

**Flourishing:  
Meaning and Purpose in Care Home (Nursing) Life**

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## **Abstract**

### **Meaning and Purpose in Care Home (Nursing) Life**

Meaning and purpose in life are important aspects of the life experience of individuals. These aspects of life have often been studied using psychological and quantitative approaches addressing meaning and purpose across the life span. However, there is a dearth of studies of meaning and purpose in care home (nursing) life. This care sector has an important contribution to make nationally and internationally to the lives of older people who require long-term care. This study addresses the gap in the body of knowledge by exploring how to enhance meaning and purpose in the lives of care home (nursing) residents.

This study of meaning and purpose in the lives of care home (nursing) residents was undertaken using an appreciative inquiry methodology. Two U.K. care homes (nursing) were the settings for the study; 20 residents and 25 members of staff were included in the sample of the study. The residents who participated in the study had moved into the care homes because of their physical disabilities. None of the residents who participated in the study had appreciable cognitive incapacity. Data were collected using life story interviews, structured interviews and focus groups. Data were constructed during the four stages of appreciative inquiry: Discovery, Dream, Design and Destiny. The data were analysed using the Framework Analysis approach.

The findings of the study provide clear definitions of meaning and purpose in care home (nursing) life. The knowledge generated addresses the required focus on the creation of opportunities for residents to flourish and optimise their potential in order to enhance meaning and purpose in their lives. The ways in which care home staff can support residents enhance meaning and purpose in their care home experience through the physical setting, valuing of residents' identities, the dynamics of relationships, the focus of activities and the component of care are articulated. This study presents the benefits of appreciative inquiry dialogue as a way of enhancing meaning and purpose in the lives of care home residents.

# Chapter 1

## Background and introduction

### Introduction

This thesis explores how to enhance meaning and purpose in the lives of care home (nursing) residents. This chapter presents the background to the study and an introduction to the thesis. The chapter is divided into five parts. Part one provides a brief introduction to meaning and purpose in life. Part two provides an overview of care homes as organisations, including an overview of the historical context of care homes in the UK. This is followed by an overview of the contemporary context of care homes in the UK. Part three focuses on issues that relate to the life experience of people who live in care homes including theories of human development, human rights and depression in care homes. Part four is an overview of my prior experience of care homes. Part five provides an overview of the content of the thesis.

### Part 1: Meaning and purpose in life

The human quest for meaning and purpose in life is the focus of many religions and philosophies (Wong, 2012). The existential nature of meaning and purpose in life mean that consideration of these concepts from a philosophical perspective is required to introduce the focus of the thesis. Therefore, an initial overview of the concepts of meaning and purpose are presented.

In discussions of the philosophical nature of meaning in life two concepts are often discussed 'eudaimonic' and 'hedonic' (Ryan and Deci 2001). Eudaimonia is a term ascribed to Aristotle and refers to 'the optimal actualisation of one's potential' (Shmotkin and Shrira 2012 pg 143). Shmotkin and Shrira propose that eudaimonic approaches are helpful when dealing with 'adverse contingencies in life' (2012, pg 144). Their discussion paper is based on their earlier research studies on the experience of Holocaust survivors (Shmotkin and Barilan 2002, Shmotkin, Blumstein and Modan 2003) and studies of subjective wellbeing (Shmotkin and Shrira 2012, Shrira, Palgi, Ben-Ezra and Shmotkin, 2011). Hedonism refers to subjective wellbeing,

defined by 'positive and negative mood coupled with a cognitive evaluation of satisfaction with one's life' (King and Hicks, 2012 pg 125).

Another dyad of words used when discussing meaning is 'global meaning and situational meaning' (Reker and Wong 1988, Reker and Wong 2012, Skaggs and Barron, 2006). Reker and Wong's discussion of these terms is based on their research studies and theories of meaning across the life span (2012). Global meaning refers to the 'existential belief that life has purpose and coherence whereby the individual attempts to understand how life events fit into a larger context' (pg 433). Situational meaning refers to 'the attachment of personal significance to specific experiences in life, whereby the individual tries to make sense of that experience...tied to the process of appraisal' (pg 434).

Reker and Wong propose an interaction between 'a person's global meaning and the circumstances of a person-environment transaction' (2012, pg 434). This proposal has particular significance when considering meaning and purpose in the lives of people who live within the very specific environment of a care home (nursing). Person-environment transaction is a concept in personality psychology that proposes that although some personality traits are stable throughout adulthood others continue to develop and adjust to new environments.

An example of the work that informed their perspective on meaning and purpose in life is the study undertaken by Reker (1997) comparing purpose, meaning, optimism and depression in both community and institution dwelling older people in Canada with 186 participants aged 65-94 years. The findings of the study were that lack of choice, social resources and physical health predicted depression in older people who still lived in the community. Whereas lack of personal meaning, optimism, social resources and physical health predicted depression in older people who lived in institutionalized settings. This highlights the importance of exploration of ways to enhance meaning in the lives of older adults who live in long term care settings e.g. care homes.

Ryff's (1989) provided an often cited definition of purpose in life, her definition incorporates:

- Having goals in life
- Sense of directedness
- Feeling that there is *meaning* to present and past life
- Holding a belief that gives life purpose
- Having aims and objectives for living.

This is a useful definition identifying the direction and goal orientated focus of living with purpose. However, as with many definitions of 'meaning' and 'purpose', each concept is unhelpfully used to explain the other. Purpose in life has shown to be strongly associated with social integration and relational quality, better health, higher everyday competence, higher socio-economic status, being employed and being married (Pinquart, 2002). This meta-analysis incorporated the findings of seventy studies of purpose in life in middle age and old age.

The research agenda for meaning and purpose in life has increasingly become the focus of psychological studies which have taken a life span approach. However, within this research agenda there is a paucity of studies that examine meaning and purpose in the lives of older people within the context of care homes. In the following part of this chapter the nature of care homes in the U.K. is outlined.

### **Part two: Care homes (nursing) as organisations**

In this thesis the care home context explored in the study is that of 'care homes with nursing'. The alternative phrase of 'nursing home' is also recognised nationally and internationally by professionals and members of the public, for this residential care settings where those with greatest frailty, most complex needs and greatest level of input by qualified nurses are cared for. The current policy related to this setting in the UK uses the phrase care homes (nursing) and therefore this is how the context of the study is classified within this thesis. However, to facilitate the reading of the thesis the phrase used throughout is at times shortened to 'care homes' as the care home (nursing) specific context has been clarified. A different type of care home provision is that of residential care homes or care homes (personal) i.e. providing personal care rather than nursing care.

Whilst care homes have been described as being an important resource for older people they are also a setting that is still stigmatised and undervalued (Braithwaite, 2007). Care homes as settings and the experience of being a care home resident are still found to be described in negative terms. The experience of being a care home resident has been described as one of being separated from the rest of society (Froggatt, 2001) and of being warehoused as ‘unwanted others’ at minimum cost (Frank, 1995). For some residents moving into a care home is a positive choice, for others given their personal situation it is simply the best of a limited range of options (Johnson, Rolph and Smith, 2010).

This thesis addresses the ways in which meaning and purpose in the lives of people who live in this environment can be enhanced. In order to understand the current context of care home provision in the United Kingdom (UK) it is helpful to consider the historical context of care homes (nursing) in the UK. This then leads to an overview of the contemporary context of care homes (nursing) in the UK.

#### **a) Long term care settings for older people: 1890s-1960s**

Historically organisations that provided care for older people often developed in response to the care needs of poor older people. The historical context of care home provision in the United Kingdom has links to the workhouse model of care and support. Tracing the historical provision of care homes for older people in the United Kingdom (UK) identifies the workhouses in the late 1800’s and early 1900’s as providers of long term care for the old and infirm, who could no longer be cared for elsewhere. Similarities between this earlier approach to older aged care and the current provision of care homes have been identified. Both settings have been described as being the location of last resort, providing relatively brief, near the end of life care for those with highest level of dependency and the greatest need (Lievesley, Crosby, Bowman and Midwinter, 2011).

The proportion of the older population who were ‘in house paupers’ in workhouses in 1892 was about 4% (Lievesley *et al.*, 2011). Crowther describes how workhouses developed from ‘deterrent institutions’ into ‘instruments of social welfare’ (1981). This development involved alternative provision being made for the ‘deserving’ poor in the form of schools, hospitals and mental health institutions. By the 1920’s the remaining inmates of workhouses were vagrants, unmarried mothers and the aged poor; all of

whom were considered as being the 'undeserving' poor (Crowther, 1981). In the 1930's these institutions became known as Public Assistance Institutions (PAIs) (Townsend, 1962).

In 1947 the recommendation was made that 'all normal old people who are no longer able to live an independent life should be accommodated in small homes rather than in large institutions' (Townsend, 1962 pg 31). This recommendation was made by the Nuffield Survey Committee and influenced the National Assistance Bill in the same year. This was introduced by Aneurin Bevan who stated

*We have decided to make a great departure in the treatment of old people. The workhouse is to go. Although many people have tried to humanize it, it was in many ways a very evil institution. We have decided that the right way to approach this problem is to...establish separate homes.*

(Hansard, 1947 second reading of National Assistance Act)

Of note is the discussion that followed this statement about what this type of home should be called, the dilemma of what to call care homes continues today.

*Bevan: I have been cudgelling my brains to find a name for them, but it is very difficult.*

*Shurmer: (M.P. Birmingham, Sparkbrook): Eventide Homes.*

*Bevan: No. When we talk to some old people, they think they are facing the dawn, not eventide. If we call them "Sanctuaries," it is almost as bad, and, if we call them "Retreats," it is worse...*

(Hansard, 1947 second reading of National Assistance Act).

Although it had been anticipated in 1947 that it would take 15 to 20 years for enough homes to be achieved, by 1960 the old workhouse buildings were still being used for approximately 35 000 older people in need of long term care (Townsend, 1962 pg 63). Thirty nine of these institutions were visited by Townsend as part of his study of long term residential care in the UK in the late 1950s. He described the social class of the majority of these residents as being of lower social class status but with a few professional or middle class persons, among them a former head teacher, civil servant, artist and a shop keeper. Of particular interest to me was the experience of a nurse who required a corneal graft after accidentally damaging her eyes with penicillin and who was then without employment or funds. Her view of the former PAI institution of

which she was a resident was 'This is a horrible place, your background and intelligence is not taken into account' (Townsend, 1962 pg 72).

Townsend (1962) suggested that most people who required long term care should receive social support in their own homes, adding that where people required full time care they should be cared for in care homes. Townsend's recommendations subsequently influenced social policy; with increased provision of community care and an increase in care home beds in the UK. In the 1950's and 1960's speciality hospital based geriatric care provided long stay wards. The historical development of care homes from the workhouse model has contributed to the current context of care home provision that reflects marginalisation from society of both staff and residents (Froggatt, Davies and Meyer, 2009).

#### **b) Continued evolution of long term care settings: 1970s-2014**

The availability of different types of residential care settings available to older people has continued to evolve during the last four decades. Overall, there has been a significant shift in the ratio of residential beds to nursing care home beds since the 1970's. In the 1970's the ratio was 2:1. By 2007 the ratio of residential beds to nursing care beds was 2:3 (Johnson, Rolph and Smith, 2010). In 2014 the ratio of nursing homes to residential homes in the UK was 3:7 (Age UK, 2014). This indicates the impact of funding criteria on the nature of care settings. Older people who in the 1970's would have been able to access nursing home care funded by the local authority are now more likely to access residential care homes. The older people who now qualify for funded care home (nursing) provision are those with the most complex needs and high level of physical support needs (British Geriatrics Society, 2011).

The model of long term care provision that had existed until the 1980's changed following the Griffiths Report (HMSO, 1988) when the majority of older people's long term care provision moved to the independent sector (Dudman, 2007). The impact of this change in the funding of care home provision was evident in the doubling of care home beds from 1975 to 1995. In the late 1980's and early 1990's there was a decrease in local authority provision of residential beds and a decrease in long term hospital provision for older people. This was accompanied by an increase in the private sector provision of residential and care home (nursing) provision (Johnson *et al.*, 2010).



The payment of care home fees in the 1980's and early 1990's for those in need of care and in receipt of supplementary benefit by the Department of Health and Social Security (DHSS) contributed to the peak in provision of care home places in 1996. However, this growth was not sustained and was followed by a decrease due to the shift to community care policies. When the DHSS approach to funding was withdrawn, around the time of the introduction of the minimum wage, regulations that stated that 80% of bedrooms in new care home had to be single occupancy led to a decline in the number of care homes (Lievesley *et al.*, 2011).

However, the number of care home places required continues to increase with a decrease in the number of overnight NHS beds available (Royal College of Physicians, 2012). This has also contributed to the increased medicalisation of care homes and greater dependency of care home residents (Lievesley *et al.*, 2011). As a result of these changes residents in care homes (nursing) are now more frail with complex health and care needs (MHL, 2016). As a result expenditure on care home provision has remained high and dominates social care budgets for older people. The demands made on this sector to provide care and support for older people with increasingly complex care needs at a time when financial resources are limited, are considerable. In 2014 there were 17,688 care homes in the UK; 12,535 of these were residential homes and 5,153 were care homes(nursing) (Laing and Buisson, 2015) with this sector of care provision for older people positioned to continue to contribute long term to the care of older people with complex needs (MHL, 2016).

Fifty years after Townsend's discussion of people being supported to live in their own homes versus the role of residential care including care homes (nursing), the question is still debated (Johnson *et al.*, 2010). About 4% of the older population in 1990 were resident in care homes, similar to the percentage of older people who had been in-house paupers in the late nineteenth century. In both eras these settings were considered by many as an unfavourable place to be admitted into (Trueland, 2009). In 2013 care homes were still considered to be the place of last resort (Alzheimer's Society, 2013). The report by the Alzheimer's Society (2013) *Low Expectations* found a range of views about life in care homes, which they described as leading to people settling for low standards of care home experience. Although 74% of relatives would recommend their family member's care home and 68% said the quality of care for the person with dementia was good (Alzheimer's Society, 2013), in the same study views

on opportunities for residents' involvement in activities were less positive, with only 44% of family members saying opportunities were good. On the basis that in excess of 80% of residents living in care homes in the UK have dementia or significant memory problems (Alzheimer's Society, 2013) these findings are important for setting the context of this study. Inspection body and professional reports undertaken over the last few years that have explored the experience of care home residents highlight issues that appear unresolved in the current care home sector (CQC 2014a, Alzheimer's Society 2013).

The need for ongoing development in this sector was supported by the Care Quality Commission (CQC) (2013b). The CQC reported that they had observed improvements in how staff in care homes assessed the needs of their residents, delivered personalised care and support, and detected and prevented abuse. However, the additional observation was made that in most cases these improvements were from a very low starting point of more than one in 10 homes not providing a good quality of care and that progress needs to be much quicker. An alternative way to describe the findings of the CQC review is that 90% of homes are providing a good quality of care. The 10% of care homes that are not providing good quality care therefore have other organisations from which to learn about best practice. An additional CQC report of care home provision in England and Wales (2014a) found that the care sector was still a continued cause for concern and this had not changed over the last three years. The findings were that people in care homes (nursing) tend to receive much poorer care than those living in residential care homes. The view of members of UK society on care homes is illustrated in the findings of a YouGov poll (2012) that 70% of UK adults reported being afraid of the prospect of moving into a care home.

Recent legislative changes as a result of the Care Act (2014) includes additional duties for local authorities with regards to care home provision; including the requirements to promote individual well-being, preventing needs for care and support and how to meet needs. The duty to promoting individual's well-being includes:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional well-being
- Protection from abuse and neglect

- Control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided)
- Participation in work, education, training or recreation
- Social and economic well-being
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- The individual's contribution to society.

This requires the individual participating as fully as possible in decisions relating to their well-being and being provided with the information and support necessary to enable the individual to participate. The need to ensure that any restriction on the individual's rights or freedom of action are kept to the minimum (Care Act, 2014). Current changes in the personal contribution to care home fees are also included in the Care Act 2014; a life time cap of £72 000 of individual contribution to care costs which will come into force in 2020 with a £12 000 per year cap on the accommodation and food component of care home (nursing) fees.

Additional recommendations for the provision of support in the care home sector are to be found in the NHS Five Year Forward View (NHS England, 2014). The care model proposed acknowledges that 1 in 6 people over 85 are living in a care home. The frailty of older people admitted into care homes must therefore also be acknowledged. Frailty has been defined as a failure to thrive (Clegg *et al.* 2013).

The role of health and rehabilitation support for those who are discharged from hospital to care homes is proposed in order to avoid permanent admission to a care home. The Kings' Fund recommendations for the long term care sector for older people reinforces the need for high quality care home (nursing) and residential care for those who need it; with effective rehabilitation and enablement support provided (Oliver, Foot and Humphries, 2014). The Commission on Residential Care reinforced the need for support for residents to:

- Gain and maintain independence and autonomy
- Take control have a sense of ownership over their life and environment
- Have personalised and relationship centred support
- Be active and visible part of their community

- Engage in meaningful activity and a sense of purpose

(DEMOS 2014 pg 121).

These current recommendations require local systems, culture and leadership to support change and these developments (Oliver *et al.*, 2014). It is against this background that the present study has been undertaken. Aspects of care home life suggested as priorities for promoting quality of life in care homes are related to the 'need of older people to have voice, choice and control over their lives.' (Owen *et al.* 2012). Owen *et al.* (2012) highlight that there is a need for a greater understanding of how to make this happen. This indicates that there is clear value in undertaking this present study, which whilst not addressing the broader spectrum of quality of life in care home does address the more specific aspect of that meaning and purpose in care home life.

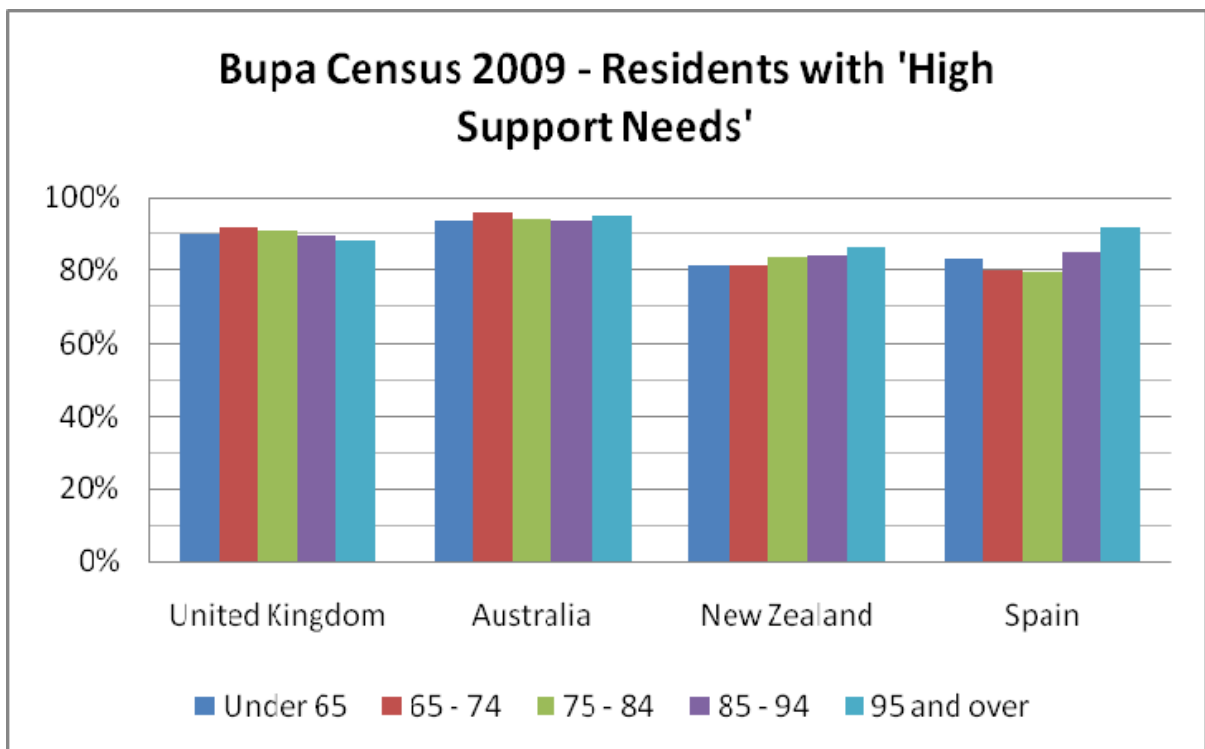
In England in 2012 there were 4675 care homes (nursing) providing 218 387 beds, these figures demonstrate the continued need for care provision in this sector (CQC, 2013a). These figures highlight the importance of a continued focus on providing high quality care for a significant number of individuals. In 2008 the average age of care home residents in England was 85 years and one in four people aged 90 and over in the UK lived in a care home (Help the Aged, 2008). In 2011 the proportion of residents aged 85 and over was 59.2%, those 75-84 years was 30.3% and those aged 65-74 was 10.5% (ONS, 2014). These data present the likely frailty of the majority of care home residents, with residents of care homes (nursing) being the most frail.

When considering the population of older people who live in care homes it is helpful to be mindful of Laslett's view that there are now two generations of older people (1996). These two generations of older people are identified as those in the third age and those in the fourth age. Whilst life in the third age is identified by altered but continued social activity, the fourth age is said to be characterised by the absence of personal achievement and fulfilment. The difference between the life experience of those in the third age and those in the fourth age becomes evident from Laslett's (1996) and Weis and Bass' (2002) exploration of meaning and purpose in later life. Laslett described the fourth age in negative terms:

- As a time of failing physical independence,
- Mental depreciation,
- Of being a burden on social services,
- Of younger people being obliged to care for them,
- Highlighting the poverty of the working class older people
- The problems and horrendous cost of residential care .

Such views on the negative aspects of being an older person are identified as resulting from a culture that values the attributes of the young so that being older equates with being seen as a failure and an undesirable (Scott-Cawiezell, 2005). The fear of the fourth age has been described as the fear of passing beyond any possibility of agency, human intimacy or social exchange (Gilleard and Higgs, 2000).

The failing physical independence of older people is reflected in the proportion of care home residents with high levels of support needs. This is evident in the BUPA international census of residents in their care homes (nursing) and residential homes (Fig1).



**Fig1. Care home (nursing) and residential home residents with high support needs (BUPA 2009 in Lievesley *et al.*, 2011)**

In terms of the demographic profile of people who live in care homes the majority have long term conditions that have resulted in functional and or cognitive decline. A smaller proportion of residents are admitted into care homes (nursing) for palliative care or rehabilitation following an episode of acute care (Spilsbury, Hewitt, Stirk and Bowman, 2011).

A literature review that explored the experience of those who live and work in care homes was undertaken by the National Care home Research and Development Forum in the UK (NCHRDF, 2007). This review explored:

- Quality of life,
- Quality of care ,
- Care home life (transition into a care home, working to help residents maintain their identity, creating communities within care homes, shared decision making in care homes, health and healthcare services, end of life care )
- Enhancing quality of life on care homes (keeping the workforce fit for purpose and promoting positive culture in care homes).

The publication of the NCHRDF literature review represented an important landmark in the approach to the development of the care home sector, as it was undertaken using an appreciative inquiry approach, with a focus on positive messages rather than poor practice. This was a significantly different approach to many previous studies and reports on care home practice.

The issues of care home provision are not unique to the UK. With an internationally aging population the need for care home (nursing) provision is likely to increase. The challenge has been described as being how to overcome the inadequate long term care provision that is found in many countries, with this type of care being essential as people live longer (European Commission, 2008). The timeliness of this study therefore relates beyond the UK context.

### **c) Enhancing the quality of the care home provision**

In addition to the suggestion by Owen *et al.* (2012) that optimising residents' voice, choice and control over their lives is a way of enhancing quality of life in care homes. Donabedian (2003) suggests that potential signposts to areas of care home (nursing) provision that could be developed are 'structure', 'process' and 'outcomes' (Donabedian, 2003). *Structure* relates to organisational arrangements for care provision and characteristics of the home, residents and staffing profile. *Process* relates to the provision of care and nature of interactions between staff and residents. *Outcomes* being the end result for the residents who are sustained by the care provided (Spilsbury *et al.*, 2011). They suggested that quality of care in care homes (nursing) should include more focus on 'quality of life' indicators such as choice and autonomy, as current measures focus almost exclusively on 'clinical outcomes. Spilsbury *et al.* suggested that quality also reflects the values inherent in the care provided and as such combines the views, values, expectations and preferences held by different individuals and different groups involved in care home life; including residents, staff, family, quality inspectors. These recommendations emphasise the dual focus of the rights and experience of the individual care home resident and the intersection of the priorities and expectations of a community of people with different roles.

The CQC report (2014a) *The State of Health Care and Adult Social Care in England 2013/14* concluded that there were many examples of excellent care being delivered in England and recommended that care home providers could learn from others that that were providing good quality care. The CQC acknowledged that working in this sector is challenging but also rewarding. In addition to highlighting the need for staff to be supported, valued and trained well, the recommendation was made to prioritise the encouragement of more nurses to work in the care home sector. Their final recommendation was for development of good leadership, which is central to people receiving high-quality care. CQC published data in 2015 on the inspection of the care home sector in England, their ratings indicated 55% of care homes as good and 45% as requiring improvement as inadequate ([www.cqc.org.uk](http://www.cqc.org.uk)). The CQC guidance for care home managers and the public on care home standards in 2015 continued to reflect the more passive expectations of care that meets 'needs and preferences'. The

language of supporting people to meet their 'goals and aspirations' was not evident in any of the CQC guidance.

#### **d) Staff in Care homes**

The report on quality of life in care homes by the NCHRDF (2007) makes clear that the experience of staff who work in these settings must also be a focus when considering how to enhance quality of life in care homes. These issues have been explored in studies in various countries. A systematic review of the literature on nurse staffing and the quality of care in care homes (nursing) (Spilsbury *et al.*, 2011) included 50 studies. This study identified two dimensions of quality; quality of care with regard to technical aspects of care and quality of life with regard to opportunities for choice and autonomy. The review found that studies tended to focus on measuring quality of care indicators not quality of life indicators. This highlighted two different foci from which to explore care home life.

Brodaty *et al.* (2003) examined the strain and satisfaction of the work of care home staff in Australia. Their findings were that 91.7% of the staff enjoyed their work situation. However, half reported that they did not have enough time to complete their tasks and worried that their jobs would be affected by organisational change. A study of the experience of care home staff in Sweden explored their views of participating in a training programme that was aimed at enhancing their self-esteem (Wadensten *et al.*, 2009). The training programme evaluated in the study highlighted self-reported improvements in communication skills, enhanced self-esteem and seeing their work in a more positive light. This was in contrast to the findings of their literature review that found low levels of education of care assistants and poor psychosocial work environments where staff have little control over their work.

The organisational culture of care homes was explored in a study involving 31 care homes which found that the likelihood of sustaining quality improvements was impacted by the group culture scores and the consistency of cultural values. Small homes were found to have higher 'group' culture scores than larger homes. There was a strong correlation between group orientation and organisational harmony and connectedness. There was a strong inverse relationship between hierarchical dominance and organisational harmony and connectedness Scott-Cawiezell *et al.*



(2005). This study draws attention to some of the factors that impact positively and negatively on the staff experience of working in care homes.

The overview of the provision of care home provision for older people in the previous 125 years presented in part 2 of this chapter has highlighted the development of this model of care and support. Whilst many reports identify ongoing negative aspects of care home provision, the NCHRDF (2007) report recommends an alternative way of considering the future evolution of care home provision. This report was a useful precursor for focussing on the experiences of people who live in care homes when undertaking this present study.

### **Part 3: Experiences of people who live in care homes**

This next section examines the experiences of people who live in care homes. The experience of transition into care home life is considered first from an anthropological perspective. Then the aspirations of people who live in care homes are considered. This is followed by a review of three theories of human development throughout the life span after which the role of human rights in supporting the humanity of people who live in care homes is considered. In the concluding section the experience of loss of meaning in life associated with depression in care home residents is considered.

#### **a) Transition into care home life**

The transition into care home life can be a traumatic event in late life that requires adaptation to new environmental and social stressors (O'May 2007). The experience of transition into care home life can be considered using Van Gennep's anthropological perspective of rites of passage (1908). Throughout the life course of individuals significant periods of transition are marked by celebrations and rites of passage. The transition to care home life is not celebrated yet follows the three stages of rites of passage. These stages are the rites of separation, transition rites and rites of incorporation. Van Gennep (1908 pg 189) writes poetically of transitions in life:

*Life itself means to separate and to be reunited, to change form and condition, to die and to be reborn. It is to act and to cease, to wait and rest and then to begin acting again, but in a different way. There are new thresholds to cross: the threshold of summer and winter, of a season or a year, of a month or a night; the thresholds of birth, adolescence and maturity and old age: the*

*threshold of death and that of the afterlife-for those who believe in it.*

Consideration of the rites of passage over an individual's lifetime demonstrates rites of passage for birth, puberty, marriage, pregnancy and giving birth, and death. The prolonged period of adulthood in the lives of older people in contemporary society between marriage and death are marked by the absence of significant rites of passage. The experience of becoming a care home resident, of leaving one's own home to live in a different, communal setting mirrors the rites of separation from 'one's own land' to enter a 'neutral territory', care homes can be considered to be a neutral territory as the space does not belong to any of the occupiers:

*Transitions do not occur without disturbing the life of society and the individual and it is the function of the rites of passage to reduce their harmful effects; whoever passes from one zone to another finds himself (sic) in a special situation for a certain length of time: he wavers between two worlds, a transition (Van Gennep, 1908 pg13).*

Frank (1995) describes care homes as a warehouse for unwanted members of society, this reflects Van Gennep's suggestion that society is threatened by those who are in the transition state. For older care home residents the difficulty is that the resolution of the transition phase more than likely will be their death. For older people in need of care home (nursing) support the transition to care home resident status is preceded by the pre-liminal rites of separation from previous familial and societal roles and places, into an extended period of transition of living in a liminal space which concludes with rites of incorporation back into society on death, marked by their funeral.

Van Gennep (1908) gives special consideration to the significance of the door with regard to rites of passage referring to the crossing of the threshold as an action by which one unites with a new world. In the absence of a celebratory rite of passage of moving into a care home; passing through the door of the care home can be considered to mark the rite of separation and the commencement of the right of transition. Only the main door is considered to have this significance because it faces in a favourable direction, the other openings do not have the same quality of a point of transition between the familial world and the external world.

Van Gennep's perspective provides an anthropologically informed view point from which to consider meaning and purpose in care home life. This approach is useful as

it highlights the experience of people who live in care homes with reference to their previous life experience and the experience of moving between contexts.

### **b) Aspirations and goals of older people who live in care homes**

A significant difference in the views on the care requirements of individuals who were care home residents aged 18-65 years and those over age 65 years was evident in the National Minimum Standard (DH, 2003a and DH, 2003b). Adults under the age of 65 years who were care home residents could expect that their individual *aspirations* and needs would be assessed and met. Whereas the standards for those over 65 years addressed only the meeting of needs; expectation of having *aspirations* assessed and met was not stated in the standards for older people.

Residents aged 65 years and under were to have their changing needs and personal *goals* reflected in their individual care plan. Older adults were to have health, personal and social care needs set out in an individual plan. Expectation of having personal *goals* reflected was not stated in the standards for older residents (DH, 2003a and DH, 2003b)

Residents under the age of 65 years were to have opportunities for personal development and to be part of the local community, engaging in appropriate leisure activities and having appropriate personal, family and sexual relationships. Whereas the activities and relationships of older residents were described in much less proactive terms with requirements to maintain contact with family, friends, representatives and the local community as they wish. These differences laid down in the official standards of care home provision highlight the different expectations of care provision for older people in England only a decade ago. The omission of aspirations, goals and engagement in the standards of care of those over 65 years was a significant omission. The Care Act (2014) redresses this omission by including the requirement that residents be involved in a review of their care plan. This review should include a consideration of whether their care plan has enabled them to meet their needs and achieve their aspirations.

### **c) Theories of human development**

In order to consider how personal goals and aspirations can be achieved three different theories of human development through the life span will now be explained. These are Maslow (1954), Erikson (1997) and Doyal and Gough (1991). In order to understand personal goals and aspirations in life Maslow's hierarchy of needs (1954) is a useful starting point. Maslow organised human needs into a typology of:

- Physiological safety
- Belongingness and love
- Esteem
- Self-actualization.

Maslow studied self-actualization with a very selective sample of healthy, college students and a study of mostly male public and historic figures. Although Maslow's hierarchy of needs is much cited, its applicability to an older demographic group, with physical and or cognitive disabilities and of whom the majority are female could be challenged. However, if the view is taken that physical and cognitive ability do not affect an individual's potential for belongingness and love, esteem and self-actualization, Maslow's hierarchy of needs can be considered a significant model.

There are some similarities between the Senses Framework (Nolan, Davies, Brown, Keady and Nolan 2002 and Nolan, Davies, Brown, Keady and Nolan 2004). Both models starting with the meeting of physical needs, followed by belonging and fulfilling of potential. The discussion paper by Nolan *et al.* (2004) explores the concept of relationship centred care and the 'senses framework' that had been developed by the authors. The Senses Framework was initially developed to guide student nurses as they acquired the skills to care for older people (Nolan *et al.*, 2002). The framework was developed through a longitudinal study carried out in the UK with student nurses and qualified nurses using survey and focus group methods. Workshops with older people, practitioners and family members helped to refine the emerging findings. The framework was then developed to guide the provision of care of older people. The recommendations of the *Senses Framework* are focussed on all parties involved in caring and highlight the need for a sense of security, belonging, continuity, purpose, achievement and significance (Nolan *et al.*, 2004):

- *Sense of security addresses attention to essential physiological and psychological needs, to feel safe from threat, harm, pain and discomfort, to receive competent and sensitive care, to feel safe in relationships.*
- *Sense of belonging relates to feeling part of things, to form and maintain meaningful and reciprocal relationships.*
- *Sense of continuity; the recognition and value of personal biography, skilful use of knowledge of the past to help contextualise present and future, seamless and consistent care delivered within an established relationship to known people to experience links and consistency.*
- *Sense of purpose; to engaging in purposeful activity, to be able to identify and pursue goals and challenges.*
- *Sense of achievement; to make progress towards meaningful and valued goal(s), to make a recognised and valued contribution, to make progress towards therapeutic goals as appropriate.*
- *Sense of significance; to feel recognised and values as a person of work, that one's actions and existence are of importance, to feel that 'you' matter.*

Where Maslow used a psychological approach to explaining human development Erikson (1997) used a psycho-social approach to human development with different psycho-social conflicts to be resolved during the life course. Erikson developed his psycho-social theory in response to the child development and psycho-sexual theories of Sigmund and Anna Freud. His seminal work, *The Life Cycle* was originally an essay that he expanded into a monograph. His wife Joan Erikson described how Erik Erikson would discuss this work as they undertook long car journeys (Erikson, 1997). Joan Erikson reflected on how this work was influenced by Erik's experience as a children's analyst and her experience as a stay at home mother. In his work the stages of the life course are described as:

1. Basic mistrust versus trust leading to development of hope
2. Shame and doubt versus autonomy leading to development of will
3. Guilt versus initiative leading to development of purpose
4. Inferiority versus industry leading to development of competence

5. Role confusion versus identity leading to development of fidelity
6. Isolation versus intimacy leading to development of love
7. Stagnation versus generativity leading to development of care

The psycho-social conflicts to be resolved in the later stages of life are

8. Integrity versus despair leading to development of wisdom.

Whilst Erikson's Life Cycle work is a useful framework to consider the possible challenges at different life stages, a later addition by his wife Joan Erikson provided interesting insights into this theory of the experience of later life. In Joan Erikson's account of why she added to her husband's theory (Erikson 1997, Anderson 2004). She describes how in her late eighties, the life that she was living did not reflect the experience of 'wisdom' that Erik Erikson had outlined in his theory. Joan developed the Life Cycle by adding a ninth stage which involved revisiting all of the earlier life stage challenges but from the perspective of 'late eighty to ninety year old eyes' (Erikson, 1997 pg 105). Joan Erikson felt that the opportunities and challenges experienced in the earlier decades of life could still be found in the ninth decade of life. She contrasts the difference between the psycho-social endeavours of individuals with society's view of older people by referring back to Erik Erikson's powerful and evocative words that:

*Our society does not truly know how to integrate elders into its primary patterns or conventions... rather than be included aged individuals are often ostracised, neglected and overlooked: elders are seen no longer as the bearers of wisdom but as embodiment of shame. (Erikson, 1997 pg 114)*

An additional theory that adds insight into ageing with meaning and purpose is Doyal and Gough's 'Theory of Human Need' (1991) which takes a sociological approach. Doyal and Gough developed their theory using Doyal's philosophical expertise and Gough's economic training. Doyal was a senior lecturer in medical ethics and Gough a senior lecturer in social policy but an economist by training. They describe how their theory evolved after sitting in front of a coal fire and Discovering their shared, strong views about the 'existence of universal human needs' (1991, pg xiii). Their initial work was published as a paper in 1984 and then developed into a book in 1991. In this theory physical health and autonomy are considered the basic needs of people; with autonomy being defined as having 'the ability to make informed choices about what should be done and how to go about doing it' (Doyal and Gough, 1991 pg 53). The

range of opportunities for new and significant actions available to an individual is highlighted as an important variable which affects the degree to which autonomy can be increased. Intermediate needs according to this theory are related to physical health (food, housing, physical environment, healthcare ) and the enhancement of emotional autonomy (security in childhood, significant primary relationships, physical security and economic security). The difference between Maslow's approach and that of Doyal and Gough is the primacy of autonomy in the latter. Also where the lower needs must be met before the higher needs can be addressed in Maslow's theory, Doyal and Gough propose that the varied needs are interlinked like a web (Doyal and Gough, 1984).

Doyal and Gough (1991) expanded discussion of their theory of human need into a consideration of human rights. They explore the translation of this theory into practice questioning 'if everyone has a moral right to optimal need-satisfaction then how does this translate into specific positive rights in real world political processes and institutions'. This point is important as it can be used as the basis for evaluating how 'closely different societies approximate to the ideal of a just society' (Doyal and Gough, 1991 pg 222).

These three different theoretical perspectives of Maslow, Erikson and Doyal and Gough, on the challenges of ageing are useful in that they demonstrate the myriad of ways in which ageing can be considered. Each model offers an approach to consideration of the different factors that can impact on an individual's experience of ageing. Maslow's theory is a useful starting point for considering the development needs of individuals. Erikson and Erikson's theory provides a life course view. Doyal and Gough's theory provides a useful and challenging framework for considering human development with their emphasis on autonomy and consideration of human rights.

#### **d) Human rights and the human spirit**

The inclusion of the concepts of human rights and autonomy in Doyal and Gough's theory (1991) highlights the importance of contemporary human rights frameworks. These frameworks have been created to articulate how contemporary society should value the humanity of all individuals and include:

- Universal Declaration of Human Rights (UNGA, 1948)

- Universal Principles of Older Persons (UNGA, 1991)
- European Convention on Human Rights (Council of Europe, 1950).

The proclamation of the Universal Declaration of Human Rights (United Nations General Assembly, 1948) and the European Convention on Human Rights (European Court of Human Rights, 1950) canonise the principle of valuing the humanity of individuals. The Human Rights Act (1998) gave individuals in the United Kingdom direct access to the rights contained in the European Convention on Human Rights (1950). However, it was another ten years before that access became available to the residents of private care homes (nursing) whose care was organised by a public authority, through the Health and Social Care Act (2008). This protracted delay in the United Kingdom raises the issue of how societies value the human rights of their vulnerable members, who are in need of full time care.

An additional set of guidance on human rights and older people is available in the United Nations Principles of Older Persons (United Nations General Assembly, 1991) which is based on the Universal Declaration of Human Rights (United Nations General Assembly, 1948). The uniting principles underpinning all of these laws and guidelines are fairness, respect, equality, dignity and autonomy (Butler, 2006). There are two aspects to the discourse on human rights; one is the legalistic aspect enshrined in laws and formal declarations, the other is the more simplistic expression of the value of humanity that acknowledges the importance of a safe environment for the body, mind and spirit (Yates-Bolton, 2008). Human rights principles must be adhered to if individuals are to live in a way that means their humanity is valued:

*Human rights, valuing humanity and living with meaning and purpose are inter-connected in that 'the more our human rights are respected, protected and fulfilled, the more of our humanity or 'what makes us human' is fulfilled... the less they are respected, protected or fulfilled, the more difficult it is for us to develop our personalities and contribute meaningfully to society.(DH 2007 pg12).*

A human rights approach to care addresses functional aspects of daily life but also relates to safe and effective care of the human spirit. Both human rights and the nature of human spirituality have been considered across time and culture in philosophy, religion and psychology. The human spirit can be understood to be the 'essence' of each person and spiritual care seen as contributing to an individual's ability to live with



meaning, purpose and connectedness (MacKinlay, 2008). As such the impact of human rights on care of the human spirit is clearly illustrated by the shared language of 'development of full potential, freedom of religion and respect for private and family life' and lives lived with 'meaning, purpose and connectedness' (Yates-Bolton, 2008). Similarly the principles of fairness, respect, equality, dignity and autonomy that underpin human rights clearly involve acknowledgement and valuing of the 'essence' of each person. This approach could be described as a humanistic approach to care based on valuing the humanity of individuals. This approach could also be described as reflecting a religious view of the sacred value of human life.

The consequence of valuing the humanity of individuals is seen in the nature of the relationships between individuals. Buber (1958) wrote about two different types of relationship. The 'I-it' relationship is described where the other person is experienced as an object and the 'I-Thou' relationship where the other person is experienced as being of sacred value. Where the relationship is of the objective 'I-it' nature described by Buber (1958) the fulfilment of human rights may be more difficult to achieve. Where the valuing of 'the other' in the 'I-Thou' relationship is evident, acknowledgement of the humanity of 'the other' is more likely to be inherent in the situation.

Buber also discussed the need for institutions to change as being a significant issue in society at that time. He suggested that institutions needed to evolve to ensure that a 'true community' can arise. Buber took a religious approach to his recommendation that institutions should facilitate people 'taking their stand in living mutual relation with a living Centre and living mutual relation with each other (1958, pg 54). For Buber the 'living Centre' is God. Taking a humanistic perspective of care home (nursing) life, Buber's concept of the 'living centre' can be adapted, evoking the view of care homes (nursing) as being 'living centres.'

#### **e) Depression amongst residents in care homes**

Finally in this part of the background of the study the psychosocial model of late-life depression is considered. The potential losses experienced by care home residents mirror those posited as contributing to depression in late-life:

- *Loss of self-esteem (helplessness, powerlessness, alienation)*
- *Loss of meaningful roles (work productivity)*
- *Loss of significant others*

- *Declining social contacts owing to health limitations and reduced functional status*
- *Dwindling financial resources, and a decreasing range of coping options*

(Reker,1997 pg 709).

Depression amongst residents in care home (nursing) life was the focus of studies by Dragsnet *et al.* (2011) and Choi *et al.* (2008) involved samples of older care home (nursing) residents. Dependency in activities of daily living was associated with depression; higher age was associated with less depression (Dragsnet *et al.*, 2011). In Choi *et al.*'s study half of the sample stated that they had feelings of depression or were experiencing negative affect due to loss of independence, loss of freedom or loss of continuity with their past lives. Feelings of social isolation and loneliness, lack of privacy, loss of autonomy due to institutional regimen, ambivalence towards cognitively impaired residents, ever present death and grief, staff turnover and shortage, stale activity programmes and lack of meaningful in-house activities were the findings of Choi *et al.*'s (2008) study. The study also identified self-reported coping mechanisms including religion and stoicism, sense of reality, positive attitude and family support (Choi *et al.*, 2008).

Moore's (1997) narrative inquiry study found that suicidal older people reported feeling a sense of alienation characterised by broken connection with individuals and meaningful activities. Loss of meaning in life had resulted in negative effects on their health and wellbeing. Moore (1997) suggests that the role of nurses in the care and support of older people who have experienced change and loss is to facilitate a reconstruction of meaning.

Snowdon (2010) examined previous studies on depression in care homes; highlighting the issues of disability, loss and feelings of powerlessness that care home residents may experience and that the depression that results from these experiences may not be relieved by anti-depressants. Snowdon (2010) suggests that enhancement of sense of control and re-organisation of self-concept, goals and meaning in life may help care home residents manage the adversity of their disability. The role of care home staff who could engage in supportive conversations with residents as part of their care of residents is proposed as an aspect of care home life that could be developed and the need for leadership in these care settings to support this. Snowdon suggests that the

experience of care home residents is different to that of people of a similar age living in their own homes, partly as a result of the disability and functional dependence that necessitate admission into long term care settings. The experience of care home residents living with depression or with reduced meaning in life is an important point to consider in the background of the present study.

#### **Part 4. Overview of my prior experience of care homes (nursing)**

In addition to considering the aspects of care home life that may impact on residents' experience, an overview of my prior experience of care homes (nursing) and long term care settings for older people are now presented. This is offered in order to ensure transparency of experiences that influenced my understanding of different residential care experiences of older people. While the earlier experiences included negative experiences, my later experiences were more positive. This reflects the evolution of this care sector over recent decades.

My earliest memories of care homes (nursing) and long term care of older people's settings were in my childhood from visiting a Great-Aunt who I had been used to visiting in her own home and then visiting her in a care home in 1976. I remember asking my mother what all the people who were predominantly women were waiting for, as they sat around the sides of the room. Care homes have been described as 'waiting houses' as in waiting to die (Tuckett, 2007). I recall a similar experience around that time visiting a friend's grandfather who again I had been used to visiting in his own home. As he developed dementia and his wife could no-longer care for him at home, he was moved to a long term geriatric ward at a local hospital. When I visited him at the hospital I could hardly perceive that this was the same man, who now seemed to be dressed all in grey. I remember the chaos of a jug of water being spilt over. These two memories were not positive and have remained with me for forty years. Although the negative aspects of these experiences could have induced a negative bias to my future view of care homes and this study my subsequent experiences of care homes were more positive.

My later experiences of care home (nursing) life is from being a nurse in care homes (nursing) in Australia and the United Kingdom. These experiences meant that I was aware of the challenges of providing care in this environment and appreciate the opportunities for future developments. My care home (nursing) experience in Australia

was particularly positive; with the residents being supported in their daily care activities in a way that acknowledged their identity. Daily care activities were only part of their day, a range of different activities in the home and garden resulted in a rhythm to daily life that was varied. My care home (nursing) experience in the UK was as a nurse for three months in what was identified in inspection reports at the time as being a good care home (nursing). However, on reflection the care approach was one that focussed more on the medical model of care, with less focus on other activities as part of residents' days.

