). As it is shown in Table 3, nurses did not even know all self-initiated activities of their residents and it seems that the importance of self-initiated activities was not recognized by them.

#### Wishes

The last question was designed to express possible wishes, ideas, and suggestions referred to daily living in nursing homes by residents and nurses. This question was answered by 51% of the residents, and 71% of the nurses.

Table 3  
Self-Initiated Activities

Self-Initiated Activities	Utilization		Contentedness (0-100)				
	Residents		Residents		Nurses		
	<i>n</i>	%	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Parlours*	22	8.6	83.4	26.3	58.3	30.9	99
Walks*	81	31.8	93.3	14.8	70.6	26	148
Use of Library*	22	8.6	84.2	16.2	51.4	31.4	85
Coffee Parties*	28	11.0	87.0	26.0	66.6	31.9	66
Use of Therapy Equipment*	8	3.1	79.4	21.5	55.5	32.9	54
Care for Home Animals*	29	11.4	76.6	25.0	64.0	31.7	77
Friendship between Residents*	5	2.0	100		63.2	38.8	5
Practice Gymnastics	11	4.3	90.9	18.1			
Crossword Puzzles	9	3.5	95.6	13.3			
Painting	2	0.8	100				
Excursions	11	4.3	100				
Singing	3	1.2	83.3	14.4			
Needlework	4	1.6	100				

Note. No ratings were given for the last six items by nurses.

\*Significant differences in mean ratings between residents and nurses ( $p < .05$ )

The main concerns of the residents were: a larger number of group activities (38.3%), higher respect of their individuality (31.6%), and more frequent events outside the homes (12.4%). Nurses expressed the wish for more time for nursing care (30.1%), and increased resources of personnel (11.9%). The results indicate that nurses wanted to improve their working conditions whereas the residents wanted to increase their quality of life.

## DISCUSSION

In the area of Austria where the study was done, nursing home offers showed differences in their amount of activities. Homes with a broader range of activities and services could be seen as higher resident-oriented. Each home can decide which and to what extent activities and services should be offered. Concerning this matter there are no requirements. We found typical activity offers like coiffeur, chiropody and physiotherapy in all 11 nursing homes. That seems to be a standard. Above all it is remarkable that more residents were engaged in offered than in self-initiated activities. Independent from the extension of the offers,

contentedness ratings by the attending residents were generally high. Self-initiated activities like going for a walk or meeting friends always got ratings near 100. The phenomenon of high contentedness ratings is known as "satisfaction or well-being paradox" (Staudinger, 2000; Whitbourne & Sneed, 2002). It could be explained by the low level of expectation older persons have after moving into a nursing home. The phenomenon may also be explained by Festinger's (1957) theory which postulated that cognitive dissonance tends to be reduced by subsequent cognitive distortions: to keep their morale up, residents tend to see their situation in a light which is too positive in order to avoid disappointment. Our results could be seen under this aspect as well.

The discrepancy between the degree of contentedness verbalized by the attending residents and presumed by the nurses is notable. In general, the nurses assessed the residents' contentedness with the offered activities lower than the residents themselves. In the field of the residents' self-initiated activities the nurses' ratings were significantly lower all over. This means that the importance of such activities was not noticed by the nurses. The different view in the field of activities continued in the field of wishes. Half of the attending residents were able to express specific wish-

es or ideas for their daily living in the nursing home. They clearly expressed their wish for individual meaningful activities. Although it must be mentioned that the data collection showed that old and impaired people would need a qualitative research design, as all the stories and reports told by the elderly persons could not be evaluated in this investigation. The main importance for the nurses was a facilitation of their daily care routine. Nursing care has become stressful (Weyerer & Zimmer, 1997), especially for the nurses being caught between divergent demands of nursing institutions and concerned relatives. In addition, nurses are often the only persons the residents can relate to. Negative effects of cost-cutting policy and time-saving methods of nursing leave the capacities older persons might still have aside: many tasks would still be possible but can be carried out only with difficulty, so e.g. walking to the dining room or eating are replaced by transport in a wheelchair and feeding. According to Hollinger-Samson and Pearson (2000), residents were seldom looked after for more than half an hour to an hour a day in terms of personal contact. Füssek (2002) had an even more drastic view, emphasizing that nursing care could be counted in minutes, as overwork and exhaustion only allow a minimal amount of care. Similarly, in this study, nurses complained about a lack of personnel and time for individual contact. Their sphere of work is care and residents' activities are outside their scope of duties. Therefore they assessed activities and contentedness differently than the residents themselves. That's asking too much, if nurses should meet all residents' needs and wishes, but it is necessary that the residents' communicated needs and wishes must be taken seriously by the nurses. Beside a caring environment it is necessary to point out, that activities in nursing homes must be managed by a trained staff, especially occupational therapists.

As it was noticed, the group activities could only reach a part of the interviewed residents. One of the reasons for the non-participation could be that the offers were not fitted for the elderly people; another one, that diseases, for example mental disorders, like depression, could prevent the residents from a participation. This is a limitation of this investigation that the resident's diseases were not taken into consideration when questioning them about the use of the activities offered and the contentedness with them by the attending residents. Moving into a nursing home may often cause depressive symptoms (Maier & Seligman, 1976). In a meta-analysis of 122 studies about psychosocial and psychotherapeutic interventions with older people, Pinguart and Sörensen (2001) found that psychotherapy leads to a reduction of depressive symptoms and increased personal well-being. Psychologists and psychotherapists with a special training in gerontology can contribute to a higher quality of life in older people and carry out important duties as members of a multi-disciplinary team

(Molinari, 2003). Therapy and company of residents with a psychiatric disorder by psychotherapists and psychologists will be a lightening for nurses and facilitation for their care work. Summarizing the findings of this study, it must be noticed that communication between the residents and the nurses should be done in a serious way. It is mainly necessary that the nurses realize the importance of self-determined and meaningful residents' activities. It is essential to deal fairly with needs and wishes of the old impaired people and to infantile them because of their self-care-deficit (Orem & Taylor, 1997; Salari & Rich, 2001). Care for elderly people is stressful, therefore it is necessary that there exists not only a cooperation between nurses and residents but also an institutional and political surrounding which supports nurses with their further education and provides psychological support as well.

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