I subsequently became involved in teaching care home health care assistants for their National Vocational Qualifications (N.V.Q). The teaching programme for NVQs that I delivered included a strong focus on integrating a human rights based approach to all aspects of care and support. I also supported other healthcare students in their placement experiences in care homes (nursing) in my role as a Health and Social Care lecturer and through my visits to assess their learning had the opportunity to observe the provision of care and support in different care homes. Through these later experiences I gained an understanding of developments in the approaches to care home provision for older people. It is the juxtaposition of these experiences with the negative media portrayal of care homes (nursing) and issues identified in care sector reports that led to my wish to undertake research about care homes (nursing) residents' experience.

## **Part 5: Overview of thesis**

The thesis presented explores how to enhance meaning and purpose in the lives of care home residents. Part one and part two of Chapter 1 outlined the background to the study: providing an account of the historical development of care homes up to the recent CQC (2014) evaluation of care home provision in England. The additional background provided on theories of ageing and development provides information on the different psychologically and sociologically informed approaches to understanding the challenges of later life. The inclusion of an overview of human rights based approaches to valuing the humanity of individuals sets the focus of the study as being one that values the lives of care home (nursing) residents and aims to explore how to enhance meaning and purpose in the lives of care home (nursing) residents. The

negative discourse on care home provision outlined at the beginning of the chapter, was developed and became more opportunity orientated in the consideration of theories on human development. The exploration of a humanity-valuing, human rights-based understanding to the experience of being a care home resident concludes the development of a more positive discourse of the opportunities for enhancing meaning and purpose in the lives of care home (nursing) residents.

Chapter 2 provides the literature review that informed the development of the study of meaning and purpose in care home (nursing) life. The chapter includes identification of the focus of the study and the research question.

Chapter 3 is an exploration of the philosophical and methodological considerations made for this study. This includes a discussion of the paradigm, axiology, ontological approach and epistemological nature of the study.

Chapter 4 provides an account of the preparation activities undertaken prior to data construction, including identification of the research sites, the participant sample, ethical issues that had to be considered prior to data construction and liaising with care home staff prior to data construction.

Chapter 5 addresses the methods of data construction during the Discovery, Dream and Design stages. This included the use of life story, structured interviews and focus groups with residents. Additional data were constructed from structured interviews and focus group interviews undertaken with the care home staff.

Chapter 6 addresses how data were constructed during the Destiny stage of the study. During this stage of the study the actions of the study were implemented and evaluated by residents and staff. My reflections on the process of data construction are included in this chapter.

Chapter 7 presents my approach to data analysis using Ritchie and Lewis' Framework approach (2003). This includes an account of how the data were managed and the stages of Framework Analysis. The approach used for data analysis meant that there was an audit trail for the data that supported the findings of the study.

Chapter 8 presents the findings from the Discovery stage of the study provides an account of the findings of the study. The findings are presented with reference to five aspects of care home life that supported meaning and purpose in residents' lives and also that presented challenges to meaning and purpose in residents' lives.

Chapter 9 presents the findings from the Dream, Design and Destiny stages of the study. This includes the four actions that residents decided should be implemented within this appreciative inquiry study and findings from the evaluation of these actions.

Chapter 10 is the discussion chapter which includes an exploration of how the findings of the study inform understanding of meaning and purpose in care home life. The quality of the study is discussed and a reflection on the impact of the study on me as the researcher is included. The implications of the findings for practice, policy and research are addressed.

Chapter 11 includes a concluding summary of the findings so that the original contribution to knowledge that the study makes is articulated. Recommendations for future policy, practice and research are also addressed.

## Chapter 2

### Literature review

#### Introduction

This chapter is divided into three parts. The first part presents the research question and the literature search that was undertaken to inform the study. In Part 2 the findings from the initial literature review and the conceptual framework that was constructed from the literature is presented. In Part 3 the findings from the on-going literature review are presented including work published during the lifetime of the study which informed the later stages of the study.

#### Part 1: Research question and literature search

##### a) Research question

The research question that was constructed for this study was:

**How can meaning and purpose in the lives of care home (nursing) residents be enhanced?**

This question was constructed in response to the information offered in the background to the study which presents an account of the experience of care home (nursing) life as a continuation of individuals' life experience in a unique care context. The background to the study identifies aspects of care home life where positive developments have been undertaken. The aim of this study was to explore how the experience of care home (nursing) residents and staff could provide new insights into how to enhance meaning and purpose in the lives of care home (nursing) residents.

In order to understand what is known about the topic of interest it was necessary to undertake a literature review to identify contemporary research findings and publications. The literature search was undertaken in a cyclical, iterative manner with the literature search and review continuing throughout the study. This was necessary due to the study being undertaken using an appreciative inquiry approach which meant

that the direction and actions of the study were decided upon in consultation terms with the study participants.

### **b) Search strategy**

The initial literature search was undertaken using the CINAHL, Medline and ASSIA databases to identify published papers. Initial search were; *meaning, purpose, nursing home, older*. Undertaking the database search with 'meaning' or 'purpose' and 'care home' did not identify any additional papers. None of the terms related to 'residential homes' or 'assisted living residences' were used; this was to avoid care settings with settings where the residents had less complex care needs compared with those living in nursing homes/ care homes (nursing). Additional data bases such as Psychinfo, JSTOR and ERIC were accessed but the searches on these data bases were not fruitful. In addition publications by Frankl (1959), Nakashima and Canda (2005) were also identified through citation tracking.

### **c) Inclusion and exclusion criteria**

Exclusion criteria were used to ensure that the most relevant literature was included in the review. Studies that focussed exclusively on religion were excluded as meaning and purpose were being considered from a wider than religious perspective. Although there are geographical and cultural differences as to how nursing homes/ care homes (nursing) contribute to different international care sectors initially no geographical limits were applied in terms of where the studies were undertaken. The studies located were carried out in the UK, USA, Europe and Australia, no papers were located that focussed on care homes in Asia or Africa. As the nature of being an older person in need of full time nursing care in a residential setting was considered to have sufficient commonality across these different international settings, all of the studies located were included for consideration in the review. Initially studies that focussed on meaning and purpose in the lives of those who still lived in the community as opposed to care home settings were excluded. However, this decision was revised due to the lack of studies focussing exclusively on the concepts of meaning and purpose in the lives of care home residents.

Studies that focussed exclusively on the experience of participants who were terminally ill were also initially excluded as the experience of being close to death reflected a



specific life experience. The average life expectancy for UK care home residents in a study by Foder and Fernandez (2011) was 762 days; median life expectancy was 418 days it was therefore important to incorporate concepts related to dying. However, their study also indicated that 27% of care home (nursing) residents lived for more than three years. So whilst supporting the need of incorporating concepts related to dying Foder and Fernandez's (2011) findings also support the need to incorporate concepts related to living in care homes. The initial focus of the study was on being an older person living in a care home with a physical disability or long-term physical health issue. The possibility of the study evolving to having an end of life focus was acknowledged and for this reason a paper on resiliency in later life that included a focus on end of life care was included (Nakashima and Canda, 2005).

In the initial search for literature, published papers from 1990 onwards were included, this meant that that papers that reflected recent societal and care provision structures were included. As the literature review evolved, no limit on publication date was used, which facilitated the inclusion of seminal work related to concepts identified as being relevant to the study. This approach was considered essential to develop a comprehensive review of relevant existing knowledge. The literature search strategy and the application of the exclusion criteria resulted in seven papers and one book in total being included in the initial literature review. A further nine papers were located in the on-going literature search. A matrix summarising the review of each of these publications is included in the appendices (Appendix 1).

The dearth of published work on this topic area confirmed the value in undertaking a study to construct knowledge to inform practice in nursing homes/ care homes (nursing) to enhance meaning and purpose in residents' lives.

#### **d) Appraisal tool**

The papers and publications were appraised using the TAPUPAS framework (SCIE, 2003). This framework uses the criteria of transparency, accuracy, purposivity, utility, propriety, accessibility, and specificity:

- Transparency: that the evidence is accessible to outside scrutiny
- Accuracy: that the knowledge is based on relevant and appropriate information
- Purposivity: that the approaches used to gain the knowledge are appropriate

- Utility: that the knowledge should be appropriate to the decision setting in which it is intended to be used
- Propriety: that the knowledge is created legally and ethically
- Accessibility: that the knowledge is presented in a way that meets the needs of the knowledge seeker
- Specificity: that the knowledge must meet the required standards within its own source domain as perceived by its participants and proponents (SCIE, 2003)

Using this generic appraisal tool meant that all the literature could be appraised using the same tool. This included appraisal of the book by Frankl (1959), which is a seminal text in the area of meaning and purpose in life.

## **Part 2: Initial literature review of meaning and purpose**

The literature review explores the terms ‘meaning’ and ‘purpose’ both as individual and as related concepts.

### **a) Overview**

Initially seven papers and one book (Frankl, 1959) were included in the section of the literature review that explored meaning and purpose in life. Three of the papers addressed meaning (Dwyer, Nordenfelt and Ternstedt, 2008, Moore, Metcalf and Schow, 2006, Skaggs and Barron 2006). Citation tracking from the Moore *et al.* (2006) paper led to the inclusion of a paper by Nakashima and Canda (2005). Two papers focussed on purpose (Nygren *et al.*, 2005, Scheier *et al.* 2006). One paper explored both concepts of meaning and purpose (Reker, Peacock and Wong, 1987). The additional nine papers were included in the later stage of the literature review are reviewed in Part 3 of this chapter.

Many of the above publications make reference to Viktor Frankl’s book ‘Man’s Search for Meaning’ (1959). His book is autobiographical and provides an account of his time as a prisoner in a concentration camp and how he and his fellow prisoners survived (or did not survive). His reflections and observations focus on the role of sustained meaning in life. His observations of extreme brutality are used to highlight what he considers to be man’s (sic) main drive in life; that is to find meaning. The inextricable link between the concepts of the *human spirit* and *human rights* is described in Frankl’s

account of how in the context of the deprivation of human rights in a concentration camp, survival of the human spirit is essential to survival of the person (1959). He suggested that questions about what makes a person's life meaningful should focus on the specific meaning of a person's life at a given moment. His discussion of these concepts in less extreme settings included his view that older people are at risk of being in 'an existential vacuum' (pg 113). Frankl (1978) wrote that there can be no one answer to the question of what is the meaning of a person's life? He suggested that such a question cannot be answered in general, but rather the specific meaning of a person's life at a given moment, focussing on meaning *in* life rather than the meaning *of* life. This indicates the complex and individualised nature of meaning in the lives of people who face the challenges and changes associated with the life course. According to Frankl (1959, pg 115) meaning in life can be discovered in three different ways:

- *By creating a work or doing a deed*
- *By experiencing something or encountering someone: goodness, truth, beauty, nature or culture... or by experiencing another human-being in his very uniqueness*
- *By the attitude taken towards unavoidable suffering.*

This work was an influential publication in providing direction for the literature review and the early stages of this study. Frankl's (1959) work was also cited in many of the following papers included in this review. It is interesting to note that while many of the contemporary studies of meaning and purpose have been undertaken as quantitative studies, that the seminal text in this area of academic study is an autobiographical account. Frankl's work forms the basis of many of the quantitative tools for measuring meaning and purpose in life e.g. the Purpose in Life tool and Life Attitude Profile. This indicates that this work has been perceived by the researchers in this field as being accurate and useful. A limitation of Frankl's (1959) work relates to the potential lack of transferability of the knowledge constructed from one person's experience of life in a Nazi concentration camp and the support needs of people who live in a care setting.

Similar concepts to those identified by Frankl (1959) were identified by Moore *et al.* (2006) in their qualitative study undertaken using narrative interviews to explore

meaning and purpose in life with 11 older adults. The study participants were aged 66-92 years and lived in a variety of settings described as their own homes, lodges and seniors complexes in Canada. While none of these settings were care homes (nursing), the lack of studies at the time of undertaking the literature review that focused on meaning and purpose in care homes (nursing) meant that the Moore *et al.* (2006) study was included in the literature review. Narrative inquiry was an appropriate methodology to use with its focus on describing and interpreting the data in a way that provides an understanding of the life that created the narrative. Of note are the participants' initial observations that their lives were ordinary with nothing to offer. However, through the study several themes were identified relating to how the participants engaged with life. The themes identified of how the participants experienced meaning in their lives are:

- Philosophy for living
- Sense of self
- Connecting with others
- Spirituality and faith in God
- Living through adversity
- Embracing life

(Moore *et al.* 2006, pg 294)

The study by Moore *et al.* (2006) was undertaken in Canada, which has a different system of residential care for older people; this is evident in the location of residence of the study sample e.g. lodges and seniors complexes. The inclusion in the sample of people who still reside in their homes limits the transferability of the findings to a study of the UK care home sector. However, as the findings were illustrative of broad human experience concepts and due to the lack of alternative studies that explored meaning and purpose in care homes in the UK, the study proved to be useful. Moore *et al.* (2000) had previously published a literature review on ageing and meaning in life (2000) which was a useful addition to the academic reading that was undertaken in preparation for this present study. Likewise, Moore's earlier study (1997) which was a phenomenological exploration on the lived experience of suicidal older people provided insight into the negative impact that a loss of sense of meaning in life can have on health and wellbeing. The role of nurses in the facilitation of reconstruction of meaning

for older people who have experienced life changing events and losses was further helpful in directing the focus of this present study.

The concepts identified by Frankl (1959) and Moore *et al.* (2006) were used to inform the initial conceptual framework of this present study, as they presented a range of aspects of life related to meaning and purpose in life. An additional paper (Nakashima and Canda, 2005) was also used to inform the construction of the conceptual framework. This paper was located through citation tracking from the Moore *et al.* paper (2006). Nakashima and Canda (2005) used a social constructionist approach to their study. Their study had a sample of 16 hospice patients and also included their primary care givers. Semi-structured open-ended interviews were used to collect the data, which was then analysed using the constant comparative method associated with grounded theory. The paper identified the concepts of:

- Legacy
- Experiences of loss and grief
- Social environmental resources (including supportive relationships of care and social environmental responses)
- Spirituality
- Strengths that buffer the impact of barriers to well-being
- Confronting mortality and death
- Psychological processes of resilience
- Growth through the adversity of dying

Nakashima and Canda's (2005) study was undertaken in the USA such that there are differences in the provision of hospice care compared with the UK. In the UK end of life care is increasingly provided in care homes, both care homes (nursing) and residential homes with one in five of all deaths taking place in a care home (NHS End of Life Care Programme, 2006). Although Nakashima and Canda's (2005) study was not specifically focused on meaning and purpose in care home life, the concepts of resilience and positive potential at the end of life addressed in the paper were useful additions to the conceptual framework for the study. In Wong's (2012) philosophical discussion he identified resilience as being important to supporting meaning in life since resilience facilitates the creation of meaning in negative situations. The study by

Nakashima and Canda (2005) explored 'positive dying' and I was mindful that this was potentially an area in which the present study could evolve.

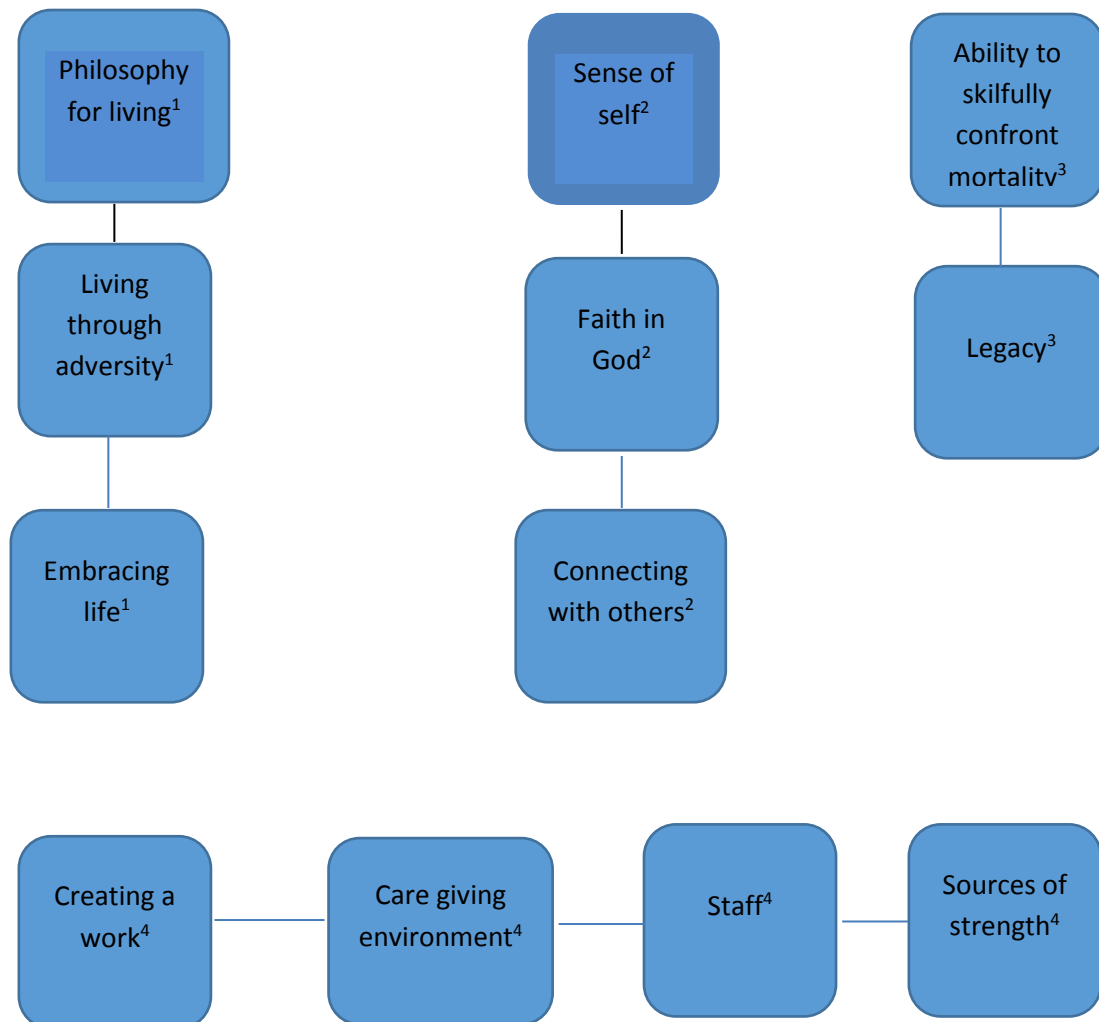
### **b) Initial conceptual framework**

The concepts identified in the three publications by Frankl (1959), Moore *et al.* (2006) and Nakashima and Canda (2005) were incorporated into a conceptual framework to guide the present study (Fig 1). Conceptual frameworks are 'the current version of the researcher's map of the territory being investigated' (Miles and Huberman, 1994 pg 20). This is in accordance with Miles and Huberman's (1994) recommendation of constructing conceptual frameworks to structure the orienting ideas in a study.

In constructing the initial conceptual framework concepts from the different publications were grouped together according to similarities in focus, which were considered to be:

- Philosophy for living, living through adversity and embracing life which relate to an individual's approach to life
- Concepts of sense of self, faith in God and connection with others which resemble aspects of spiritual connection
- Ability to confront mortality and leaving a legacy which relate to preparation for end of life
- Residents' occupation in creating a work, the care giving environment of the care home, the impact of engagement with members of care home staff and sources of strength were grouped together as features of care home life.

# Meaning and purpose



<sup>1</sup> approach to life

<sup>2</sup> spiritual connections

<sup>3</sup> end of life

<sup>4</sup> features of care home (nursing) life

**Fig 2: Initial conceptual framework for this study of meaning and purpose in care home (nursing) life**

Additional links between concepts could have been included e.g. philosophy for living/faith in God/ability to confront mortality. However, I was mindful that this may reflect my interpretation of such overlap and for the purpose of the present study I preferred to interpret any such connections to be based on the data constructed during the study. The following literature confirmed the appropriateness of the concepts included in the conceptual framework and identified a paucity of studies that specifically explored meaning and purpose in care home (nursing) life.

### **c) Meaning in life**

The study by Dwyer *et al.* (2008) was the only paper located in the initial literature review that focussed on meaning in life in the care home (nursing) context. The specific focus of the paper was meaning at the end of life. The study was undertaken in Sweden and explored how meaning can be created in everyday life within a care home (nursing). The paper presented the findings of a secondary analysis of the data, the primary study was a hermeneutic study of dignity in care homes (nursing) with a sample of 12 residents. Propriety was assured in that the participants in the primary study had been informed that the transcripts may be used in a second study. Data from interviews with three female residents, aged between 93 and 95 years were identified as being particularly rich and reflective and 'revealed the various ways in which meaning was experienced and created...the narratives told by the women oscillated between events providing meaning from the past and present' (Dwyer *et al.* 2008, pg 98). Dwyer *et al.* highlighted that care home (nursing) residents described their experience of living with meaning being hindered by the culture of care homes (nursing) and the attitudes of staff. In particular inadequate dialogue with staff added to the experience of not being involved in daily life. These findings are discussed with reference to the residents and staff living in two different cultures; staff living in the hurry or pressed culture and residents in a 'waiting or expecting culture' (Dwyer *et al.*, 2008 pg 106). Opportunities for influencing their everyday life were fewer than the female residents wished. Dwyer *et al.* (2008) found that meaning can be defined in the general sense of a person's life having value with a focus on everyday life.

Sources of meaning were created by having a sense of:

- Physical capability
- Cognitive capability



- Being needed
- Belonging.

Meaning was created through:

- An inner dialogue
- Communication
- Relationship with others.

Dwyer *et al.*'s (2008) findings suggest that there are two different components to the concept of meaning; cognitive meaning and a motivational component of meaning. Cognitive meaning would be evident in an individual reflecting on their life. The motivational component of meaning includes the search for a purpose in life. Of particular note is the age range of the participants in this study being between 93 and 95 years of age; this is of particular relevance when considering that over 50% of UK care home residents are aged over 85 years (ONS, 2014). The findings of the study by Dwyer *et al.* (2008) highlighted that the oldest-old needed to have the opportunity to be included in the present study of meaning and purpose in care home (nursing) life.

Skaggs and Barron (2006) undertook a concept analysis of searching for meaning in negative events. They concluded that the concepts of global meaning and situational meaning are the most helpful in understanding meaning in life. They highlighted the challenges that occur when there is a dissonance between these two types of meaning. Skaggs and Barron (2006) define an individual's *global meaning* as the search for purpose in life along with their goals and intentions. They define *situational meaning* in the context of where the situation the person is in may be limiting the person's ability to recognise their potential. Skaggs and Barron (2006) concluded that features inherent in an individual's search for meaning are that it is a process, is temporal, unique for each individual and that it is recursive. When individuals experience negative events such as illness in their life course there are some people who re-adjust their direction in life, whereas others are unable to achieve this and are likely to experience emotional distress and have difficulties with adaptation (Skaggs and Barron, 2006).

As such, the work of Skaggs and Barron (2006) was useful in its exploration of different types of meaning in life. However, the use of 'search for purpose' to explain global

meaning did not contribute clarity to my understanding of the difference between the concepts of meaning and purpose. As the concept of 'purpose' is required to explain global meaning then the language used to explain this could be changed to global purpose. The suggestion in the definition of situational meaning that the impact of an individual's situation can impact on their fulfilling of their potential was an exciting idea for further exploration in the present study.

#### **d) Purpose in life**

Three studies were reviewed in the initial stage of the literature review that focussed on purpose in life. Nygren *et al.*'s (2005) quantitative study of purpose in life in the oldest old was undertaken using the Purpose in Life tool, the Resilience Scale, Sense of Coherence Scale, Self-Transcendence Scale and the SF-36 Health Survey questionnaire. Scheier *et al.*'s (2006) study informed the development of a tool to assess purpose in life, the Life Engagement Test. The study by Reker, Peacock and Wong (1987) explored meaning and purpose in adulthood using the Life Attitude Profile tool.

The different quantitative tools used within these three studies demonstrate the evolving approaches to studies of purpose in life. Pinqart (2002) found the Purpose in Life test to be the most utilised quantitative assessment tool in the studies included in their meta-analysis of 70 studies of purpose in life. The Purpose in Life test was constructed by Crumbaugh and Maholick in 1969 and was designed to measure the degree to which the respondent experiences Frankl's existential vacuum (Pinqart, 2002).

When considering the use of the Purpose in Life test with individuals in the later stages of life, Crumbaugh (1972) commented that:

*The decline of physical and mental capacities, and particularly the stage of retirement, yield in most individuals an altered life-style which loses or modifies the sense of **meaning and purpose** that has been the source of actualization and the main spring of energy over many decades. New values must be explored for **meanings** which can fulfil the same identity or create a new one, while remaining within the realm of realization of the present organic function and cultural milieu. Otherwise the individual degenerates into the hopelessness and despair of existential vacuum (pg 419).*

As with many other academic discussions of meaning and purpose, Crumbaugh (1972) unhelpfully uses the concept of 'meaning' to explain living with purpose.

The study by Nygren *et al.* (2005) involved 125 participants aged 85 years and older. It must be noted for the purpose of this review that 75% of the participants were still living in their own homes rather than care homes. Due to the lack of studies that exclusively explore purpose in life of care home residents, Nygren *et al.*'s (2005) study was included in the review. The study explored purpose in life, resilience, sense of coherence and self-transcendence in relation to perceived physical health amongst the oldest-old. The range of constructs that Nygren *et al.*'s study studied were framed with reference to meaning in life. They argued that meaningfulness contributed to resilience; defining meaning as 'an understanding that life has purpose' and that meaningfulness contributes to comprehensibility of life (pg 355). This provides justification for my decision to use the Nakashima and Canda (2005) study of resilience to inform the present study. Nygren *et al.* (2005) suggest that resilience influences the ability of people to recover from adverse experiences as well as being a protective strength; with reference to older people they suggest that resilience is a form of flexibility and adaptive capacity. The findings of this study were that the oldest old (defined as those over 85 years of age) had the same or higher levels of sense of purpose in life, coherence, resilience and self-transcendence as younger adults.

However, as the statistics about these concepts in younger adults were taken from other published studies caution needs to be taken when considering this finding. In this study purpose in life was found to correlate significantly with the SF-36 PCS measures. SF-36 PCS is the physical health dimension of health related quality of life. Within the findings of this study significant correlation was found between scores on coherence, resilience and self-transcendence and mental health amongst women but not men. Men were found to have statistically higher purpose in life scores. Nygren *et al.* (2005) suggest that further research is needed to explore interventions to enhance these aspects of life in the oldest-old. The paper did not differentiate between the findings of those who lived in their own homes and those who lived in a care home, this reduces the usefulness of the findings as a result of this lack of accuracy and transparency.

An alternative quantitative tool was used by Reker, Peacock and Wong (1987) who used the Life Attitude Profile to explore meaning and purpose across the life span.

They had constructed the *Life Attitude Profile* for measuring meaning and purpose in life in 1981 (Reker and Peacock, 1981). As with the Purpose in Life tool, the Life Attitude Profile was based on the work of Frankl (1963).

The Life Attitude Profile (LAP) focuses on:

- Life Purpose (zest for life, fulfilment, contentment, satisfaction),
- Existential Vacuum (lack of purpose, lack of goals, free floating anxiety),
- Life Control (freedom to make life choices, exercise responsibility),
- Death Acceptance (lack of fear or anxiety about death),
- Will to Meaning (desire to achieve new goals, be on the move and determination to make the future meaningful, acceptance of future possibilities).

This study was undertaken in Canada with a sample aged 16-75 years (N=60). Reker *et al.* (1987) found that life purpose and death acceptance were found to increase with age by comparison to goal setting and future meaning which were found to decrease with age. Existential vacuum, a concept constructed by Frankl (1959) was found to have a curvilinear relationship with age, being highest for the youngest and oldest in the study. Statistically significant gender differences were found for life control and will to meaning; women viewed their lives as more under their control and expressed a stronger will to find meaning compared with males. The study found an overall increasing level of life purpose through the life span.

The sample for the Reker *et al.* (1987) study involved participants who had high perceived physical health scores and none of the participants lived in 'institutional' settings. As with other studies one must take these two factors into consideration with regards to the transferability of the findings e.g. to inform the present study where the sample live in residential care settings and have physical health problems that necessitate access to 24 hour nursing care . However, due to the dearth of published studies that explicitly address meaning and purpose in the life of older people who live in care homes (nursing) this paper was used to inform the present study.

A recommendation of Reker *et al.* (1987) was that further research should be undertaken to explore sources of meaning and purpose in life which provided additional justification of the conceptual framework of the present study which included a range of sources of meaning and purpose.

In their paper Scheier *et al.* (2006) provide an account of their development of the Life Engagement Test to measure purpose in life, which they defined in terms of 'the extent to which a person engages in activities that are personally valued' (pg 291). They had a particular interest in developing a tool that could be used to measure changes in purpose over time, suggesting that this could be of value where individuals had degenerative conditions. Where other authors have used meaning in life to define purpose in life or purpose in life to define meaning in life, Scheier *et al.* (2006) were keen to develop a tool for measuring purpose in life that measured this construct only and explicitly stated that the Life Engagement tool would not measure additional constructs such as meaning in life, contentment or life satisfaction.

However, by naming the tool the Life Engagement Tool, they have included yet another construct alongside purpose in life. Their justification for this is that they believed that 'this aspect of purpose in life is critical to defining the construct' (pg 295). In their study to develop the Life Engagement Tool the sample was drawn from four other projects in the USA including participants involved in studies of infectious diseases, osteoarthritis, menopause, breast cancer and undergraduates (N=2076). They undertook follow up testing of the extent to which the Life Engagement Test predicted subjective wellbeing compared to an alternative commonly used to measure of purpose in life namely the Purpose in Life Scale (Ryff, 1989). This was undertaken with a new sample of 137 undergraduates. Unsurprisingly, correlation was found between the two tools, however the Life Engagement Test was found to measure the component of purpose in life that is 'important in determining the relationship between purpose in life and subjective wellbeing' (pg 296).

Scheier *et al.* (2006) concluded that *life engagement* correlates with a variety of other psychosocial factors, such as dispositional optimism, social network size and emotional expression style. Their findings suggest that life engagement is associated with self-rated health and health related physical and mental functioning. Their findings highlight the importance of valued goals, stating that such goals providing the mechanism by which people remain *engaged* in life. In discussing their findings Scheier *et al.* (2006) point out that life is full of situations in which desired activities must be abandoned, for example as a result of illness. In these situations they suggest that the individual must find alternative meaningful activities in which to engage or alternatively live a life that lacks purpose. In their discussion Scheier *et al.* (2006)

highlight the potential difference between lives that have been previously lived with purpose and lives currently lived with purpose. The level of detail provided in the paper and the detailed data presented contribute to a high level of accuracy and purposivity in that the findings were demonstrated as being based on relevant and appropriate information.

Although the Life Engagement Test was not used in the present study, it was useful to consider how others had approached the study of purpose in life at the planning stage of the study. This meant that the value of a study undertaken using an alternative approach i.e. a participatory approach with the construction of qualitative data could be identified.

The differentiation between purpose in life and meaning life was an important contribution of the Scheier *et al.* (2006) paper and informed the present study. Whereas the previous literature in this section of the review demonstrated the tendency for the separate concepts of meaning and purpose to be used in a tautological way to define each other. This detracts from the development of knowledge of meaning and purpose as separate but related concepts.

The initial literature review has highlighted the need for the difference between, and the relationship between these two concepts that will be explored in this present study. This initial review of the literature informed the construction of the conceptual framework and the design of the present study. The lack of papers addressing meaning and purpose in care home (nursing) life highlighted a gap in current knowledge. The dearth of published work meant that as the study evolved an additional search of the literature was undertaken at a later stage in the present study. The literature identified in this subsequent later stage review provided additional knowledge to inform the data analysis and the discussion of the findings. For the purpose of clarity the outcomes of the later stage of the literature review are now presented separately.

### **Part 3: On-going literature review**

As a result of the on-going literature review during the lifetime of the study, nine additional papers were added so as to ensure that the study was undertaken with consideration of the evolving literature in this field. Studies by Welsh, Moore and Getzlaf (2012), Haugan and Moksnes (2013) and Haugan (2013a, 2013b, 2013c,

2014) explored meaning in long term care home settings. Studies by Morgan and Farsides (2009), Morgan and Robinson (2013) and Schnell (2011) were also included. These three studies explored meaning in life generally, not in the specific context of care homes. The evidence from the additional nine publications proved useful in expanding, clarifying and developing my understanding of meaning and purpose in life as I undertook the study. An additional paper by Simmons (1998) was also included, although I had located this paper in the initial literature review, its value was only confirmed after completing the on-going review. The next section is divided into two parts: meaning in care home (nursing) life and purpose in care home (nursing) life.

#### **a) Meaning in care home (nursing) life**

In the initial literature review only one study was identified that specifically addressed meaning in the life of care home (nursing) residents (Dwyer *et al.* 2008). In the later literature review six additional papers (that had not been published at the time of the initial literature review) were located that focussed specifically on meaning in life in long term care settings and care homes (nursing). These six papers indicate the slowly emerging research focus on this area. However, five of these papers were published by one author (Haugan and Moksnes 2013, Haugan (2013a, 2013b, 2013c, 2014) addressing different aspects of the same study.

As with the majority of studies of meaning and purpose, Haugan used a quantitative methodology with psychologically based tools i.e. the Purpose in Life test. The series of published papers related to Haugan's study commenced with a validation study of the Purpose-in-Life test for use in a cognitively intact care home (nursing) population. The sample for the study was 202 care home (nursing) residents in 44 care homes (nursing) in Norway, aged 65-104 years. Statistical analysis in terms of descriptive statistics and testing for construct validity resulted in the Purpose in Life test demonstrating reliability and validity in the sample of care home (nursing) residents in Norway. Evaluation of the usefulness of the papers from the study by Haugan identified utility as with the Scheier *et al.* (2006) paper related to the Life Engagement Test; the quantitative tools were not going to be used in the present study but the knowledge generated in this study by Haugan signposted the value of undertaking the present study which was to explore how meaning and purpose could be enhanced.

The range of papers that have been published from Haugan's study address:

- Meaning in life in care home (nursing) residents for enhancing psychological and physical wellbeing (2013a)
- Meaning in life in care home (nursing) residents explored in terms of correlating with physical and emotional symptoms (2013b)
- The relationship between nurse patient interactions and meaning in life in cognitively intact care home (nursing) residents (2013c)
- Nurse patient interaction as a resource for hope, meaning in life and self-transcendence in care home (nursing) residents (2014).

It would have been helpful for Haugan to have published an overview paper so that the relationship between the different papers and the findings from each paper to be presented together. Also of note in the approach taken by Haugan is the combination of the assessment tools into one larger questionnaire with 130 items, which were administered by the interviewers using a large print copy. The effort required by the care home (nursing) residents to respond to such an extensive list of questions is addressed by the author as a potential limitation of the study.

The study addressed in the four papers (Haugan and Moksnes 2013, Haugan 2013a, 2013b, 2013c and 2014) was undertaken in Norway with a sample of 202 cognitively intact residents. The same 44 care homes (nursing) and same 202 residents appear to have been used as in the 2013a study. The study was undertaken using a cross-sectional design and statistical modelling. In the 2013b paper the tools that were described were the Purpose in Life test; multi-dimensional wellbeing was assessed by the FACT-g Quality of Life questionnaire. The findings presented in this paper were that perceived meaning in life positively relates to emotional, physical and functional well-being and that perceived meaning in life mediates physical wellbeing. These findings provide justification of the value of the present study in that knowing how to enhance meaning and purpose in the lives of people who live in care homes (nursing) has the potential to contribute to enhanced wellbeing of future residents.

The 2013c paper presents findings from the study on the prevalence of physical and emotional symptoms and the association between symptoms and meaning in life in cognitively intact care home (nursing) residents. The tools that were described in this



paper were the QLQ-C15 PAL quality of life questionnaire, the Purpose in Life test and the Hospital Anxiety and Depression score. The findings of this aspect of the study are that:

- 8.9% of the residents reported high meaning
- 45% of the residents reported indecisive meaning
- 43.6% of the residents reported low meaning

(Haugan, 2013c, pg 1034)

Residents with high Purpose in Life scores showed better physical and emotional function than residents with lower Purpose in Life scores. Negative correlation was found between Purpose in Life scores and depression. Positive correlation was found between Purpose in Life scores and overall quality of life. It must be noted that the cross sectional design does not prove causality merely a relationship between the factors. Therefore the nature of the relationship between these factors requires further study.

An additional aspect of the study was reported in Haugan (2013c) that of the association between nurse-patient interaction and meaning in life in care home (nursing) residents. In this part of the study, in addition to the Purpose in Life tool, the Nurse-Patient interaction Scale was also used to collect data. A direct relationship between nurse patient interaction and meaning in life in cognitively intact residents was displayed. The impact of the nurse-patient interaction was further explored by the inclusion of Herth Hope Index, and the Self-Transcendence Scale (Haugan, 2014). The findings from this part of the study were that in addition to positively impacting on meaning in life, the nurse patient interaction influenced hope and self-transcendence in residents (2014). Concepts included in the initial conceptual framework of the present study (Fig 2) included 'staff' and 'connecting with others'. The papers by Haugan were published after the conceptual framework had been constructed and data collection had been undertaken; the findings of Haugan's study provided quantitative findings related to concepts explored in the present study.

The study by Haugan (2013a, 2013b, 2013c, 2013d, 2014) explored aspects of meaning and purpose in the lives of care home (nursing) residents in a way that mirrored my interest in this aspect of care home (nursing) life. However, the

quantitative nature of the study was very different to the approach of the study informed by this literature review. The papers by Haugan make a useful contribution to the body of knowledge in this aspect of care home (nursing) life; to which the qualitative findings of this present study build upon and compliment. The on-going lack of studies exploring meaning and purpose in the lives of older people in care homes (nursing) provides on-going justification for this study. Haugan makes the same recommendation on the need for further research of meaning in the lives of care home (nursing) residents, in particular ways to enhance meaning in the lives of this population (2013a). It is the focus on ways to enhance meaning and purpose in the lives of care home residents that this present study has explored.

Of note is Haugan's confusing use of the terms meaning and purpose as both distinct, separate concepts and also as synonymous concepts. Haugan argues for the terms meaning and purpose to be used synonymously (2013b and 2013c). However, in the 2013b paper Haugan differentiates between the two concepts; defining purpose in life as the 'intention of achieving personal aims whereas meaning refers to the establishing a sound coherence in one's existence' (pg 1831). Haugan further defines meaning as 'providing a framework for coping with illness, losses, loneliness, perceived burdens, despair and anxiety about death' (pg1831). The synonymous and differential use of the terms meaning and purpose evident in much of the literature highlights the need for the relationship between the two concepts to be examined in this present study.

The sixth additional paper included in this update of the literature on meaning and purpose in care homes / long term care settings for older people was by Welsh, Moore and Getzlaf (2012). This paper presented their study undertaken using a qualitative hermeneutic phenomenology approach. The sample for the study was eleven residents in a long term care facility in Canada. The findings of the study were presented as four themes: connectedness, survival despite declining functional capacity, engaging in 'normal' activities and seeking a place of refuge. The four themes were considered in terms of van Manen's framework of life worlds (1997): the lived space, lived body, lived time and lived relation:

- Lived space related to the physical context of the long term care facility
- Lived body related to the changes on the functional capacity
- Lived time related to integration of their past, present and future

- Lived relation related to connectedness through family, others and spirituality

These four parts of everyday life are considered by van Manen to provide the context in which meaning in life is experienced. This framework supports the structure of the conceptual framework that guided the development of the study; with the inclusion of aspects of care home (lived space), mortality and adversity (lived body) and connection with others (lived relation). The previous work of one of the authors of this paper (Moore *et al.*, 2006) had been used to construct the initial conceptual framework for this present study.

When undertaking the literature review to inform their study, Welsh *et al.* (2012) found the same challenge as evident in this present literature review that there was a lack of studies that examined meaning in life from the perspectives of long term care residents. Welsh *et al.* (2012) highlighted the need for future studies including possible interventions to enhance meaningful activity in long term care facilities; this recommendation provides further justification for the research question for this present study, 'How can meaning and purpose in the lives of care home (nursing) residents be enhanced ?'

### **b) Meaning in life**

The further three additional papers included in the later stage of the literature review explored meaning in life generally rather than in care homes, or long term care facilities. The study by Morgan and Farsides (2009) developed a tool for measuring meaning in life, the Meaningful Life Measure based on the work of Frankl (1959) and three existing tools; the Purpose in Life Test (Crumbaugh and Maholick, 1964), the Life Regard Index (Battista and Almond, 1973) and the Psychological Well-Being: Purpose in Life tool (Ryff, 1989). Morgan and Farside developed the Meaningful Life Measure tool in response to what they perceived to be the need for a more comprehensive and economical tool. The on-going development of psychological measurement tools for meaning in life demonstrates the evolving nature of this area of study. Morgan and Farside (2009) used a sample of 200 participants aged 15-75 years, as with many studies on meaning and purpose in life, the sample was taken from across the adult life span. Morgan and Farsides (2009) comment that there would be benefit to

replicating the study with an older age sample. The scale that they developed and evaluated for validity measured:

- Sense of a purposeful life
- An exciting life
- A principled life
- An accomplished life
- A valued life

Morgan and Robinson (2013) developed this work further by examining the relationship between aspirations and personal meaning. This study had a sample of 2557 participants from the UK and USA, again the sample was taken from across the adult life span, with 537 of the participants being aged 60 years or over. The Meaning in Life tool (Morgan and Farsides, 2009) was used to measure meaning, in addition to the Aspiration Index (Kasser and Ryan, 1996). The findings of the study were that intrinsically motivated aspirations (as a proportion of general aspirations) increased with age, as did total meaning and the interrelationship between meaning and intrinsic aspirations. Examples of intrinsic aspirations are autonomy, competence and relatedness whereas extrinsic aspirations are goals that come with the promise of future rewards such as fame and money (Morgan and Robinson, 2013). This on-going work started by Morgan and Farsides (2009) with the inclusion of the concept of aspirations was of value to the present study, and the Morgan and Robinson (2013) findings provided quantitative findings of similar issues that I was identifying in the qualitative data of the present study. Where their data generated knowledge of what was important in terms of meaning in life; the stage of the present study that I was engaged in was generating knowledge of how meaning and purpose in the lives of care home (nursing) residents could be enhanced. There was therefore a high level of utility to these two papers

A study by Schnell (2011) developed the knowledge of meaning in life by exploring the variety and sources of meaning; in particular focussing on the density and diversity of sources of meaning. Schnell's study was undertaken in Austria with a sample of 616 participants, aged 18-65 years. In the study Schnell used a tool that she had previously developed to differentiate between sources of meaning. The tool also provides separate measures for meaningfulness (Schnell 2009). The on-going development of

measurement tools for meaning and/or purpose in life indicate the increased research focus in this field. The present study informed by this literature review was designed to provide a complementary sociological approach to the construction of knowledge of meaning and purpose in care home (nursing) life. The findings of Schnell's (2011) study were useful for reviewing the conceptual framework constructed in the earlier stage of the literature review in that they confirmed the appropriateness of including diverse aspects that relate to meaning and purpose in life.

The findings of Schnell's study (2011) are that generativity is the most powerful predictor of meaningfulness. Generativity was first identified as a concept by Erikson (1982) which he considered as being the beneficial outcome of later life. Schnell's (2011) findings also included that meaningfulness increases significantly with increased density and diversity of sources. Sources of meaningfulness also included harmony, religiosity, power, practicality, spirituality, development and creativity.

Schnell (2011) undertook this quantitative study in response to the lack of studies of sources of meaning. This gap in the literature identified by Schnell resonates with the gap identified in this present literature review in terms of studies that explore how to enhance meaning and purpose in the lives of care home (nursing) residents.

The findings of Schnell's study resonate with a discussion paper written by Simmons' (1998) on the interrelationship between spirituality, community and the last stage of life. Although a limitation of Simmon's paper is that it is based on opinion and observation the issues addressed in the paper are important. The appraisal tool used in this literature review, the TAPUPAS framework (SCIE, 2003) accommodates evidence such as the Simmon's paper. In the same way that Frankl's seminal work *Man's Search for Meaning* (1959) has been included in this review, so too is this paper.

In order to ensure transparency of decision making I must declare that Simmon's (1998) worldview appears to resonate with my own and as such reflects the underpinning value base from which I was approaching the present study. Simmon's role as a professor of ageing and religion is reflected in his considered discussion of the experience of those in the later stages of life ('the frail old') and of those who work with them. Simmons (1998) describes the last years of life in terms of spiritual challenges and the value of communities of dialogue and support, expressing the view that 'the last years of life cannot be adequately described without attention to a struggle

to keep the human spirit from being overwhelmed by frailty' (pg 73). He defines spirituality as relating to 'the fragile language of the body that we apprehend the mystery of the world, of others and of the Other'; the Other referring to the concept of a higher spiritual being (pg 77). Simmons (1998) comments that there is no longer a common sense of sacredness in the life cycle... in a culture that does not value old age as having intrinsic worth, people are left on their own to try to find some meaning for their old age (pg 80). In response to these challenges Simmons (1998) states that society requires 'communities of discourse that support a spirituality that is adequate to the tasks of late old age... intentional communities of meaning... that allow for the growth of the human spirit in the last stage of life' (pg 85).

Examples are provided from his observations of care homes (nursing) that developed a regenerative approach that assumed 'the possibility of growth, expansion and healing of self and others' (pg 85). This paper confirmed the validity of the present study being undertaken to explore meaning and purpose in care home life, with a focus on 'the sacredness of life' as an informing concept. Simmon's observation of care homes (nursing) that engaged in support for the on-going development of individuals in the later stages of life, also validated and informed the focus of the study that I was undertaking.

### **c) Identification of gaps in the literature and confirmation of the research questions**

The literature reviewed highlighted the need to live with meaning and purpose. However, meaning and purpose in the lives of people who live in care homes were not fully explored in the literature, indicating the value of undertaking a study which would construct knowledge in this area. Few of the studies included in the review focussed on the perspectives of the residents of care homes (nursing). This indicated a gap in the literature of studies about meaning and purpose in care home (nursing) life from the residents' perspective. Many of the studies were undertaken using a psychologically based approach; this indicated the need for the contribution of a complementary sociologically based study. To address this gap, the following research question was confirmed for this study: How can meaning and purpose in the lives of care home (nursing) residents be enhanced?

Sub-research questions were developed as a result of undertaking the literature review:

#### *Experience of residents*

- What added meaning and purpose to the residents' lives prior to them moving into a care home (nursing)?
- Which aspects of care home (nursing) life currently support living with meaning and purpose?
- What actions would the residents recommend to enhance meaning and purpose in care home (nursing) life?

#### *Experience of staff*

- Which aspects of the care they provide did they feel enhanced meaning and purpose in the lives of residents?
- Which aspects of care that they had observed other staff provide enhanced meaning and purpose in the lives of residents?
- What actions would mean that meaning and purpose in residents' lives could be enhanced?

### **Summary**

In this chapter the literature on meaning and purpose across the life span and in care home (nursing) life that informed the study has been presented. A dearth of literature on meaning and purpose in care home (nursing) life has been identified. This meant that additional literature on meaning and purpose across the life span and in a variety of settings was also included. The evolution of quantitative tools that measure meaning and purpose in life has been presented, providing evidence to support the value of the present study that explores meaning and purpose in care home (nursing) life using an alternative but complementary approach. The research questions of the present study have been stated. In the next chapter the methodological considerations that underpinned the study are explored.

## Chapter 3

### Methodology

#### Introduction

This chapter is divided into two parts and explores the philosophical and methodological considerations made for this study. Part one identifies the philosophical approach of the study; the paradigm, axiology, ontological approach and epistemological nature of the study. This includes an overview of my personal location with regards to the participatory inquiry paradigm and the axiology of the study. Part two describes the appreciative inquiry methodology of the study.

#### Part 1: Philosophical approach of the study

The study to be undertaken in order to answer the research question 'How can meaning and purpose in the lives of care home (nursing) residents be enhanced' most suited a participatory approach. Although the experience of meaning and purpose in life has been studied using quantitative tools, such an approach does not generate knowledge of 'how' meaning and purpose in life can be enhanced. A participatory approach was therefore deemed most appropriate as this facilitated the pro-active involvement of those whose lives the study related to i.e. people who live in care homes(nursing) supported by those who work in care homes (nursing).

##### a) Participatory paradigm

Heron and Reason (1997) articulate what they consider to be unique about the participatory paradigm is that it is 'fully participatory, co-operative research with people' (pg 283). Guba and Lincoln (2005) added the participatory paradigm to their 1994 framework of research paradigms that had included positivism, post positivism, critical theory and constructivism paradigms. This evolution of their work was originally put forward by Heron and Reason (1997) who proposed the addition of the participatory paradigm. The participatory worldview is described as placing 'human persons and communities as part of their world...embodied in their world, co-creating their world' (Reason and Bradbury 2001, pg 7). Reason and Bradbury (2001), argue that 'a participatory worldview invites us to inquire into what we mean by flourishing and into the meaning and purpose of our endeavours' (pg 11). This worldview supported the



development of an approach to the present study that would centrally locate the care home (nursing) residents within the study and facilitate construction of knowledge of what would enhance meaning and purpose in their lives. These definitions of participatory inquiry enlightened me to the possibilities of undertaking the study in a creative and interactive way with care home (nursing) residents as active rather than passive participants. This worldview offered an approach that meant not only was there the possibility of exploring the experiences and views of care home (nursing) residents but that their community and their world could also be explored. This paradigm offered the opportunity for the co-creation of understanding by myself as the researcher, alongside with residents and care home (nursing) staff.

The participatory paradigm affirms the political dimension of people's right and ability to have a say in studies which claim to generate knowledge about their experience. That is to say 'it asserts the importance of liberating the muted voices' (Reason and Bradbury, 2006 pg 10). This description of participatory research aligned with the need highlighted in the literature review for people who live in care homes (nursing) to be included as active participants in research about their life situation. The goals of participatory research have been described as being to provide solutions to challenges in society, to support shifts in the balance of power to those who are marginalised and to contribute to democratic social change (Reason and Bradbury, 2006 pg 10). In addition to creating knowledge and action directly useful to a group of people, participation can also empower them to see that they are capable of constructing using their own knowledge.

The participative worldview that underpins the study has been described as part of the re-sacralisation of the world (Reason and Bradbury, 2006 pg 11), with a primary purpose of human inquiry being not so much to search for the truth but to heal. The underpinning philosophy appears to have almost theological connotations and is similar to theological discourse of the sacredness of humanity, in a divinely created world with a purposeful direction to existence. Reason (1993) uses theological language to describe the focus of participatory inquiry as being to make whole, with whole also meaning to make holy. The participatory paradigm as described by Reason (1993 pg 284) is one of 'sacred inquiry', in which people can act to heal their lives and their worlds... a science of engagement, a science of action', seemed to offer

dimensions to the approach to the study that were not part of the other paradigms considered. Reason (1993 p10) describes a participatory worldview where meaning and mystery are restored to human experience, so that the world is once again experienced as a sacred place (Reason 1993, p10). This is similar to Maslow's (1969) call for the re-sacralization of science in response to what he considered to be the de-sacralization of science. Maslow argued against the de-sacralization of science which he suggested had resulted in the eradication of humility, reverence, mystery, wonder and awe. In the literature on meaning and purpose in care home (nursing) life that I reviewed in Chapter 2 quantitative research approaches were often used, I felt that using an alternative approach that facilitated humility, reverence, mystery, wonder and awe was worthy of consideration.

In order to be transparent about how this decision was made it is necessary to present an account of my *positionality* with reference to decisions on the design of the study. The term *positionality* refers to the different ways in which scientific and theoretical endeavours can be undertaken. Positionality affects the choices researchers make in the topics they investigate, the ways they conduct studies and the means they choose to interpret and present their results (Panelli, 2004). This is supported by Denzin and Lincoln's view that research is:

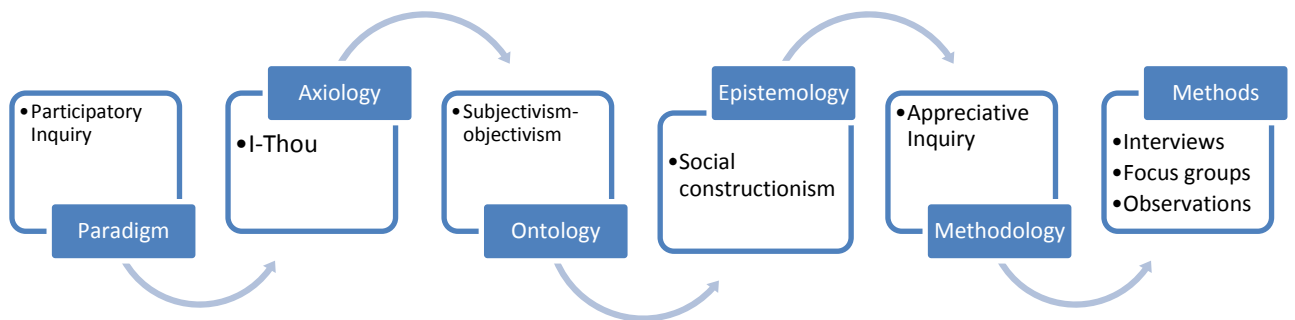
*Guided by the researcher's set of beliefs and feelings about the world and how it should be understood and studied...each paradigm makes particular demands on the researcher, including the questions the researcher asks and the interpretations they bring to them (2005 pg 22).*

It was therefore necessary to consider my beliefs and feelings about the world and how it should be understood and studied. The philosophical stance taken when planning and undertaking a research study reflects the researcher's approach to understanding and explaining society and the human world. This understanding informs the methodological choices that researchers make about the methodology and methods to be used in their studies (Crotty, 2003). I reflected on the influence and impact of my assumptions about the value of science and sacredness on this study. These reflections were stimulated by Reason's (1993) description of the participatory paradigm as being one of 'sacred inquiry'. When I reflected on how my personal value and belief base impacted on my research activity I realised the impact this had upon the paradigm that I identified as the study being aligned with. On reflection I identified

that the participatory paradigm resonated with my worldview and thus provided the opportunity to undertake the study based on the value of sacredness, healing, wholeness, engagement and action. These are all of major significance in how I live my life and as such impacted on the research methodology that I chose. In the next section these values are further reflected on, when considering the axiology of the study.



**Fig 3: Elements of a research study**



**Fig 4: Elements of this research study**

The philosophical aspects of the study outlined in Fig 3 and Fig 4 will now be explored

**b) Axiology**

Axiology is a branch of philosophy dealing with ethics, aesthetics and religion and is considered part of the foundational philosophical dimensions of a research paradigm (Guba and Lincoln, 2005). Although Guba and Lincoln (2005) highlight that axiology is sometimes related to religion, the broader approach of spirituality can be considered a more useful interpretation of this concept. The axiology of the study reflected my own value base and belief background; that the world is a sacred creation. This belief informs my view of the inherent value of all human life and the need to preserve that value and the value of research that generates knowledge to inform humanity's endeavours to be better able to live well. This personal location does not mean that the findings of the study would only be of relevance to others who held a similar set of beliefs. For example a different set of beliefs such as 'Critical humanism' (Plumner, 2005) takes a non-religious perspective to the value of human beings and the essential nature of human rights. Critical humanism aims to reduce/remove human suffering and is based on care, compassion, recognition, respect and trust. The commonality being the valuing of human existence. Axiological questions include what is intrinsically worthwhile and what it is about the human condition that is valuable as an end in itself

and as such are fundamental questions for defining approaches to research (Heron and Reason, 1997). Heron and Reason (1997) describe the axiology of the participatory paradigm as valuing 'practical knowing how to flourish with a balance of autonomy, co-operation and hierarchy in a culture' (pg 293).

The writings of Buber (1958) resonated with the axiology of this study which valued the autonomy of the residents involved in the study and the development of co-operation between myself and the study participants. Buber's work *I-Thou* can be challenging to decipher as he presents his ethical, aesthetic and religiously informed poetic vision. Buber refers to 'the hallowing of the everyday' (1958) which provides an alternative perspective from which to consider the experience of care home (nursing) residents. The phrase 'hallowing of the everyday' encapsulates the underpinning valuing of the everyday experiences of care home (nursing) residents. This approach offers an alternative to the popular conception of care home (nursing) life as being the place of last resort for care (Alzheimer's Society, 2013).

Two different forms of relation are explored by Buber (1958) the *I-Thou* and *I-it*. The *I-Thou* relation is one of reverence for both parts of the relation and is highlighted as one of sacrifice and risk, as it involves a person's whole being with the risk of being broken. The *I-it* relation is described as one of separation, with the other being seen as an 'object', where the relation can only be considered in terms of past experiences rather than focussed on the present. Buber (1958, pg 30) described 'the exalted melancholy of our time, that every Thou in our world [as considered in the 1950's] must become an It'. This challenge can still be considered as being relevant in contemporary western society's view of older people. Reason and Heron (1997) make reference to the *I-Thou* axiology when describing how their approach to research came to align with the participatory inquiry paradigm. The *I-Thou* axiology rather than the *I-it* perspective of care home (nursing) residents, care home (nursing) staff and me (the researcher) is congruent with the participatory paradigm. The risk of care home (nursing) residents being disempowered in a research study suggested that an approach where 'I' and 'They' engaged collaboratively would be most constructive in generating understanding of meaning and purpose in care home (nursing) life. The *I-Thou* axiology espoused by Buber clarified the values underpinning this study; an axiology of appreciating the value of the lives of older people who are care home (nursing) residents and one that acknowledges the importance of care homes (nursing) in contemporary society.

Buber (1958) also explored the relation between 'institutions' and 'feelings', describing institutions as 'a complicated market place' and feelings 'a boudoir rich in ever changing interests' (pg 52). This description resonates with the valuing in the study of the important role of care homes (nursing) in contemporary society, highlighting the important dynamic that exists between the structure of the 'institution' and the inner experience of residents. Buber (1958) described institutions as failing to provide for 'public life' meaning the opportunity to engage with life beyond the physical boundaries of the institution. Buber (1958) considered that for those who realised that this was the situation the resulting feeling would be one of increasing distress, suggesting that this realisation is the starting point of the 'seeking need of the age' (pg 543). This summarises the current value of continued research into the experience of people who live in care homes (nursing), of the ongoing need to continue to develop knowledge of how to enhance the experience of care home (nursing) life.

I approached this study with the view that there is still a need for further knowledge of how to enhance meaning and purpose in the lives of care home (nursing) residents. In addition that this knowledge should originate from the experience and perspective of people receiving care and support rather than from a predominantly academic (researcher) or professional (care home (nursing) staff) perspective.

### **c) Ontology - way of being in the world**

Ontology is 'the study of being and existence in the world' (Burr, 2003 pg 92). The ontology of the participatory paradigm has been described as 'a cosmos whose form is relational and ecological' (Reason and Bradbury, 2006 pg7). This ontology resonates with the way of being in the world of care home (nursing) residents. First, that the reality of their experience is embedded in relationships (those of residents with the researcher and others in their lives e.g. staff, family, friends). Secondly, that the reality of their experience is embedded in the physical environment in which they live. This ontology accepts a physical, objective reality but also one that is subjectively accessible in that 'as soon as we attempt to articulate this we enter a world of human language and cultural expression' (Reason and Bradbury, 2006 p7). The ontological understanding of the participatory paradigm therefore reflects a *subjective-objective* reality (Guba and Lincoln, 2005 pg 194 and Reason and Bradbury, 2006 p8). Heron and Reason (1997)

describe this subjective-objective ontology as 'the interactive interface between the subject and what is encountered' (pg 278).

The subjective-objective ontology presents an alternative to what the pragmatist philosopher Rorty argued to be western science's unhelpful adoption of a discourse of dualisms e.g. objective or subjective and argues for the need to speak differently (Reason, 2003). The idea of 'speaking differently' is also suggested by Cooperrider and Whitney (2003,) in their call 'to make sure that we are not just reproducing the same worlds over and over again because of the simple and boring repetition of our questions' (pg 1770). Similarly Maslow (1966) in his discussions of research dilemmas suggests embracing both sides of dichotomous approaches. The subjective-objective ontology is an appropriate way of understanding 'meaning and purpose' as experienced both in individual's lives and as members of communities and society.

Further understanding the ontology of this study is gained by considering Berger and Luckmann's (1966) treatise 'The Social Construction of Reality'. Berger and Luckmann (1966) argue that 'society exists as both objective and subjective reality' and that 'any adequate theoretical understanding of it must comprehend both of these aspects' (pg 149). Berger and Luckmann present their argument for society as an objective reality with reference to the existence of institutions. This is helpful in defining the objective reality of this study, as in societies which include care homes (nursing) there is a consensus in the 'here and now' as to what this means. In their account of the 'reality of everyday life' Berger and Luckmann (1966) present this concept as an 'intersubjective world' a world that is shared with others. Berger and Luckmann do not use the term ontology, however, their account of embracing both objective and subjective realities is often referred to by social constructionists when exploring ontology (Burr 2003, Gergen and Gergen 2003, Andrews 2012). The subjective-objective ontology informs the epistemology of the present study.

#### **d) Epistemology**

Following on from defining the subjective-objective ontology of the present study, the epistemology of this study is that of social constructionism (Baldwin, 2012). Social constructionism denies that our knowledge is a direct perception of reality, instead that as a culture or society we construct our own versions of reality between us. Social

constructionism has as its foundation the key assumptions of a) a critical stance towards taken for granted knowledge, historical and cultural specificity, b) knowledge is sustained by social processes and c) knowledge and social action go together (Gergen, 1985). These key assumptions mirror the intention taken to knowledge construction through this present study.

These epistemological assumptions meant that an on-going critical but constructive stance was taken towards contemporary knowledge of the experience of care home (nursing) life. Embracing the social constructionist view involved accepting the historical and cultural relativism of all forms of knowledge (Burr, 2003 pg 6). Knowledge of care home (nursing) provision is culturally and historically specific, as outlined in the literature review (Chapter 2). The previous model of 'workhouse' provision was culturally and historically defined and care home (nursing) provision for older people in the present and the future will reflect cultural values of that time.

The relevance of social processes in the sustainability of knowledge about care home (nursing) life through this study relates to the interaction of the researcher and participants. The epistemological approach to knowledge constructed in this study was based on the social constructionism approach of moving people towards inter-personal collaboration and for re-examining sometimes stifling cultural practices (Gergen, 1994). Social constructionist epistemology emphasises that a research study would generate knowledge through engaging participants in social action. Critical to this study was the intention that the knowledge generated would be informed by social action and also contribute to social action. This analysis of the relevance of Gergen's (1994) features of socially constructed knowledge is congruent with consideration of the different types of knowing relevant to the participatory paradigm; 'experiential', 'practical' and 'propositional' (Guba and Lincoln, 2005 pg 195). These resonated with the intention of the study to generate knowledge that reflected the experience of people living in care homes (nursing). The intention was also that the knowledge generated would be useful to those living and working in care homes (nursing) and would be of value in generating a new theoretical understanding of meaning and purpose in care home (nursing) life.

Heron and Reason's account of the epistemology of the participatory paradigm (1997, pg 283) articulates the social constructionist approach of a 'holding together' of



personal knowing in a context of linguistic, cultural and experiential shared meaning. This 'holding together' was an important challenge i.e. to pay attention to throughout the study in the generation of shared meaning between residents, care home (nursing) staff and the researcher.

Social constructionism uses the concept of identity rather than personality, which is a social constructivist construct. In this study of aspects of the lives of care home (nursing) residents the difference between these two concepts was important. The concept of identity reflects 'personhood' that may change from one day to the next, based on the situation that the person is in at different times (Raskin, 2002). Raskin (2002) considers the social constructionist view of self to be one where each of us has different versions of self that are socially constructed by culture, context and language. According to Raskin (2002) personhood becomes a matter of how people are talked about, the social practices they engage in and the particular relationships they find themselves in. The ways in which someone is identified, talked about and treated all contribute to creating a particular identity for individuals; a person may come to live out different identities in different settings. As the focus of this study was how meaning and purpose in the lives of care home (nursing) residents could be enhanced the social construction of identity and personhood were relevant. The alternative, constructivist perspective whereby each person actively engages in the creation of their own phenomenal world was less relevant to this study in that this approach offers fewer opportunities for the rest of the care home (nursing) community to engage in enhancing meaning and purpose in residents' lives.

Raskin (2002) considers the role of language to be critical in social constructionism; that is how people talk about themselves and their world determines the nature of their experiences. The constructionist epistemology of this study is evident in the emphasis on 'language, narrative, socio-historical and cultural processes as primary factors on meaning making'. Gergen and Gergen (1984, 1986) suggest that telling each other our stories has the potential powerfully to shape our possibilities. The social constructionist focus on language includes the way that people use words and symbols not just descriptively but purposively to accomplish goals (Burr, 2003).

In this study of care home (nursing) life the two types of socially constructed knowledge; micro and macro (Burr, 2003) are worth considering. Micro social

constructionism focuses on the construction of accounts and personal identities within interpersonal accounts which is appropriate for generating knowledge of meaning and purpose in the lives of care home (nursing) residents. The additional concept of macro social constructionism which focuses on the constructive forces of culturally available discourses and the power relations embedded in these (Burr, 2003) was useful for the generation of knowledge of the wider contextual and societal features of the study. Our constructions of the world are bound up with power relations because they have implications for what is permissible for different people to do and for how they may treat others (Burr, 2003 pg 4). This demonstrates the relevance of a social constructionist epistemology for understanding the dynamics of care home (nursing) life, where power relations between staff and residents may be a significant aspect of the individuals' experience. The social constructionist perspective is interested in the origins of power relations that result from some ways of constructing 'reality' through language becoming dominant over others.

The issues to be explored in the study could have been explored with a focus on individually constructed, constructivist knowledge based on how individuals construct meaning and purpose in their lives. However, the aim of this study had a wider, sociological focus of gaining an understanding of meaning and purpose in care homes (nursing) as a contextual setting. In addition a further dimension of the study was to be how aspects of care home (nursing) life could enhance meaning and purpose in the lives of residents, which required an understanding of the social construction of meaning and purpose rather than a social constructivist understanding of how individuals could enhance meaning and purpose in their own lives.

In considering the philosophical underpinnings of the methodology, the specific elements of the approach to the study have been established. This ensures congruence of the methodology and methods of the study, which contribute to establishing the quality of the study.

## **Part 2. Appreciative inquiry**

The focus of appreciative inquiry on exploring the life enhancing aspects of organisation meant that it was identified as the optimal approach for undertaking this study as it aligned with the focus of the research question. The methodology of this appreciative inquiry study is positioned within the participatory inquiry paradigm.

Appreciative inquiry has been described as a constructive form of action research (Grant and Humphries 2006, Dick 2007, Boyd and Bright 2007, Reed 2007, Bellinger and Elliott 2011, Trajkovski, Schemied, Vickers and Jackson 2012, Ludema *et al.* 2001). Cooperrider and Srivastva (1987) considered Appreciative Inquiry to be a distinctive complement to traditional action research. Appreciative inquiry has been described as an approach that focuses attention towards the most life giving and life sustaining aspects of organisational existence (Ludema *et al.*, 2001 pg 189 and Cooperrider *et al.*, 2008 pg 117). As the aim of this study was to generate knowledge of how to enhance meaning and purpose in the lives of people, the life giving/life sustaining focus of appreciative inquiry was highly appropriate. The additional dimension of considering these issues within the context of 'organisational existence' further supported the use of this methodology for a study of care home (nursing) life. Appreciative inquiry is suggested as an approach that 'strengthens a system's capacity to apprehend, anticipate and heighten positive potential (Cooperrider and Whitney, 2003 pg 171). The system could be an individual care home (nursing), but could also be considered as each individual or society as a whole. The positive potential could refer to the potential of each individual, groups of individuals or society.

The aim of appreciative inquiry is to build a:

*Constructive union between people based on past and present capacities, achievements, assets, unexplored potentials, innovations, strengths, elevated thoughts, opportunities, benchmarks, high point moments, lived values, traditions, strategic competencies, stories, expressions of wisdom, insights into the deeper corporate spirit or soul and visions of valued and possible futures. (Cooperrider and Whitney, 2003 pg 3).*

These words are not consistently used to describe care home (nursing) provision in the prevailing cultural discourse, yet these words could be used to provide a description of the most life giving and life sustaining description of care home (nursing) experience. Central to the practice of appreciative inquiry is the 'unconditional positive question'. The decision was made to use an appreciative approach as a response to the challenge of 'thinking differently' (Reason, 2003). The current societal perception of care homes (nursing) still reflects places that people are 'put in', rather than as a life enhancing option of place of residence and care. Had a problem solving approach been followed a deficit discourse may have resulted in focussing on the negative aspects of residents' lives in care homes (nursing). As evident in the background to

the study, much has been written about the problems in care homes (nursing), less appears to have been written about the positive aspects of care home (nursing) life and the opportunities for developing such aspects of care home (nursing) life. As much of the current cultural discourse appears to have considered the experience of care home (nursing) life from this perspective, the alternative perspective offered in appreciative inquiry methodology was selected.

**a) The process and principles of appreciative inquiry**

The appreciative inquiry process is described as having four stages: Discovery, dream, design and destiny (Fig 5):

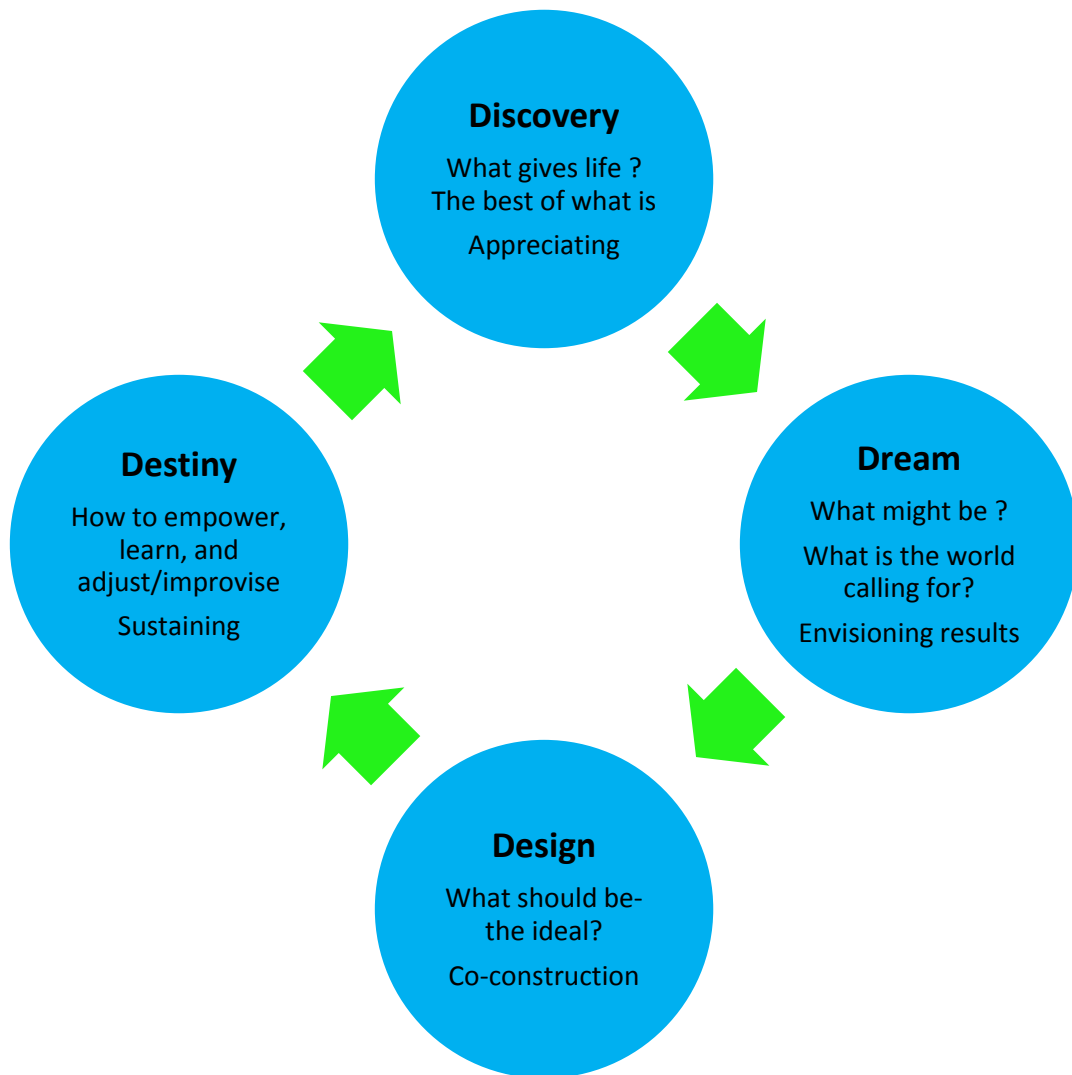
*Discovery: mobilizing a whole system inquiry into the positive change core*

*Dream: creating a clear results orientated vision in relation to Discovery potential and in relation to questions of higher purpose.*

*Design: creating possibility propositions of the ideal organisation, which people feel is capable of magnifying the positive core and realising the articulated new dream.*

*Destiny: the strengthening of the affirmative capability of the whole system enabling it to build hope and momentum around a deep purpose and creating processes for learning, adjustment and improvisation.*

(Cooperrider, and Whitney, 2003 pg 5).



**Fig 5: The appreciative inquiry cycle**

Cooperrider *et al.* (2008) suggest that systems grow 'in the direction of what they persistently ask questions about'. They recommend that where there is a strong correlation of the means and ends of inquiry there is more likelihood of the achievement and sustainability of the resulting developments. This methodology aligns closely with the participatory axiology of valuing human flourishing and the social constructionist epistemology that knowledge is co-created.

The appreciative inquiry process involves exploration of what Cooperrider and Srivastva (1987) considered as socio-rationalist (what is) in the Discovery stage, pragmatic (what can be) in the dream stage, metaphysical (what might be) in the design stage and normative (what should be) in the destiny stage.

Appreciative inquiry has been evolving as an approach to research and organisational development over the past three decades. Cooperrider *et al.* (2008) articulated the generative-theoretical work that has informed the development of appreciative inquiry in the form of five principles; *the constructionist principle, the principle of simultaneity, the poetic principle, the anticipatory principle and the positive principle.*

This is evident in the different versions of the principles of appreciative inquiry that have evolved since Cooperrider and Srivastva originally stated the four dimensions of appreciative Inquiry (AI) (Table 1). Five principles of appreciative inquiry were stated by Cooperrider, Whitney and Stavros (2006). Whitney and Tronsten-Bloom (2010) explore eight principles of appreciative inquiry.

Cooperrider and Srivastva (1987) <b>4 dimensions of AI</b>	Cooperrider, Whitney and Stavros (2006) <b>5 principles of AI</b>
1. Research should begin with appreciation of what gives life to a situation, taking its inspiration from the current state of what is. 2. Research should be applicable, it should not be limited to academic circles. 3. Research should be provocative. The abstracted findings of the study should take on normative value for the members of the organisation. 4. Research should be collaborative.	1. The constructionist principle. Reality as we know it is a subjective rather than objective state. 2. The principle of simultaneity. Inquiry is intervention. 3. The poetic principle. Organisations are like an open book, a story that is constantly being co-authored 4. The anticipatory principle, the collective imagination and discourse about the future. 5. The positive principle, the momentum for change requires positive affect and social bonding.

**Additional three principles included by Whitney and Tronsten-Bloom (2010)**

- The wholeness principle. Wholeness brings out the best in people and organisations.
- The enactment principle. To really make a change, we must be the change we want to see.
- The free choice principle. People perform better and are more committed if they have freedom to choose how and what they contribute

**Table 1: The evolution of the dimensions and principles of appreciative inquiry (1987-2010)**

**b) The application of the dimensions and principles of appreciative inquiry in the design of the study**

Cooperrider and Srivastva's (1987) initial declaration of the dimensions of appreciative inquiry was useful in establishing the broad approach of a study using this methodology. In order to ensure that the four dimensions of appreciative inquiry (Cooperrider and Srivastva, 1987) applied to the study design, it was important that the starting point of the research focussed on appreciating what enhanced meaning and purpose in residents' lives. This meant that subsequent research activities in the study were developed from and inspired by the current state of 'what is'. The intention in using an appreciative inquiry methodology was that the knowledge generated on meaning and purpose in care home (nursing) life and appreciative inquiry as a methodology would be applicable in the care home (nursing) sector. I was keen that the usefulness of the findings would not be limited to academic circles. By situating the study in the participatory paradigm with a social constructionist epistemology the study was based on an appropriate foundation for it to be a collaborative endeavour.

The subsequent statement of the principles of appreciative inquiry was also instructive in terms of designing this study (Cooperrider, Whitney and Stavros, 2006). The five principles being Constructionist, Simultaneity, Poetic, Anticipatory and Positive. The Constructionist Principle reaffirms the epistemological underpinning of this study.

Cooperrider and Whitney position appreciative inquiry in the constructionist approach (2003) which they define as:

*The approach to human science and practice which replaces the individual with the relationship as the locus of knowledge...built around a keen appreciation of the power of language and discourse of all types. (pg 176)*

In appreciative inquiry:

*attention is paid to the process of construction, in the way that people can come to tell different stories about the past, present and future and the way these stories have the power to shape the and reflect the way people think and act (Reed, 2007 pg 26).*

The purpose of constructionist inquiry is defined as the creation of 'generative theory' which does not explain 'yesterday's world but articulations of tomorrow's possibilities' (Gergen and Gergen, pg 662) The constructionist principle was central to this study as the knowledge generated was co-constructed by residents, staff and myself as the researcher. The study explored residents' past lives in order to inform knowledge generation about their current experience and future aspirations. The constructionist principle emphasises the communal base of knowledge and leads to an increase in the generative capacity of knowledge (Cooperrider and Whitney, 2003). Generative theory has 'the capacity to challenge prevailing assumptions regarding the nature of social life and to offer alternatives to contemporary patterns of conduct' (Gergen, 1978 pg 1334). The aim of this study was to generate knowledge and theory that contributed to a challenge of prevailing societal assumptions about the nature of care home (nursing) life and the lives of people who live in care homes (nursing).

The principle of simultaneity views inquiry and change as being simultaneous (Cooperrider and Whitney, 2003). Inquiry is considered to be an intervention in the research context in that it stimulates reflection and thought that leads to different ways of thinking and doing (Reed 2007). The data generated in response to the questions asked impacts on the way the future is 'conceived, conversed about and constructed' (Cooperrider and Whitney, 2003 pg 176). This principle aligns with undertaking the study in care homes (nursing). A care home (nursing) is a real life system that once the researcher enters and asks the research question, the response elicited in the respondents represents a change in that system. Sensitivity and awareness of this aspect of an appreciative inquiry study was important. By entering the care home (nursing) I was aware of the potential impact of the questions that I asked.



The poetic principle is based on the metaphor that organisations are like an open book, a story that is constantly being co-authored. That the past, present and future are endless sources of learning and interpretation in the same way that a poem or biblical text can be (Cooperrider and Whitney, 2003). The approach used in this study generated data which could be seen as individual narratives. However, the communal way of living in a care home (nursing) means that the narratives also relate to the shared experiences. The care homes (nursing) became an open book according to the poetic principle, an open book co-authored by the residents, staff and myself as the researcher. Reed (2007) highlights the need for the researcher to support participants through the process of 'authoring their world' in a way that makes it accessible to them

The anticipatory principle relates to the 'collective imagination and discourse about the future' (Cooperrider *et al.*, 2008 pg 9). Bushe and Kassam (2005) interpret this as 'what we do today is guided by our image of the future' (pg 167). This diminishes the impact of the past and the previous ways that organisations responded to similar challenges. The impact of the workhouse past of the care home sector in the UK is therefore minimised by using appreciative inquiry.

The positive principle of appreciative inquiry relates to positive affect and social bonding. The association of such words with care home (nursing) activity was not often evident in the literature of the experience of care home (nursing) residents. The potential impact of the positive principle on the way the study was undertaken was that it would become a process that generated 'hope, excitement, inspiration, caring, camaraderie, sense of urgent purpose and sheer joy of creating something meaningful together' (Cooperrider *et al.*, 2008 pg 9).

The additional three principles of appreciative inquiry put forward by Tronsten and Bloom (2010) impacted on the study in that the population of the care home (nursing) was considered as a whole i.e. the population consisted of care homes (nursing) residents and care home (nursing) staff (Wholeness principle). Bushe and Kassam (2005) propose that appreciative inquiry studies should 'engage as many members of the system as possible in the inquiry and focus on articulating desirable collective futures' (pg 16). Using this approach meant that I would need to abide by the positive, life enhancing approach of appreciative inquiry throughout the study (Enactment principle). In accordance with ethical guidelines of informed consent care home

(nursing) residents and staff would be given free choice regarding their involvement in the study (Free choice principle).

### **c) Critique of Appreciative Inquiry**

The positive, affirmative focus of appreciative inquiry raises two potential challenges to the methodology. First, that the researchers 'gloss over' problems in the situation being explored (Reed *et al.*, 2002). It must be acknowledged that the alternative approach of a positive, affirmative focus to appreciative inquiry as opposed to a negatively orientated, problem solving approach leaves appreciative inquiry open to challenges of holding a naive and idealistic perspective (Cooperrider and Whitney 2003, Reed 2007). However, the word 'appreciation' can also be defined as 'to know, to be conscious of, to take full or sufficient account of' (Grant and Humphries, 2006 pg 403). This definition of what it means to be appreciative provides a broader base for considering the experience of people who live in care homes (nursing); it presents an opportunity for unlimited accounts of their experience, hopes and aspirations. Bellinger and Elliott (2011) suggest that appreciative inquiry 'incorporates the telling of negative experiences, as these underpin participants' motivation for improvement' (pg 713) add that disallowing negative stories appears to reduce engagement (Grant and Humphries, 2006). Bellinger and Elliott (2011 suggest that interrogating negative experiences 'within a positive context means that creative and innovative alternatives can be explored' (pg 713). Barge and Oliver (2003) suggest that appreciation requires connecting with what others value in the moment. These perspectives on appreciative inquiry facilitated the incorporation of a range of responses from care home (nursing) residents and staff within the study.

A second challenge to appreciative inquiry is the claim that the lack of specific instructions as to how to implement the methodology means that it is potentially flawed (Trajovski *et al.*, 2012). According to Bushe and Kassam (2005) Cooperrider, the 'founding father' of appreciative inquiry 'purposefully avoided creating a specific method for appreciative inquiry for many years, preferring instead to articulate a set of principles to guide attempts to inquire appreciatively' (pg 165). For novice researchers planning on using an appreciative inquiry methodology the lack of methodological consistency in published papers remains a challenge.

In a literature review of studies of the care of older people that were undertaken using appreciative inquiry, forty seven papers were located (Reed, 2007). Forty three were discussion papers and four were empirical studies. Reed (2007) discussed whether this lack of published appreciative inquiry studies indicated that appreciative inquiry 'was not yet an accepted research paradigm' (pg 294). In the four empirical studies Reed concluded that the participants had become productively engaged but that 'there is little evidence that this promising start has been followed up' (pg 292). Trajkovski, Schmied, Vickers and Jackson (2012) undertook a similar review of appreciative inquiry studies in health care and also found only limited literature that provided a methodological account of appreciative inquiry. Dewar has recently undertaken studies using appreciative inquiry studies which contributed to the body of knowledge but unfortunately these were published after this present study had been designed (Dewar and MacBride, 2017; Watkins, Dewar and Kennedy 2016; Dewar and Nolan 2013). As a relatively new social research methodology this current situation of flexibility, transferability and unclear instructions describing how to undertake appreciative inquiry research can be considered a limitation of the methodology (Carter, 2006.) By using an appreciative inquiry methodology this present study can potentially contribute knowledge of the methodological issues of appreciative inquiry. As identified later in Chapter 6 Framework Analysis which is a clearly articulated approach to data analysis was used in the study, whilst adhering to the principles of appreciative inquiry.

An additional critique of appreciative inquiry relates to the extent to which transformational change in organisations is achieved. In a meta-case analysis of 20 cases where appreciative inquiry was used for changing social systems, only seven (35%) demonstrated transformational outcomes (Bushe and Kassam, 2005). This indicates the real world limitations of appreciative inquiry as an approach to organisational development. However, in terms of the contributions of appreciative inquiry as a research methodology Bushe and Kassam (2005) identified additional criteria by which to evaluate the outcomes of appreciative inquiry projects. These included if the project generated new knowledge and if a 'generative metaphor' was created. A generative metaphor is a phrase that can create new possibilities for action and consists of words whose juxtaposition evoke solutions to paradoxical dilemmas

(Bushe, 1998). These aspects indicate additional features were used to evaluate the outcomes of this appreciative inquiry study.

A further criticism is that there is the potential for 'false hope' to be generated in the early stages of an appreciative inquiry study (Carter, 2006). I was mindful of this risk when introducing and undertaking the study and this was also a concern of one of the care home (nursing) matrons. The residents and staff had considerable life experience and interpreted the study in a way that did not generate false hope.

This section has addressed the appreciative inquiry methodology of the study. The decision to undertake this study using an appreciative inquiry methodology was appropriate for answering the research question 'How can meaning and purpose in care home (nursing) life be enhanced?' This provided the opportunity to generate knowledge from individual's perspectives in addition to organisational perspectives.

## **Summary**

This chapter has included an explanation of the approach to the study. The participatory inquiry paradigm and the axiology of the study were considered with reference to my positionality. The ontology of subjectivism-objectivism has been considered in relation to the social constructionist epistemology. These considerations of the philosophical underpinnings of the study have been presented to demonstrate their congruence with an appreciative inquiry methodology. In the next chapter the preparatory activities that I engaged in with those who lived and worked at the two research sites are presented. This is followed by two chapters in which the methods of the study are discussed.

## Chapter 4

### Preparation for data construction

#### Introduction

In this chapter several practical aspects of the study that were undertaken in preparation for data construction are outlined including identification of research sites, selection of the study sample and addressing ethical issues.

Following the identification of the philosophical, axiological, ontological, epistemological and methodological approach of the study, the most appropriate methods of data construction were identified as being life story interviews, structured interviews and focus groups with residents and staff of the care homes (nursing) that were identified as the research sites of the study. Detailed accounts of the methods of data construction and how they were used in the study are presented in the following two chapters. In this chapter the preparatory activities that were undertaken at the two research sites are presented.

Care home research has been described as 'a complex undertaking, one which should take into account the needs of residents, relatives and staff' (Luff, Ferreira and Meyer, 2011). For this reason this chapter is devoted to the articulation of the preparation for data construction with the care homes (nursing) that were involved in this study.

#### **a) Identification of research sites**

The decision on which care homes (nursing) to use as research sites for the study was informed by Lofland, Snow, Anderson and Lofland (2006 pg 9) recommendation that novice researchers 'start where they are, using their current or past situations as 'springboards for research'. This means that when undertaking fieldwork the researcher can employ personal connections to the worlds around them and see these connections as avenues to potential research. My own professional background as a registered general nurse was influential in the decision to focus on the experience of care home (nursing) residents who required 24 hour care as opposed to the experience of residential care home residents. I was interested in how the opportunity to live with

meaning and purpose could be enhanced whilst experiencing considerable care needs. Lofland *et al.* (2006) recommend evaluating potential sites for the generation of data that is diverse in range and that can be collected over a relatively prolonged time period in a persistent and systematic manner. Therefore, in order to identify potential research sites for this study I reflected on care homes (nursing) where I had previous connections; one as a temporary staff nurse and the second as a tutor visiting students on work placements. The two research sites were selected on the basis of my prior knowledge of the type of care that they provided. The two homes are both located in the northwest of England and are referred to by the pseudonyms 'North House' and 'Edward Court'.

The decision to include both homes was made for two reasons. Firstly, so that a broader understanding of meaning and purpose in residents' lives could be constructed, and secondly, the care home (nursing) sector is one where ownership and management can be changeable and this could have potentially affected access to the home and the continuation of the study. Initially I had planned to start the study at Edward Court however, the home was sold at this time and the demands that this placed on staff and management as a result of implementing new systems meant that Edward Court became the second data construction site of the study. As part of this preparatory work with the care homes (nursing) I was mindful of the potential challenge that being involved in this study may present to the staff and ensured that I responded with flexibility to the demands facing them throughout the time of the study (Froggatt, Davies and Meyer 2009 and Luff, Ferreira and Meyer. 2011).

### **Size and type of care provided**

At the time of starting the study the inspection and regulation authority for care homes in England and Wales was changing from the Commission for Social Care Inspection (CSCI) to the Care Quality Commission (CQC). Accounts of each home were found on both of the commissions' websites. The CQC (2009) described North House as providing care and accommodation for 151 residents with a variety of needs in five distinct accommodation units. Accommodation and care of people who have general nursing care needs was provided on the Landsdown and Moortown Suites. There is also a unit for younger adults with disabilities and two units for people with dementia. Each unit is staffed separately with qualified and unqualified staff to provide

appropriate care. The home is owned by a private company owned by one individual, and is managed on a day-to-day basis by a registered manager who is also a nurse. The home is a single story building, with internal open plan courtyard areas accessible for wheelchair users and two gardens within the building footprint. The lounge and dining spaces are open plan and provide ample space for movement by wheelchair users. In 2007 the Commission for Social Care Inspection identified the care at North House as being 'good'. In 2009 CQC identified the care at North House as being 'excellent'. However, by 2016 the inspection found the care to be 'requiring improvement'; this was shortly after a change in leadership as the Matron retired and was replaced by one of the deputy Matrons.

In terms of my previous knowledge and experience of North House I had undertaken six months of temporary work as a nurse there ten years earlier. I had not had contact with the staff or visited the home during the subsequent years but had maintained an awareness of the public perception of the quality of care provided at the care home (nursing). Although the residents and many of the staff had changed in the intervening decade, the matron at North House had been a senior staff nurse during my time working at the care home. One of the deputy matrons had been a unit manager. The second deputy matron had visited her grandfather in the care home when I was working there a decade earlier and had subsequently taken up a post as a nurse at the care home. I recognised three other members of staff, two nurses and one health care assistant from my time working at North House

Edward Court was described by CQC (2009) as being equipped to provide accommodation for up to 70 residents, registered to care for people who have care needs. Suitably qualified and experienced nurses provide care supported by trained health care assistants. The Matron at Edward Court became the manager in 2008 when the previous manager retired. Edward Court was sold twice during the duration of the study but remained in private ownership as a family business. Edward Court is a large detached building that has been extensively extended and refurbished with accommodation provided over two floors. It is situated near to parkland. In 2007 and 2009 the Commission for Social Care Inspection identified the care at Edward Court as being 'excellent'. In 2013 the CQC criteria had changed and their inspection report stated that 'all criteria have been met'. I had visited Edward Court occasionally a decade earlier, in my capacity as a lecturer in health and social care assessing

healthcare students who had placements at the care home. I did not know any of the current staff, other than the manager at Edward Court, who had been in post on my previous visits.

My acquaintance with the senior managers at each study site was a beneficial solution to the insider-outsider challenge of carrying out research in organisations. This hybrid of being an insider-outsider was advantageous. My earlier acquaintance with the staff and the physical settings provided a helpful starting point of trust and access. The responses from the senior managers when I reintroduced myself and the research study to them were positive and constructive. This translated into a strong degree of trust in terms of the senior managers facilitating my access to residents and undertaking the study in each care home. The issue of developing good relationships and trust between the care home manager and the researcher in care home research is highlighted by Luff *et al.* (2011). I also knew the physical layout and history of each home which was a useful starting point for understanding the culture of each care home, although this had evolved during the previous decade. The passing of a decade since my last association with each setting meant that I did not know any of the residents in either care home.

Another factor instrumental in decisions of location and group is the resources available to the researcher, with research design always taking place under constraints (Bechhofer and Paterson, 2000). The locations of both settings were within a 10 mile radius of my home and workplace. This was important as the study design would require prolonged contact with residents and staff in the study settings for the duration of the study. The use of an appreciative inquiry approach would also require sufficient time for reflective cycles in each setting over a 6-18 months period in each setting. The two homes were ideally geographically situated for on-going access. However, ease of access was not the whole reason for the selection of these two sites. Bechofer and Patterson (2000) recommend the strategy of selecting a 'critical group' where the processes that the researcher is interested in may be expected to be particularly salient. My knowledge of the two care homes from my previous experience, inspection body reports and local reputation meant that I concluded that they were good care homes. I felt that care homes with good reputations would be less defensive than homes that had a poor reputation. However, even with good and excellent inspection



reports areas for improvement at both homes had been identified by CQC Inspectors and I hoped that the managers and staff would be interested in taking part in the study to identify aspects of care and support that could be enhanced. My assessment of the two homes from my prior knowledge and the CQC reports was that they would provide sufficient opportunity to research the phenomena of interest.

### **b) Participant Sample**

Inclusivity is an important aspect of appreciative inquiry (Reed, 2007). Using an inclusive approach to sampling was used as this mirrors the recommended appreciative inquiry approach of harnessing the experience of as many and as diverse people as possible. The approach to sampling that was used in this study, aimed to reflect the demographics of the population from which they were derived. In each care home two groups of participants were selected; resident participants and the staff participants. Residents' relatives were another potential group of participants and I had included their potential involvement in the ethics application. However, as the topic of interest was meaning and purpose in residents' lives, my initial sample was residents as it was their experience of these concepts that the study was designed to explore rather than the relatives perceptions of these concepts in the residents' lives. As Luff *et al.* (2011) identified when undertaking participatory research as 'an iterative process at the outset of the study, it cannot be predicted what will happen as those being researched will inform its development' (pg 26). Involvement of residents' relatives was therefore an option that could be incorporated into the study if required.

Within each care home, purposive sampling was considered most appropriate to identify the sample of study participants. The sample in purposive sampling is chosen because they have 'particular features or characteristics which will enable detailed explorations and understanding' of the phenomena the researcher wishes to study (Ritchie, Lewis and Elam, 2003 pg 78). A specific approach to purposive sampling was used, that of heterogeneous sampling. This was so that a range of people who live and work in care homes would be included and that the findings would be constructed from a range of experiences. Purpose sampling is criterion based. The inclusion criteria for residents were:

- Aged over 60 years
- Receiving support that was classified as nursing care rather than personal care

- Could be male or female

The decision to use a chronologically defined criterion for older people was an arbitrary one made after considering the age of retirement at that time in the UK, which was 60 years for women and 65 years for men. I was particularly interested in the experience of older people who lived in care homes. However, the study could have been designed without an age limit and included younger people.

Exclusion criteria for the study included:

- People who had moderate to advanced dementia

The decision to exclude people with moderate to advanced dementia related to my lack of experience at that time of undertaking research with people with this level of cognitive impairment. It is estimated that between two thirds and 80% of care home residents have dementia (Alzheimer's Society, 2013) so including people with dementia in the sample would have been justified. Exploring how meaning and purpose in the lives of residents who had dementia would be a worthwhile study in its own right.

The inclusion criterion for staff participants was:

- That they were a permanent member of staff

The corresponding exclusion criteria was:

- That they were temporary agency staff
- Visiting staff from external agencies

This decision was made on the basis that temporary or visiting staff may not know the care setting, approach to care or residents well enough to provide a meaningful insight into the phenomena of how to enhance meaning and purpose in residents lives in that setting. As a heterogeneous sample was required, a range of staff were included in the sample; senior managers, staff nurses, health care assistants, activity co-ordinators and domestic staff. The sampling criteria were outlined for the manager of each setting. As staff participation in the study involved them taking time away from their work roles as the meetings were held in work time, the support of the managers in terms of access to staff time and a suitable meeting location were essential. This approach was

congruent with the recommendations of Luff *et al.*(2011) for undertaking research in care homes; that communication about the study should be undertaken at the different levels of the hierarchical staffing structure of the home and use a variety of communication approaches. This optimises the potential of engagement in the study. A dual approach was used to select the staff sample. Self selection to attend the initial research meeting was achieved by advertising the study and the time of the first meeting by posters in the staff room. The senior manager of each setting also nominated staff to attend the first research meeting.

Similar sample sizes were selected for each setting so that the process and the outcomes from engaging in the appreciative inquiry process would be comparable in the final stages of data analysis and interpretation. Recommendations on the appropriate sample size for qualitative studies vary. Reviewing the sample size of other appreciative inquiry studies in health care setting identified studies that used samples between 9 and 126 people (Trajkovski *et al*, 2012). Morse (2000) recommended that decisions on the number of participants to include in a study should include consideration of a number of factors, including the quality of data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the number of interviews per participant, the method and study design used. Consideration of this guidance resulted in a sample size based on the study being undertaken at two locations, with staff and residents and that a range of interviews would be undertaken. An intended sample size of 25 participants in each home (residents and staff) was identified as being appropriate (N=50).

### Sample in each care home

The sample of participants at North House is presented below (n=25) (Table 2)

Resident Age and reason for admission		Involvement in study Month 1-12			
		Discovery	Dream	Design	Destiny
Marjory 93 years	History of falling and poor physical health	•	•	•	•
Gregory 69 years	A stroke	•	•	•	•
Toby 84 years	Not managing at home	•	•	•	•
Audrey 68 years	Multiple sclerosis	•	•	•	•

Meryl 61 years	Multiple sclerosis	•	•	•	•
James 61 years	Series of strokes	•	•	•	•
Derek 79 years	A stroke	•	•	•	•
<b>Staff</b>					
Matron		•	•	•	•
Activity co-ordinator 1		•	•	•	•
Activity co-ordinator 2		•	•		
Senior Nurse 1				•	•
Senior Nurse 2				•	•
Staff Nurse 1		•	•		
Staff Nurse 2				•	•
Receptionist		•	•		
HCA 1		•	•	•	•
HCA 2		•	•		
HCA 3		•	•		
HCA 4		•	•		
HCA 5		•	•		
HCA 6		•	•		
HCA 7		•	•		
HCA 8		•	•		
Home services manager		•	•		
Home services supervisor		•	•		

**Table 2: Participants at North House**

The sample included seven residents; four men and three women. All of the above residents, apart from Toby were involved in each stage of the study. Toby was just involved in the Discovery one to one interviews (life story and structured).

The eighteen staff participants included the Matron/Manager, staff nurses, activity co-ordinators, health care assistants, homes services staff and a receptionist (Table 2). Several members of staff were involved throughout the four stages of the appreciative inquiry study; these were the Matron, an activity co-ordinator and a health care assistant. Other members of staff were involved in different stages as appropriate; several care assistants were involved in the Discovery stage, a Unit manager, a senior nurse and a staff nurse were involved in the implementation and evaluation of one of the actions of the study.

The sample of participants at Edward Court is presented below (n= 20) (Table 3)

<b>Residents</b> Age and reason for admission		<b>Level of involvement</b> Month 12-18			
		Discovery	Dream	Design	Destiny
Donald 69 years	A second lower leg amputation	•	•	•	•
Aled 64 years	A stroke	•			
Doris 72 years	In frail physical health	•			
Bess 70 years	Multiple sclerosis.	•			
Ellen 82 years	In frail physical health	•	•	•	•
Mac 71 years	Bilateral above knee amputation	•	•	•	•
Reggie 63 years	Parkinson's disease	•	•	•	•
Karl 69 years	Severe arthritis	•	•	•	•
Five additional residents joined in destiny stage: Henry, Bertha, Alex, Alice, Jonny					•
<b>Staff</b>		<b>Level of involvement</b> Month 12-16*			
		Discovery	Dream	Design	Destiny
Manager		•	•	•	*
Nurse		•	•		*

HCA 1	•	•		*
HCA 2	•	•		*
HCA 3	•	•		*
HCA 4	•	•		*
Domestic	•	•		*

**Table 3: Participants at Edward Court**

\*Due to a prolonged time of personal illness from month 18 of the study I was unable to undertake a destiny evaluation with the staff at Edward Court.

The sample at Edward Court included 13 residents. Initially the sample included eight residents: four men and four women. Five additional residents (three men and two women) joined the sample at a later stage in the study. Their involvement related to engaging in and evaluating the action designed by the participants earlier in the study. Ellen became increasingly frail and unwell shortly after the Discovery interviews. Doris also became unwell shortly after the Discovery interviews. Ellen and Doris died during the study. This highlights the challenge of care homes (nursing) being ‘places in which frail older people not only live, but also die’ (Luff *et al.* 2011 pg 6). The ethical implications related to this challenge are explored later in this chapter.

Four additional residents, self selected to be involved in the study during the destiny stage. Although this meant that they were not involved in the discovery, dream and design stages, they were involved in the construction of data in the destiny stage.

The staff participants included the Manager, staff nurses, health care assistants and a member of the domestic services staff (n=7).

To ensure that residents’ involvement in the study was an appropriate option for potential participants, the criteria and recommendations made by Tee and Lathlean (2004) of recruitment through a third party were followed. In each setting, recruitment was managed by a facilitator who was a member of staff designated for this role by the lead manager. In North House this role was undertaken by the activity co-ordinator and unit managers. In Edward Court this role was undertaken by the manager and the matron. Each facilitator explained the study to residents who fulfilled the inclusion criteria and who they thought would be interested in engaging in the study. This approach is congruent with the recommendation of Luff *et al.* (2011) on the value of

working with 'gatekeepers' when undertaking research in care homes. The support of the care home managers for this study was particularly valuable in terms of promoting the opportunity for residents and staff to be involved in the four stages (Discovery, Dream, Design, Destiny) of the study.

A meeting was arranged with residents who might be interested in the study at which I outlined the purpose and approach of the study and answered questions from potential participants. One-to-one meetings were also held with additional residents who preferred to stay in their rooms. Residents could also self-select to be involved in the study. Self-selection to be involved in the study was used by four residents at Edward Court, who chose to become involved later in the study during the Destiny phase of the study.

#### **d) Ethical issues**

Identifying the sample and involving the participants in the study required consideration of ethical issues. The ethical issues include recruiting and involving care home residents who can be considered to be a vulnerable population and ensuring that their autonomy and confidentiality of their information is protected throughout the study. These ethical concerns also apply to the protection of staff participants. Additional ethical concerns related to the involvement of care home residents as participants including the potential involvement of residents who have dementia and the possibility of residents developing dementia during the study. Another specific ethical issue related to involving residents in the study was that the sample may include people who are at the end of life.

The strategies planned to address potential ethical issues were addressed in the ethical approval form. Ethical approval for the study was obtained from the Research Governance and Ethics committee at the University of Salford. The specific ethical issues that needed to be taken into account when planning and undertaking this study relate to concerns highlighted in international guidance on ethics as stated in the Declaration of Helsinki. These guidelines identify that some research populations are *vulnerable* and need special protection including; those who cannot give or refuse consent, those who may be subject to giving consent under duress, those who will not benefit personally from the research and those for whom research in combined with care . Similarly, the Council of International Organisation for Medical Sciences

(CIOMS, 1993) reinforce the principle that that people with impaired or diminished autonomy and who are dependent and vulnerable should be afforded protection.

Whilst the above principles are self evident, an alternative perspective on ethics is proposed by Edwards, Kirchin and Huxtable (2004) who caution that research ethics committees should not be paternalistic by rejecting research that poses risk to people who are competent to decide for themselves. A similar view is put forward by Tee and Lathlean (2004) who suggest that whilst the label 'vulnerable' may afford protection, it could also lead to a reduction in opportunities for people to participate in and influence research agendas. Lofman, Pelkonon and Pietila (2004) in considering power relationships in action research suggests that the use of the term 'vulnerable research subjects' underestimates the participants' ability to resist power. I considered both perspectives when planning and undertaking this study; that participants are protected from harm but also that they are not disempowered by paternalistic approaches.

In response to these ethical concerns which are relevant when undertaking research with people who live in care homes, I used the recommendations for optimising moral principles in research design and activity suggested by Tee and Lathlean (2004) to plan and undertake the project. This ensured that participants' autonomy was supported, that the project was undertaken in accordance with the principles of autonomy, beneficence, non-maleficence and justice. In order to ensure that the research was undertaken using an ethical approach I recruited participants using two approaches; through a third party (care home manager and activity co-ordinators) and by open advertisement of opportunities to be involved in the study.

Tea and Lathlean's (2004) recommendations for maintaining autonomy were incorporated into the ethical approach to the study by ensuring transparent consent throughout the project. As part of the initial information meeting with potential participants the consent process was also introduced. Once potential resident participants had indicated to the facilitator that they were interested in engaging in the study, I then visited these residents individually for a further discussion of the study. At this meeting the participant's information leaflet and consent forms were discussed and left with the residents for further consideration and for discussion with family and care staff if required. A follow up visit was arranged to confirm participation and to



ensure that the participation information was understood and that the consent form had been signed. At this point the first life story interviews commenced.

The process of gaining informed consent from residents was congruent with the Process Consent Model (Dewing, 2007) in that attention was paid to background and preparation for consent, the basis for capacity to consent was ascertained, initial consent was obtained. At subsequent interviews on-going consent was ascertained before progression of research activity. Potential staff participants were given information about the study and the consent process at my first meeting with them, which varied in terms of whether these were one to one or group meetings.

Through the development of an on-going research relationship, participants were able to explain their level of vulnerability. I liaised with the care home manager or nurse in charge at the beginning of each fieldwork session regarding the wellbeing of participants before I engaged in any interviews or research activity. This approach in combination with my professional expertise resulted in sensitivity to changes in participants' decision-making capacity. I emphasized participants' right to withdraw prior to each interview and reviewed participants' consent prior to each interview or research activity. I assessed my own risk of unintentionally manipulating the research situation through the use of a reflexive diary and regular supervision meetings with my Ph.D. supervisors. The same strategies were used to assess the participants' autonomy and avoidance of a paternalistic approach to their involvement. Ensuring participants' autonomy and avoidance of a paternalistic approach was achieved by preparation and on-going support for participants for their role in the study.

In terms of other practical steps to ensure that a study is undertaken ethically the Declaration of Helsinki recommends that Research Ethics committees should protect the rights and interests of research participants by making sure that the information sheets are adequate and that the risk-benefit calculus is favourable. In response to these two issues: first, the information sheets used in this study were reviewed and approved as part of the ethics approval process for the study. Second, Tee and Lathlean's (1994) guidance on how to achieve beneficence and non-maleficence were followed regarding undertaking a risk benefit analysis of participants' involvement at each stage of the study. This was supported by agreeing clear ground rules and boundaries of confidentiality and being sensitive to potentially traumatic disclosures

through the use of my professional expertise. Additionally, I provided one-to-one debriefing opportunities which enabled participants to manage feelings they felt unable to share with other participants.

The high prevalence of dementia in care homes (nursing) had to be taken into account when identifying an ethical approach to the sample of the study. I had made the decision to follow Dewing's (2009) suggestion that researchers restrict themselves to working with people in the early stages of dementia to ensure that the participants find their involvement meaningful. This raises the ethical issue of what action would need to be taken had one of the participants been diagnosed with moderate dementia during the 12-18 months of data construction. As mental capacity is a decision specific assessment, this situation benefitted from the on-going nature of consent that was used during the study. The process of confirming on-going consent also provided the opportunity to ensure mental capacity for making the decision to be involved in that stage of the study.

The decision about whether the residents' cognitive ability meant that they could understand what the study was about and what their involvement would mean was made in the first instance by staff at the care homes who knew the residents e.g. Matron, unit managers and activity co-ordinators. None of the residents included in the sample had been assessed as lacking mental capacity for involvement in the study by the staff. This assessment of their mental capacity to be involved in the study was further supported by my assessment on each occasion of involvement by a resident. Some residents' cognitive ability to engage in the study did vary on an individual basis throughout the study. If a resident appeared to be less able to engage during the study, then they were revisited at a later date. This reflects the recommendation in the Code of Practice for the Mental Capacity Act (2009) that the person undertaking an activity with an individual is the person who is responsible for assessing their mental capacity for involvement in that activity.

An additional ethical issue that needed to be considered was the possibility that residents may be at the end of life and whether it is appropriate to ask them to participate in research studies at this stage of their life. The approach taken to this ethical dilemma was based on the understanding that people have the human right to make autonomous decisions, a paternalistic approach of denying people the opportunity to

be involved in research was therefore not used in this study. Two residents at Edward Court did consent to being involved in the study and engaged in the Discovery stage. Their health subsequently deteriorated and they were not involved in the following stages of the study. By the end of the study they had both died. Adopting a flexible approach to the involvement of care home residents meant that changes in residents' level of frailty were responded to in a sensitive manner as recommended by Luff *et al.* (2011). In addition to a flexible and sensitive approach to deteriorating health of residents as the study progressed two members of staff and myself experienced life - threatening illnesses. Luff *et al.* (2011) advocate anticipating additional time for the duration of the study to compensate for resident and staff illness and this was found to be the case in this study.

Undertaking a study within the care home (nursing) context with the prospect of illness and death of participants means that the researcher needs to engage in reflection (Dewar 2009, Luff *et al.*, 2011). In this study my reflexive observations were recorded as field notes following each episode of data construction with participants. This provided the opportunity for me to identify any aspects of the study that were having an emotional impact on me. I was then able to discuss these with my Ph.D. supervisors. These field notes became an additional source of data collection as advocated by Luff *et al.* (2011).

An ethical issue that I needed to address within the study was the disclosure by residents of experiences of care that reflected poor practice. Wallace (2005) suggests that it is 'the ethical duty of the researcher to act to prevent unethical action' (pg 75). I was able to follow up any causes for concern that I had during the study with the managers, there were a couple of issues of poor practice that were raised by residents and with the residents' permission I discussed these with the managers. On reflection, had a concern about poor practice been raised by residents who then asked for this information not to be disclosed to the manager, management of the resulting ethical dilemma would have required guidance from my supervisor. Reporting of poor practice to the CQC would have been a professional responsibility.

When considering the issue of equity within the study, discussion and agreement with staff and resident participants regarding decisions and actions taken throughout the study were achieved by consensus. On reflection, a potential ethical dilemma would

have arisen if consensus among the participants on the actions to be implemented in the study had not been achieved. Such dilemmas would have had to be resolved on a case by case basis using a risk-benefit analysis and consideration of the impact on the promotion of autonomy and avoidance of paternalism.

I was keen to ensure that the participants felt valued during the study. I had no financial support for the project so I was unable to offer remuneration for participants' time. However, I always provided high quality refreshments during interview meetings as a way of demonstrating my appreciation of the participants' involvement. This was evident in the comment by Mandy a health care assistant at North House:

*As I was preparing the room for the meeting Mandy came in and asked 'Oooh what treats have you brought for us today?' adding 'You always bring us posh chocolates and fancy biscuits' I was pleased that my intention for staff and residents feel valued for their involvement in the study had been successful. (Field notes: NH/PM/2)*

An additional ethical principle to be adhered to was that of maintaining confidentiality as such I anonymised responses before sharing with other participants. All written records and recordings were kept with me as the researcher in locked or password protected locations. As this was a participatory study I ensured that I promoted reflexivity among participants by undertaking guided reflections and evaluations with participants during the project. As the study developed I endeavoured to involve participants in decisions on the dissemination of findings including invitations to co-present at conferences and to write for publication

#### **e) Liaising with care home staff prior to data construction**

Before the study commenced I had individual discussions with the Matron of North House and the manager of Edward Court. At these meetings the aims, objectives, methodology and methods of the study were outlined to test the feasibility and relevance of the study. Each manager thought that the study was appropriate in terms of the challenges facing care homes at that time and agreed that the care homes that they managed could be sites for the study. At each care home I had a discussion with the care home manager about the methods of data construction.

The support of the care home managers was an important preparation activity as they had overall responsibility for the wellbeing of the residents and staff. Also as the study

was designed to stimulate change according to the Appreciative Inquiry principle of simultaneity (that inquiry and change are simultaneous) the support of the care home managers for any potential change to the residents' support or activities within the home would be required. The fact that I had pre-existing positive professional relationships with both managers meant that the development of researcher-care home manager relationships had an advantageous starting point as opposed to these being completely new relationships. I was conscious of the need to be clear and well prepared for these meetings, to support the development of their trust in me as a researcher and confidence in the research study activities. During the discussion the managers provided background information on the nature of the care home, the staff and the residents. I made field notes of my experience of undertaking these meetings, data extracts from my research have been included to provide illustrations of the research activities that I undertook. These have been included to provide an insight into the nature of activities and relationships at each care home. Luff *et al.* (2011) highlight the importance of taking time to develop relationships and trust between the researcher and the staff of the care home. The following extracts from my field notes demonstrate how I endeavoured to build these relationships.

Field notes entry following second research planning meeting with manager at North House:

*Had my meeting today with Sally (Matron at North House) it is strange seeing her in what used to be Sarah's role when I worked here. She seems very organised, confidently assertive and very matter of fact. I got the impression that she thinks my study is all well and good but a little airy-fairy and not about the grit of reality in care homes. However, she seems happy enough for me to have access to the residents and staff. (Field notes: NH/M/2)*

Field notes entry following second research planning meeting at Edward Court:

*Introduced myself to Fran today (Deputy Matron at Edward Court), she seemed very professional and efficient. She took me off to meet her Grandmother (Ellen) who is a resident at Edward Court. I reflected on how her professional role and personal relationship intermingled in this arrangement. (Field notes: EC/M/2)*

I subsequently met with the activity co-ordinators Anthony at North House and Elizabeth at Edward Court and outlined the process of the study to them. Again, it was important that I was clear in my communication about the nature of the study and well

prepared for these meetings as the plan was for the activity co-ordinators to assist me in arranging the interviews and focus groups with the care home residents. The meeting with the activity co-ordinators facilitated a two-way exchange of information as during the discussion they shared background information on their role and the activities that were offered in the care home.

Field notes entry following initial meeting with activity co-ordinator at North House:

*Anthony seems to be a really likable guy, he came across as interested in the study and seems to think that there will be residents who are interested in taking part. He has agreed to help co-ordinate my communication with the residents. Feel relieved that I have his help in terms of the practicalities of visiting North House and meeting with residents. (Field notes:NH/ P/1)*

My introductory meeting with the activity co-ordinator at Edward Court, Heidi was to be only meeting with her. Shortly after our first meeting she was diagnosed as being terminally ill. Field notes entry following initial meeting with activity co-ordinator at Edward Court:

*I am saddened to hear that Heidi is now on long term sick. During our meeting last week she was so supportive of the study. I loved hearing about the activities that she arranges for the residents that dining club- fish supper from the chippy on a Friday night, eating out at the pub down the road. (Field notes EC/P/1)*

Although I had anticipated residents dying during the study, I had not anticipated members of staff dying during the study. The mortality of staff participants and my own mortality were to reappear as a challenge later in the study. Heidi's role in co-ordinating interviews and focus groups at Edward Court was subsequently undertaken by Collette the receptionist at Edward Court.

My initial meetings with residents to explain the study and their potential role in it as participants were held as group meetings and one to one meetings according to the availability of residents.

Field notes entry following initial group meeting with residents at North House:

*Went to North House to present my study plan to the residents. Anthony had arranged for me to join him and a large group of residents at their morning meeting. I was conscious of explaining the study in an uncomplicated way so that I didn't alienate potential participants. When I asked if there were any questions one resident (Gregory) asked a very pointed question 'so will there be any action as a*

*result of this?’ I was delighted that he had really got the measure of the study and I loved the fact that he was so articulate in his challenge to me. Quite a few of the other residents were very kind in their response to me and said that they would like to ‘help me’. So far—so good. (Field notes: NH/RG/1)*

I engaged in a similar process with staff participants of explaining the study either to a group or on a one to one basis according to their availability.

Field notes entry following initial group meeting with staff at Edward Court:

*Went to an evening staff meeting at Edward Court this evening, it was interesting hearing about some of the other activities that they are engaging in, in order to keep evolving as a good care home. They had a presentation from Boots the Chemist about their new medication dispensing system. I gave an overview of my plans for the study. They seemed to respond positively to the plan and expressed interest at being involved. I feel encouraged by their focus on making sure that they are a good home. (Field notes: EC/SG/1)*

The initial preparation meetings with staff and residents and each home were undertaken following careful thought and preparation. I was conscious that I had to engage potential participants’ commitment to involvement at these initial meetings. I felt that the inter-personal dynamic in these meetings and early research relationships was one where the resident and staff participants were in a position of power; they had the power to choose to be involved in the study or decline to be involved. The nature of the power dynamic within the researcher–participant relationship was an important aspect of the study to ‘get right’. It was important that in an appreciative inquiry study that the participants felt as much a sense of ownership of the study as I did. Had I tried to create an illusion of power in my role as the researcher this may have alienated the potential resident and staff participants.

## **Summary**

In order to prepare the residents, staff and myself as the researcher for the study it was important that considerable time was spent preparing participants for their role in the study and supporting them throughout the study. The approaches that I used were congruent with the current best practice guidance for undertaking research in care homes (Davies *et al.* 2009, Dewing 2009 and Luff *et al.* 2011). In taking time to engage in this preparatory work I was taking account of the needs of residents, staff and myself as the researcher. These aspects of the study are aligned with the guidance of Luff *et*

*a/.* (2011) regarding the impact that 'cognitive and physical frailty, staffing pressures and the unique environments of care homes' can have on a research project' (pg iii); and that the wellbeing of participants is considered as paramount during and following the study.



## **Chapter 5**

### **Methods of data construction**

#### **Discovery, Dream and Design**

In this chapter the methods used to construct the data with the study participants are explored and the different methods of data construction used during the first three stages of appreciative inquiry namely Discovery, Dream and Design are presented. Data construction during the Destiny stage of the study is presented in the Chapter 6.

#### **Introduction to approach to data construction**

Data were constructed during each of the stages of appreciative inquiry and the methods of data construction are now presented according to these stages. The term 'data construction' rather than 'data collection' has been chosen as the methods were used in a study based on a social constructionist epistemology.

As an appreciative inquiry study, the five principles which underpinned all of the data construction activities (Cooperrider, Whitney and Stavros, 2006) are as follows:

- Constructionist
- Simultaneity
- Poetic
- Anticipatory
- Positive

The influence of these principles is explored in the following discussion of the methods of data construction that were used throughout the study.

The aim of the Discovery stage was to gain an understanding of what meaning and purpose meant in the lives of care home (nursing) residents. The aim of the Dream stage was to explore the aspects of care home (nursing) life through which meaning and purpose in care home (nursing) life could be enhanced. The focus of the Design stage was to collaboratively undertake action that would enhance meaning and purpose in care home (nursing) life. The Destiny stage involved evaluating the

outcomes of the action and the residents' experience of engaging in the appreciative inquiry process.

<b>Data construction with residents</b>	<b>Data construction with staff</b>
<p><b>Discovery</b></p> <p>Life story interviews Structured interviews Focus groups</p>	<p><b>Discovery and Dream</b></p> <p>Structured interviews: Researcher with staff Structured interviews: Staff to staff Focus group</p>
<p><b>Dream</b></p> <p>Focus group</p>	
<p><b>Design</b></p> <p>Focus group Planning meetings with residents</p>	<p><b>Design</b></p> <p>Planning meetings with staff</p>
<p><b>Destiny</b></p> <p>Semi structured interviews (N House) Focus groups</p>	<p><b>Destiny</b></p> <p>Semi structured interviews (N House)</p>

**Table 4: Data construction methods**

The same methods of data construction were used at North House and Edward Court during the Discovery, Dream and Design stages, with the exception of semi structured interviews being undertaken at North House in the destiny stage. (The same method was not used at Edward Court due to my long-term absence from the study due to illness).

**Part 1: Data construction during the Discovery stage**

The focus of the Discovery stage was to provide insights and exploration through the generation of affirmative stories. In the Discovery stage of the study life story interviews were undertaken with residents. Structured interviews and focus groups were used to construct data with both residents and staff.

The method of life story interviews with a focus on what had previously enhanced meaning and purpose in the lives of the residents was an effective method of eliciting

each individual's previous frame of reference for what it means to live with meaning and purpose. This approach aligns with the recommendation to engage with biography when undertaking research in care homes (Davies *et al.* 2009). The initial starting point of the Discovery stage explored meaning and purpose on an individual basis.

In the later part of the Discovery stage the focus was expanded to include the residents' experience of meaning and purpose in their lives within a community; the care home community in which they were now living.

Data were constructed in separate research activities with residents and staff. This decision was made as the result of my perception that the residents may lack confidence to express their thoughts in the presence of staff. Likewise the staff may have expressed their views differently in the presence of residents. The data constructed with the staff participants were used to support, rather than to direct the Dream, Design and Destiny stages of the study.

<b>Discovery: data construction activities</b>
<b>With residents</b>
Life story interviews with individual residents Structured interviews with individual residents Focus groups with residents
<b>With staff</b>
Structured interviews: Researcher with staff Structured interviews: Staff to staff Focus group with staff

**Table 5: Discovery data construction**

The Discovery data construction activities undertaken with residents and staff will now be presented.

**i) Life story interviews**

Using a semi structured approach, life story interviews were used in the Discovery stage to construct accounts of what had enhanced meaning and purpose in residents' lives in the past. I was conscious when undertaking the life story interviews research that the participants and I may have had potentially different expectations of the interview process. In order to mitigate against this I took time to explain the purpose

and format of the interview before the interview commenced. Each interview briefing also addressed the nature and stage of the study (Kvale, 1996). Residents were shown the conceptual framework which was used as a guide through the interview (Fig 2). Residents could start their 'story' at any stage of their life and I guided the interview by asking questions that related to the focus of 'meaning and purpose' in their lives in the past or the present.

Interviews can be seen as an easy option for the novice researcher (Taylor, 2005). Although I was a novice researcher, I had nearly two decades of experience as a nurse of interviewing patients in the clinical setting and students in educational settings. I found the interviewing skills that I had acquired in these other contexts provided a sound basis for effective interviewing in the research context. I was conscious of the dynamics of the interview in that I was a stranger to the residents yet I was asking them about very personal aspects of their lives. The skills and expertise required to undertake the life story interviews include me being able to establish a relationship with the participant that facilitated the interview process and ensured an atmosphere of trust, acceptance and mutual respect (Taylor, 2005). The sequence of interviews that I undertook with the participants meant that I had the advantage of follow up visits to continue to build conducive research relationships with the participants.

The interview guide (Table 6) was constructed after reflecting on Atkinson's (1998) recommendations for undertaking life story interviews. The interview guide was used to provide a general structure to each interview. Kvale (1996) recommends that when designing an interview the researcher considers the purpose of the interview and how the data will be analysed. For this study the purpose of the life story interview was not to gain an understanding of the residents' entire life story but to gain an understanding of what had added meaning and purpose to their lives prior to admission to the care home.

The life story interview schedule was constructed in three stages: introduction, main section and conclusion. In addition to using the interview guide, questions were constructed in response to information shared with the interviewer throughout the interview and also prompted by artefacts in the resident's bedroom when that was the location of the interview. The life story interview questions were constructed using the five principles of appreciative inquiry and Cooperrider and Whitney's (2003)

recommendations that appreciative inquiry should build on past and present capacities, achievements and expressions of wisdom e.g.

#### *Past and present capacities*

- What have the main events of your life been so far?
- What would you say your approach to life is?

#### *Achievements*

- Are there any interesting things that you would like to tell me about the first [e.g. 70] years of your life?
- What are the most important things to you in your life?

#### *Expressions of wisdom*

- What are your biggest life lessons?
- What are the words of wisdom that you would pass on?
- How did you get through difficult times?

<b>Interview schedule: Life story interview</b>
<b>Introduction:</b> <ul style="list-style-type: none"><li>• Introduce self</li><li>• Confirm resident's details</li><li>• Give overview of research project, including talk through conceptual framework</li><li>• Can I ask how old you are?</li><li>• Are you from around here?</li></ul>
<b>Main section:</b> <ul style="list-style-type: none"><li>• Are there any interesting things that you would like to tell me about the first [e.g. 70] years of your life?</li><li>• Did you used to work?</li><li>• What are the most important things to you in your life?</li><li>• What would you say your approach to life is?</li><li>• What have the main events of your life been so far?</li><li>• What are your biggest life lessons? What are the words of wisdom that you would pass on?</li><li>• How did you get through difficult times?</li><li>• Use boxes on concept map to direct questions as required</li><li>• How long have been at North House/Edward Court Care home?</li><li>• Do you know many people here?</li><li>• Is there anything else in your life that is important that we haven't talked about?</li></ul>
<b>Conclusion:</b> <ul style="list-style-type: none"><li>• Summary of what we have talked about today</li><li>• What other subjects do you think we could have talked about?</li></ul>

**Table 6: Life story interview schedule**

Each interview concluded with a debriefing at the end, which provided the participant with the opportunity to address any issues that they felt still needed addressing or clarifying (Kvale, 1996). Interviews can be evaluated with regards to the extent to which they contribute 'thematically to knowledge production and dynamically to promoting a good interview interaction' (Kvale, 1996 pg 129). The flexible way in which these initial Discovery interviews were carried out meant that the life story interviews resulted in co-constructed accounts that closely related to the focus of the study and that resulted in unique accounts from each resident. As these were the first interactions between the residents and myself, they occurred within a formative interviewer - interviewee relationship. These interactions also provided the basis for the subsequent structured interviews and focus group interviews. This stage also provided the opportunity to develop the researcher–researched relationship for the subsequent Dream, Design and Destiny stages of the study.

Undertaking the interviews required a flexible approach as on some occasions the residents were physically unwell or cognitively less able to engage in the interview. On these occasions the interviews were cancelled or cut short and rescheduled at a later date. The life story interviews were undertaken in a setting of the resident's choosing and all but one resident chose their own rooms. One resident, James at North House chose to be interviewed in a conservatory room in the care home. This resident seemed keen to be seen by other residents and staff engaging in the interview process, he seemed to use this opportunity to portray his sense of importance. I noted in my Field notes:

I was surprised that James asked for the interview to take place in the central conservatory. I felt disempowered in that James was choosing for this activity to be very public, that he chose to smoke during the interview and spoke a lot. I felt that a lot of the interview was not really generating the kind of data that I had hoped for (Field notes: NH/LS/J)
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On reflection James was using the interview to enhance his perceived social standing at the care home. As a head of department manager in his previous employment he will have been used to being perceived as being a person of significance in the work place environment. This interaction demonstrated the nature of reciprocity in the research relationship. As the researcher I could give something to James in return for his contribution to the research project (Lewis, 2003).

The participant's ability to articulate, reflect and recall experiences and the accompanying emotions can impact on their interview responses (Taylor, 2005). During the life story interviews there were accounts of high point moments of horse riding, dancing, being on a cruise on the QEII. There were also accounts of being in abusive relationships, being abandoned and loss of physical capacity. Residents provided accounts of high and low moments in response to prompts that left it to the resident to decide which moments of their lives they shared.

As the interviews with the residents were about their life story and meaning and purpose in their previous life experience, Bechhofer and Paterson's (2000) recommend that in exchange for information the interviewer does not argue or deny that the respondent's views was salient. They also caution that everything that the respondent wishes to talk about may not be of interest to the researcher. In one life story interview James, a resident at North House, was keen to share with me information that during my reflection in the interview I felt was not relevant e.g. how to make a snack of fried tomatoes on toast. However, reflecting after the interview I realised that James was 'giving' me something as part of the interview process. This was an important part of the interview process and the building of our relationship. I still make James' recipe and reflect on the time that we spent together undertaking the study. An aspect of the study that initially seemed inconsequential actually is a poignant reminder of my experience undertaking the study, especially as James has since died and had no immediate family. This made me realise that for some residents I became the keeper of their stories, which is an honoured role.

The amount of data yielded during residents' life stories is shown below:

<b>North House- Discovery Residents' Life story interviews</b>		
<b>Participants</b>	<b>Duration (minutes)</b>	<b>Comments</b>
Marjory	38	Life story interviews 5 hours 46 minutes
Gregory	77	
Toby	51	
Audrey	25	
James	80	
Meryl	44	
Derek	31	

Edward Court- Discovery Residents' Life story interviews		
Participants	Duration (minutes)	Comments
Donald	16	Life story interviews 2 hours 6 minutes
Aled	12	
Doris	12	
Mac	9	
Reggie	11	
Ellen	15	
Bess	28	
Karl	23	

**Table 7: Life story data construction**

There is a notable variation in length of interview i.e. between 9 minutes and 80 minutes. This demonstrates the individualised way in which the life story interviews were undertaken. However, in my field notes I considered another influencing factor on the duration of life story interviews:

*Looking at the difference in the duration of the life story interviews at North House and those at Edward Court I am wondering if the fact that I was a year into data construction and had already engaged in this process at North House influenced the way in which I undertook the interviews? At the time of undertaking the interviews I felt that I was an interested in learning about the Edward Court resident's life stories. This is something to be mindful of when I undertake future studies and to share with other researchers. The residents at Edward Court were much more succinct in their responses. The North House residents were very loquacious. (Field notes: Data analysis 13)*

The variation in duration of interview also demonstrates how the residents were the ones who had control over how much of their life story they reconstructed in the life story interview. The notable difference between the duration of the interviews with residents at North House and those at Edward Court reflected the different culture at each home. At North House the seven participants were used to attending daily social meetings and were socially active in terms of moving around the home during the day and interacting with staff and visitors. The North House residents confidently contributed to the interview process. At Edward Court the eight participants tended to spend much more time on their own in their rooms, and I observed much less movement around the home and social interaction. The Edward Court residents



appeared to be much more reserved in terms of their initial engagement in the research process.

## **ii) Structured interviews with residents**

Following the completion of all the residents' life story interviews the second research activity in the Discovery stage was the undertaking of structured interviews with the residents. This involved the use of a structured interview guide (Table 8) which was constructed after analysis of the responses to the life story interviews undertaken at North House. The questions in the structured interview guide were modified for use at Edward Court after reviewing the transcripts of the life story interviews from Edward Court to ensure that the questions were tailored to that care setting. For example where a question asked about Anthony (the activity co-ordinator) and 'therapy' a specific term for activities at North House the Edward Court question was constructed using the language of 'activities' and the names of their temporary activity staff.

As with the life story interviews, the residents chose the location for the interview. All the residents chose to engage in the structured interviews in their own rooms.

Structured interviews were used to construct data on the aspects of care home life that added meaning and purpose to their present and future life as a resident. (Table 8).

### **Interview schedule 2: Structured interview with residents at North House**

Recap summary of first interview (Life so far and what has been important to you)

Q1. Going to 'therapy' seemed to be an activity that you enjoy. Would you say that going to therapy adds meaning and purpose to your life here?

- What happens in therapy that adds meaning and purpose to your life?
- What is it that Anthony the activity co-ordinator does that makes this activity meaningful and able to add purpose to your time/life?

Q2. Thinking about other members of staff, do the care assistants help you to live your life with meaning and purpose?

- If yes, how?
- What could they do that would help you to live your life with more meaning and purpose?

Q3. Thinking about other members of staff, do the nurses help you to live your life with meaning and purpose?

- If yes, how?

- What could they do that would help you to live your life with more meaning and purpose?

Q4. Thinking about other members of staff, do the Matron and Deputy Matron help you to live your life with meaning and purpose?

- If yes, how?
- What could they do that would help you to live your life with more meaning and purpose?

Q5. Are there any other members of staff or visitors that help you live your life with meaning and purpose?

Q6. What suggestions would you make that would help you live your life with more meaning and purpose?

Q7. The story of who you are and what you have done with your life – do you think that most of the staff know this?

- Do you think that more use could be made of your story?

Q8. Are you involved in planning your care?

- How?
- Would you like to be more involved in planning your care?
- What difference do you think that this would make?

**Table 8: Example of structured interview schedule**

The questions in the structured interview guide addressed aspects of appreciative inquiry that had not been focussed on in the initial life story interview: assets and strengths, unexplored potentials, lived values and opportunities (Cooperrider and Whitney, 2003). The questions below were designed to explore the assets and strengths that each resident perceived to be present in their lives. The data constructed also explored the residents' perspectives on the role of staff as an asset and strength in terms of their ability to live with meaning and purpose. These questions were based on the constructionist principle that the residents' realities are subjective rather than objective. I could not observe naturally occurring data on these aspects of their lives.

#### Assets and strengths

- Going to 'therapy' seemed to be an activity that you enjoy. Would you say that going to therapy adds meaning and purpose to your life here?
- What happens in therapy that adds meaning and purpose to your life?
- What is it that Adam, the activity co-ordinator does that make this activity meaningful and able to add purpose to your time/life?
- Thinking about members of staff, do they help you to live your life with meaning and purpose? If yes how?

- What could they do that would help you to live your life with more meaning and purpose?

#### Unexplored potentials

- What suggestions would you make that would help you live your life with more meaning and purpose?

#### Lived values

- The story of who you are and what you have done with your life – do you think that most of the staff know this?
- Do you think that more use could be made of your story?

#### Opportunities

- Would you like to be more involved in planning your care ?
- What difference do you think that this would make?

It can be seen from the interview schedule that these interviews involved tight control over the format of the questions with each respondent being asked identical questions in an identical order (Denscombe, 2007). It can be argued that structured interviews are not an appropriate method to use when undertaking a qualitative study e.g. Holloway and Wheeler (2010) state that structured interviews are contradictory to the aims of qualitative research. They argue that even when open questions are used directed responses through the pre-planned questions make the method inappropriate in qualitative research. However, in this study structured interviews were used to provide all participants with an equal opportunity to contribute across the same research constructs and in order to build on the data generated in the life story interviews (Firmin, 2008).

The aim of these structured interviews was to explore the ways in which meaning and purpose in residents' lives was supported in their present situation. This data could then be considered in continuation with what had supported meaning and purpose prior to moving into the care home.

<b>North House Residents</b>		
Marjory	12 minutes	Structured interviews 2 hours 4 minutes
Gregory	32 minutes	
Toby	11 minutes	
Audrey	12 minutes	
James	12 minutes	
Meryl	35 minutes	
Derek	10 minutes	
<b>Edward Court Residents</b>		
Karl	10 minutes	Structured interviews 50 minutes
Doris	9 minutes	
Mac	8 minutes	
Reggie	7 minutes	
Ellen	5 minutes	
Bess	11 minutes	

**Table 9: Structured interviews**

As with the life story interviews, there was a wide variation in the duration of the individual interviews from 5 minutes to 35 minutes. The data constructed in the structured interviews were used to inform the focus of the resident focus groups and the staff focus groups. The focused nature of the structured interview meant that these interviews were much briefer than the life story interviews. I was keen to undertake these structured interviews to start to construct data in preparation for the focus groups. The purpose of these structured interviews was to start to explore the interaction between the residents and the staff. Where the life story interviews had focussed on each individuals' past, the structured interview focussed on their present experience. The next interview in the Discovery stage was the focus group with residents.

### **iii) Reflexivity**

Reflexivity was required during the undertaking of these first interviews, as even seemingly superficial features such as style of dress of the researcher may influence the interviewee's perception of the interviewer and their expectations; different interviewees may well respond differently to a standardised approach by the interviewer. All of these issues require reflexivity by the researcher (Bechhofer and Paterson, 2000). I initially dressed in very formal work attire as my intention was to make a good impression and to indicate to the participants that I was a professional person who valued them and the research activities that we were undertaking. On

reflection I modified my style of dress to be more smart-casual, so that both the participants and I would feel more relaxed during the research activities. In terms of the residents' responses to my approach the male residents who had held professional or managerial posts appeared to relate to me as fellow professional. The female residents had not held this type of employment role and appeared to relate to me more on a personal level.

Both of these reactions demonstrate the positive principle of appreciative inquiry, that the study required 'positive affect and social bonding' (Cooperrider, Whitney and Stavros, 2006). The continuation of this positive affect and social bonding was evident when I held a completion of the study celebration at North House, the resident participants gave me some flowers and a card signed 'From your friends at North House'. Whilst this could be critiqued as having encouraged a false expectation of friendship, their use of this phrase at the completion activity I feel is a heuristic device to capture the supportive relationships that we had developed during the study.

## **Part 2: Combined Discovery, Dream and Design data construction**

In this part of the chapter the use of focus groups with residents and staff is presented. The purpose of these data construction activities was to explore residents experience and perspectives of meaning and purpose within the communal setting of the care home. By comparison, the previous data construction activities had focused on their individual experiences and perspectives.

The focus group discussions were used to construct data of 'visions of valued and possible futures' (Cooperrider and Whitney, 2003 pg 5). Focus groups provided the opportunity for participants to interact with each other and through this interaction ideas emerged, shaped through conversation with others (Finch and Lewis, 2003).

It would have been artificial and restrictive at this stage of the study to limit the group discussions to just the Discovery aspects of the study. By this stage in the study the residents were keen to also discuss issues that related to the Dream and Design stages. This strategy is supported by Carter (2006) who suggest that the Discovery and the Dream phases can take place at the same meeting so that the meaning of personal stories reported in the Discovery phase can immediately inform and energise the Dream stage. The residents extended their discussion to include the Design of the

actions that they wished to implement during the study. This process demonstrated the simultaneity principle of appreciative inquiry, that inquiry is intervention. By being involved in the Discovery stage of the inquiry the residents were now stimulated into immediately progressing onto planning the intervention stage of the study. Therefore the data constructed for the Discovery, Dream and Design stages pertaining to the focus groups is described here.

#### **a) Focus groups with residents**

Kitzinger's (2005) recommends that focus groups can be used alongside and complementary to other methods; at the beginning, middle and or end of a study. In the present study, focus groups were used to construct data in all four stages of appreciative inquiry. Kitzinger (2005) suggests that there is no best composition to focus groups but care needs to be taken to consider the dynamics of the group before the focus group proceeds. In this study the residents chose the composition of their focus group i.e. the female residents at North House chose to have their first focus group separately from the male residents, then decided to join them for subsequent focus groups.

Focus groups are popular with those concerned with empowering research participants (Kitzinger, 2005). I considered that both groups of participants i.e. residents and staff would benefit from a method that would support their empowerment within the study. Focus groups are very lightly structured interviews around a focussed topic led by a moderator. The discussion in a focus group is triggered by a 'stimulus', which could be shared experience. The stimulus focuses discussion by channelling the discussion to explore a specific focus (Denscombe, 2007). I introduced stimuli for the focus group discussions, namely issues that had been highlighted as being of importance to the residents in their one to one interviews.

### North House residents

- What would be a good way to let the staff know what they are doing that helps you live your life with meaning and purpose?
- What would be a good way to let the staff know what they could do differently to help you live your life with meaning and purpose?
- Discuss suggestions made in one to one interviews.
- Do you think that is it important that staff help you live your life with meaning and purpose?
- Discuss three themes identified in data analysis (to date)
  - i) Stories and wholeness
  - ii) Care of the human spirit
  - iii) Broken bodies: vibrant spirits
- How have you found being involved in the study so far?
- Do you think that the study will make a difference to your life here at North House/ Edward Court?

**Table 10: Example of focus group questions**

Successful use of focus groups requires a good understanding of the dynamics of the group (Bechhofer and Paterson, 2000). When designing, undertaking and interpreting the data from focus groups researchers need to be aware of the impact of using members drawn from pre-existing groups (Bloor *et al.*, 2001). This is not necessarily a limitation but an opportunity to gain an insight into processes inherent but not necessarily articulated by the group members; such as hierarchical roles, social class and gender differences. The decision to use this method at this stage of Discovery data construction was well timed. Each resident and I had spent time together undertaking the life story and structured interviews. I observed how the residents' confidence in their role in the study had increased and how our relationships had become more established.

*Although I feel a bit nervous about managing the first focus groups at North House, in that I am worried that the discussion may not be as productive as I hope. I can't help but smile when I think of how I have got to know the residents in such a short space of time. When I turn up at North House now, it is like turning up at work. The receptionist and the staff know what I am there to do. I feel comfortable walking around the building and I get such a positive response from the residents when I ask them if they want to take part in the next activity. (Field notes NH/FG1)*

I need not have worried about the productivity of the focus group discussions since the residents were informative, creative, animated and discursive in their contribution. The discussion each time explored between 15-20 topics and resulted in the identification of the actions that each group of residents wanted to implement as part of the study.

At this stage of the study the Discovery, focus was expanding to include the dream and design stages with exploration of the opportunities of enhancing meaning and purpose in the lives of individuals living in the communal setting of the care home. Therefore the focus group discussions explored issues relevant to the Discovery, Dream and Design stages of this appreciative inquiry study. As evident in the brief nature of the preceding structured interviews, individual interviews can result in minimal data construction. However, when the same individuals were involved in the focus groups, the interviews lasted approximately one hour, with the majority of the issues discussed contributed by the participants rather than being prompted by me as the facilitator.

<b>Discovery, dream and design North House residents' focus groups</b>		
Women's focus group	60 minutes	Marjory, Meryl, Audrey
Men's focus group	50 minutes	James, Gregory, Derek
Shared focus group	43 minutes	Marjory, Meryl, Audrey James, Gregory, Derek
Total time	1 hour and 53 minutes	

**Table 11: Focus groups with residents at North House**

As with the life story interviews and the structured interviews, the residents at Edward Court spent less time involved in the focus groups. Again this may have been a reflection of their lack of daily time spent together in social forums within the care home.



<b>Discovery, dream and design Edward Court Residents' focus group</b>		
Residents' focus group 1	24 minutes	Bess, Mac, Karl, Reggie
Residents' focus groups 2	29 minutes	Bess, Mac, Karl, Reggie
Total time	53 minutes	

**Table 12: Focus groups with residents at Edward Court**

Focus groups can operate with between three and fourteen members, six to eight members has been suggested as an optimum number (Kitzinger, 2005). In this study the focus groups varied in size from three to six participants. The decision on whether the focus group should be homogeneous or diverse was also considered. A homogeneous group capitalises on people's shared experience. In a diverse group the impact of hierarchy needs to be considered in the management of the focus group and the analysis of the interactions. In this study my decision to use homogeneous focus groups with residents and staff in different groups meant that the opportunity to fully explore shared experiences, social roles and the formal organisation' were missed.

Focus groups accommodate the constructionist principle of appreciative inquiry in that they 'reflect the social constructions of normative influences, collective as well as individual self-identity and shared meanings' (Finch and Lewis, 2003 pg 172). Having spent time interviewing the residents in the earlier part of the Discovery stage, I had gained some awareness of the normative influences that impacted on the dynamics of the focus group discussions.

A key issue in focus group research is that the interaction between the group members is an integral part of the data. As a result of this interaction, focus groups can reveal 'a dimension of understanding that often remains untapped by more conventional data collection techniques' (Kitzinger, 2005 pg 57). In the focus groups at both care homes the residents' priority was to protect their individual identity and from that standpoint then progress cautiously to contribute to discussions related to a collective identity. Having undertaken the earlier one-to-one interviews meant that I was better able to facilitate the focus group discussion, as I had a better understanding of the 'back story' to the comments that individuals made in the group discussion.

Focus group research can result in construction of narrative accounts that people tell about their own lives and their experiences of social roles and formal organisations (Kitzinger, 2005). Where a group is drawn from a pre-existing group the participants are able to relate their comments to their shared experiences. The participants can also challenge each other on their comments (Kitzinger, 2005). Focus group discussions can generate more critical comments than interviews and also facilitate the exploration of different solutions 'which is invaluable if one is seeking to improve services' (Kitzinger, 2005 pg 60). Bloor *et al.* (2001) highlight the value of focus groups in constructing knowledge of the meanings that lie behind group assessments; the uncertainties, ambiguities and group process that are in operation. The focus group discussions evolved with each participant adding a comment in response to that of another member of the group. The male residents' focus group at North House started with humour:

Gregory: Do we get a certificate? [for involvement in the study]

NYB: Of course, at the end

James: I think we should have a party

David: That'd be something

Gregory: Get your cap and gown

We did have an end of project party with champagne and the sense of achievement at that event was palpable.

*We have had our end of project party today, in the 'therapy room'. It seemed like everyone's chests were pumped up with pride. I had checked with Liz [Matron] to see if it was ok to bring champagne for the residents. Interestingly she said just bring some cheap wine, they won't know the difference. That's not really in keeping with the philosophy of the project. They asked for champagne so they will get champagne. The funny deviation from this is that they thought that it was too dry and asked me to put lemonade in it. (Field notes: NH/FG/5)*

The normative assumptions that groups rely on to reach their collective judgements can be revealed through focus groups; although these may be inductively elaborated rather than directly recorded (Bloor *et al.*, 2001) This was demonstrated in the third focus group at North House, the discussion explored whether one action of the study

should be that the residents reviewed their care records. I introduced this suggestion that had been made in the male residents' focus group.

Derek: *But maybe it could have implications*

NYB: *In what is said?*

Derek: *And hasn't been said.*

NYB: *Possibly, yes. Would you want to see your records?*

Marjory: *No, I'm not bothered.*

NYB: *Gregory, would you want to see your records?*

Gregory: *Yes, I think so.*

Derek: *Yes, I do as well*

James: *Yes, I would like to, yes.*

NYB: *So are you aware that you can ask to see your records?*

James: *Under the freedom of information act.*

NYB: *Yes*

James: *We're entitled to see anything.*

Audrey: *I never thought of that.*

NYB: *Yes, did you know that Derek, that you could see [your records]?*

Derek: *No they never talked about it.*

Gregory: *I think that it would be better if the management of this place approached us and said "This is what we are saying, is there anything that you wish to add?" rather than the other way round and we have to imply that we don't trust them, so we want to see them. I'm not interested in the Freedom of Information Act rubbish because I think, well I haven't seen mine, so I might be quite wrong but I'm sure that they don't know I've got a pre-existing condition. So if it's written down that should be more useful to them.*

This focus group data extract illustrates Bloor *et al.*'s (2001) observation that the knowledge constructed through the use of focus groups can contribute to the basis of social action. This highlights the value of using focus groups in appreciative inquiry projects, which have a social action orientation. This focus group discussion informed the decision of the residents that an action of the study should be the opportunity for them to review their care records with a member of staff. An example of topics of the focus group discussions with residents at North House are presented below (Table 13).

<b>Discovery, Dream and Design</b>		
<b>Focus Group Female (60 minutes)</b>	<b>Residents Focus Group Male (50 minutes)</b>	<b>Residents Focus Group Mixed ( 43 minutes)</b>
Introduction: NYB feedback on initial analysis of one to one interviews and focus of the study.	Introduction: NYB feedback on initial analysis of one to one interviews and focus of the study.	Introduction: NYB feedback on Discovery data constructed with staff and the staff's response to the residents suggestions
<p>Residents discussed aspects of care home life where actions could be instigated to enhance opportunities of living with meaning and purpose e.g.</p> <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Activities engaged in during the day</li> <li>• Day trips</li> <li>• Photographs that are in residents' rooms</li> <li>• How to share with staff what they are doing well</li> <li>• Cost of stay</li> <li>• Garden</li> <li>• Don't like change</li> <li>• Limitations of Residents' committee</li> <li>• Wheelchair provision</li> <li>• Role of different members of staff</li> <li>• Human spirit</li> <li>• Death of residents</li> <li>• Life story</li> </ul>	<p>Residents discussed aspects of care home life where actions could be instigated to enhance opportunities of living with meaning and purpose e.g.</p> <ul style="list-style-type: none"> <li>• Wheelchair provision</li> <li>• Door bell in garden</li> <li>• Cocktail bar on the patio</li> <li>• Photographs that are in residents' rooms</li> <li>• Personal belongings brought in from home</li> <li>• Concept of 'vibrant spirits'</li> <li>• Life stories</li> <li>• Their power / lack of power</li> <li>• Role helping me in the study</li> <li>• Staff power / staff roles and attitudes</li> <li>• Involvement in decisions about their care</li> </ul>	<p>Residents discussed:</p> <ul style="list-style-type: none"> <li>• The potential action of reviewing their records with staff</li> <li>• The potential construction of a booklet reflecting their care home experience</li> <li>• Future social activities that could be offered at that care home</li> <li>• Roles that each resident could take in compiling care home booklet</li> </ul>

<ul style="list-style-type: none"> <li>• Concept of 'vibrant spirit'</li> <li>• Their role and involvement in the study</li> <li>• Concept of broken body</li> </ul>	<ul style="list-style-type: none"> <li>• Access to their records</li> <li>• Access to physiotherapy</li> <li>• Role of residents' committee</li> <li>• Activities that enhance meaning in life</li> <li>• Activities that enhance purpose in life</li> <li>• Death of residents</li> <li>• Concept of 'broken bodies'</li> <li>• Report of recommendations-written by residents</li> </ul>	
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**Table 13: Example of Issue focus group discussion (North House)**

The data constructed in the initial focus groups with residents were used to inform the construction of data with staff at each home. The data from the residents at each home were only shared with the staff at the same home. The appreciative inquiry cycles at each care home were independent of each other.

At the end of the focus group stage of data construction, the actions for implementation in the study were agreed upon by the residents. These actions were subsequently discussed with the home managers and care home staff whose involvement was required to support actions that the residents had chosen. Project update meetings were held with the Care home managers in relation to each of the chosen actions.

### **Part 3: Construction of Discovery and Dream data with staff**

I considered the most effective way to use the staff members' time in the data construction activities. Whilst the managers at each home supported their staff being involved in the study, however, I was aware that time away from the units where they worked meant time away from supporting residents. I ensured that my initial afternoons were when both the 'early' and 'late' staff were both on duty. I ensured that the data construction meetings with the staff lasted no longer than 45 minutes. This approach is aligned with the recommendations of Luff *et al.* (2011) on ensuring that staff involvement in research studies does not result in additional burden to their work-load.

The project meetings where I introduced the project to the staff were held in the Board room at North House and the Dining room at Edward Court. The purpose of the initial

project meeting with staff was to familiarise the staff with the appreciative inquiry approach and the focus of the project. The senior manager at each home attended the initial meeting, which I felt demonstrated their support for the study. These meetings also included the focus groups with staff.

In order to optimise the staff involvement I again decided to implement Carter's (2006) suggestion that Discovery and Dream data construction can occur in the same research activities as it can be artificial to separate the two. The aim of the Discovery data construction activities with staff was to explore the ways in which they felt the care they provided enhanced meaning and purpose in residents' lives. The aim of the Dream data construction activities with staff was to identify the ways in which they felt that they could contribute to future developments to enhance meaning and purpose in residents' lives. As with the combination of different methods of data construction with residents, different data construction methods were used with staff namely focus groups and structured interviews.

#### **a) Staff Focus group**

In the initial project meeting after providing an overview of appreciative inquiry and sharing the residents' suggestions of ways to enhance meaning and purpose in their lives, the staff were provided with the opportunity to engage in a short focus group discussion. At the first project meeting with staff I gave each member of staff a handout with information about the study such as examples of the types of questions that were going to be used with staff in the study:

- Can you describe an occasion when you gave care that added meaning and purpose to a resident's life?
- Please describe an occasion when you saw another member of staff give care that added meaning and purpose to a resident's life.
- What makes care for residents at North House / Edward Court special?
- What three actions would mean that you could continue to provide care that adds meaning and purpose to residents' lives?

**Table 14: Structured interview questions for staff**

The introduction of the study to the staff was planned in accordance with the principles of appreciative inquiry. The positive principle states that the momentum for change requires positive affect and social bonding. I was conscious that care home staff are used to their workplace being inspected by the Care Quality Commission and I was keen to portray the appreciative inquiry approach as an alternative approach that focussed on learning from their current best practice. The early findings from the residents' Discovery and Dream stages were presented to the staff at the initial meeting on a handout. This approach of sharing the early findings from the residents' data stimulated discussion in the focus group. The use of stories in the Discovery phase to highlight what makes a system work and showcase appreciation and value is recommended by Trajkovski *et al.* (2012). The handout included examples of care that residents had identified as adding meaning and purpose to their lives (Table 14)

- Being treated with dignity and respect
- Social interaction and 'therapy' appreciated and valued
- When staff involve residents in decisions about their care
- The importance of having something to do
- Humour
- Importance of photographs of loved ones
- Being about to go outside for fresh air
- Being able to have time alone
- Staff are sensitive to personal circumstances; avoid causing distress
- Mobility in wheelchairs maintained because of the environment and care
- The residents' role in their family is not restricted
- When staff take time to talk
- When residents are treated like valued customers

**Table 15: Examples of care that residents had identified as adding meaning and purpose to their lives (North House)**

The introduction of the examples of care that residents had identified as adding meaning and purpose to their lives was used to start the focus group discussion with the staff. By sharing the initial data constructed with the residents the *anticipatory principle* (Cooperrider *et al.*, 2008) was being followed. The *anticipatory principle* states that the study requires the generation of collective imagination and discourse about the future. The information shared with the staff in the handout and verbally was designed to implement this principle. I was keen to develop the *poetic principle* (Cooperrider *et al.*, 2008) of appreciative inquiry, according to which the organisation is a book that is constantly being co-authored. The account of meaning and purpose in each care home was constantly being co-authored throughout the study by the residents, staff and myself. By sharing the aspects of care home life that the residents had identified as contributing to their ability to live with meaning and purpose, the staff now had the opportunity to add their perspectives and add to the account being developed.

#### **b) Structured staff-to-staff interviews**

Following on from the focus group, the staff were offered the opportunity to be involved in a 'staff-to-staff interview' activity. These interviews focused on both Discovery and Dream questions. The Discovery questions explored where care and support had enhanced meaning and purpose in residents' lives. The Dream questions explored ways in which the staff felt that they could enhance meaning and purpose in residents' lives in the future. The staff-to-staff interview method was designed to optimise staff involvement in the research project. This follows the recommendation by Elliott (1999) that ownership and involvement by the staff of the organisation is an important aspect of appreciative inquiry. This method also made the most efficient and effective use of staff time in busy care home environments where staff had resident care and support responsibilities.

A structured interview schedule had been prepared for the staff-to-staff interviews, the ethics of confidentiality and anonymity were explained with reference to the process that I had undertaken with them in preparation for their involvement in the study. Staff were given the opportunity to ask questions about the approach that they should use when conducting the staff-to-staff interviews. The questions in the structured interview guide were the same questions that I had used to introduce the focus of the study at



the beginning of the project meeting. Staff members were paired so that each member interviewed someone with a different role to themselves. Staff undertook the interviews in the room in which we were meeting. They made notes on the interview schedule of the response given. The data were the interviewers' notes and not verbatim records of the interviews. This was for the recurring reason of having to use an approach that made best use of the time that the staff members were able to commit to the project.

A criticism of this approach is that I only provided a brief introduction to interviewing and the ethics of research and it could be argued that this is insufficient preparation. However, each of these members of staff undertook assessment interviews with residents and completed confidential records with residents on a daily basis. The staff reported feeling confident and prepared to undertake this activity. I collected the completed interview schedules on completion of both sets of interviews by each pair. Where staff had not completed their interviews I arranged for their interview notes to be left in sealed envelopes for me to collect at reception one week later. I used the same interview schedule to construct data with members of staff at North House who were unable to attend the meeting. The same process of staff to staff interviews was undertaken at Edward Court

<b>North House</b>		
Staff peer interviews	10 interviews 10 x 12 mins = 2 hours (approx)	Data recorded as notes on interview schedule by staff
NYB with staff one to one interviews	6 interviews 6 x 12 mins = 1hr 12 minutes (approx.)	Data recorded as notes on interview schedule by NYB
<b>Edward Court</b>		
Staff to staff interviews	7 interviews 7 x 12 minutes = 84 minutes (approx.)	Data recorded as notes in interview schedule by staff
Total interview time (approx.)	4 hours 36 minutes	

**Table 16: Discovery and Dream structured interviews with staff**

<b>North House staff:</b>		
<b>Interviewer</b> Structured interviews	<b>Interviewee</b>	<b>Interviewee's level of involvement in study</b>
Researcher (NYB)	Activity co-ordinator 1	Discovery/Dream/Design/Destiny
	Activity co-ordinator 2	Discovery
	Receptionist	Discovery
	HCA 1	Discovery/Dream/Design/Destiny
	HCA 2	Discovery
	Senior nurse 1	Discovery
HCA 2	Activity co-ordinator 3	Discovery
Senior nurse 2	HCA 3	Discovery
Senior nurse 1	HCA 4	Discovery
HCA 5	Senior nurse 2	Discovery/Dream/Design/Destiny
HCA 5	Home services supervisor	Discovery
Senior nurse 2	HCA 5	Discovery
Matron	HCA 6	Discovery
Home services manager	HCA 7	Discovery
HCA 7	Home services manager	Discovery
HCA 1	HCA 8	Discovery

**Table 17: Example of staff structured interviews (interviewer/interviewee) North House**

I compiled the responses to each of the staff-to-staff interviews undertaken at each care home into a master document for each setting. Copies of the master document were given to staff who joined the follow up focus group interview.

### **Final focus group with staff**

The follow up focus group with staff at each home concluded the Discovery and Dream data construction with staff. At these focus groups with staff the actions that had been chosen by the residents for implementation were shared. The summary documents then captured the staff suggestions of ways in which they could enhance meaning and purpose in residents' lives were also presented and discussed.

<b>Edward Court staff focus group</b>
Attended by: Manager/ Health care assistant 1 /Health care assistant 2
<p>Introduction:</p> <p>NYB recap of appreciative inquiry methodology</p> <p>NYB overview of progress of study to date</p> <p>Examples of good practice from staff– to- staff interviews e.g.</p> <ul style="list-style-type: none"> <li>• Staff acting as advocates for residents.</li> <li>• Where residents no longer have visitors, staff visiting the residents in their rooms</li> </ul> <p>Area for development suggested by staff: appoint a new activities co-ordinator</p> <p>Residents’ choice of action- an exercise class- now arranged</p>
<p>Topics of discussion introduced by staff during focus group:</p> <ul style="list-style-type: none"> <li>• Role of television to enhance residents’ experience e.g. Satellite television for residents</li> <li>• Alternatives to television: programme of activities when previous activities co-ordinator in post, booklet advertising activities</li> <li>• Residents choice to spend majority of time in their room versus in communal spaces of the home</li> <li>• Role of activities co-ordinator for residents who are unable to leave their room e.g. ventilated resident</li> <li>• Provision of wheelchairs</li> <li>• Appointment of new activities co-ordinator</li> <li>• Strategies for enhancing residents involvement in activities</li> <li>• Capturing residents life stories including photographs</li> <li>• Ways of supporting family members</li> <li>• Use of technology for entertainment and interaction</li> </ul>

**Table 18: Example of focus group proforma**

<b>North House</b>		
Focus group with staff	30 minutes	Explore responses from staff peer interviews
<b>Edward Court staff</b>		
Focus group with staff	32 minutes	Explore responses from staff peer interviews

**Table 19: Follow up focus groups**

### **C) On-going staff involvement in the study**

Some staff who were involved in the initial Discovery and Dream research activities continued to be involved in the subsequent stages of the study as their roles related to the actions that the residents decided to implement as the actions of the study. This included the Matron, one senior staff nurse, a unit manager, a staff nurse, Anthony the activity co-ordinator and Mandy a care assistant at North House and the Matron at Edward Court

#### **Part four: Design stage**

In the focus groups with residents in the Design stage the suggestions residents had made with regard to the actions of the study were confirmed as the actions that they wanted implementing within the study. The residents' focus groups continued in the Design stage of the study, as the residents planned the actions that would be implemented in the study.

<b>Design focus groups North House residents</b>		
Focus group with residents	37 minutes	Developing plans: Marjory, Meryl, Audrey, James, Gregory, Derek
Focus group with residents x 4 and 1 health care assistant	34 minutes	Planning actions: Marjory, Audrey, James, Gregory, Derek and Mandy (HCA)
<b>Edward Court residents</b>		
Focus group 2 with residents	31 minutes	Karl, Bess, Reggie, Mac

**Table 20: Design focus groups**

The study design involving both residents and staff participants in parallel data construction processes reflects the *anticipatory principle* of appreciative inquiry that

promotes the collective imagination and discourse about the future (Cooperrider, Whitney and Stavros, 2006).

### **Summary**

In this chapter the Discovery, Dream and Design data construction processes undertaken with the residents and staff participants in the two care home settings have been presented. In the next chapter the Destiny data construction processes that were undertaken are presented.

## Chapter 6

### Data construction

#### Destiny: Implementing and evaluating the actions

In this chapter the actions of the study designed by the residents are presented; this includes three actions at North House and one action at Edward Court. The destiny data also includes the residents' evaluations of their engagement in the actions of the study.

#### Introduction

The resident participants had contributed to the Discovery, Dream and Design stages of the study and their involvement continued into the Destiny stage of the study. The staff participants had contributed to the Discovery and Dream stages of the study. Implementation of the actions identified by the residents encapsulated the key attributes of appreciative inquiry that the study involved building:

*A constructive union between people based on unexplored potentials, innovations, opportunities, strategic competencies and visions of valued and possible futures (Cooperrider and Whitney, 2003 pg 5).*

In the Destiny stage of the study the actions designed by the residents at each care (Cooperrider, Whitney and Stavros, 2008 pg199).home were implemented with the support of the staff. This demonstrated the focus of an appreciative inquiry study of:

*The strengthening of the affirmative capacity of the whole system enabling it to build hope and momentum around a deep purpose. Creating processes for learning, adjustment and improvisation*

By involving the staff in the appreciative inquiry process they had been introduced to the appreciative inquiry process. This facilitated their support for the actions that residents had decided were to be implemented during the study thereby demonstrating the *positive principle* of appreciative inquiry i.e. that the momentum for change requires positive affect and social bonding (Cooperrider, Whitney and Stavros, 2008). The implementation of actions within the study required understanding of the reason for the

actions by the staff. The implementation of the actions by the staff and residents reflected the *simultaneity principle*, that undertaking the inquiry is an intervention.

The actions that were decided upon by the residents at each care home during the focus groups discussions supported by the managers and staff at each care home were:

At Edward Court:

- The provision of an exercise class for residents

At North House:

- The locating of a door bell on the inside garden door, to allow residents to call for assistance when returning into the care home
- Compilation of a brochure about life at North House by the residents
- Residents to be given the opportunity to review their care records with a member of staff

The methods of data construction during the Destiny stage were the same methods that had been used earlier in the study:

The action implemented in the Destiny stage of the study at Edward Court and the data construction activities during this stage will now be presented. This will be followed by the actions implemented and data construction activities at North House.

#### **a) Action at Edward Court**

At Edward Court the residents decided on just one intervention as the action of the study; the provision of exercise and relaxation classes.

##### **i) Exercise and relaxation class**

I explained to the residents that within the project I could fund four exercise classes. I made the decision to initially fund the exercise class myself for two reasons; first I was mindful of the limited funding available at Edward Court for additional resources.

Second, I was keen at this stage of the study to retain some control over the implementation of the action. I subsequently realised that this detracted from the sustainability of the exercise class.

I advertised through the sports science department at the local university for a qualified exercise instructor; several students contacted me to express interest in providing these classes. However, when they found out that the classes were to be held at a care home they lost interest. Instead I secured the services of an instructor through a local health club. This instructor was interested in the provision of exercise classes for older people and expressed interest in providing exercise classes in a care home. In my initial meeting with the gym instructor he raised the possibility of part of the class also being a relaxation session. I discussed this with the residents and they agreed that they would also like this to be included.

The classes were advertised at Edward Court on the notice board and by word of mouth through staff and residents involved in the project. The classes were well attended by the residents who were involved in the study and each week additional residents attended, brought to the class by the visiting physiotherapist and other members of staff. The second exercise class was videoed and the residents watched the recording a week later.

#### ii) Evaluation of action

The exercise and relaxation class was evaluated after the first two sessions by one to one semi-structured interviews with three of the residents (Table 20). These interviews were undertaken to specifically evaluate the three residents' experience of the exercise and relaxation classes. I was keen to involve the residents in evaluating at the mid-stage of the intervention, rather than just at the end of the four weeks for classes. If there were aspects of the classes that were not as the residents had expected, it would be important to give the residents and the exercise instructor the opportunity to address these issues. Alternatively a mid-point focus group could have been used. However, I was also keen to explore the continuity of some of the individual life story and structured interviews into their experience of the exercise class. The three residents that I chose to interview were three of the residents with the most profound physical disability. Reggie, whose mobility was severely impaired at times throughout the day because of Parkinson's disease, Karl who had been a keen cyclist and was



now unable to walk due to severe arthritis and Mac who had undergone above knee bi-lateral amputations.

<b>Destiny</b>	
<b>Semi-structured interview schedule</b>	
<ul style="list-style-type: none"> <li>• Their enjoyment of the class</li> <li>• The duration of the class</li> <li>• Their experience of the relaxation section of the class</li> <li>• Their thoughts of the playback of the video recording of the class</li> <li>• The benefits of the exercise class</li> <li>• Whether the class should continue beyond the project</li> <li>• Their interaction with the gym instructor</li> <li>• If attending the class added meaning and purpose to their life</li> </ul>	

**Table 21: Semi structured interview schedule**

In addition two focus groups were held to evaluate the residents' experience of the exercise classes, on completion of the four exercise classes.

<b>Destiny</b>		
<b>Focus groups: Evaluation of exercise class</b>		
Residents	21minutes	Alice, Jonny, Bertha
Residents	29 minutes	Bess, Donald, Alex, Mac, Karl, Dorothy

**Table 22: Evaluation focus groups at Edward Court**

The findings from this part of the evaluation and gym instructor's experience of being involved in the project were presented by the gym instructor at a national conference. This was an empowering aspect of the project that I had not anticipated. He had not attended university and embraced the opportunity to be supported to present his work in an academic setting. As we sat in the university lecture theatre he asked me to take a photograph of him, as he never thought that he would be sat in such a venue. This demonstrated the impact of using an appreciative inquiry approach that the liberating

of unexplored potential, elevated thoughts and assets for all concerned with such a project (Cooperrider and Whitney, 2003)

### **b) Actions at North House**

At North House the residents had decided upon three actions as the interventions of the study during their focus group discussions:

#### i) The provision of a door bell in the garden

The first action to be implemented was the locating of a door bell on the door from the internal garden into the reception area. The door bell caused confusion on its first use as the handyman who fixed it in place had not realised that it had been set to emit the sound of a dog barking. This resulted in staff looking for the dog and not realising that a resident wanted to come in from the garden. The door bell was reset to a traditional bell sound and subsequently used effectively by residents.

#### ii) The co-production of a booklet about the project and aspects of care home life that they thought should be celebrated

The second action implemented at North House was the production of a booklet 'Celebrating Life and Care at North House: Living with meaning and purpose'. This booklet was compiled by the residents, with the support of Mandy (health care assistant), Anthony (activities co-ordinator) and myself. The booklet outlined the study that we had undertaken together. Findings from the Discovery stage of the study were presented with photographs of residents to illustrate the issues highlighted. Derek, one of the resident participants acted as the official photographer for the production of the booklet. The early Discovery findings from the data constructed with staff were also shared in the booklet. The booklet included information of recent and upcoming celebratory events in the lives of residents and staff.

#### iii) The opportunity to review their care records

The third action at North House was that residents involved in the study decided upon was to be given the opportunity to review their care records with a member of staff if they wished.

iv) Evaluation of actions

When the actions had been implemented the final part of the Destiny stage at North House was an evaluation of the experience of engaging in the study and the outcomes achieved. This involved the use of focus groups, semi-structured interviews with residents and structured interviews with residents and staff.

<b>Destiny Focus group - evaluate booklet North House</b>		
Residents	16 minutes	Audrey, James, Gregory, Meryl, Anthony( activity co-ordinator)

**Table 23: Destiny focus group at North House re booklet production**

<b>Destiny North House residents and staff interviews Evaluation of reviewing resident's records</b>		
<b>Participant</b>	<b>Duration of interview</b>	<b>Comments</b>
Derek	4 minutes	Reviewed notes with Marie
Audrey	7 minutes	Reviewed notes with Hayley
James	15 minutes	Reviewed notes with Michelle
Gregory	14 minutes	Reviewed notes with Linda
Marie (staff nurse)	13 minutes	Reviewed notes with Derek
Michelle (senior staff nurse)	11 minutes	Reviewed notes with James
Linda (senior staff nurse)	14 minutes	Reviewed notes with Gregory
Hayley (staff nurse)	7 minutes	Reviewed notes with Audrey
Total	1 hour 25 minutes	

**Table 24: One to one evaluation interviews with residents and staff at North House (reviewing care records)**

One to one structured questionnaires were also undertaken with three individual residents and three members of staff at North House to evaluate their experience of

engaging in the study and the outcomes achieved in the Destiny stage of the study. One to one evaluation interviews about their involvement in the overall research project were not undertaken with the residents at Edward Court due to my absence from the study at that time due to a long-term illness.

<b>North House Evaluation of overall experience of the study Questionnaires</b>		
James	Same questionnaires used with residents and staff	Questionnaires were used at this stage as NYB started surgery and chemotherapy for three years and was unable to visit site after this time
Gregory		
Audrey		
Matron		
Anthony (Activity co-ordinator)		
Mandy (Health care assistant)		

**Table 25: Evaluation data construction regarding involvement in study at North House**

### **c) My reflections on the process of data construction**

The starting point of the appreciative inquiry cycle is the affirmative topic choice. This is in contrast to the starting point for most research studies which begin with identifying and framing a problem (Trajovski *et al.*, 2012). Cooperrider *et al.* (2008) state that the topic of inquiry should reflect the positive core of an organisation, be stated in the positive, desirable and able to be identified with the objectives that the group genuinely want to explore. This presented a challenge as I had to formulate an intended focus for the study for the purpose of approval of the PhD study by the Ethics Committee. My intended focus was that the study would explore the enhancement of meaning and purpose in care home life. This 'intended focus' was an initial starting point from which I started discussions with the care home (nursing) residents and staff. This could be considered to be a deviation from the principles of appreciative inquiry. By engaging in early discussion with the managers of both care homes the initial discussions framed the study in terms of the positive core of each care home i.e. the residents' experience of care and support provided. In the initial discussions I highlighted that focus of the study would be the objectives that the residents and staff identified as being of importance to them.

A review of appreciative inquiry research studies by Trajkovski *et al.* (2012) identified use of this methodology at micro and macro levels. This study can be considered as a micro level use of appreciative inquiry as the two settings were relatively small in size. In the review by Trajkovski *et al.* (2012) it was found that the duration of studies varied from a few hours to days and months. This study involved a 12-18 month period at North House and a 6 month period at Edward Court. The main actions of the study at North House were undertaken during a 12 month period, the one action that took place in month 18 was the presentation by Gregory (North House resident) and Paul the exercise class instructor (Edward Court) at a national care of older people conference. A strength of the study is the duration in that it allowed the residents, staff and myself to develop the actions of the study and to construct data at each stage of the appreciative inquiry cycle. This was important as the focus of the study was to construct knowledge during the *process* of appreciative inquiry not just from the *outcomes* achieved in the destiny stage of the study.

One cycle of appreciative inquiry was undertaken in each care home setting. In each appreciative inquiry cycle the Discovery stage started with construction of the experience and views of the residents, followed by data constructed with the staff participants. The study was designed this way to ensure that the actions of the study were primarily informed by those whose lives the study was focussed on i.e. the residents. The data constructed with the staff were also important, as their involvement was potentially a source of enhancement of meaning and purpose in residents' lives. If changes were to be made through the appreciative inquiry cycle at each care home, the changes were likely to have required the involvement and support of the staff and their involvement in the study was therefore essential. However, this approach could have been more effective if the residents and staff had engaged in joint focus groups, which may have contributed to greater ownership of the actions and the long-term sustainability of the changes.

Appreciative inquiry has been described as being a flexible framework that can be used to meet differing aims and needs (Trajkovski *et al.*, 2012). Although appreciative inquiry is often used flexibly with regards to the aims and needs of an organisation and in this case the need for flexibility related to the study being undertaken as part an academic research project. The flexibility, transferability and unclear instructions as to how to undertake appreciative inquiry research have been critiqued by some as reflecting a

flawed methodology (Carter *et al.*, 2006). I did find at times that there was a lack of guidance available on how to undertake a research study using an appreciative inquiry methodology as the underpinning actions research approach. However, I felt that as appreciative inquiry has its roots in action research that it is built on an already well established methodology. I had familiarised myself with the action research texts e.g. Reason and Bradbury (2001), Hart and Bond (1995) in addition to those texts which have an appreciative inquiry focus e.g. Cooperrider, Whitney and Stavros (2008) and Reed (2007). I referred to the action research texts where I felt there was a lack of in-depth research guidance on how to undertake data construction.

The participatory nature of appreciative inquiry meant that the participants were involved in decisions about how the data construction activities were undertaken. So although I initially identified what I considered to be appropriate methods of data construction, decisions about how these methods were used during the study were made in consultation with the participants during the different stages of the appreciative inquiry cycle. Different methods of data construction were used at different stages of the appreciative inquiry cycles. Data were constructed using life story interviews, structured interviews and focus groups interviews. The decision to use different methods of data construction within the study was made to generate a more complete picture (Denscombe, 2007). However, the main data construction methods used in the study was interviews reflecting the qualitative nature of the study. The purpose of qualitative interviews has been described as obtaining 'descriptions of the life world of the subject with respect to interpretation of their meaning' (Kvale, 1996 pg 124).

The focus of this study was to explore meaning and purpose from both the individual perspective of each resident involved in the study, the shared perspectives of residents and the shared perspective of residents and staff. Therefore qualitative interviews were appropriate for this study by providing the opportunity for depth, nuance, complexity and roundness in the data constructed (Mason, 2002). These types of interviews matched the focus of the study on the broad aspects of meaning and purpose in individual and the communal life of a Care home. Additionally, the interviews were designed to provide the opportunity for participants to construct or reconstruct their daily lives and experiences (Taylor, 2005).

Interviewing is a useful method if the researcher wishes to uncover how people view and explain their own behaviour and experience their environments (Taylor, 2005). In this study of meaning and purpose of care home (nursing) life the findings were to be constructed with regard to how the residents viewed and explained their experience of care home life. As a communal setting the findings were also to be constructed with regard to how the care home staff could collaborate with and support residents to live with meaning and purpose. This reflects Cooperrider, Whitney and Stavros' (2006) account of the *anticipatory* principle of appreciative inquiry of communal knowledge and collective imagination and discourse about the future.

The decision to use qualitative interviews reflected the ontological and epistemological aspects of this study. The residents' and staff knowledge and experiences are 'meaningful properties of the social reality' of the phenomena being explored and this knowledge can be constructed in interviews (Mason, 2002). This reflects the *constructionist principle* of appreciative inquiry. The constructionist principle underpinned the focus on the relationship between myself as the researcher with each individual participant and the relationship between participants, as the locus of knowledge generation, rather than each individual participant as an isolated locus of knowledge generation. This required attention to an appreciation of the power of the verbal and non-verbal language used by each of us during the study. The *constructionist principle* meant that attention was paid to the ways in which the participants could tell their stories of their past, present and future.

The different methods were used to best meet the requirements of each stage of the appreciative inquiry cycle with residents. Interviews were audio recorded and transcribed verbatim. The one exception to this was the staff to staff interviews which were recorded in note form by the interviewers. The nature of the study also provided the opportunity for me to be active and reflexive in the process of data construction (Mason, 2002). Throughout and in-between the different stages of the study I kept detailed field notes where I recorded my plans, my actions, my reflections and my subsequent plans.

Many of the residents had not engaged in academic activity since leaving school 50 - 80 years earlier, yet with preparation and support they were confident enough to comment on the direction and activities that should be included in the study.

A criticism made of appreciative inquiry is the focus on the positive (Havens *et al.* 2006 and Reed *et al.* 2002). However, in telling their life stories in response to the interview questions the resulting accounts addressed the positive and challenging aspects of their life stories. Similarly with the follow up structured interviews that explored the residents' present experience of meaning and purpose in care home (nursing) life although the questions were structured to avoid a negative focus the resulting answers highlighted both positive and negative aspects of their experience.

### **Chapter summary**

This chapter has included an overview of the actions of the study that were implemented and evaluated at the two care homes during the destiny stage of the study. The methods of data construction used with residents and staff during this stage of the study have been presented. My reflections on the process of data constructions have also been included. In the next chapter the methods of data analysis are presented.



## Chapter 7

### Data Analysis

#### Introduction

The chapter is divided into two parts. Part one provides an overview of the use of the Framework Analysis approach to qualitative data analysis. In Part two the processes of data management and, the construction of both descriptive and explanatory accounts are presented.

#### Part one

##### a) Qualitative data analysis using the Framework Analysis approach

The data constructed during the stages of the appreciative inquiry cycles were almost all qualitative. The analysis of qualitative data has been described as being a complex, non-linear process that is also systematic, orderly and structured (Holloway and Wheeler, 2010). However, a flexible and creative approach is also evident in many approaches to qualitative data analysis (Ritchie and O'Connor 2003, Holloway and Wheeler 2010, Spencer, Miles, Huberman and Saldaña 2014).

The process of qualitative analysis usually goes through several stages, which are common to different qualitative approaches and involve the researcher being immersed in, and engaged with, the data (Crabtree and Miller 1999, Holloway and Wheeler, 2010, Miles, Huberman and Saldaña 2014, and Pope *et al.*, (2006). The processes described by these authors are very similar, the main difference being the terminology they used to describe the various stages of data analysis.

The approach that I selected for use was the Framework Analysis approach to data analysis. This analysis was developed in the 1980s by social policy researchers at the National Centre for Social Research (Ritchie and Spencer 1994, Smith and Firth 2011). A Framework Analysis approach to data analysis combines deductive and inductive approaches to analysis. The process starts deductively from the aims and objectives of the study and is inductive in that it is based on original accounts of the participants of the study. It builds on the matrix-based methods described by Miles and Huberman

(1984). Framework Analysis has been described as providing transparent results that can be clearly related back to the original data (Ward, Furber, Tierney and Swallow, 2013).

I made the decision to use the approach of Framework Analysis as the portrayal of the 'analytic hierarchy' succinctly encapsulated the overall process from 'raw data' to 'seeking applications to wider theory/policy strategies' (Spencer, Ritchie and O'Connor, 2003 pg 212). Spencer, Ritchie and O'Connor (2003) observe that the analytic hierarchy of Framework Analysis is in the same 'vein' as Miles and Huberman's abstraction ladder (1994 pg 213). Framework Analysis was particularly well suited for this study as it facilitates individual but linked aspects of a study to be analysed separately and then combined in the final analysis to identify crossing themes (Ward *et al.* 2013). The different stages of Framework Analysis have been described as being time consuming but this is inherent in all thorough qualitative data analysis methods (Ward *et al.*, 2013). This approach was well suited to the approach of this study in which the data constructed benefitted from analysis with regards to individual lives, individual care homes but the findings required the identification of themes across the study.

### **b) The stages of Framework Analysis**

Framework Analysis has been described as involving five stages; familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation (Ritchie and Lewis 1994, Spencer, Ritchie and O'Connor 2003, Srivastva and Thompson 2009).

*1. Familiarisation:* The researcher familiarises themselves with the data by reading and re-reading the notes and transcripts to gain an overview of the collected data. Throughout this process the researcher will become aware of key ideas and recurrent themes and make a note of them; these themes may have arisen from a priori themes.

*2. Identifying a thematic framework:* The researcher creates a list of anticipated and emergent themes that can be placed in a thematic framework. At this stage in addition to the a priori themes the researcher must allow the data to dictate the themes by using the notes taken during the familiarisation stage. The key issues, concepts and themes that have been expressed by the participants are used to construct the basis of a

thematic framework that can be used to filter and classify the data. The thematic framework can be refined during later stages of analysis.

3. *Indexing*: The researcher applies the thematic framework to all the textual data, using an index system to identify portions of the data that correspond to particular themes. Transcripts are often notated in the margin. Original data are subsequently distilled into summaries.

4. *Charting*: The data are rearranged according to the appropriate part of the thematic framework to which they relate. Charts are created from themes, displaying subthemes across the columns and each case on a separate row. The data are re-arranged according to the appropriate part of the thematic framework. Charts include distilled summaries of views and experiences. The data are clearly identified as to the case they came from.

5. *Mapping and interpretation*: Involves the analysis of the key characteristics as laid out in the charts. This involves taking account of the range and nature of the phenomena and finding associations between themes with a view to providing explanations for findings. This stage is influenced by the original research objectives as well as the themes that have emerged from the data.

(Ritchie and Lewis 1994, Srivastva and Thompson 2009).

The five stages facilitate the processes of data management, followed by the development of descriptive accounts and finally the development of explanatory accounts.

### **c) Data management**

The first activity of data analysis is often described as data management; the preparing and ordering of the data. However, the initial analysis and interpretation of the data generated can be considered to have started well before the reading of the transcripts. This is because the field texts (the initial transcripts) are influenced by the interest and disinterest of both the researcher and the participant during the interview process (Clandinin and Connelly, 2000). What may appear as an objective recording of a structured interview is already an interpretive and contextualised text; shaped by the interpretive processes of the researcher and the participants and their relationship, and

contextualised because of the interview's origins and setting (Clandinin and Connelly 2000, Ritchie, Spencer and O'Connor 2003).

This perspective is congruent with the social constructionist methodology of the study since I was influenced by the reading of the literature that I had undertaken to inform the study. The questions that I asked were informed by my interpretation of the literature and the appreciative inquiry principles. The residents' responses to the questions and the data they contributed were influenced by their relationships with staff, other residents and myself. Similarly the staff responses and data they contributed were influenced by their expectations of their roles and their perception of myself and the study.

The initial stage of data management involved transcribing interviews and collating the structured interview notes. I was systematic in my approach to organising, ordering and storing the data. Both a hard copy and an electronic copy of the different versions of the data and subsequent accounts of the data as they were analysed were maintained. I transcribed the one to one interviews and focus group interviews verbatim. Holloway and Wheeler (2010) describe how the richest data can be gained from transcribing verbatim. I noted in my Field notes:

*Spent the rest of the day transcribing and experienced what is described as getting close to the data, learnt the importance of getting transcription organised and done well in advance of time allocated for analysis (Field notes/AM/09)*

Transcribing the interviews proved to be a useful process; re-listening to the audio recordings reminded me of the individuals who took part in the study and the contexts in which the study was undertaken.

The structured interviews undertaken by staff were not transcribed. The staff undertaking the interviews had recorded what they perceived to be the salient features of the responses given. This meant that the data had already been analysed by the interviewer. Holloway and Wheeler (2010) suggest that more experienced researchers can be more selective in their transcription and only transcribe that which is linked to their developing theoretical ideas. However, this might limit the insight gained to what the researcher is expecting to find. Although the staff undertaking the interviews were not experienced researchers, I felt that the trade-off of providing the opportunity for them to be more involved in the study was worthwhile.

## **Part 2: Following the stages of Framework Analysis**

Framework Analysis emphasises ‘transparency in data analysis and the links between the stages of analysis’ (Smith and Firth, 2011). The data analysis processes undertaken are now presented as the five stages of familiarisation, identifying a thematic framework, indexing, charting, mapping and interpretation.

### **Stage 1: Familiarisation**

Ritchie and Spencer (1994) recommend that in the familiarisation stage the researcher must become familiar with the range and diversity of the data in order to ‘gain a feel for the material as a whole’ (pg 178). I started this stage of the process by re-familiarising myself with the data in the form of the transcripts (life story interviews, structured interviews, focus groups interviews, semi-structured interviews). It would have been easy to feel overwhelmed by the volume of data. I avoided this by analysing the data following the order in which they had been constructed. Being the only researcher, transcriber and analyst in the project was advantageous as I was not familiarising myself with data constructed by other researchers. The only exception to this was the data constructed by staff during the staff-to-staff interviews as previously described.

I was systematic in that there was an overall order in which I analysed the data during the familiarisation stage and subsequent stages of Framework Analysis. However, there was a moving back and forth as I revisited the data analysed earlier in the process to recheck the concepts that emerged as being of importance. This is recommended when using the Framework approach (Spencer, Ritchie and O’Connor, 2003).

	<b>Discovery, dream and design data constructed with residents</b>
	Life story interview data
	Structured interview data
	Focus group data
	<b>Discovery, dream and design data constructed with staff</b>
	Structured interview data
	Focus group data
	<b>Destiny data</b>
	Semi structured interview data (Residents and staff at North House)
	Focus group data (Residents at North House)
Focus group data (Residents at Edward Court)	

**Table 25: Overall order of data analysis**

During the familiarisation stage I re-engaged with the way in which the life story interviews were constructed in a similar way to the narrative of a novel or a play. There were key characters, dramatic events and an emotive undercurrent to each account. Each life story was an emotive account of how individual had endeavoured to live with meaning and purpose. The subsequent data constructed in the structured interviews and focus groups provided extended versions of the life story of each individual up until the present time.

As I continued to familiarise myself with the data I consolidated my view of each care home being similar to a self-contained village; which I had observed earlier in the data construction process.

*In my discussion with TW [supervisor] today I described how North House could be described as a village, with different characters in different roles moving about the place. I don't know if this is a view that I will keep as the study progresses but it is helpful for now. (Field notes NH/ST/1)*

During the familiarisation stage I was mindful of Ritchie and Spencer's (1994) warning that 'even where the analyst has been the sole interviewer, it is likely that recollections

will be selective and partial' (pg 178). As the data had been collected over an 18 month period I had a good recollection of the interviews, the dynamics of the interviews and the physical setting of each interview. It was particularly important to familiarise myself with the data that had been constructed in one-off interviews with some members of staff, with whom I had spent less time engaging with during the study.

During this stage I noted 'key ideas and recurring themes' that related to meaning and purpose in the residents' lives (Ritchie and Lewis, 1994). For example I annotated transcripts with reference to:

- The frequent discussion of activities at North House, I noted this with an accompanying question 'Do these activities add to meaning and purpose?' I did not want to assume that just because an aspect of care home life was mentioned often that this meant that it added meaning and purpose to life.
- The value placed on meeting other people, I added a comment to this annotation a query as to the impact of mobility. As the focus of the study was to identify aspects of care home life where meaning and purpose could be enhanced I was conscious of identifying features that were currently impactful.
- Where attendance at the Church service was mentioned I added two additional points, did this relate to meaning and purpose related to religious faith, the social aspects of the meeting or a combination of both? Again I was conscious as this stage of familiarisation to avoid 'jumping to conclusions', instead I focussed on the questions stimulated as a result of my early observations of the data.
- Connection with others was a recurring theme. This related to a wide range of relationships; other residents, family and staff.
- The value of the humanity of each resident. This 'idea' was implicit in statements that residents made about themselves and how the value that they perceived other people attributed to them.

As a result of undertaking the familiarisation stage of data analysis, I had constructed some ideas inductively from the data. However, during this process I had been mindful

of the concepts included in the initial conceptual frameworks 'value of human life and dignity', 'connection with others', 'sense of self'. There was therefore a deductive aspect to this stage of data analysis.

I noted the key ideas and themes with reference to the data constructed with residents and then noted where these ideas were evident in the data constructed with staff. I made this decision as throughout the study the focus was the residents' construction of how meaning and purpose in their lives could be enhanced. By focussing on the issues prioritised by residents I was able to explore how the care home staff could support the enhancement of support for these aspects of care home life.

Using the principles of appreciative inquiry I constructed a phrase that encapsulated the outcome of the above process of familiarisation with the data; 'striving for wholeness'. This phrase was developed from an earlier phrase used as a heuristic device 'stories of wholeness' as described in my Field notes:

*Looking back at the three phrases that I constructed at the end of data construction with the residents at North House, I am now reconsidering the phrase 'stories of wholeness'. At that time in the study I had undertaken the life story interviews and the structured interviews, we had also engaged in the first focus group. However, now that I am further on in the study and we have undertaken the actions I can see that the residents weren't just telling me a passive story of wholeness- they were and are engaging in an ongoing process of **STRIVING FOR WHOLENESS**. I have to write those words in bold as they are so important to my understanding of what adds meaning and purpose to Care home life (Field notes: NH/DA/8)*

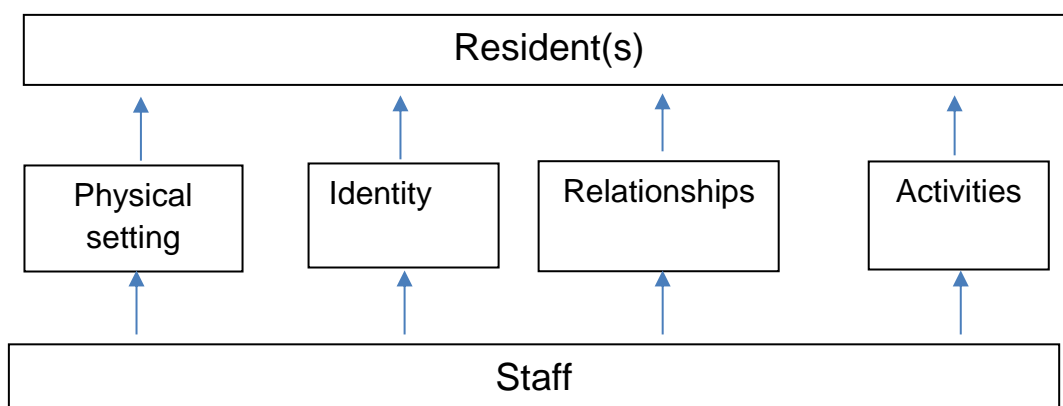
This phrase is built using the principles of appreciative inquiry in that it reflected the residents' accounts of their reality (constructionist principle). The narrative and evocative nature of this phrase demonstrates the poetic principle of Appreciative Inquiry. The Appreciative Inquiry principle of simultaneity is incorporated in the phrase 'striving for wholeness' as it was relevant to both the individuals' experience of being involved in the study and the experience of the community of residents and staff involved in the study. The future orientated focus of the statement is congruent with the anticipatory principle. The positive principle is evident in the positive nature of the statement. This phrase was a heuristic device during the next stage of framework analysis required identification of a thematic framework.



## Stage 2: Identifying a thematic framework

Spencer, Ritchie and O'Connor (2003) describe Framework analysis as 'conceptual scaffolding' (pg 213). The initial conceptual frameworks were my original 'map of the territory being investigated. As [my] knowledge of the terrain improved the map became correspondingly more differentiated and integrated' (Miles, Huberman and Saldaña 2014 pg 20). They go on to describe how the conceptual framework developed at the beginning of a study evolves as the study progresses. In order to develop the thematic framework to be used in the data analysis process beyond the initial conceptual framework (Fig 2), I reflected on the key ideas that I had noted in the familiarisation stage. I used these ideas to inform the merging and modification of the initial conceptual frameworks to produce a thematic framework to guide the analysis of data (Fig 6).

I removed concepts from the initial conceptual frameworks that did not appear to be significant in my familiarisation with the data that had been constructed. 'Faith in God', 'ability to skilfully confront death' and 'legacy' seemed to have little presence in the data. I was surprised by this as I had assumed that these spiritual, end of life aspects of living with meaning and purpose would be aspects that the care home residents would have discussed in their interviews. Other concepts that I also excluded were 'nature', 'solitude' and 'food'; I repeatedly checked back with the two initial conceptual frameworks to ensure that I had not too hastily excluded a concept. On reflection I was premature in removing 'nature' and 'solitude', these concepts were subsequently reconsidered and subsumed in the concept of physical environment.



**Figure 6: Second version of conceptual framework (2a)**

At this stage in the data analysis process the thematic framework for data analysis was constructed of 'broad brush' strokes and became more refined during the subsequent stage of 'indexing'. The different perspectives of residents and staff were represented by including the upper and lower boxes in the diagram of the thematic framework. This demonstrated that both perspectives impacted on the way in which each theme could enhance meaning and purpose in the lives of residents. I also used 'resident(s)' in the diagram to indicate that the perspective and experience could be that of an individual resident or more than one resident.

### **Stage 3: Indexing/ Coding**

The next stage of framework analysis is described using the term 'indexing' (Spencer, Ritchie and O'Connor, 2003). I felt that this was an unnecessary additional term in the glossary of qualitative analysis and that the term 'coding' could have been used. In qualitative data analysis the term 'coding' is used to refer to the assigning of 'a word or short phrase that symbolically assigns a summative, salient, essence-capturing and/or evocative attribute' to a portion of data (Saldaña, 2009). This is essentially the same process described by Spencer, Ritchie and Spencer (1999) who describe indexing as a 'mechanism for labelling data in manageable bites for subsequent retrieval and exploration' (pg 180). Interestingly in the index for their guide for qualitative research practice, 'coding' is listed but not the term 'indexing'. I therefore used both terms; 'coding' when this is the term used by the author of a source that I refer to and 'indexing' when referring to guidance from Spencer, Ritchie and O'Connor (1999).

Using a common index for the different groups being studied is recommended by Ritchie and Spencer (1994), who suggest that this assists with the identification of both common and divergent themes. Ritchie and Spencer (1994) suggest that the themes can be used for indexing or a more detailed index of categories. As the initial index is applied to the first transcripts, the categories are 'refined and become more responsive to emergent and analytical themes' (pg 180). This process is the researcher 'making judgements about meaning, about the relevance and importance of issues and implicit connections between ideas' (Ritchie and Spencer 1994 pg 180). Annotating the textual data during this stage of analysis makes the process visible and accessible to others.

I indexed the data in two phases. First, the 'individual' data that had been constructed in one to one interviews with residents. Second, the 'communal' data that had been

constructed in residents' focus groups, staff focus groups and the evaluation interviews with residents and staff.

### **Indexing of individual data**

These data were constructed during the life story and structured interviews with residents.

- **Indexing of life story data**

I commenced the indexing of the data by starting with the life story interviews. I was influenced by Saldaña's (2009) approach of using 'dramaturgical coding' (2009) which applies 'the terms and conventions of character, play script and production onto qualitative data' (pg 102). As there were so many participants and activities involved in the care home settings, dramaturgical coding proved to be a useful approach. Saldaña (2009) recommends dramaturgical coding for the exploration of 'intrapersonal and interpersonal participant experiences and actions in case studies...public performances such as organisational rituals... relatively private performances...[and] self-standing, inclusive vignettes' (pg 103).

Through this process of analysing the life story interviews I indexed using the categories such as 'approach to life', 'employment', 'spouse', 'relationship with others', 'children', 'decision to move into the care home', 'values', "hopes for the future", 'environment', 'travel', 'relationships with other residents', 'mobility', 'health', 'activities' and 'relationships with staff'. These categories related to the thematic framework that had been constructed earlier in the process of data analysis.

<b>Themes</b>	<b>Physical setting</b>	<b>Identity</b>	<b>Relationships with others</b>	<b>Activities</b>
<b>Categories</b>	Decision to move into care home	Approach to life	Spouse	Travel
	Environment	Employment	Children	Hopes for the future
	Mobility	Values	Relationships with staff	Mobility

		Hopes for the future	Relationships with other residents	
		Mobility	Mobility	

**Table 26: Indexing categories**

Different sections of data contained more than one category which required decisions being made on the section of data ‘as it stands and in the context of the interview as a whole’ (Ritchie and Spencer, pg182). For example, if a resident had an electric wheelchair that could be used inside and outside then this related to which ‘physical settings’ they could choose to spend their time in. Being able to move around independently was a valued aspect of some residents’ ‘identity’ and impacted on how they were able to maintain ‘relationships’ and engage in ‘activities’. This illustrates how ‘multiple indexing’ highlights patterns of association within the data, which are analysed further in the subsequent stages of framework analysis (Ritchie, Spencer and O’Connor, 2003).

After indexing the life story interviews I prepared short summary vignettes for each resident’s life story that identified key features of their accounts (Appendix 10), ensuring that I maintained a sense of the story of each resident’s experience.

- **Indexing of structured interview data**

The transcripts from the structured interviews were then analysed. In Framework analysis the index used evolves throughout the process. I was mindful of the different focus of the structured interview, in that the focus was of the residents’ current experience of care home life rather than their experience prior to moving into the care home. I was also mindful of the appreciative inquiry focus on lived values (Cooperrider and Whitney, 2003). As a result I was influenced by Saldaña’s (2009) approach of ‘values coding’. This is based on coding for participant’s values, attitudes and beliefs. Saldaña (2009) defines a value as:

*The importance we attribute to oneself, another person, thing or idea. An attitude is the way we think and feel about oneself, another person, thing or idea... A belief is part of a system (after values coding analysis) that includes our values and attitudes plus our personal knowledge, experiences, opinions, prejudices,*

*morals and other interpretive perceptions of the social world* (pg 89-90).

This approach to data analysis was compatible with the social constructionist approach to the study. Saldaña (2009) recommends values coding for studies that explore intrapersonal and interpersonal participant experiences and actions in case studies. I had recorded reflections on my observations of participants' actions and interactions during the data collection stages of the study. I feel that these observations and reflections helped me understand the participants' data and enabled me to index the data. I indexed these data using themes of 'engaging in activities', 'valuing humanity', 'environment', 'component of caring', 'attitude', 'connection with others'. These concepts still related deductively to the themes used in the analysis of the life story interviews. However the language used reflected values rather than just descriptive terminology.

<b>Index version 1</b>	<b>Index version 2</b>
Physical setting	Environment
Identity	Valuing humanity
Relationships with others	Connection with others
Activities	Engaging in activities
	Component of care

**Table 27: Evolving themes**

Data were indexed as follows:

- 'Environment' was the index for data related to attributes of the physical setting of the care home that were valued
- 'Valuing humanity' related to valued interactions that supported the human rights of residents.
- 'Connection with others' used to index data about the value of interpersonal interactions and relationships.

- ‘Engaging in activities’ where social or physical activities undertaken within or outside the care home were described as being valued
- ‘Component of caring’ reflected aspects of the valued interactions and support from care home staff.

As Framework Analysis supports a moving up and down the analytic hierarchy, I was able to return to the life story interviews and re-index them using the refined themes developed during the values indexing of the structured interviews. The themes developed during this stage of data analysis were constructed using positive language in accordance with the principles of appreciative inquiry.

### Indexing of communal data

I used the term ‘communal’ data for data that had been constructed with a focus on communal life in the care home i.e. that had been constructed during:

- Focus groups with staff
- Focus group with residents
- Staff-to-staff structured interviews

The index used for analysis continued to evolve during this stage of analysis (Table 27).

Index version 2	Index version 3
Environment	Physical setting
Valuing humanity	Valuing Identity
Connection with others	Dynamics of relationship
Engaging in activities	Focus of activities: restorative versus maintenance
Component of caring	Component of caring

**Table 28: Evolution of themes**

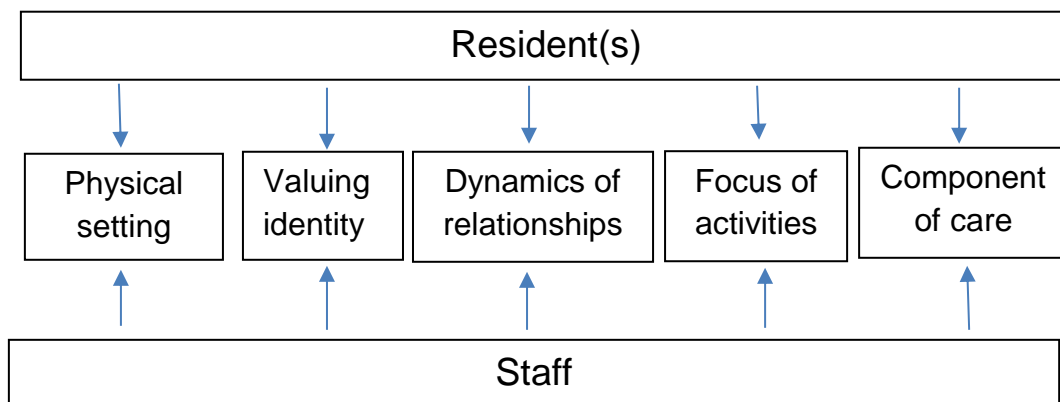
The refinement of the analytical themes is recommended to ensure that the themes ‘encapsulate and represent diversity of experience, attitude and circumstances (Ritchie and Spencer, 1994). I made the decision to revert from using the themes ‘environment’ and ‘valuing humanity’ and returned to the original themes of **physical setting** and

**valuing identity** which more accurately reflected the voice of the participants. Connection with others evolved into **dynamics of relationships** within the care homes, as the interactions were about more than connection. Engagement in activity evolved into **focus of activities: restoration or maintenance** as the focus of the activities were identified as being important to the residents; whether they focussed on restoration of the residents' skills and competencies or the maintenance of the skills and competencies at the level which resulted from their physical disability. **Component of caring** remained unchanged.

The next stage of data analysis was 'charting'. This represents movement up the analytic hierarchy into the development of descriptive accounts (Spencer, Ritchie and O'Connor, 2003).

#### Stage 4: Charting

In the 'charting' phase the data are rearranged according to the appropriate part of the thematic framework (Fig 6) with the data clearly identified.



**Figure 7: Conceptual framework version (2b)**

In order to manage the data during the process of analysis, attention was paid to how to display the data. Miles and Huberman (2004) and Mason (2002) recommend using visual matrices that present within cases and cross case data so that the user can draw valid conclusions. Miles and Huberman (1994) argue that cross-case analysis deepens understanding and explanation. This resonated with my approach to the data analysis. Whilst I could have analysed the data exclusively from each individual resident's perspective, the more illuminative findings that could be generated from this study related to the incorporation of the individual perspectives within the communal context within which residents now lived.

A Framework Analysis approach allows for within-case and between-case analysis enabling comparisons and associations to be made both between and within cases (Srivastava and Thomson, 2009). Using the Framework Analysis approach the analysed data that had been constructed with each resident was displayed in the vertical columns in the data display tables facilitating both a between and within-case analysis. The data related to similar concepts constructed with different residents could be read 'across the columns' for between-case analysis. The data display charts facilitated the rearranging of the data according to the thematic framework that had evolved throughout the process of data analysis. The indexed focus group data were then displayed in a data display matrix for each care home with vertical columns for each theme.

A software package has been developed for use with the framework approach and is now part of the NVIVO package. However, this became available after I had commenced data analysis. Therefore the data was displayed and analysed using tables that I formatted for the purpose of this study based on the recommendations of Miles and Huberman (1994).

During this stage of analysis I continued to identify patterns of similarity and difference between residents and between the two care home settings. As a result of this process I was able to develop summaries of the data constructed with each resident and each focus group. Excerpts from this stage of the analysis process are presented below. The first example is charting of one resident's data. This data were subsequently included in a wider chart where the data constructed with each resident at each home were included; this facilitated within-case and cross-case analysis.

<b>Meryl</b>				
Physical setting	Valuing identity	Focus of activities	Dynamics of relationships	Component of caring
Not everyone wants to join in, I'm rarely in my room, see people down in Moortown (unit)	People are different  I'm an individual here.	I have MS, got used to it. On QEII aged 20, didn't have a good time, still walking but couldn't get	Suzie (carer) hasn't been for while and it doesn't seem the same. You get to be more friendly.	I am hoping to get back with Suzie (carer), but I don't know if I will be. We have all been separated from



<p>I am alright as I am, trotting round, going to therapy</p> <p>I shouldn't be on this unit but they let me stay here as a favour, I came here and I've been here</p> <p>I wouldn't want to move out of here, I wouldn't like it I might not stand it,</p> <p>I would think I would die here</p>	<p>Fashion as a connection with others, carers, I used to like fashion now it is the turn of the young carers.</p>	<p>about, didn't see half the boat.</p> <p>Stopped work when I was 40, my life is pretty dull, I used to go out dancing, ballroom.</p> <p>I am ok really, I get about on my own, I've got this chair</p> <p>It's difficult when you are stuck in a chair, you can't just pick up and go</p>	<p>More friendly than you are with everybody else, not everybody else, you're one to one.</p> <p>Anthony: He is fair, he doesn't leave anyone out</p>	<p>our normal carer.</p> <p>Don't have much to do with the nurses, granted they are always there.</p>
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**Table 29: Example of within-case matrix**

Charting of data was also undertaken for all of the focus group data. Charting of data from a staff focus group data is illustrated below, in this example the 'component of caring' was implicit in the four other themes.

<b>Action</b>	<b>Valuing identity</b>	<b>Dynamics of relationships</b>	<b>Focus of activities</b>	<b>Physical setting</b>
<p>Exercise class</p> <p>We're going to use the bottom lounge because at the moment there's not a lot going on</p> <p>£30 an hour, we could actually afford</p>	<p>We've got a lot of very vulnerable people... we actually have to act as advocates for because they can't speak for themselves. Quite a few haven't got</p>	<p>From my point of view we go into a room and just at the moment we haven't got time to even have a few words with them and they want us to and you feel so rude and ignorant</p>	<p>If you had more time what would you choose to build on from the care that you give at the moment? Spending time with residents,</p>	<p>We are lucky enough to have some really good carers, we have some bad ones but some really good ones</p> <p>For the ones that don't come out of their room, I think they look to us</p>

that even if it's once a month	relatives as well.	saying 'I'm sorry I've got to go'	pampering them	as well to have a bit of a chat
We've got money to spend that's building up the we need to spend, it's for the residents	Giving more quality time to residents  The minority of residents spend their time in social spaces, the majority spend time in their rooms and sometimes I don't know if it is out of choice or out of ease for the staff	For the ones that don't come out of their room, I think they look to us as well to have a bit of a chat  You're the only person they see, a lot of them have no family, no friends, no visitors, you're the only person they see that day and you haven't got time to sit and chat, it's awful	That's the only thing that is at fault here, the time that you get to spend with the residents  I think the activities could be better, they have been better in the past  Exercise class being arranged as a result of focus group with residents	The minority of residents spend their time in social spaces, the majority spend time in their rooms and sometimes I don't know if it is out of choice or out of ease for the staff. A lot of people can't get out of their rooms but they go up and down here in their wheel chairs visiting and talking to the staff as if it's like their hotel  What about the residents who can't get out of their rooms. Yes it is the residents choice but we have a lot of residents that can't make that choice as well and some because of their conditions (ventilated/suction)

**Table 30: Example of charting from staff focus group at Edward Court**

As a result of the charts constructed for the residents and staff at each Care home a combined chart for each home was constructed. At this stage a 'distilled summary of

participants' views or experiences is used (Ritchie and Spencer, 1994). An excerpt from the overall chart for North House is presented below (Table 30):

Residents	Staff	Action
<p><b>Identity-</b> respect from people in community, I'm different, my body doesn't work properly</p> <p><b>Dynamics-</b> relationships with staff and other residents, family relationships, family relationships supportive, involve in decisions, power in relationships, in research project , with staff would be interested in seeing what they have written, paying for care .</p> <p><b>Physical setting-</b> opportunity to see life, to go out, to move about within different areas of setting, wheel chair accessible environment, involve in choice to move and stay as a Care home resident, view of other Care home residents, cost of care , not referred to as home, moved from home.</p> <p><b>Focus of activities: restoration-</b> feeling of going backwards, physical rehabilitation, mental activity. I wrote an article on methods of transport available to disabled people and some simple recipes.</p>	<p><b>Identity-</b> staff feel sense of worth</p> <p><b>Dynamics-</b> interaction with residents, support staff get from each other, many replies highlighted what to staff might seem quite small things but were really about being listened to. Residents were given equal involvement to the staff (in the study) and formed a really helpful co-operative team. We met regularly to discuss all aspects of the project, whilst sharing tea and biscuits.</p> <p><b>Physical setting-</b> use of equipment hoists and wheelchairs discussed in reviews.</p> <p><b>Component of care</b> D felt included in his care , aware of impact of language used in records, highlighted different perspectives, potential risk of conflict.</p> <p><b>Focus of activities: maintenance-</b> 'therapy', activities.</p>	<p>1. Door bell <b>(Physical setting)</b></p> <p>2. Celebration of Care home life booklet <b>(Identity, focus of activity, physical setting)</b></p> <p>3. Review notes <b>(Identity, component of caring, dynamics of relationships)</b></p> <p>4. Involvement in research study <b>(Identity, focus of activity, dynamics of relationships)</b></p>

**Table 31: Example of overall chart for North House**

Presenting the data using these matrices meant that I was able to navigate back and forth through the distilled and charted data when developing the findings of the study. By engaging in this process and using these matrices there was an audit trail back through the different stages of data analysis which provided transparency in the process of data analysis.

The process of data analysis was supported by the construction of analytical memos e.g. Table 31. The purpose of analytic memos is to 'document and reflect on the... coding process, how the process of inquiry is taking shape...emergent patterns and themes- all possibly leading toward theory' (Saldaña 2009, page 32). Saldaña (2009) suggests that this can contribute to the construction of the final propositions made in the study. I found the process of constructing the analytical memos to be a constructive and transparent way of engaging in what has been described as the creative aspects of qualitative data analysis. As part of systematic process of data analysis 'analytical memos' were constructed after each episode of data analysis. I found reading the previously composed analytical memo prior to engaging in data analysis a useful way of reminding myself 'where I was at' in the process of identifying patterns in data. I engaged in the process of writing analytic memos instead of maintaining my field notes, as the reflective nature of both processes overlapped.

### **Vectors of Care home life**

7<sup>TH</sup> April, 2013

Analysing the data using the charts with the themes

- attitude to unavoidable suffering
- valuing humanity
- connection with others
- environment/ setting

has now led to identity, dynamics, restitution, maintenance and geography

The idea of meaning and purpose as directional living is emerging as a theoretical construct of this study.

When care home life is observed it can be seen to have all the necessary components, care and supportive care to meet the physical needs of the residents, a well maintained environment; observable and describable experience in a physical and social world.

However on closer examination there is a vector nature of these components in terms of meaning and purpose. There is a direction to these components in the experience of each care home resident's life that is different for each resident.

**Table 32: Example of analytic memo**

The above analytical memo was written at a time when the analysis was about to move to the phase of mapping and interpretation.

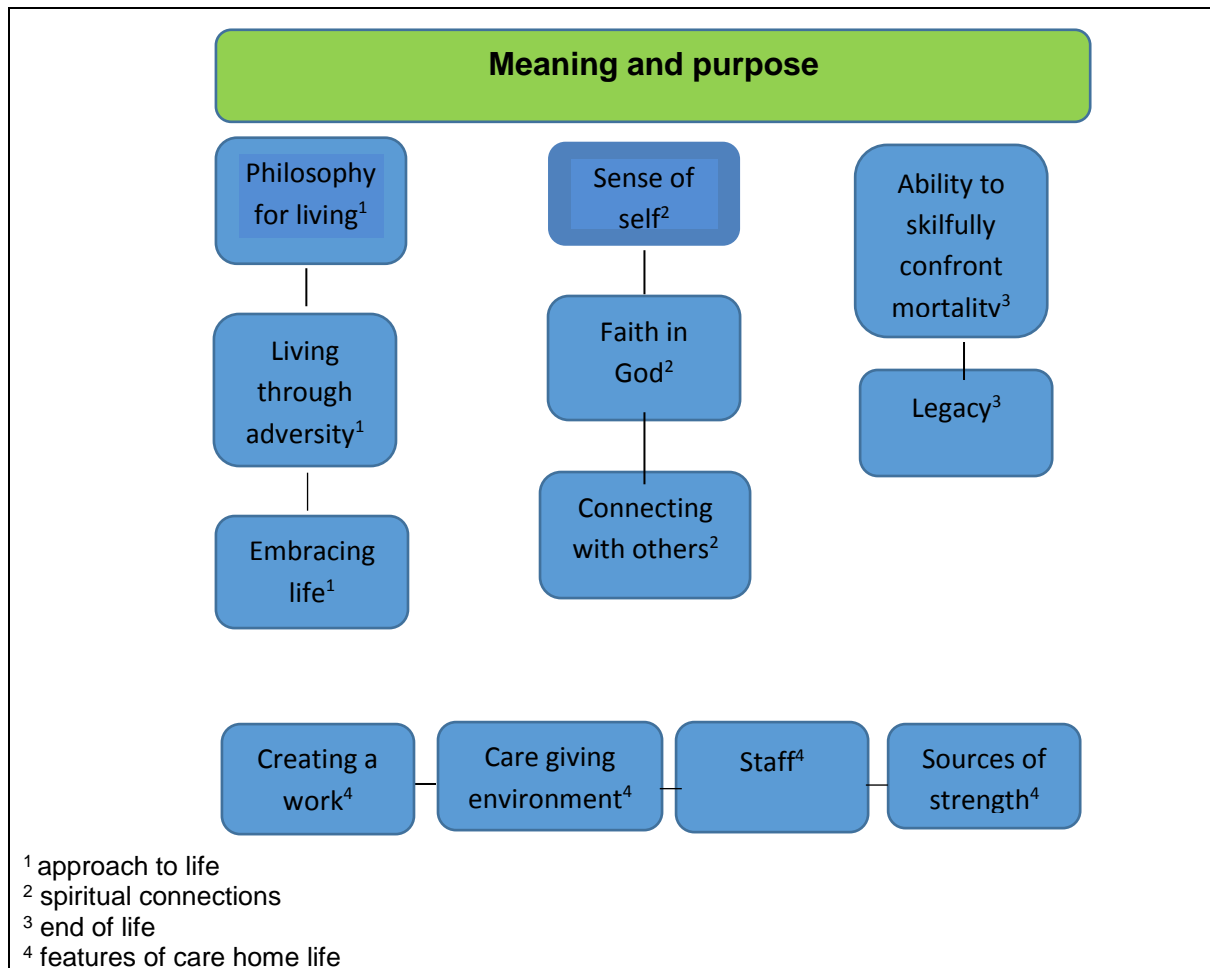
**Stage 5: Mapping and interpretation**

The final stage of data analysis 'mapping and interpretation' is where the detection of patterns leads to the developing of explanations (Spencer, Ritchie and O'Connor, 2003). Engaging in the different stages of the Framework process led me to identify patterns that related to 'purpose' as the future orientated foci of aspects of the data and 'meaning' as the value attributed by residents to experiences that they had gained. In the analytical memo I called this 'Vector' coding. I based this on the concept of the direction of forces in physics in which vector diagrams are constructed to portray the direction of forces e.g. movement and gravity.

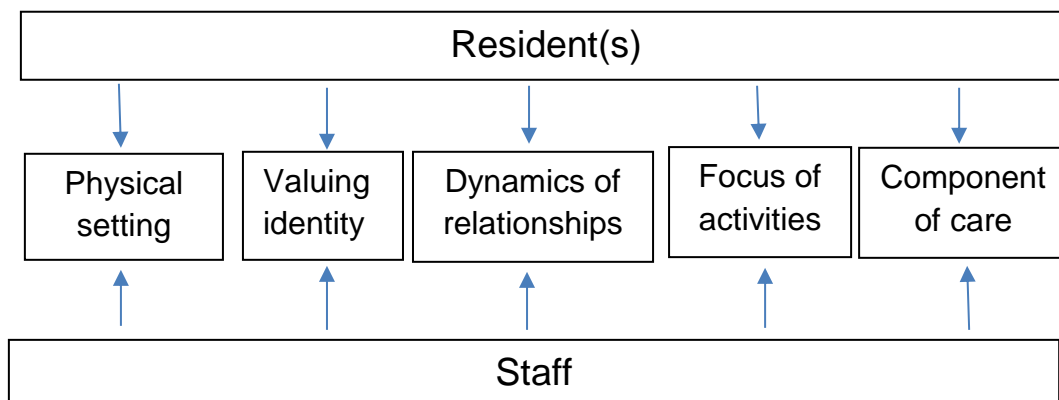
As a result of the final stage of data analysis I revisited the conceptual frameworks that had guided early stages of the study. Using the themes of the analytical framework and by looking for patterns an explanatory account of the data was developed. This is represented in the final version of the conceptual framework of meaning and purpose in care home (nursing) life.

Frameworks are a conceptual and contextual form which impose order on the realm of people's experience (Cooperrider and Srivastva, 1987 and Cooperrider 2013). The findings of this study resulted in the development of the final version of the conceptual framework of how to enhance meaning and purpose in Care home life. This framework evolved in accordance with Cooperrider and Srivastva's (1987) recommendation that frameworks should not only highlight the parameters of the topic but also focus attention on particular phenomena or meaning. The latter stage of following the analytical hierarchy of the Framework Approach involved moving from a descriptive account to the development of an explanatory account by identifying patterns of association within the data (Spencer *et al.*, 2003).

The earlier versions of the conceptual framework were version 1, the conceptual framework that was derived from the literature (Fig 8) and version 2b which was used as the thematic framework for the process of data analysis (Fig 9).

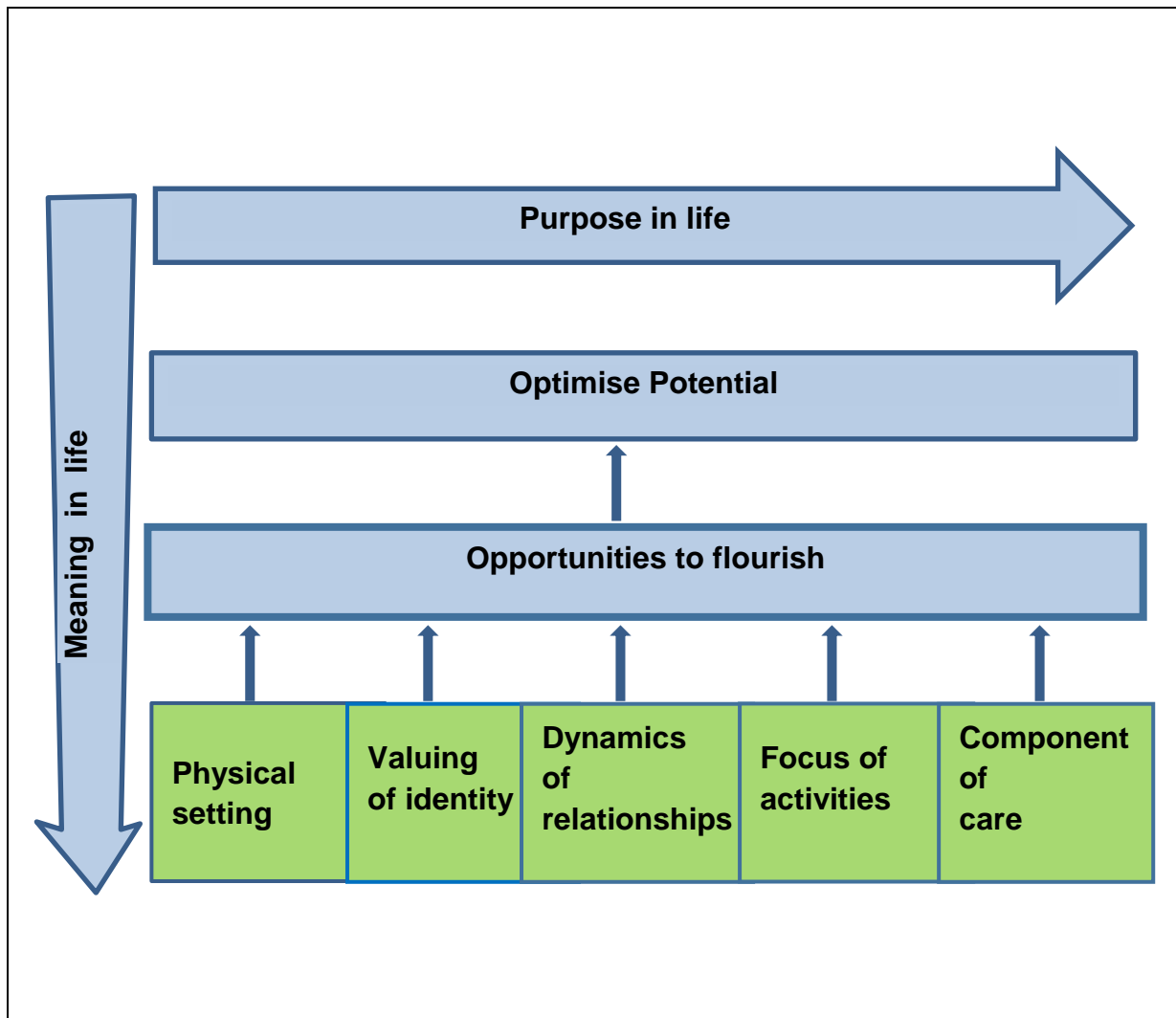


**Fig 8: Conceptual framework version 1 derived from the literature**



**Fig 9: Conceptual framework version 2b**

At the end of data analysis, I further developed the final conceptual framework to represent the explanatory account of the findings (Spencer *et al.*, 2003) (Fig 10). These were data driven concepts that are more informative than the phrases that I used as heuristic devices earlier in the study to summarise the data constructed with residents. The earlier phrases were ‘care of the human spirit’, ‘broken bodies-vibrant spirit’s and ‘stories of wholeness’. The third and final version of the conceptual framework includes the overarching concepts of *optimising potential* and *creating opportunities to flourish*.



**Fig 10: Final version of conceptual framework**

Where meaning and purpose represent the existential nature of life focussed on in this study; *optimising potential* and creating *opportunities to flourish* represents the focus of practical approaches to enhance meaning and purpose in residents' lives. The final conceptual framework includes the five different aspects of care home (nursing) life whereby optimisation of residents' potential and opportunities for residents to flourish can be created: Physical setting, Valuing of identity, Dynamics of relationships, Focus of activities, Component of care .

The order in which the aspects of care home life are presented in the conceptual framework reflects the order advocated to 'cultivate an appreciative literacy...finding values and visions in ordinary daily life' (Cooperrider 2013, pg17). Cooperrider and Srivastva (1987) described how such frameworks provide presumptions of logic, helping to 'shape common expectations of causality, sequence and relational



importance of phenomena' (pg 139). Therefore, the five aspects of care home life that provide ways of enhancing meaning and purpose in care home life are presented in the following order for presentation purposes.

- 1) *Physical setting* is positioned first as living in the physical building of the care home had a significant impact of meaning and purpose in the residents lives. This is one of the main features of the residents' present lives that has changed
- 2) *Valuing identity* is positioned next to acknowledge the residents' endeavours to enhance meaning and purpose in their lives; their endeavours were grounded in who they saw themselves as being.
- 3) *Dynamics of relationships* follows as the residents are living in a communal setting with resulting relationships with others in this setting e.g. staff and other residents
- 4) The *focus of activities* was a concern of many residents. This was impacted by the physical setting, their identity, the dynamics of relationships and the component of care.
- 5) The *component of care* was an inherent part of the other four aspects presented and reflects the contribution of the actions of staff designed to provide care and support for residents; as part of the resident's experience of life in a care home.

Miles, Huberman and Saldaña (2014) suggest that 'displays can be used to construct explanations for inter-relationships, change and causation' (pg 221). Identification of 'the direction of influence among sets of variables' is recommended by Miles and Huberman and Saldaña (2014 pg 242). On reviewing the data that had been coded using the five themes, I noted that the residents' experience often related to the 'direction' of these aspects of their life. By 'direction' I mean whether an aspect of care home life was future orientated e.g. whether it promoted personal development of skills, knowledge and life experience. I added a forward direction arrow to the data analysis records to denote aspects of residents' experience that were future orientated or that supported on-going development of residents' knowledge and skills (Fig 10). Similar annotations are used in mathematics and physics to represent the vectors of movement. This represents purpose in their lives and as such provides a clearer account of purpose in life than found in some of the definitions of purpose in life reviewed in Chapter 2.

Where residents evaluated the *value* of their experience I denoted this with a downward arrow. Similar annotations are used in mathematics and physics to represent the vector of weight. I therefore identified this aspect of data analysis to be 'vector coding'. This represents an evolution in data analysis from data organised in a matrix format. As such this stage of data analysis is congruent with established conventions of progressing towards explanation of the data. (Fig 10)

This approach to data analysis enabled the development of the findings of the study so that the data could be used to answer the research questions of the study in terms of how meaning and purpose in the lives of the residents could be enhanced. This stage of the framework analysis process involved revisiting the matrices constructed in the earlier stage of analysis. Analysis of the data had resulted in the identification of the physical setting, valuing identity, dynamics of relationships, focus of activities: restoration or maintenance and the component of care. The future orientated direction of aspects of care home life that enhanced *purpose* in residents' lives and the evaluation of the value of these aspects of care home life that enhanced *meaning* in residents' lives had been identified.

In the final stage of analysis an explanatory account was developed in response to the research question of the study 'How can meaning and purpose in the lives of care home residents be enhanced?' The aim of the final stage of mapping and interpretation is to move beyond data management toward understanding it by finding patterns and articulating one's own sense making of the data, in the light of the research question (Parkinson, Eatough, Holmes, Stapley and Midgley 2016). This is described by Ritchie and Spencer (1994) as pulling together key characteristics of the data to map and interpret the data set as a whole. This process can involve the description and clarification of concepts, representing the range and nature of phenomena within the data, establishing relationships and developing data driven explanations for these (Ritchie and Spencer 1994 and Parkinson *et al.* 2016).

By engaging in this final aspect of mapping and interpretation the concepts of *opportunities to flourish* and *optimising potential* were identified as a unifying concept of the findings. In order to ensure that this was supported by the data, I revisited the data display matrices for the themes of physical setting, valuing identity, dynamics of relationships, focus of activities (restoration or maintenance) and component of care.

The extent to which *opportunities to flourish* and *optimising potential* were evident in the individually constructed data varied. However, the concept was evident in each residents' accounts and in the focus group data. This movement back down the analytic hierarchy is supported by Spencer, Ritchie and O'Connor (2003 pg 213) who recommend that 'as explanations are developed there is a constant need to visit the original or synthesised data'. I revisited the data synthesised under the headings of the themes of the thematic framework from residents and staff to reflect on how much sense the final conceptual framework was making in terms of representing the original material (Spencer, Ritchie and O'Connor, 2003). The findings of how *optimising residents' potential* and the *creation of opportunities to flourish* can enhance meaning and purpose were therefore generated from data constructed with residents and staff. At this stage in the study the conceptual framework had been further developed and was used to answer the research questions (Ravitch and Riggan, 2017).

### **Reflecting on decision making during data analysis**

In this section the decisions that I made during each stage of the analysis are presented in order to ensure that the process of analysis and abstraction are transparent. The analytic hierarchy of the Framework approach can appear to be a mechanical process with the analyst making obvious conceptualisations and connections. In reality while being a systematic and disciplined process it also 'relies on the creative and conceptual ability of the analyst to determine meaning, salience and connections' (Ritchie and Spencer, 1994 pg 177). Throughout the process of analysis I reflected on the impact of decisions I was making. This included reflections on the three different approaches to analysis outlined by Chase (2005):

- The researcher's supportive voice
- The researcher's interactive voice
- The researcher's authoritative voice

Although these approaches were suggested by Chase (2005) with reference to narrative analysis, I found the concepts useful for guiding my reflections on how I was undertaking the analysis. This was congruent with the appreciative inquiry 'poetic', 'anticipatory' and 'constructionist' principles. I was mindful that my role in the process

of data analysis meant that my voice was continuing to contribute to the narrative that had started being co-authored during data construction (*poetic principle*). Through the process of data analysis I was conscious of distilling the data in a manner that reflected the discourse that had been constructed in both care homes (*anticipatory principle*). The process of data analysis was undertaken according to the *constructionist principle* in that the data reflected the subjective nature of reality.

In the earlier stages of the study I used the *supportive voice* and the *interactive voice*. I consciously used *the supportive voice* to ensure that the participants' stories were heard through the process of data construction. I used the *interactive voice* by reflecting on the decisions that I was making so that I was mindful of how I was interpreting the data (Chase 2005 pg 666). I also met with the participants during the early stages of data analysis and presented the early versions of data analysis to them for comment. Towards the later stages of the data analysis process I made greater use of the *researcher's authoritative voice*; in that I was the only person involved in the process of data analysis at this stage. This reflects the position that the researcher has different interests than the participants by making visible taken for granted features of everyday life. This was partly as a result of time limitations. A considerable amount of time had been taken undertaking the appreciative inquiry cycle in each care home. An equally significant amount of time was required to undertake the data analysis and interpretation. Although training and supporting the residents and staff in data analysis would have been time consuming the benefits would have been the incorporation of their voices throughout the study.

### **Chapter summary**

In this chapter I have presented how I used the Framework Analysis approach (Ritchie and Lewis 1994, 2003). Throughout this process I considered the themes of the literature review and the conceptual framework that I had constructed from the literature (see Chapter 2). This meant that I was able to identify a framework for undertaking data analysis. The framework for data analysis included:

- Physical setting
- Valuing identity

- Focus of activity: restoration or maintenance
- Dynamics of relationships
- Component of care

These themes were used to construct the findings of the study that also included the overarching concepts of:

- Opportunities to flourish
- Optimising potential.

The findings that resulted from engaging in this process of data analysis are presented in the following two chapters.

## Chapter 8

### Findings: Discovery

This chapter is presented in two parts. In part 1 the findings relate to how meaning and purpose in the residents' lives were already being supported in both the care homes. In part 2 the challenges to meaning and purpose in residents lives at the beginning of the study are presented. Both parts of these findings are from the Discovery stage of the study. Findings from the Dream, Design and Destiny stages of the study are presented in Chapter nine. This format has been used as the Discovery stage provides the foundation for the subsequent stages of the study.

The findings from the study contribute to the body of knowledge of meaning and purpose in the lives of people who live in care homes and how these aspects of their lives can be enhanced. The current literature on meaning and purpose in life is often related to studies across the life span ; this contributes to understanding of what these concepts mean as people age. However, as identified in Chapter 2 there is a dearth of studies that explore meaning and purpose in the lives of people who live in care homes.

A further limitation of the existing literature is that the relationship between meaning in life and purpose in life is often not clearly articulated in the literature. There are overlapping definitions of meaning and purpose; at times meaning is defined in terms of purpose, at other times purpose is defined in terms of meaning. The use of quantitative tools to measure purpose in life have been used in studies of meaning in life and vice versa. Meaning in life tools have been used to study purpose in life but have not contributed clarity as to the difference between the two concepts. Haugan (2013, 2014) is one of the few researchers to have studied meaning and purpose in care home life and they unhelpfully stated that the terms meaning and purpose can be used inter-changeably. It is therefore important that the findings of the present study contribute knowledge of how both meaning and purpose in care home life are separate but related concepts.

At the end of the process of data analysis presented in Chapter 8 the overarching concepts of *optimisation of residents' potential* and the creation of *opportunities to flourish* were included in the conceptual framework of the study. The concepts of

*flourishing* and *meaning in life* both have their roots in the Greek notion of eudaimonia (Grant, 2012, Wong 2012, Schotanus-Dijkstra *et al.*,2016). Schotanus-Dijkstra *et al.* (2016) found that *flourishing* is closely associated with *eudaimonic* wellbeing rather than *hedonic* wellbeing. Brighthouse (2005) defines *flourishing* as:

- *Involving people making meaning and sense of important aspects of their lives*
- *Resulting from accomplishing something of value.*

Flourishing has been described in the positive psychology movement as relating to both meaning and well-being (Ryff and Singer 1998, Ryff 2012, Seligman and Csikszentmihalyi 2000, Snyder and Lopez 2002, Shmotikin and Shrira 2012). Their definitions highlight the relevance of *flourishing* as a unifying concept of this study. Flourishing has been described by Weinsetin, Ryan and Deci (2012) as being related to meaning in life;

*Understanding and synthesising, and thus making meaning, is clearly crucial for flourishing and for adaptive, growth-orientated development across the life span. Because this process is sensitive to new and significant experiences, the directions it takes may repeatedly change over time (pg 89).*

Weinsetin *et al.*'s (2012) inclusion of 'growth oriented development' highlights the link between *optimising potential* with *meaning* and *flourishing* in life.

Social support as a contributing factor to flourishing has been identified by Brighthouse (2005) and Schotanus-Dijkstra *et al.* (2016). There is congruence between the aspects of life that Brighthouse identified as contribute to flourishing in life generally (financial status, family relationships, work, community and friends, personal freedom, health and personal values) and the findings of this present study which has identified aspects of care home life that contribute to meaning and purpose in residents' lives as being physical setting, valuing of residents' identities, dynamics of relationships, focus of activities and the component of care .

The studies by Welsh *et al.* (2012), Dwyer *et al.* (2008) and Haugan (2013c) identify aspects of care home life that contribute to meaning and purpose in residents lives but not how these aspects can be developed to further enhance meaning and purpose in residents' lives:

- Survival despite declining functional capacity (Welsh *et al.*, 2012)

- Seeking a place of refuge (Welsh *et al.*, 2012)
- Engaging in 'normal' activities (Welsh *et al.*, 2012)
- Having a sense of physical and cognitive capability (Dwyer *et al.*, 2008)
- Being needed and belonging (Dwyer *et al.*, 2008)
- Positive relationships with care staff and connectedness (Haugan, 2013c).

The findings of this present study contribute knowledge in response to this gap in the literature, starting with the findings from the first stage of this Appreciative Inquiry.

Van der Haar and Hoskin (2004) propose that the findings from the Discovery stage of a study are used as the platform from which the additional stages of the inquiry are undertaken. The findings presented in Part 1 of this chapter relate to existing aspects of care home life that enhanced meaning and purpose in residents' lives.

### **Part 1: Aspects of care home (nursing) life that already enhanced meaning and purpose in residents' lives**

In this part of the chapter the residents' accounts of the ways in which aspects of care home life already enhanced meaning and purpose in their lives are presented. These findings from the Discovery part of the study are important as the actions presented in the following chapter did not occur in isolation; aspects of the residents' care home life experience were already supporting meaning and purpose in their lives. To understand how and why the actions of the study were decided upon by the residents, co-ordinated and implemented with the support of the care home staff requires presentation of the pre-existing experience of residents and staff.

The findings from the Discovery stages at North House and Edward Court are presented in relation to the five aspects of care home life that formed the thematic framework for data analysis and that are represented in the final conceptual framework (Fig 9); the physical setting, valuing identity, dynamics of relationships, focus of activities and the component of care.



### **a) Physical setting**

Aspects of the physical setting of each home which already enhanced meaning and purpose in residents' lives though the optimisation of residents' potential and the creation of opportunities to flourish are presented. This provides an insight into the physical setting of the care home and how this already impacted on meaning and purpose in residents' lives.

#### **i) Promotion of mobility, relationships and identity**

The physical layout of North House was on one level, with wide, sweeping corridors that opened into communal spaces and this was considered to be a supportive feature of the physical environment by staff and residents. The value of having this arrangement of environmental geography optimised residents' potential to move freely and they were therefore able to make connections with other residents enabling flourishing in their lives. The physical setting of North House was organised as separate 'units', with the present study taking place in the units named Landsdown, Moortown and the Young Disabled Unit. The naming of the units was an aspect of the physical setting of the care home that related to the residents' and staff identity:

Residents described their identity in terms of being a resident of their named unit and used this aspect of their identity to differentiate themselves from other residents. Both residents and staff felt that they 'belonged' to their unit.

*The home seems vast but you have your own niche (NH, care assistant).*

The impact of the physical setting of the care home on opportunities to flourish are evident in the following accounts. Two corridors came together outside Marjory's room on the Moortown unit. This meant that people walking to the two other units of the care home were able to see directly into her room. Marjory (NH, resident) kept her room door open and valued being able to connect with people as they walked past.

*Someone died in this room, they said 'Would you like it?'...so now because where I am other people go past, people talk to me, they just pop in, they're coming to see others.*

The layout of corridors at North House enabled residents to connect with other residents with relative ease:

*I go trotting around [the care home]... being in this chair I can go round, I have got friends on Landsdown [unit]... with this chair I can get about. (Meryl: NH, resident)*

*I go and talk to some of them, especially those in their beds. If you are passing they say 'come and have a chat', you are always in someone's bedroom. (Toby: NH, resident)*

The importance of being able to move about the home was demonstrated by Edward Court resident Reggie whose mobility was reduced by Parkinson's disease. As a result he spent a lot of his time walking the corridors of the home rather than going outside. When his mobility was reduced he would spend his time sitting in his room.

*As I walked through Edward Court today, I met Reggie walking along the corridor near his room. His gait was a little unsteady and he was using the handrail. I was so pleased to see him and he seemed pleased to see me too. I have such a soft spot for Reggie, I could see how much being able to walk meant to him and how he was making the most of it by walking the corridors. I could have wept at this man's humility in the face of living with the impact of Parkinson's Disease. Even now as I sit and write this I have the same emotional response (Field notes: EC/ dream/ 4)*

For other residents moving around within the physical setting of the care home highlighted the importance of wheelchairs. Most of the residents involved in the study used wheelchairs. The provision of wheelchairs to support mobility around the physical setting of the Care home was commented on as a positive aspect of care home life by several of the residents. For Karl (EC resident) access to the adjacent park was important:

*It makes a lot of difference [having access to the park] I enjoy going in the park on a nice day. Sometimes there are activities going on like carnivals, fairgrounds, I like going down there when there are a lot of people... I can go in the park better now with this chair's batteries, I can run up the hill fast... I speed up the hills.*

This demonstrates how the provision of a suitable wheelchair optimised residents' potential so that they could then engage in activities that enabled flourishing in their lives.

## **ii) Ownership of property**

For most of the residents involved in the study the care home was to be their final place of residence. However, Aled (EC, resident) was due to move into sheltered accommodation. The financial implications of his changing residential status meant a

reduction in the financial cost to him personally. The financial cost of being a care home resident for Aled was £30,000 a year. He had been concerned what would happen to him when his money ran out. In terms of physical space Aled observed that 'instead of a box room' he will have a 'decent flat.' Alongside his changing residential status was Aled's awareness of interaction with the world beyond the care home walls. Aled's recovery meant that he had optimised his potential and he anticipated flourishing in his new home.

For some residents, ownership of their own homes impacted on their perception of their potential. For Audrey (NH resident) maintaining ownership of her bungalow was important to her even though she knew that she would not be returning to live there;

*I can still go back home, my bungalow is still there, I was in last week having a look... I was in charge of running my own home, which I still am because it is still there.*

In a similar way James (NH resident) described how he had a sense of freedom through owning his own car, although there was limited opportunity for this to be used as it required a member of his family to drive to it and they did not visit often. Simply owning the car and having the possibility of travel was a positive aspect of James's life in the care home, as it optimised his potential with the possible engagement in activities that would enable him to flourish.

### **iii) Access to indoor and outdoor space**

Where some residents were keen to be 'out and about' in the care home, other residents preferred the solitude of their own room. Bess's time appeared to be spent exclusively in her room (EC, resident). Ellen also valued being alone in the own space, her room.

*I want to be left alone... I'll sit quiet...they leave me alone when they know I want to be.*

These examples of residents' experience demonstrate the variation in how the physical setting can enhance flourishing in individuals' lives. For some individuals an environment where their privacy is supported is preferred, whereas for other residents an environment that supports their flourishing is one that promotes social interaction.

The care home as a refuge was described by the Matron at Edward Court with reference to a visit to a potential resident in their own home who she found was unable to cope. On identifying his home setting as an environment that was not supporting his safety and wellbeing she facilitated his immediate move to Edward Court:

*I felt that I couldn't leave him so brought him straight to the home.*

Audrey (NH resident) also described the physical setting of the care home as a safe refuge. Audrey perceived the care home as a place of safety for her, so that her family did not worry about her

*It takes a lot of pressure off them [family] me being in here... I am taking pressure off them, taking worry not pressure off them, because they know that there is someone here all the time.*

These examples illustrate the concept of care homes being a place of refuge (Welsh *et al.*, 2012). The value of the care home setting is not just related to physical setting of the building of the care home, access to outdoor space was also highlighted by residents and staff as being important. North House had a garden that was accessible from within the home. The garden was mentioned by Gregory (NH, resident). Prior to his admission to the care home this participant thought that the care home would be an extension of the hospital:

*I realise now the way that is was, they had to throw you out of the hospital. Jill [Gregory's wife] based it on the fact 'oh look they have a nice garden' which is no bloody use to us, what can you do with a nice garden? But she is right, on a good day you can go out.*

The importance of access to outdoor space was also highlighted by residents at Edward Court. Donald (EC, resident) valued the access to outside space in the grounds of the home:

*When it is fine I'll go down and just sit some nice place outside.*

The physical setting of Edward Court contributed to occasions when the staff had given care that they thought added meaning and purpose to residents' lives:

*I saw another member of staff giving palliative care for a resident who wanted to see the sun and the trees, so her bed was pushed outside through the patio doors (EC, care assistant)*

These findings present some of the ways in which the access to outdoor space and use of indoor space can enhance meaning and purpose in residents' lives.

## **b) Valuing of residents' identities**

This section of the Discovery findings relates to how residents' identities being valued contributes to enhancing meaning and purpose in their lives. Knowledge of the importance of valuing residents' identities was initially constructed from the life story interviews. Individual identity can be understood in the context of individual's narratives, revealing the connection of biography and society (Riessman, 2008). Through narrative, individuals construct identity and can make sense of their past (Chase, 2005). It has been suggested that life stories can be used to create shared knowledge and meanings to inform understanding of identity and possibilities for human action and feeling (Wetherell and Noddings, 1991). The finding of the importance of valuing residents' identities contributes to knowledge of ways of enhancing meaning and purpose in residents' lives. This knowledge highlighted residents' views of their own potential and how this could be optimised in order to enhance meaning and purpose in their lives.

An insight into the identity of residents was initially gained through my observation of personal items in their rooms, in particular the photographs that they had on display. These observations were made during the one to one interviews that often took place in residents' rooms.

*In each of the residents' rooms a striking feature that I have noticed is the presence of a symbolic photograph. Each photograph seems to be symbolic of what was an important aspect of their life before they moved into North House. A photograph of James' extended family, Marjory's wedding photograph. Photographs of Audrey's grandchildren. In Merle's room a photograph of her on the QE2 and in Gregory's room, a large print of an RAF plane and a photograph of him in his RAF uniform. These images evoked a powerful sense of aspects of the residents' lives before they moved into the care home. (Field notes: NH/1/6)*

Through the life story interviews, residents' identities were explored. Derek (NH resident) described how his role as a business owner was an important part of his identity and how he hoped to spend more time at the factory:

*I think that it is one of those things, as a person you have got something within you that you need to use every now and again, like I would like to spend more time round the factory, you know going over two or three days a week, which probably I will do in time.*

Toby's (NH resident) employment in the mills had been an important aspect of his life. This was still evident in his life at the care home as he liked to be industrious and keep busy.

*I make myself useful you see, I do those doofers [napkins] that they put on the table that you wipe your mouth with.*

Optimising their potential was seen as a way of enhancing purpose in their lives. Residents described how being independent was an important part of their identities. 'I'm an individual here.' (Audrey, NH resident). Being independent was an important aspect of her identity, being able to make her own decisions e.g. to stay at a care home, to have control over what happens to the bungalow that she owns.

Marjory (NH resident) was also keen to explain how she was independent and optimised her potential:

*I get myself up and dressed and back to bed and everything, when the nurse was in she said 'I've never seen you in bed'.*

Some of the accounts constructed were multifaceted and complex, for example, Gregory (NH resident) acknowledged that others saw him as acerbic; this was an aspect of his identity that he did not apologise for. He saw himself as being very different to those residents who now had reduced cognitive ability. However, Gregory also saw himself as someone who could speak out for those residents who were no longer able to express themselves. Gregory was keen to optimise his potential in order to optimise the potential of other residents.

James (NH resident) was also keen to demonstrate that he was different to other residents; that he felt he was more educated, more sophisticated, more important and more influential than the other residents. However, James also saw himself as a 'champion for the underdog' i.e. for residents who were unable to speak on their own behalf.

*I have to make suggestions to the manager of this unit. I like doing crosswords. She [manager] says 'Yes, you might be clever but don't forget these people wouldn't be able to do them'. Well they won't unless they are given the opportunity. (James, NH resident)*

Karl (EC resident) saw himself as a messenger. By being around the home he was able to pass messages between people and engage in care home life; this enabled him to optimise his potential.

*I needed to let the residents know that the exercise instructor needed to change the date of the exercise class, I rang Charlotte on reception and she said that she will let Karl know as he would go round the home and let everyone know. I had visions of Karl as the postman of Edward Court, whizzing round the corridor delivering messages. (Field Notes EC/ Dream/5)*

Donald described his life story with reference to sailing and working in Africa which contrasted with his current experience as a care home resident following a second leg amputation. However, he was still very much focussed on optimising his potential and learning to walk again with two prosthetic legs.

*I used to like sailing, I used to have my own boat, I used to crew as well. I crewed around Scotland... I worked abroad in West Africa, setting up a weaving shed, from being sixty one to seventy'... I just went in with a cut toe and the doctor says 'We'll send you in for tests', he just turned round and says 'Oh, we're taking your leg off, just like that'... He (the Doctor) said 'Oh, you won't be able to do much', I said 'Leonard Cheshire was a fighter pilot with two false legs'. (Donald, EC resident)*

Within the residents' accounts of their identities were stories of how they intended to optimise their potential in order to enhance meaning in their lives. I found these to be very powerful accounts and felt that they demonstrated what Frank (1995) described in his book *The Wounded Story Teller*, as stories of restitution.

During the Discovery stage of the study I was beginning to understand the residents perceptions of their identities. For some residents, their occupation and family roles were still an important aspect of their identity and on-going opportunities to engage with these role was considered to be a way of enhancing meaning and purpose in their lives. Derek (NH, resident) described how he values the opportunity to visit his business, when he can have a look round, look at the books and see how things are going.

*I feel the continuity and they have respect for me.*

Aled (EC resident) explained how his identity changed when he retired from being a bank manager at 50 years of age:

That's all I had really is work. Then I'd sign on the dole; that used to annoy me, you'd be in the queue with somebody with orange hair and a webbed tattoo and it was 'sign here, thank you', that's it.

The experience of being treated this way was also addressed when Aled described how he felt that when he was in hospital and being treated as an object - a case file, whereas in the care home he was 'being treated like a person'.

Toby too described an experience prior to moving into North House where he did not feel valued, which contrasted with currently feeling valued at North House.

*Before I came here I used to go round the park and they said look at that old man there - that hurts.*

Overall, the above accounts provide an insight into how the valuing of the residents' identities in these two care homes contributed to the creation of opportunities for residents to flourish. As such, these findings contribute to knowledge of the concept of the survival of residents' identities despite the challenge of their reduced physical functional capacity (Welsh *et al.*, 2012). The valuing of their identity was seen by residents as being important for enhancement of meaning and purpose in their lives.

In the NCHRDF (2007) literature review on quality of life in care homes I had read the phrase 'broken bodies' in a poem entitled 'In a Nursing Home' by Mrs J.L. Sealey. The findings of this present study demonstrate that within the 'broken body' is a 'vibrant spirit'. I presented the phrase 'broken bodies- vibrant spirits' to the residents at North House at the end of the Discovery data collection stage and asked if they identified with the phrase. They approved the use of this phrase in the study. The accounts constructed with the residents created knowledge of how meaning and purpose in care home life relates to support for the broken body and the vibrant spirit and how this involved valuing their identity.

Working to help residents maintain their identity (NCHRDF, 2007) and the importance of ensuring residents' sense of significance and sense of continuity (Nolan *et al.* 2006) relate to these findings of valuing residents' identities. The findings of this study demonstrate how care home residents integrate the 'different fragments of their lives to produce a coherent identity' (McAdams 2006, 2012) and this is evident in the vignettes constructed from each resident's data (Appendix 10). The findings on the valuing of residents' identities demonstrate how their skills, knowledge and experience



generated through their lives are of value in their current care home life, thereby contributing to meaning and purpose in their lives.

### **c) Dynamics of relationships**

The findings in this section relate to residents' and staff perspectives on how different relationships have the potential to enhance meaning and purpose in residents' lives. These Discovery findings add knowledge of the importance of connectedness for meaning and purpose in the lives of residents (Welsh *et al.*, 2012) through five different sets of relationships with:

- i) Other residents
- ii) Family and friends
- iii) Staff
- iv) Pets and animals
- v) Myself as the researcher

Relationships were often described by residents as presenting opportunities for them to flourish and reflected their perspectives on being needed and belonging (Dwyer *et al.*, 2008 and Malony, 2010). Where there were positive relationship between residents and staff this impacted on meaning in residents' lives as in the study by Haugan (2013c). The findings in this present study also illustrated how the *dynamics of relationships* support the *valuing of residents' identities*. The nature of the residents' relationships was diverse and impacted in varying degrees on meaning and purpose in their lives. In the following sections, the relationships that residents had with staff and with family and friends that were influential in enhancing meaning and purpose in residents' lives are presented. However, the relationships between residents did not always enhance meaning and purpose in their lives.

#### **i) Relationships between residents**

A range of relationships were identified during the Discovery stage of the study. 'Looking out' for other residents was commented on by Aled (EC resident), James (NH resident), Gregory (NH resident) and Doris (EC resident). These four residents saw themselves as more able and that they could assist other residents. Doris (EC resident) took a protective stance with regards to another resident Betty, who was her friend;

*If I heard anyone saying anything about her when her hearing aids were broke they used to shout at her. I said 'don't shout at her, she is an old lady'. I said 'talk to her'. I said 'she is old enough to be your grandmother'.*

As identified in the Discovery findings related to physical setting, some residents particularly valued being able to visit other residents such as those who spent the majority of their time in their rooms. In the Discovery findings related to identity while Gregory (NH resident) was dismissive of the cognitive ability of many of the other residents he also described how he took time to encourage another resident who was reluctant to eat:

*A lady says 'I don't like them', she had croquet potatoes. I said 'Go on try them, it's only potatoes and breadcrumbs rolled up'. So she did and she ate them all up. So ok what was that about, was it just sheer luck on my part or was it because I was being tenacious about it. A carer could have done that but she would have to have spent the time there that I spent with her but we were at the same table so you couldn't help but be near and so I got her to change her attitude. There are quite a lot of cases like that, people will not take their medication and they have got to be persuaded and sometimes the care staff don't necessarily have enough time.*

In the male residents' focus group at North House the use of humour between the residents was evident:

James: *Gregory is making wonderful progress [with his physiotherapy]*

Derek: *I'm doing similar. Gregory aren't you putting your name down for the Manchester marathon?*

Gregory: *You'll be walking or crawling*

Derek: *I will be riding Gregory's back*

A similar range of experiences of relationships was reflected in the next section, resident relationships with family and friends.

## **ii) Relationships with family and friends**

Residents' relationships with family and friends were identified as a source of support for meaning and purpose in their lives. However, the nature of relationships between residents and their family was sometimes complex. For example the relationships between residents and their families were often affected by the physical health problems of the residents. Residents acknowledged the change in the family dynamics and accepted living in a care home as way of maintaining their physical safety, in order

that family members did not have this responsibility or where there were no immediate family members who could support them living in their own home.

Meryl (NH, resident) described how her brother who was instrumental in her making the decision to move into the care home visits her and '*at night we sit and talk together.*' Family relationships that enhanced meaning and purpose were evident, for example, Derek (NH, resident) had visitors every day who were different members of his family. His visitors appeared to be very fond of Derek and to be keen to maintain their relationship:

*So often when I see Derek he has family visiting him. So many of the residents seem to have a lack of visitors yet Derek has family visiting every day and Gregory's wife visits him every day. If the other residents don't have many visitors I wonder where they get their feeling of belonging and community from? At North House the residents don't seem to have a strong sense of community. A surface level of community but I am not sure at this stage of the study how deep that sense of community is (Field notes: NH/Disc/12)*

Important relationships were not just with family, relationships with friends from their life before they moved into the care home were also important. This was demonstrated by Aled (EC resident). He continued to attend a social club every Sunday, where he met people from his life before he entered the care home: '*I see 'em all.*'

Donald (EC resident) had only recently moved into the home and he felt supported by his many visitors who were family and friends. Mac (EC resident) described his wife and daughters as being important people in his life. He described how he had one visitor a day from either one of his daughters or his son. Bess (EC resident) always sat quietly in her room and did not have many visitors. Her only visitors were her friend a priest who travelled 70 miles to see her and occasionally her sister who was 77 years old and who visited when she could. Reggie (EC resident) described himself as being friends with residents and staff. He describes how his relationship with his children helped him to cope with the difficulties he had due to Parkinson's disease. Audrey (NH resident) described waiting for her family members to facilitate her visiting places that were significant to her e.g. theatre and shopping centres. Relationships with family and friends contributed to enhanced meaning and purpose in residents' lives but not all residents had the opportunity to engage in on-going relationships with a wide range of family and friends. Daily interaction with members of staff therefore presents an

additional opportunity for relationships that can enhance meaning and purpose in residents' lives.

### iii) Relationships between residents and staff

Positive relationships are identified as being a component of personal meaning (Wong, 2012). Within the Discovery findings there are examples of positive relationships between residents and staff which demonstrates the value of creating communities in care homes (NCHRDF, 2007). The accounts provided by staff of their relationship and interaction with residents often demonstrated compassion which Wong (2012) identified as being significant in relationships that enhance meaning in life.

There was one member of staff at North House who was valued by every resident involved in the study. This was Anthony the activity co-ordinator. He had no formal care training and had worked previously as a plumber. He ran a session called 'therapy' every morning. I knew from the time that I had worked at North House 15 years earlier that this name had been 'inherited' from the session being a daily physiotherapy session delivered by a qualified physiotherapist. This session subsequently became an exercise class led by a health care assistant and had now become a social 'session' with no exercise but was still referred to as 'therapy'.

The impact of Anthony (NH, activity co-ordinator) was described as one of the major aspects of life at the care home that made a difference to living with meaning and purpose. Audrey (NH resident) laughed when she explained:

*I always say you need therapy when you come out. Anthony is extremely good at talking to people, he just has an answer for everything, he is very quick witted.*

Audrey invited me to attend a therapy session with her. My observation of the residents' time in 'therapy' was that this was like watching a different group of people to the people I had observed at other times and in other locations at North House.

*Anthony creates an atmosphere of non-care home life in the 'therapy' sessions. He achieves this by speaking to and interacting with the residents in a way that does not reinforce the carer/cared for dynamic. These resident-staff relationships during these sessions are not moulded by the medical model but instead reflected a person-to-person dynamic. Anthony makes skilful use of humour, detailed knowledge of people's identity and motivations. The outcome is the facilitation of*

*resident to staff and resident to resident interaction that is engaging not passive. It seems as though within the therapy room different rules and expectations apply. When the residents leave the room at the end of each morning their body language and facial expressions reflect the experience that they have just engaged in, one that acknowledges and nurtures their 'vibrant spirits' rather than one that focussed on their 'broken bodies. (Field notes: NH/Disc/ 17)*

The relationships that Anthony described himself as having reflected the same humour that the residents found in their relationship with him. He explained how recently he had come into work on his day off at the weekend in order to take a resident to the local park for a remembrance service. When I asked him why he had done this he said;

*She asked me and I thought it's only a couple of hours, why not?*

He also laughed describing how the residents ask:

*'Can you get me this from Asda?' You think you sods that'll cost me a gallon of petrol to do that.*

I observed that there were many occasions when he had just 'nipped' to Asda for a resident, despite his protestations to me.

The residents valued Anthony to the extent that they did not see him as one of the staff:

*Anthony is part of us (Audrey: NH resident).*

The comments with regard to other staff were less effuse but positive:

*They are nice (Marjory: NH resident)*

*I can't complain about the staff here, they are wonderful I... the staff help me as much as they can (Donald, EC resident)*

*They [the care assistants] make me happy you see. I have a bit of fun with them and I can take it all in and I can talk with them and they never refuse. (Karl: EC resident)*

Members of staff provide examples of occasions when they had observed colleagues enhancing meaning and purpose in residents' lives through their interaction, examples included:

*The way that a member of staff spoke to a very poorly resident. (EC, care assistant)*

*A resident was feeling upset and lonely and my colleague gave her a cuddle to feel special. (EC, care assistant)*

*Just chatting. (EC, care assistant)*

The contribution of the relationships with staff to meaning and purpose in residents' lives is further explored in the Discovery findings with regard to the component of care.

#### **iv) Alternative to relationships with people (Pets and animals)**

In appreciative Inquiry different accounts are constructed and these need to be acknowledged as 'different but equal' rather than be discounted. The relationships that were important to Doris (EC resident) were those where she could care for animals. Her approach to life and relationships generally was very combative, this seemed to have resulted from the abuse that she had received in her family life. Alongside her life story of cruel relationships and violence there was a second aspect to Doris's life story; her love of animals. Her account of her love of animals was the one positive aspect of her life story. Doris described how when she was 19 or 20 years old:

*I rescued a wild rabbit, I put it in a little box and rang the vet. If any animal were limping I used to try and catch 'em.*

Doris described how she 'rescued little Pinky Poo (a pig) from being drowned' along with another pig. Doris would take them out with her in a shopping bag with a blanket over them. Her love of animals continued at the care home:

*I had a squirrel what comes here [at EC] and it hit its head int' door.'  
There are two birds [at EC] I talk to 'em and they started chucklin'  
back at me, as soon as they hear my voice they start.*

Doris described how she challenged a resident who was rapping on the bird cage:

*I said 'Don't do that', I said 'Now will you piss off, leave them poor birds alone'. I said 'If I ever clock you doing that again I will stand out of this chair'...*

Doris did not complete the sentence but the threat was implicit. I have included these findings on the contribution that connecting with and looking after animals as although

not evident in the accounts constructed with other residents, this was an important aspect of meaning and purpose in Doris' life.

**v) Residents' relationship with myself as researcher**

As a social constructionist epistemology underpinned this study the nature of the residents' relationships with myself as the researcher is presented too. Van der Haar and Hosking (2004) suggest that in an appreciative inquiry relational processes are 'the medium within which social realities - including what it means to be human and what it means to be 'this particular human'- are located' (pg 1021).

I spent 12 months meeting the residents North House and the residents reflected on the relationships that formed between themselves and myself as researcher. One particular discussion in a focus group with the residents explored their sense of being powerful or powerless in terms of their involvement in this study. The view of the residents was that they were in a position of power in their role in the study:

*We give freely what we want to. (Derek: NH resident)*

*I view it that you are a student and therefore you are doing something and I am enabling you to do this. (James: NH resident)*

These comments reflected the relationship between the resident as participants in the study and myself as the researcher as 'different but equal' and that within this study 'power to' rather than 'power over' was successfully enabled (Van der Haar and Hosking, 2004 pg 1023) and I was pleased that this was their view of our relationship within the study.

*I am aware that I have taken quite some time getting to know the residents at North House through the life story interview, the one to one interviews and now the focus groups before we have even started to make arrangements for the actions of the study. I feel that this is the best way to undertake this study as meaning and purpose in life are not concepts that I can just waltz into these homes 'capture' and then waltz out. I feel that the only way to learn how meaning and purpose can be enhanced in care home life is to take my time to learn about these residents in as much detail and as closely as I can. I realise that by spending so much time with the residents I am by default minimising the level of engagement that I am having with the staff. However, this route is my preferred option I would rather learn about meaning and*

*purpose in the residents' lives from their perspectives rather than a person 'one removed' from them. (Field notes: NH/dream/8)*

I was mindful of establishing clear expectations of the duration of the research project relationships between myself and the residents. The residents at North House were the ones who identified an appropriate way in which to mark the end of their involvement in the project and our time together. We marked the end of our collaboration by the celebration party that they had requested.

*So today was our end of project party, we had completed all of our actions and although I planned on making follow up visits it was important to thank the residents for their time and commitment to the project. I was surprised and delighted to receive some flowers from the residents and a card saying 'From your friends at North House' (Field notes NH/Destiny/11)*

The data presented illustrates how these different relationships; between residents, with family and friends, with staff and with myself as the researcher can provide the opportunity for residents to optimise their potential, flourish and thereby enhance meaning and purpose in their lives.

#### **d) Focus of activities**

The residents' perspectives on activities that enhanced meaning and purpose in their lives provide insight into the different types of opportunities that were available to them. In the final stages of data analysis where the explanatory account is developed, the different activities were classified as two differing types: maintenance activities and restoration activities. The inclusion of the concept of restoration activity was influenced by Frank's (1995) discussion of restitution being an outcome of the wounded storyteller's experience.

Welsh *et al.* (2012) addressed the importance of residents engaging in 'normal' activities to enhance meaning and purpose in their lives. However, attention needs to be paid to what is meant by 'normal' activities. The nature of the activities could be 'normal' with reference to activities that residents have engaged in since moving into the care home or with regards to the type of activities that they engaged in before moving into the care home.



**i) Restorative activities**

Several residents explained that they would like to engage in activities that have a restorative focus. In the findings of this study restoration activities are considered to be activities that support the resident in reclaiming an aspect of their pre-care home life or a new type of skill or experience. For example Marjory (NH, resident) described how she engaged in clothing alterations and repairs for members of staff. These activities focussed the on-going restoration of her previous skills that she used prior to her admission to the care home.

*I do little things with my hands not my head. I sew the bottom of their trousers, people bring their repairs, anybody's seams gone and they say 'will you do these Marjory?' They know I can do these things.... It is something I need to do.*

Examples were also provided of the staff providing support for development of new computer skills. One of the social therapists at North House described how she helped Derek (NH, resident) to send an e-mail expressing his condolences to his former work mates and friends when their colleague died. She described how being able to do this had moved him to tears. James (NH, resident) described how he too had been developing his computer skills:

*I have been doing a bit with Karen (social therapist), learning to use the computer, which I had some idea of before but greatly improved now, doing a proper job.*

Insight into the focus on physical rehabilitation by Gregory, Derek and James (NH residents) was gained from their reflections on the moment that they had suffered a stroke. Gregory and Derek had strokes whilst they were at work and James had a stroke whilst on holiday in Dubai. The moment that they had the stroke was described as an extremely significant point in their lives and they expressed a strong desire to return to their state of health prior to the moment of having had a stroke.

Derek (NH, resident) described his interest in the opportunity of engaging in 'restoration' activity as he was interested in returning to his work role in his own business:

*It is an all important stepping stone in my life. I would like to get back to square one, running a factory. I would like to get back to square one. I would like to get that working again [points to his head].*

The restoration focus was also highlighted by Donald (EC resident) who was keen to learn to walk again following a bi-lateral leg amputation. Ellen (EC, resident) too was focussed on '*getting better*' and that she felt that she could achieve this by resting. Ellen liked to spend her time listening to music and watching films. Karl (EC, resident) appeared to have successfully achieved his restoration goal of being able to move about in a way that was similar to when he cycled around on his bike. Aled (EC resident) was focussed on restoration activity and clearly was concerned about his physical and mental stimulation. He was interested in any activities '*that gets me out*'. His purpose in life was '*just trying to get myself fit*'. He felt that the health care assistants encouraged him, for example, by their responses when he said that he was going for a walk around the park. He suggested that the provision of some exercise equipment would be helpful:

*If the idea of this place is to get you OK, you're never going to be like you were before, but if the idea is to get you some way back that way and what they intended to do. If they said right we're going to try and get you to the stage where you could walk into town if you felt like it, but to get to that stage you're going to have to exercise two days a week.*

As Aled recovered from his stroke he was able to use his mobility scooter to get out of the care home to go to his social club for example.

*At first it was difficult to get up and down kerbs.*

So now he uses the road which meant there was an element of risk due to:

*Parked cars and there's idiots on the road, they whizz past you.*

Aled's experience of restoration of mobility on the footpaths and roads outside the home highlighted his exposure to risk.

For Reggie (EC resident) timely administration of medication for Parkinson's disease was the most important aspect of his care. If this was not given at the right time then he would be completely immobile in his chair. If the medication was given at the right time then he would be able to walk around the home. The 'right time' meant that the care staff had an awareness of not just when the medication was prescribed but also of Reggie's awareness of his symptoms:

*Staff want to help; getting me drugs and pushing my legs in. I can't push them back myself. They do things that I can't do for myself. Fran (Manager) understands what I've got. Liz (Matron) when I'm struggling will give me my injection. They will walk round with you.*

Although administration of medication could be considered as a maintenance activity for Reggie, his perspective was on restoration since the medication restored his level of mobility.

The focus of restoration activities aligns with the optimisation of residents' potential. Where activities had a maintenance focus there was less of a focus on residents' reclaiming their potential. Where activities that the residents' engaged in had a restorative focus there was an alignment with their skills, knowledge and experiences gained during their life experience and therefore a link with the residents' identities.

## **ii) Maintenance activities**

Some residents were satisfied with the maintenance focus of the activities provided at the care home. Marjory and Meryl were satisfied with the activities that they could engage in:

*I'm quite satisfied really with what we have, bingo, mostly at night we sit and talk. (Meryl, NH resident)*

Mac (EC, resident) was also satisfied with the maintenance activities that were offered at Edward Court; darts, dominoes, crib, film nights and general discussion evenings.

Just as there was variation in residents' perceptions as to the focus of activities, there was also variation in the staff perspectives on activities. When considering the role of watching television as an activity, the Edward Court staff expressed a range of opinions. Arranging the provision of satellite television was suggested as an action for the study by one member of staff. However, this was considered to be complicated by the issue for who would pay for this service. The benefit of having access to satellite television channels was that:

*Then they can watch the interesting things that they want to watch; like on the history channels and war channels and things they've done in the past. (EC, Care Assistant)*

This was countered by the view:

*I think that there's too much T.V. I think that it should be informative T.V. and the T.V. that they want. It's all sitting around a box isn't it and that isn't life, that's not the meaning of life. (EC, Care Assistant)*

The view was expressed that watching television was a passive activity:

*Whereas if you sat people round in a group and started to say what were the 40's like for you, then you've got more of a conversation; then you've got proper interaction. That's the word I'm looking for more interaction. (EC, Care Assistant)*

This was further supported by the suggestion:

*I think we should be looking outside the T.V., of what other things can be put in place to give them a more varied lifestyle. (EC, Care Assistant)*

The suggestion of the provision of new television services was not explored by the residents of either home since the residents' views were more aligned with Esme's comments that they were looking for more varied options than watching television. The actions that the residents decided to include in the study aligned with the above suggestions by the care assistants; that the activities should enhance '*the meaning of life*', support '*proper interaction*' and provide a '*more varied lifestyle*'.

At the beginning of the study when the Edward Court activity co-ordinator was in post she described the range of activities that she organised throughout the day and into the evening.

*I met up with Eleanor (activity co-ordinator at Edward Court) this evening, to explain the study to her and to discuss her role in the study. We sat in one of the residents' lounge rooms. Eleanor seems to arrange a good profile of social activities. I like the idea of the dining club where residents go a local pub for dinner. That evening the residents were just leaving the room where I was meeting her; they had just had a fish and chip supper with her (Field notes/ EC/ Discovery 2).*

This observation provided my first insight into the residents and staff experience of activities at Edward Court. The similarity of focus of the residents and staff in both homes provided an insight into the shared understanding of the need for a range of activities; activities that had a maintenance focus and the provision of activities that had a restoration focus. These activities could then be engaged in with residents

according to their intention of optimising their potential or engaging in opportunities to flourish.

#### **e) Component of care**

For many residents the *component of care* was inherent in their accounts relating to the study themes of *valuing of residents' identities*, the *dynamics of relationships with staff* and the *focus of activities*. The accounts of the *component of care* were mainly constructed during data construction with the staff at North House and Edward Court. The *component of care* only had relevance to residents once they had moved into the care home. Findings related to the impact of the component of care were not identified in data constructed with residents with regards to their lives before they moved into the care homes.

Examples of data that illustrate how the component of care enhanced meaning and purpose in residents' lives include accounts constructed with members of staff who described how they provided resources i.e. their time and money to contribute to a positive experience for residents. Molly (NH, care assistant) explained:

*One resident has no family so I have taken on the role of making sure that he has all the things he needs i.e. new clothes and toiletries.*

Geraldine (NH, care assistant) added:

*Could be something insignificant, making sure they have got perfume, jewellery, nail polish, putting scarves in – a bit of personal identity. Go past the underlying simple things: that means a lot.*

The financial aspect of the care assistants' pay was considered as being different to the value of their work. Anthony (NH, activity co-ordinator) described how at North House:

*Carers are on the minimum wage, it's not about the wage, staff go on trips even though they are not getting paid. Staff go out of their way, they go shopping when residents need something special. When residents haven't got enough money staff pay out of their own pocket.*

The staff described how they showed residents that they were valued through communication such as:

*Spending time each day with the same resident, passing the time of day and flirting. (NH, receptionist)*

*Spending time with a difficult resident when the other members of staff have tried and haven't been able to get through to her. (NH, care assistant)*

The staff at North House commented that they enjoyed getting to know the residents, talking about their past history and their present lives. The staff identified interaction with residents as being important to them:

*It's not just coming and giving care, you see people every day, more than you see your family. You are not supposed to get too close but you do. (NH, care assistant)*

Another example of care given by staff illustrates how they felt that they enhanced meaning and purpose in the lives of residents including end of life care:

*I was able to maintain the resident's sense of dignity, making sure that the resident was comfortable. (NH, care assistant)*

A further example given related to a resident who had become very upset and a member of staff immediately went over to them and spent a long time settling them down:

*The resident was unable to articulate clearly but the member of staff persisted until they were calm. (NH, care assistant)*

*All the staff have different contributions to make care special. (NH, care assistant).*

Interactions with the cleaning staff at North House were viewed positively by Marjory, Meryl and Audrey:

*They have a word with you, they are nice, they seem to have more time to talk to you than the qualified staff. (Audrey, NH resident)*

Members of staff at North House described care examples that they thought contributed to meaning and purpose in residents' lives such as:

- Finding time to console a resident who had received bad news
- Being aware of the opportunity to contribute to meaning and purpose in residents' lives through their daily care
- Never forgetting a resident's birthday

Members of staff at Edward Court described care examples that they thought contributed to meaning and purpose in residents' lives such as:

- A member of staff escorted a resident to his sister's wedding without any additional payment for this time
- Sitting with a resident who was dying

The examples that demonstrate the component of care described by staff identified the empathic way in which they viewed their opportunities to support the residents. The staff at Edward Court described how the care home had residents who were highly dependent e.g. people who were being ventilated. The impact of having to provide specialised care was viewed as providing the opportunity for staff to learn complex skills and this was seen as having a positive effect on staff morale and the way that they viewed their role. Similarly the high proportion of vulnerable residents was considered as making a positive impact on the way that staff perceived their role, with the need for them to act as advocates for residents being highlighted.

Amber (NH, care assistant) described how she valued her work role:

*I like feeling a sense of worth.*

The findings regarding the component of care are that as an aspect of care home life this is valued by residents and staff when it is embedded in the other aspects of care home life explored in the Discovery findings namely valuing of residents' identities, the dynamics of relationships between residents and staff and in support for the focus of activities.

The Discovery findings presented so far in this chapter are of how meaning and purpose in residents' lives can be supported by the physical setting, the valuing of residents' identities, the dynamics of relationships, the focus of activities and the component of care . However, within the Discovery stage of the study, challenging aspects of residents' care home experience were also constructed. In the following section these findings are presented.

## **Part 2: Appreciation of challenging aspects of care home experience**

In the previous section the residents' experience of meaning and purpose in their lives being enhanced within the care home setting were presented. In this section of the Discovery findings the data present accounts of conflict, problems and stress (Cooperrider and Whitney, 2007) which may at first sight appear to be at odds with an appreciative approach. However, these data informed the study findings as a result of listening when these issues arose, validation of the data as lived experience and then a reframing of the issues (Cooperrider and Whitney, 2007).

Within the literature accounts of conflicting tensions are evident. The concept of the 'boundary of home' is discussed with reference to care homes by Malony (2010) highlighting that it is important that this is 'respected and protected along with the people and things inside' (pg 302). However, Malony (2010) cautions that 'a delicate balance of freedom and enclosure' is required to prevent 'a refuge from becoming a prison' (pg 302). This demonstrates the tension between being 'inside' a care home whilst still being able to access the 'outside' and the tension between promoting safety and the facilitation of risk taking by residents.

### **a) Physical setting**

Where Audrey (NH resident) saw the decision to move into the care home being her decision, Marjory (NH, resident) described how the decision to move into the care home was not her decision. After falling at home and hospital admission:

*The doctor wouldn't let me go back home again. Well he can sort that can't he? I always said that I wouldn't go in a home but it is just one of those things isn't it?*

Some residents explained that they were not happy about being a care home resident.

*I keep saying that I want to get out (Doris, EC, resident).*

She explained that her nephew's response was:

*You're in here, this is your home and that's it.*

Mac (EC, resident) described his wish of:

*Getting out of this place, I've had enough of it, being bossed about.*



James (NH, resident) felt that his room was 'painfully small, like a prison'. Malony (2010) highlights that the experience of care home life can be an 'experience of confinement, restriction and powerlessness' (pg 304). James achieved resolution of his 'prison like room' by moving to a larger room when one became available.

The location of residents' rooms proved to be important to them. The different experience according to the location of their rooms was raised by Audrey (NH, resident);

*Me being down here [Landsdown Unit] you don't see anyone.*

This unit was furthest away from the entrance of the care home and so Audrey's experience for interacting with people was different to that of Marjory, whose room was at the intersection of two corridors.

Within the theme of physical setting the residents' ability to mobilise around the home is relevant. This was highlighted by Gregory (NH, resident) who had two experiences whereby meaning and purpose in his life were reduced due to the arrangements for his wheelchair provision. A wheelchair that he 'inherited' when another resident died was 'taken away' because this wheelchair had not been provided for him specifically by the wheelchair service, much to his disappointment:

*I got a wheelchair here which belonged to someone who had passed away but the home would not let me keep it. They swooped down and took it away.*

James and Derek (NH residents) were present in the focus group where Gregory raised this issue, their experience was different in that they had 'not had any problems' with regarding the provision of their wheelchairs. However, their wheelchairs were electric whereas Gregory's was a manual wheelchair that he could not propel. Gregory's frustration with regard to the wheelchair that he was provided with recurred later in the study by what he saw as '*the confiscation of his second electric wheelchair*'. The staff perspective on this was that they were promoting his safety:

*This place does not encourage you to be self-sufficient or independent and the converse is true and it all goes under the guise of 'oh you might hurt yourself', well that is true but you might hurt yourself going for the bus. (Gregory, NH resident).*

For Gregory, there was no resolution of this issue, only frustration at being limited in his freedom of movement. Later in the study Gregory presented his perspective on risk taking and wheelchair use by residents at a national conference. Gregory chose to focus on risk management in his part of the presentation. He explored the risk management based decision of the staff to remove his electric wheelchair and replace it with a non-electric wheelchair that meant he could only move if someone else pushed the wheelchair.

## **b) Identity**

At North House the difference between residents according to age related to the Unit where their rooms were located, those under 60 years of age had rooms in the Young Disabled Unit. This was mentioned by Meryl (NH resident)

*In my case I am on the youth side so they know more about me...I think mine [experience] is different to yours, you were born here, I wasn't born here.*

What Meryl meant by 'being born' was unclear but her perception of difference was clearly stated.

Meryl: (NH resident): *I am an outsider, I am not in your group.*

Marjory: (NH resident): *You are not an outsider, you are the same age as me.*

Residents' views that they were different to other residents were expressed with reference to differences in home ownership, car ownership, unit in the care home where their room was located, level of dependence and level of cognitive ability.

*We might all have had strokes but we are from diverse intellectual backgrounds and we will remain diverse until we leave.* (Gregory, NH resident)

Where residents felt that they did not identify with other residents there was an impact on the dynamics of their relationships with other residents which is explored in the next section.

### c) Dynamics of relationships

The tentative nature of some of the relationships between residents was described by Audrey (NH resident):

*I got friendly with the lady next door. I don't think you really make friends, you become friends, not friendships as such, I don't think people are particularly interested in that.*

The limited impact of relationships between residents as a source of support for enhancing meaning and purpose in their lives was reflected in comments where residents did not consider any of the other residents to be their friends. Meryl (NH resident) reported that with regard to her relationships with the other residents:

*A lot of them are not my style, like Hilary next door, we're not friends.*

Rather, other residents were seen as people who happened to be living in the same physical location. When the difference between themselves and other residents was being explained, the language used at times was blunt and diminished the value of the other residents.

*I don't want to sound bombastic but some of them couldn't string a couple of words together to save themselves and you know it's part of an affliction of course, equally they probably had the problem before they came here. (Gregory: NH resident)*

On one occasion when a resident not involved in the study was trying to enter the room where a focus group was being held Marjory (NH resident) encouraged me to ignore the resident:

*He won't understand, just shut the door, he can't speak anyway, they'll just move him.*

Residents were more likely to explain why they did not have strong relationships with other residents rather than identify these relationships as a source of support for enhancing meaning and purpose in their lives. Donald (EC resident) felt frustrated by being surrounded by a high proportion of women residents. He was keen to be seated next to men of a similar age to himself rather than women. Ellen (EC, resident) did not want to engage in relationships with other residents:

*I don't have anyone in for tea; that is my choice.*

The impact of relationships with family members was not always positive. Toby (NH resident) mentioned his niece who he perceived to be in a position of authority with regards to decisions about his life. He stated that the decision for him to move into the care home was made by his niece who was '*backed up by the Law.*' This was Toby's perception of how the decision was made, he had not been sectioned under the Mental Health Act and no deprivation of liberty assessment was in place.

Marjory (NH resident) did not have many visitors, her only remaining family was her brother who lived 400 miles away and she had one friend looked after her correspondence and money. James (NH resident) was another resident who did not seem to have many visitors. James had been divorced by his wife shortly after having a stroke that left him with significant disability. James appreciated the way in which the staff at North House avoided mentioning his ex-wife. Gregory (NH resident) was reliant on his wife for her daily visits but also frustrated by her refusal to support his return home. Gregory's wife would not facilitate his moving home so he considered divorcing her so that he could take control of his financial and property assets.

The residents identified opportunities to develop the relationships that they had with some members of staff as a way of enhance meaning and purpose in their lives. Initially Aled (EC resident) felt that he did not have a close relationship with the care home staff:

*You never got close to them that you sit down and just talk, what helps understand us as a person.*

However, Aled did acknowledge the positive impact of the staff talking to him more generally. Likewise the nature of Bess's relationships with staff was not straightforward. While Bess did not appear to have any significant relationships with members of staff, her observations were impacted by what she saw as her limited understanding of staff roles:

*I don't know who is qualified and who isn't, the trouble is I'm not very observant so it's my fault.* (Bess, EC resident)

The relationships that residents had with staff were described in diverse ways, both positively and negatively. Whilst Mac (Edward Court, resident) felt that the care assistants were '*good*' in that they helped him to get dressed, which he could not do for himself, he also thought that the staff seemed very distant and that they could have

become more involved than they did. Where the impact was seen as negatively impacting on meaning and purpose in their lives the concept of power in the relationships was raised.

*They [the staff] need a better outlook than they have got, some are excellent, some think that it [caring] is below them, some look as though they are doing us a favour. I don't think that they realise what they are letting themselves in for; they don't understand how they can hurt you. They say 'don't be soft', they don't realise how privileged they are to be working with the human body. (Derek, NH resident)*

*Carers, they have a lot of power over what you do, I feel powerless...carers take the mickey behind their [other residents] backs, I don't like that, it probably happens to me. (Gregory, NH resident).*

The fact that these residents were paying a significant amount of money to live at the care home and their lack of power as a customer who is paying for services was raised:

*We are customers, the customer is right. I firmly believe that we are customers and should be treated differently. I don't believe that I am a resident. I am a customer of certain services that they have got...We are paying enough, the young staff don't know what we are paying. If they did they would do their job more thoroughly' (Derek, NH resident).*

The challenges evident in some of the relationships that residents experienced with staff, other residents and family members reflect the complex experience for people whose place of residence changes as the result of their health care and support needs. The complex nature of their experiences emphasises the importance of the focus of this present study of how to enhance meaning and purpose in their lives.

#### **d) Focus of activities**

As with the other themes of the Discovery findings there was diversity in residents' perspectives regarding the focus of activities. The variation in residents' responses highlights the challenge for care homes in providing care and support to contribute to lives lived with meaning and purpose. Where Marjory and Meryl (NH residents) were satisfied with the nature of the activities available to them this is contrasted with the account of meaning and purpose in their lives constructed during the focus group discussion with the male residents (North House) which at times was stark. In response to the question 'What adds meaning to their experience living in a care home?' negative accounts were provided by Gregory, James and Audrey:

*Nothing, nothing at all, it is an existence here. Unless I can get better and back to where I was then, otherwise I doubt very much will add meaning... They are not doing enough to get you back to fit human beings. (Gregory: NH resident)*

A similar point was raised by James (NH resident):

*The only thing I enjoy is that I can get out of here as much as possible ...we don't get much cerebral stimulation.*

Audrey (NH resident) reflected on the lack of restoration to aspects of her life

*My life probably hasn't got back to the same from being in here.*

For Audrey on-going opportunities to undertake the activities she would have engaged in prior to moving into the care home were important to her. These included going out for dinner with her friends and to the theatre and on shopping trips with her family. Audrey acknowledged that these activities did not happen as often as they used to or as often as she would like them to. Therefore there was some disagreement about the required focus of activities. In one focus group discussion James (NH resident) suggested that the activities should have a rehabilitation focus rather than be limited to social activity. This evoked a negative response from Gregory (NH resident), who at other times in the study argued for the provision of more rehabilitation therapy:

*What are you talking about other than activities that we can do? None of us can do anything because we can't bloody walk.*

This was challenged by Marjory (NH resident), 'Yes, but what else can we do?' The female residents who were involved in the study were less dissatisfied and less 'militant' than the male residents who were involved in the study at North House:

*We are squares really, we don't like having new things like change, we are in a routine now. (Marjory, NH resident).*

*I don't know if they (the staff) would make any changes...they will say we are too busy. (Meryl, NH resident).*

As with the residents of North House, the residents at Edward Court provided varied accounts of their experience of meaningful activities within the home. Doris (EC resident) said that she would like to try embroidery but that 'there is nothing like that.' She reported how she told the temporary activity co-ordinator:

*I'm not playing bloody kid's games.*

Bess's (EC resident) account as to how she spent her time was 'very boring' that she spent her time in her room; that this was where she also ate her meals and that she did not get out into the rest of the home. Bess did not engage in many of the activities that were on offer in the care home as she needed someone to suggest them to her. Bess had some memory problems and her awareness of what activities were available appeared to be affected by this.

One aspect of the care home experience of residents at Edward Court that was different to that of residents at North House was due to the long-term absence of the activity co-ordinator in Edward Court. This was identified as resulting in the loss of opportunities for supporting meaning and purpose in residents' lives:

*I think that the activities could be better, they have been better in the past. (Manager, Edward Court)*

The previous activity provision when the activity co-ordinator was in post was referred to:

*The magazine used to list all the activities. It's only as good as the activities person and to find that special person is very hard because it's the most thankless job going; to continue to try and motivate people all the time. (EC, Staff Nurse).*

Unfortunately, Heidi was diagnosed with a terminal illness a few weeks after our initial meeting. When she was no longer in post a succession of activity co-ordinators were appointed, but each time they chose not to continue in this role after a few weeks. The Manager at Edward Court described how she tried to provide a health care assistant to cover the activity co-ordinator role on a rota basis:

*I've tried to put a carer down to do the activities. If someone phones in sick then what comes first? It doesn't work though unless you actually want to do the job. I find that it doesn't matter who you put in, if they've not got the feeling for it. You've got to have someone who wants to do it and it can be a thankless job.*

She described how for the new activity co-ordinator having no caring experience was an advantage as this meant that:

*She cannot be pulled off her activities to do caring. She's got to have some skills which we will teach her.*

As with the other aspects of care home life that presented challenges to the experience of meaning and purpose in residents lives, the challenges related to the focus of

activities reflects the diverse needs and preferences of residents. The findings also relate to the challenge that this presents to the care home staff in terms of being able to provide the range of activities for residents

#### **e) Component of care**

As with the positive accounts of how the component of care supported meaning and purpose in residents' lives, the challenges were also embedded in the other aspects of care home life, for example, the focus of activities and the dynamics of relationships between residents and staff.

In response to a question on how the care given at the care home improves meaning and purpose in his life James's (NH resident) response was;

*I don't think it does, if anything it inhibits life.*

James was keen to engage in rehabilitation exercise and was frustrated by the refusal of the physiotherapist at the care home to use the 'standing table' with him.

*I even went to my M.P. and complained that I was having to pay for my physio, they say that they will not pay for maintenance physio.*

James was also keen to further develop his computer skills and was frustrated by the lack of support by staff regarding this:

*I would like to work but in what capacity?*

Opportunities for staff to enhance meaning and purpose in residents' lives were identified by both residents and staff, and a limiting factor acknowledged by both staff and residents was the lack of time available to staff.

*Sometimes you find out more about a person at a funeral than you do whilst they are here'. (EC, care assistant)*

The effect of limited staff time was explored further. The staff involved in the focus group expressed a strong desire to be able to spend more time with residents:

*From my point of view we go into a room and just at the moment we haven't got time to even have a few words with them and they want us to and you feel so rude and ignorant saying 'I'm sorry I've got to go. (EC, care assistant)*



It was felt that previously they had more time to talk to residents. Edward Court was described as a:

*It's a busy, busy home; there isn't that time to spend socialising, you have that time to spend as you are doing care but not that time to sit down and spend quality time. That's the only thing that is at fault here, the time that you get to spend with the residents.*  
(EC, care assistant)

The business of staff was noted in a study by Nakrem *et al.* (2013). However, in this present study it was the Matron, nurses and care assistants who commented on their lack of time and the business of the care home which they felt detracted from the opportunity to enhance meaning and purpose in residents' lives. Staff considered what difference 'more time' would make and they suggested that they would value the opportunity of 'spending more time with residents, pampering them'.

Marjory, Meryl and Audrey viewed the nurses at North House as being approachable but considered their role as being limited to;

*Just taking care of the care side. They only know about dressings really*  
(Marjory: NH, resident)

*Just giving out our tablets.* (Meryl: NH, resident)

*If you were down they might notice* (Audrey: NH, resident)

Rose, a care assistant at Edward Court suggested that a development in the approach to care could be:

*To find out what their [residents] hopes and dreams are.*

This suggestion encompasses how the component of care can enhance meaning and purpose in residents' lives. In terms of reframing the challenges identified by residents and staff these findings indicate potential areas of focus for enhancing meaning and purpose within the communities of care homes.

Through the appreciative inquiry approach of this study the negative comments made by residents were listened to and acknowledged as the lived experience of the residents in accordance with the recommendations of Cooperrider and Whitney (2003). In the study the findings from the challenges identified in the Discovery stage were

reframed through the actions explored in the Dream, Design and Destiny stages of the study which are presented in Chapter 9.

### **Chapter Summary**

It has been suggested that evaluation of the outcomes of an appreciative inquiry can occur throughout the process rather than solely with reference to 'the product' at the end of an inquiry (Van der Haar and Hosking, 2004). The Discovery findings are presented here as the outcomes generated during the initial stage of the inquiry. The design of this study included extensive data collection during this initial stage. This was required to generate knowledge of the impact of existing aspects of care home life on residents' experience of meaning and purpose in their lives.

Appreciative inquiry is based on appreciating and valuing the existing situation before progressing on to envisioning what might be and dialoguing what should be (Ludema, Cooperrider and Barrett, 2001). Where the findings related to aspects of residents' care home experience that currently supported meaning and purpose in their lives, the knowledge constructed was used to inform the subsequent stages of the study. Where challenge to meaning and purpose were identified these were acknowledged and examined in terms of a reframing of the negative accounts through the following stages of the study of Dream, Design and Destiny. The actions decided upon by the residents (which are presented in the following chapter) provided ways of building on the residents' positive experiences of meaning and purpose in care home life and also for responding to some of the challenges that were identified.

## Chapter 9

### Findings: Dream, Design and Destiny

#### Introduction

This Chapter is presented in four parts. Part 1 provides an overview of the findings related to the four actions implemented through the Dream, Design and Destiny stages of the study. These actions build on the Discovery findings that were presented in Chapter 8. Part 2 focuses on the actions implemented at North House. In Part 3 the action implemented at Edward Court is presented. In Part 4 the North House participants' evaluation of their experience of their involvement in the study is presented.

#### Part 1: An overview

In this chapter the different ways in which residents sought to enhance meaning and purpose in their lives are presented. These findings reflect the principles of an appreciative inquiry methodology of the study and the participatory inquiry paradigm of the study. The four actions of the study that are presented in this chapter were the outcomes of the residents, staff and myself engaging in Dream, Design and Destiny stages of the appreciative inquiry cycle in each care home.

The data constructed during the study illustrates a diverse range of opportunities to enhance meaning and purpose in residents' lives. It is important that the diverse range of residents' experiences of meaning and purpose is acknowledged. Diversity in the accounts constructed were embraced during this study; the underpinning social constructionist epistemology means that the findings represent 'multiple, local-historical, constructions made in language and other forms of action' (Van der Haar and Hosking, 2004 pg 1020).

These opportunities and challenges reflect the findings of the study by Scheier *et al.* (2006) that meaning in people's lives requires a response to the challenges of situations in life such as illness; this requires an individual to identify alternative meaningful activities. Scheier *et al.* (2006) suggest that engaging in the alternative activities is a way of avoiding a life that lacks meaning and purpose. The findings of

this Chapter relate to four actions that residents identified, engaged in and evaluated to enhance meaning and purpose in their lives, with the support of care home staff.

The actions instigated by the residents in this present study were focussed on everyday aspects of care home life. Each of these actions provided the opportunity for residents to make *optimal use of their potential* and created *opportunities for residents to flourish* and thereby enhance meaning and purpose in their lives. Dwyer (2008) found that meaning in the lives of care home residents results from a general sense of a person's life having value and suggested that this could be achieved through a focus on everyday life. In Dwyer's (2008) study the residents identified that opportunities for influencing their everyday life were fewer than they wished. Whereas in this present study the appreciative inquiry methodology facilitated the provision of opportunities for the residents to instigate actions to enhance meaning and purpose in their lives.

The actions at North House were:

**1. Positioning of a door bell so that residents who used a wheelchair could call for assistance to return from the garden.**

As a result of the doorbell being in place the residents had increased freedom. They could choose to go outside into the garden knowing that they could access support when they chose when to return inside.

**2. Production of a booklet on care home life.**

This involved optimisation of the residents' potential through their involvement in the writing of features for the booklet, taking photographs and making editorial decisions.

**3. Reviewing their care records with a member of staff.**

This highlighted the opportunity for residents to make optimal use of their potential through making decisions with members of staff about the care and support that they received.

The action at Edward Court was:

**4. An exercise and relaxation class delivered by a health club instructor.** This created the opportunity for residents to flourish through their engagement in a physical exercise and relaxation class. The class was delivered in the format of a health club exercise class. Involvement in the class also presented the opportunity for residents to make optimal use of their physical and social potential.

The findings of the study related to these actions i will now be explored, starting with the actions at North House.

## **Part 2: Actions at North House**

### **Action 1**

#### **Physical setting: the door bell**

The findings from the action of positioning a door bell on the garden door show how the physical setting can impact on meaning and purpose in residents' lives. In the Discovery stage of the study the residents at North House had identified how the physical layout of the home supported the opportunity for them to move around within the home. In the focus group discussions with the residents at North House the value of the garden in terms of meaning and purpose was raised. In the first focus group with the female residents the importance of the garden being a pleasant environment to be in was raised. Marjory highlighted that the issue of cigarette stubs in the garden had been resolved when they had mentioned this to Sally, the Matron.

*Marjory: I did mention it*

*Marlene: It's a nice garden, it's not fair*

*Marjory: They have put a container there- so that worked*

In the first focus group discussion with the male residents at North House they identified the difficulty in getting back into the building from the central garden. This was because the door was heavy and could not be opened from a wheelchair. The

residents suggested a door bell on the garden side of the door at wheelchair height, so that they could access support to return into the building.

James: *If we need to go outside, it is easy to get out*

David: *But we have to bang on the window to get back in*

Gregory: *Might be something that the staff could think about*

David: *A bell pusher on the outside would be a bit more professional*

This discussion resulted in the residents subsequently deciding that the first action of the study at North House would be the positioning of a door bell on the garden side of the door that opened into the reception area. This action was designed by the residents to enhance their use of the physical setting of the care home.

In an earlier discussion I had with the Sally the Matron at North House she had made a comment half in jest but that accurately indicated the financial limitations of implementing a change in the settings was that:

*Any change could be implemented as long as it doesn't cost more than £5 (Sally, NH Matron)*

*I didn't know whether to laugh or be offended when Sally [Matron] commented that any change could be made as part of the study as long as it did not cost more than £5. It did make me think about the financial implications of the actions that the residents might be interested in implementing and how cost could be a limiting factor of what can be put in place during this study.  
(Field notes/ NH/ Discovery 11).*

In the following update meeting with the Matron, I informed her of the decision that the residents had made about the first action of the study. On reflection a more appropriate approach would have been to invite the Matron to meet with the residents and for them to have informed her of the first action. Van der Haar and Hosking (2004) state that reflection upon implicit assumptions is an important feature of the process of evaluating an appreciative inquiry. I engaged in this reflexive process during the appreciative inquiry; however, it was not until my reflections during the data analysis process that I became aware of the impact of some of my actions during the study. I have included

diary accounts of these reflections with the intention of making my assumptions explicit. Engaging in the reflexive process helped me to 'become aware of the extent to which I was part of the 'reality' that was created during the study (Van der Haar and Hosking, 2004).

*My assuming of the role of 'informer of the decisions made by the residents was a mistake that I made with regards to the doorbell and I repeated this during the implementation of each action of the study. On reflection of the participatory inquiry nature of the study, I misinterpreted what would have been the most participatory way in which to arrange for the actions of the study to be implemented. Where I focussed on 'staying true' to the participatory inquiry paradigm in the earlier stages of the study, I slipped into more traditional ways of the researcher doing rather than continuing to maintain a participatory approach to each stage of the study. This reflects my personality of being someone who likes to organise. A trait that suits me well in daily life but a trait that I need to be mindful of when engaging in participatory projects. (Field notes/NH/analysis 14)*

By chance the cost of the doorbell, which was paid for by North House was £4.99. This action was implemented by the matron and the doorbell was used by the residents. I evaluated the impact of the doorbell by asking the staff and residents if the door bell had made a difference to the residents' ease of access from the garden:

*At the start of our focus group for planning the next actions of the study we discussed the difference that the door bell had made. The residents seemed to have a sense of pride that early in the study their suggestion and made a difference and they were pleased with the difference that the doorbell made to how they could go out into the garden. Field notes: NH/FG3)*

*I asked Helen (Deputy Matron) if the residents were using the door bell, apparently the first time the door bell was used proved to be quite memorable as the bell had been set to make the noise of a dog barking. This resulted in the staff looking for the dog rather than helping the resident return from the garden. I must ask the residents if they heard about this rather humorous outcome of their planned action.(Research NH/update meeting 2)*

This action identified how the opportunity for movement out of the care home into the garden could enhance their current experience. In the Kennedy care home inquiry (2014 pg 38) 'it was recognised that opportunities for residents to get out of the care home environment' were important. While the garden is only just outside the care home environment, enhanced residents' access to the garden facilitated what Frankl (1959)

referred to as the importance of experiencing nature in order to live with meaning and purpose.

These findings show how through the use of their *potential* the residents identified an inexpensive intervention for a challenge that had not been solved. This action demonstrates the importance of environmental mastery and competence as strategies for enhancing meaning and purpose in residents' lives (Molony, 2010). Environmental mastery has been described as 'the capacity to manage everyday life and create a surrounding context that fits with personal needs and values' (Ryff, 2012 pg 235). These findings demonstrate how a small action can enhance the lives of the residents. Meaning in life has been identified as being related to environmental mastery, locus of control and autonomy (Steger 2012, Ryff 2012). Autonomy has been defined as 'the individual's capacity to be self-determining and independent' (Ryff, 2012 pg 235) and as such also underpins an individual's ability to live with purpose.

The findings related to the action of providing a doorbell demonstrate how *optimising residents' potential* to make decisions about the *physical setting* of the care home can contribute to enhanced meaning and purpose in care home life.

The findings are:

- how the suggestion of a small change to the *physical setting* by the residents could be implemented and impact on their use of the outdoor physical space
- the importance of the *physical setting* for empowering residents to make choices about where they would like to spend time

## **Action 2**

### **Producing a booklet about care home life**

The findings from the second action of the study at North House show how *the focus of activities* and the *dynamics of relationships* can enhance meaning and purpose in care home life. The action of producing a booklet about care home life resulted from discussions in both the residents' and staff focus groups. In the second focus group with the male residents at North House they agreed that they would like to share the



experience that they gained through their involvement in this study with the staff. They considered this being shared in the format of a written report:

James: It's [the study] *about you making a difference*

NYB: It's *about us making a difference together*

Gregory: *Make sure that the [care home] owner gets a copy*

At the end of the focus group the three male residents present agreed that this should be considered as an action of the study. This idea was subsequently introduced for discussion at the following focus group when the female residents were present.

At beginning of the first focus group with the staff at North House I shared the residents' suggestion of the production of a resident-led written report about the project. After presenting this information to the staff I asked them how they celebrated all of the '*things that they did well?*' Their suggestion was that a magazine format that had been previously used would be an '*excellent*' way to share this information:

*We used to wait every month for it to come out so we could read it* (NH, care assistant).

*I know that it was really well appreciated at the time* (NH, Staff nurse)

The time required to compile such a publication and the computer skills required were identified by the staff as being a challenge to this being implemented.

*The two people who used to do it no longer work here so it fell by-the-by* (NH, care assistant).

I communicated this suggestion back to the residents during their next focus group. During this focus group the residents decided that the written report format should evolve into being presented as a booklet. This action subsequently evolved into to being a booklet about the project with other articles to be written by residents and staff.

The residents attended subsequent booklet planning and development meetings with me. One care assistant (Molly) joined the booklet planning and development team. The residents decided that the booklet was to be made available to other residents, families and visitors not just to their initial intended readership of members of staff. The residents decided that in addition to including information about the study that the

booklet would also include articles written by them and that the photographs would be taken by Derek (NH resident).

James (NH Resident) summarised the booklet project as:

*We worked in groups and discussed the project and then noted the outcomes, these were then passed onto Natalie who typed them up into booklet form.*

He explained that his involvement in the booklet project was:

*To write an article on methods of transport available to people with a disability and some simple recipes.*

I had mistakenly considered James' contribution of his recipes during a one-to-one interview earlier in the study as unrelated to the focus of the study. James' repeated focus on recipes for the booklet indicate how important this activity was to meaning and purpose in his life.

I had suggested in the planning and development stage of the booklet project that I would arrange for the 'typing up' and formatting of the content. On reflection I realised that I presented this as a decision that I had already made rather than opening the discussion up to how the residents may have wanted to be involved in these activities. As with my reflections on the arrangements for the doorbell action, I became aware during my reflections during the data analysis process that I had made certain decisions during the appreciative inquiry process that were not aligned with the participatory paradigm.

*I have been reflecting on how the booklet was 'put together'. I realise now as I analyse the data across the study that I missed an opportunity to act on some of the data constructed in the one-to-one interviews with James, Derek and Gregory. They had described their wish to engage in 'work' related roles. Audrey too had described her wish to get her life back to 'how it was before'. I could have/should have ensured that the final stage of the booklet production was opened to the residents as an opportunity to learn new skills or develop existing skills e.g. IT skills, creative/artistic skills. An alternative approach to the production of the booklet could have been designed. I should have given the residents the opportunity to use a computer to 'type up' and format the booklet. This could have provided the opportunity for more meaningful and purposeful engagement throughout the whole of the booklet project. I made the decision to type up and format the booklet in order to be time effective but in doing so 'lost' a valuable opportunity to learn more about how to enhance meaning and purpose in residents' lives. I realise now that as the staff of the homes have described 'lost opportunities' to create opportunities for residents to enhance meaning and purpose in their lives; I too have made 'limiting' decisions made as a*

*result of my awareness of time limitations for completing this study. (Field notes: NH/ data analysis 17)*

In the final version of the booklet I listed the residents as the authors. This was commented on when this version of the booklet was reviewed in a focus group of North House residents:

*Audrey: Why haven't you put your name on where it says that the project was co-ordinated by us? You are a PhD student, why haven't you put your name?*

*NYB: Because I wanted the focus to be on the rest of the team, do you know what I mean?*

*Derek: She owes money to somebody and doesn't want to get found out.*

*NYB: I thought about that [Audrey's comment], but I did want it to be more about the involvement of the people here.*

*Audrey: You are very are conscientious aren't you?*

The booklet '*Celebrating life and care at North House: Living life with meaning and purpose*' was printed and distributed throughout the home. Residents and staff were proud of the publication and discussed continuing the activity with further booklets beyond the duration of the study.

Mandy, the care assistant at North House who joined the booklet planning group evaluated her experience and observations on completion of the booklet project:

*Residents were given equal involvement to the staff and formed a really helpful co-operative team. We met regularly to discuss all aspects of the project. Whilst sharing tea and biscuits. It was very pleasing to hear the positive comments all round and hopefully we will continue our group in order to produce a second booklet.*

In response to the questions as to whether she could identify any difficulties that other care home residents might experience being involved in similar activities, Molly's view was:

*No not really, so long as there is enough support and staff are willing to work alongside the residents. It was and is a team effort. What is 'put in' is what the end result will be. I enjoyed making the booklet and was very proud of the outcome.*

The action of producing the booklet provided the opportunity for the residents to document their perceptions of living in the *physical setting* of the care home and to express their *identities*. Involvement in producing the booklet is an example of a *restorative activity* enhancing meaning and purpose in residents' lives. Although as identified in my reflections the residents' engagement in restorative activities could have been further enhanced by greater empowerment of the residents. The *dynamics of relationships* between the residents during this action became one from one of enhanced engagement with one another during the booklet production and development planning meetings.

- **Additional action that resulted from the production of the booklet**

An additional action resulted from the action of creating the booklet. This is congruent with an appreciative inquiry as such an approach is not just 'inquiry' but should open up possibilities rather than 'close down' opportunities (Van der Haar and Hosking, 2004). In one of the booklet planning meetings I discussed another opportunity for the residents to be further involved in sharing the findings of the study. I was aware of the call for abstracts for a conference on the care of older people. I thought that a paper on the early stages of this study would be a suitable focus. As this study was being undertaken using a participatory inquiry approach, I thought that it was important to offer the residents and staff the opportunity to contribute to the abstract, paper and presentation. Gregory, James and Derek in particular agreed that this was a suitable follow on action from the booklet project.

Gregory suggested that he could present on risk management as an aspect of care home life which he thought could be better dealt with in terms of enhancing meaning and purpose in residents' lives. This led to Gregory and I writing an abstract for submission to the RCN Care of Older People conference. The paper was accepted and Gregory, his wife Jill and I attended the conference. The oral presentation was delivered as a concurrent session at the conference. The room was filled to capacity 50 professionals and practitioners. The audience were transfixed by Gregory's section

of the presentation. He presented his views and experiences in a considered, constructive and powerful way.

*Gregory and I attended the RCN Older People Conference yesterday, I met Gregory and Jill at the University as Jill could drive Gregory there in their wheelchair adapted car. I was so delighted to see Gregory dressed in a suit, shirt and tie. He looked as smart as in his RAF photograph that was in his room. I was a little nervous about our presentation as the room was packed. I took 10 minutes to set the scene of the study and Gregory then took over. You could have heard a pin drop in the room, everyone was listening so intently to him. He was able to present his views with both his authority as an armed forces expert on risk and his authority as someone for whom risk management decisions now impacted on his life. On reflection I was the warm up act for Gregory's very powerful presentation (Field notes: NH/ Destiny/11)*

The Matron at North House was initially surprised by the idea of Gregory giving a presentation at a professional conference. She subsequently evaluated this activity as a positive outcome of the study and as a positive outcome for the resident.

*The experience has been positive for the residents and has given one particular resident [Gregory] the chance to visit and speak to people away from the care home. He wouldn't have had this chance if he had not taken part in the project.*

The opportunity to share the challenges and experiences of care home life with a wider community was further actioned by Gregory's wife, Jill who accompanied her husband to the conference. Jill had never attended a professional conference and valued the opportunity of listening to the presentations of concurrent sessions and keynote speakers. A session she attended with Gregory and I was on a creative writing project for care home residents. Jill decided that she would like to write an article for the care press on the challenges of being the wife of a care home resident. This evolved into an article that included Gregory's views and is an emotive account of the two differing sets of frustrations and concerns from a resident's perspective and that of his wife.

There were therefore three parts to this set of actions;

- Activity of producing a booklet about care home life
- Subsequent action of the conference presentation
- Article for publication by Gregory and his wife

These actions demonstrate how in an appreciative inquiry an act 'may receive many supplements and so may differently contribute to multiple, simultaneous, ongoing

construction processes' (Van der Haar and Hosking, 2004). This set of actions show how *restorative activity* can create opportunities for care home residents to enhance meaning and purpose in their lives. Through their engagement in these activities the residents were able to make optimal use of their potential and to flourish.

*In fact it [involvement in the whole study] was the most meaningful task we have had to do in the home for years... It is good to have cerebral activity, to look inwards and form opinions and to plan meaningful activities... to work harmoniously... The project livened things up and gave us the opportunity to express what we thought in a meaningful and positive way. (James, NH resident)*

The findings of this study provide additional knowledge of how opportunities to engage in these three aspects of meaning can be enhanced by residents' engagement in a practical activity within the care home.

The Matron's evaluation comments related to the ways in which the dynamics of resident and staff relationships were impacted by aspects of the study such as the booklet project:

*Working with staff in this project which was new to residents and staff helped everyone to look at each other through different eyes rather than carer and cared for. Although we always encourage all staff to view every resident as a unique individual this must have helped the process.*

These findings further develop Dwyer's (2008) observation that the culture of care homes should be support the provision of opportunities for residents to be more proactive, involved and empowered. The staff at North House and subsequently Edward Court fully engaged in the research activities of this study and were supportive of the actions that the residents decided upon for implementation. The approach of the staff demonstrated what a culture of engagement looks like in a care home.

The findings from the booklet project and related actions of conference presentation and article for publication contribute knowledge of how Frankl's (1959) suggestion of 'creating a work or doing a deed' can contribute to enhanced meaning and purpose in care home life. These findings illustrate how 'social environmental resources' (Nakashima and Canda, 2005) can enhance meaning and purpose in the lives of care home residents.

The booklet project and related actions of conference presentation and journal article show how meaning and purpose in residents' lives can be enhanced through the *optimisation of their potential* and the *creation of opportunities to flourish*. These findings illustrate what Wong (2010) identified as the four interrelated components of meaning: purpose, understanding, responsible action and evaluation. Although Wong does not make clear how meaning and purpose interrelate the identification of evaluation as an aspect of meaning in life is helpful.

Through their involvement in the booklet project the residents identified the goal, direction and objectives of the action (purpose). The residents demonstrated cognitive comprehension of their own identity and other people's identities and effective communication (understanding). The residents were able to identify right solutions, appropriate actions and reactions (responsible action).

These findings add to the knowledge base created by the My Home Life project (NCHRDF, 2007). The My Home Life literature review brought together knowledge of quality of care and life in care homes including through:

- Creating opportunities for meaningful activity
- Working to help residents maintain their identity
- Creating communities within care homes

Wong (2012 pg 637) describes how

*Each of these components [purpose, understanding, responsible action and evaluation] work together and form an upward spiral feedback loop. With each successful completion, one's positivity moves up a notch.*

In the present study the residents' confidence in planning and engaging in the actions of the study continued into the third action that they had decided upon for inclusion in the design and destiny stages at North House.

### **Action 3**

#### **Opportunity to review care records**

The findings from the third action of the study which involved residents reviewing their care records show how the *valuing of residents' identities*, the *dynamics of their relationships with members of staff* and the *component of care* can enhance meaning

and purpose in residents' lives. The suggestion that reviewing their own care records should be considered as an action of the study was made by James in the second residents' focus group (NH male residents). During a discussion of their role as participants in this study the discussion evolved to a focus on who had power in the care home:

James and Derek felt that Sally, the Matron had the most power whereas Gregory felt that it was the care assistant who had the power:

*They are the ones who deal with you day to day.*  
(Gregory, NH resident)

Derek explained that he felt '*somewhere in between powerful and powerless*'. However, he also felt that he and the staff '*worked together as a team*' and that he was very lucky to be on Moorland unit as '*the Sister is dedicated to her job.*' Derek felt that Mary, the Sister in charge of Moorland enhanced meaning and purpose in his life, giving an example:

*If I get upset she picks up on this.* (Derek, NH resident).

Derek felt that he was involved in decisions about his care and that:

*We can always speak to Sally (NH Matron) if we have a problem.*

These accounts show the challenges and opportunities for care home residents that result from their experience of the 'lived body' with changes in their functional capacity and 'lived relation' with staff within the 'lived space' of the care home (Welsh *et al.* 2012). The findings from the actions of this present study contribute knowledge of how these aspects of care home life can create opportunities for residents to enhance meaning and purpose in their lives.

Gregory was aware that:

*Something exists called a care plan, I am more aware of it because the physiotherapist refers to it when he 'clears me off' to do certain activities, so that people can see what I can do.*

Gregory felt that not all residents would be able to engage in reviewing their records:

*I can see the difficulty because some guys not only can they not string a couple of words together but they just stare at you with*



*blank faces. So they might not appreciate things and they will need an awful lot of careful explanation.*

Gregory also raised the issue:

*What happens if there is something we don't like, can we ask them to delete it? If there is something not there that should be there, I'm not talking about attitudes, I'm talking here of problems with ourselves, pre-existing conditions.*

James knew that he could ask to see his care records. However, other residents did not know, commenting '*It is never talked about.*' (Derek, NH resident)

*I think it would be better if the management of this place approached us and said 'this is what we are saying, is there anything you wish to add' rather than the other way round. Instead of having to imply we don't trust them. I'm sure they don't know that I have a pre-existing condition that affects my position.*  
(Gregory, NH resident)

At the third focus group of North House residents it was agreed that the third and final action of the study would be for them to have the opportunity to review their own care records with a member of staff.

*I would be interested in seeing what they have written [in care records] what they have to say about me.* (Derek, NH resident)

*I think that it is important that we understand what they are saying about us, versus what we think about us* (James, NH resident)

These findings show how purpose relates to having goals and a sense of directedness (Ryff 1989). Nygren *et al.* (2005) found men to score higher on purpose in life; as purpose in life is often measured with regards to goal setting this can be seen in the responses from the male resident who expressed strong desire to achieve ongoing goals.

There was a difference between the male and female residents' decision to review their care records. Initially Audrey felt that she was '*not bothered*' about reviewing her records. However, when the opportunity arose she did decide to review them with one of the nurses who worked on Landsdown unit. Meryl and Marjory decided that they did not want to review their notes. Meryl had already stated in the female residents' focus group '*we are satisfied*'. These findings reflected those of other studies of meaning and purpose with people of different ages who were not care home residents

(Reker *et al.* 1987 and Nygren *et al.* 2005). Reker *et al.* (1987) found that women viewed their lives as being more under control which impacted on their experience of finding meaning.

These findings provide knowledge of the range of responses to care home life that residents may experience when considering how they would like to enhance meaning and purpose in their lives.

In order to implement the action of residents reviewing their notes with a member of staff if they wished, I discussed this action that the residents had proposed with Sally (North House. Matron) during a study update meeting (Table 32).

<p>Throughout the study I had six meetings with North House matron;</p> <ol style="list-style-type: none"><li>1. At the beginning of the study to explain the study design.</li><li>2. A second meeting to arrange the first staff focus group meeting.</li></ol> <p>Subsequent meetings related to implementing the actions of the study</p> <ol style="list-style-type: none"><li>3. Meeting to arrange for door bell</li><li>4. Meeting to confirm the production of booklet</li><li>5. Meeting to arrange for residents to review their notes with a member of staff</li><li>6. Final evaluation meeting during which Sally provided her evaluation of the study.</li></ol>
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**Table 33: Study update meetings with Matron at North House**

At meeting 5, the Matron gave permission for me to meet with the staff nurses in charge of each of the units in order to arrange for the residents who wished to, to review their records. I had assumed the role of co-ordinating of the actions decided upon by the residents. As I noted in my research dairy what seemed like a simple decision on my part reflected some ongoing unhelpful assumptions on my part:

<p><i>Looking back on the role that I assumed of informing Matron and the staff of the decisions that the residents' had made in the focus group discussions I now realise was based on my erroneous conclusion that this would be an effective way to implement the change. I am embarrassed at my 'old school ways' of thinking. I based my decision to take on this role on my observation that the Matron and staff seemed to have some respect for me in my role as a researcher. I was keen that the residents' decisions were taken on and implemented. Subconsciously I may have underestimated the reactions and responses of the staff. It is hard to be sure of (one's) own biases but I may have been concerned that if it had been the residents</i></p>
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*who had informed the staff of the actions that the implementation of the actions may not have been fully adopted. I now think that I was guilty of perpetuating a paternalistic approach to the residents of which I am ashamed. The significance of the residents being in charge of sharing the decisions that they had made on the actions to be undertaken was watered down by my assuming of the role of informer and co-ordinator of the actions. (Field notes: NH/data analysis/15)*

When I met with the staff nurses individually who were to review the care records with residents I explained what the residents had requested and asked that they arrange to meet with the residents and undertake the review of their care records. I explained that I would be carrying out an evaluation interview of this experience with each resident. I asked if they too would undertake an evaluation interview with me. The staff nurses agreed to undertake the care record reviews with the named residents and agreed to be interviewed a week later about their experience.

The act of reviewing their care records evaluated as being an '*enlightening*' experience by the residents and '*worthwhile*' by the staff. The residents who had reviewed their own care records found this to be an enlightening activity but were surprised at some of the written comments that staff had made about them. Some residents felt that their records contained a lot of negative comments rather than positive comments. The residents valued learning what had been written about them so that they could ensure the accuracy of the information. The staff described how the activity of reviewing care records with the residents provided the opportunity to discuss with residents why care was given in certain ways. Some residents had not realised how detailed their care records were and found this to be reassuring;

*This enlightened me, made me realise that people know all about me and they are not guessing. (Derek: NH resident)*

Derek described how as part of this action Melanie reviewed his care records with him '*from the beginning of my coming in here*'; which had been two years earlier. Derek had a copy of his care plan in a drawer in his room; the written evaluation records of his daily care were kept in the staff office of Moorland unit. Derek felt his care records were '*Spot on*' and that he would appreciate the opportunity to review them again in six months' time. Derek's view was that other residents would benefit from reviewing their care records with a member of staff. Melanie, the nurse-in-charge of Moorland

unit who had reviewed Derek's care records with him also found this to be a worthwhile activity:

*So that he is aware of what is actually written and that he agrees with it. For Derek it was, well I felt it was... I think he felt included in his care. (Melanie, NH nurse-in-charge)*

The findings on the ways in which interactions between residents and staff impacted on meaning and purpose in their lives add qualitative findings to the body of knowledge e.g. from Haugan's quantitative study (2013a) that nurse-resident interactions can impact positively on meaning in residents' lives. The findings of this present study focus on how nurse-resident interactions can create opportunities for residents to enhance meaning and purpose in their lives.

When Audrey reviewed her care records, she requested alterations in the timing of some of her care such as time that she would be assisted to go to bed at night. This reflects Nakrem *et al.*'s (2013) finding of tension between 'the necessary institutional routines and the residents' personal habits' (pg 221). Following the discussion between Audrey and the staff nurse the records were amended to reflect Audrey's preferred care arrangements. Audrey had thought that the records were just for the Doctor and was surprised to learn that they were used by care staff to communicate with each other regarding her care. Audrey had been surprised to read that the staff commented on 'her mood' and did not feel that she came across the way that she felt accurately reflected her identity. This led to a discussion about how she was feeling about having multiple sclerosis and that she had confidence that the staff would support her.

Some challenging aspects inherent in the opportunity to engage in dialogue about their input into the content of their care records were identified by James (NH resident). James had reviewed his care records with Abigail (NH staff nurse). James also described experience as '*enlightening*'. However, unlike Derek's experience James was surprised to find negative accounts of his interaction with staff recorded:

*If I told them a joke they might write James has been using bad language to me this morning (James: NH resident).*

James was able to use the insight he gained:

*Well it gives a bit of understanding of what they [staff] want to complain about.*

James suggested that the staff consider recording positive accounts of his daily activities:

*I don't think they realise that they can put such comments; but that would be encouraging for other people [staff] to see what I could do to help.*

Abigail (NH staff nurse) who had reviewed James' care records with him reported that they had '*quite a good discussion about things*'. As with James and Gregory (NH residents) Abigail thought that providing the opportunity for residents to review their records every 6 months would be good practice. Abigail explained that every 12 months the staff reviewed the records with the residents' relations but also commented:

*To be honest they don't have regular family visitors.* (Abigail: NH staff nurse)

Gregory had mixed feelings about the benefits of reviewing care records:

*Well I've got mixed feelings here; the care record is only an instruction to a new carer on how to handle an individual. It isn't of any help to them in saying make sure he gets enough exercise and stuff like that.*

Gregory's view of the value for other residents reviewing their care records was also mixed:

*Depending on the individual's disposition, he could very well be put off doing anything because he has read his care plan. Now what I don't know but I would have thought that the more they involve us, the customer, in the activity the better it become for everyone else.*

Gregory drew on his experience as a Squadron Leader in the Royal Air Force to explain the benefit of residents reviewing their care records. This shows the importance of valuing a resident's identity when contributing to their experience of meaning and purpose in life:

*It gives us the customer the ability to explain more fully what we think we can do or what we can do. What about this? What about that? Now I don't know what they do in other places, but I would have thought that involving... it's always been my view that I would seek the view of my subordinates as to how we should do something... then they've got to make a decision to say 'This is how we do it and we hear what you say but sorry, we have to just plan for the majority.' In other words consultation with my subordinates, and if they consulted with us I think it would be better.*

Gregory articulated that he had one more goal 'to transfer from wheelchair to the bed'. At that time he had to be transferred with a hoist which he disliked and saw as wasting time. Gregory felt that staff at the home were too safety conscious:

*This place does not encourage you to be independent or self-sufficient, the converse is true and it all goes under the guise of 'oh you might hurt yourself', well that is true but you might hurt yourself going for the bus.*

He explained how he had his electric wheelchair taken from him:

*My big mistake was going out in the electric chair [when he had an accident and the chair was taken off him permanently] because I could definitely do it with now to go from the lounge up to reception independently without being wheeled.*

Gregory recounted how:

*Last Friday we [Gregory and the physiotherapist] walked the whole length of the building with a stick and Dan [the physiotherapist] following with the chair. Hopefully we will be able to keep that up.*

The finding of the importance of Gregory's goal of learning to walk again, demonstrate what McAdams (2012) refers to as 'the content of people's goals reflecting important sources of personal meaning. Gregory's attitude reflects what Frankl (1959) identified as a person's attitude to unavoidable suffering as being a contributing factor to being able to live with meaning.

Lauren (NH Senior Nurse) had reviewed Gregory's notes with him. Gregory's nurse highlighted many of the same issues that he had when evaluating the experience of reviewing his care records:

*It highlighted where what we see and what the resident sees as two different things really, until it is explained to them why we have written what we have written (Lauren: NH Senior Nurse)*

She felt that Gregory was more 'productive' when he was with his privately employed physiotherapist than he was with care home staff. The issue of conflict about the use of the hoist was raised by Lauren (NH Senior Nurse) who explained that that until Gregory can transfer without any help 'he will have to be hoisted.' The nurse felt that Gregory was hampering his own rehabilitation by his way of interacting with the care home staff.

Gregory's view of the hoist being used to transfer him was:

*At the moment it says hoist and that's a menace because by the time they've fetched the hoist, then you are left hanging with that thing for someone else to come along. It's just a total waste of time.*

The use of the hoist for transfers was also explored by Audrey (NH resident) and Hayley (NH staff nurse):

*Now she [Audrey] understands why we use the hoist and how she's assessed for the type of hoist and the type of sling, she understands... and anything we can do better, she can look at it and say 'I want this', so it gives her some sort of choice in her care . (Hayley; NH staff nurse)*

Hayley (NH staff nurse) also raised the issue of potential conflict when residents and staff through reviewing of care records:

*It could improve quality but it could come into conflict as well, because it's not always what we think is best. The person of the resident doesn't always think the same... because they are going to think 'No, I don't want that' but it's in their best interest and it will cause a bit of conflict I think. (Hayley: NH staff nurse)*

Melanie (NH nurse-in-charge) reflected a concern about discussing issues relating to sexuality, sexual needs, death and funeral arrangements were given as an examples where difficulties might arise.

*The way that you word things, if there is something that is not positive they (the resident) might feel a bit offended by that. (Melanie: NH nurse-in-charge)*

Audrey (NH resident) recounted how:

*I remember from seeing the records that one of the end [pages] was about someone's death, about the undertakers and that was still in the notes. That could be something that might upset people if they saw plans for the end of their life when actually they were feeling quite well. (Audrey: NH resident)*

Melanie (NH nurse-in-charge) explained that the activity of reviewing care records was undertaken:

*If people are able to participate and we have families who have signed for care plans as well. (Melanie, NH nurse-in-charge)*

However, Melanie was unsure as to whether this was a policy of the home:

*I don't think it's policy; no, I'm not too sure on that. I don't think that it is policy but I suppose the thing is as well, quite often we're doing it and it's not written down. I suppose maybe it should be but sometimes you're doing it automatically and you don't realise that you are doing it. (Melanie, NH nurse-in-charge)*

Lauren (NH Senior Nurse) also confirmed that the information about residents being able to review their care records was

*Not written down, no but on admission when we speak to residents and families we do say that we will formulate a care plan and that are free to view it when you wish, they are informed of that. (Lauren, NH Senior Nurse)*

Lauren (NH Senior Nurse) felt that in terms of other residents who might benefit from reviewing their notes was applicable to some residents but not to others.

*It depends on the resident in question, it depends on what is wrong with them and their mental capacity, really because a lot wouldn't understand.*

The North House residents James, Gregory, Derek and Audrey stated that they would like to review their notes again in the future. However, the staff felt that the residents would not remember that they had reviewed their notes and they were less inclined to repeat the activity.

*If they are capable of doing then maybe they would benefit [from reviewing their care records]. I know that David has been quite involved and I think he's enjoyed being involved in it. But I suppose it depends on the individual doesn't it, some people may not want to do it. (Melanie: NH nurse-in-charge)*

Providing residents with the explicit opportunity to read their notes demonstrates how the *component of care* can enhanced the residents' experience of care home life. The activity of reviewing their care records related to different aspects of care home life that can enhance meaning and purpose in residents' lives. Support for residents' identities was evident in the dialogue with their nurses and in the follow up interview with me with relation to the residents' past, present and future identity.

The discussion between the residents and nurses included a focus on the impact of equipment that was used within the care home (physical setting) and provided the opportunity to explain their perspective. Residents and staff highlighted the way in which engaging in the review of their care records provided the opportunity for



enhanced understanding of each other's perspective and to explore challenging issues (dynamics of relationships). The residents' experience of this action shows the value of restorative activities; how empowering residents to be more involved in decisions about their care optimises their potential. These findings illustrate the value of dialogue between residents and staff on decisions about their care. In the study by Dwyer *et al.* (2008) they concluded that inadequate dialogue between residents and staff detracted from meaning in residents' lives. The findings of this present study show how enhanced dialogue between residents and staff may involve the exchanging of opposing views but that this is an important acknowledgement of residents' identities and views on day to day support for living their lives with meaning and purpose.

Overall, the residents and staff viewed this as a worthwhile experience and suggested that this should be undertaken every six months. However, when I returned six months later this had not been offered to the residents. The reasons for this maybe the result of the missed opportunity to optimise the participatory involvement in staff in this action of the study. Although the staff fully engaged in the action; this was an action that they were asked to undertake rather than be involved in the decision to undertake the activity.

*I popped back to North House to make the arrangements with Gregory for his part of the conference presentation. Whilst I was there I asked Sally [Matron] about any future plans they had to continue reviewing the residents' records. Sally indicated that at the moment they were just carrying on as they were. I was a little disappointed that an action that had proved beneficial within the study was not being implemented as a recommendation at the home. On reflection I think that the staff saw this as an action of the study rather than an integral part of the longer term approach to care in the home. Thinking about this a little more I realise that the way that I introduced this action gave that impression, the staff were not involved in the decision that this was to be an action. I had focussed on maximising the participatory experience of the residents in the study but not paid enough attention to the participatory experience of the staff. If I knew at the beginning of the study what I know now I could have planned this to be a more integrated approach; with more integration of the discussion between residents and staff- rather than with me being the messenger between the two. (Field notes: NH/ data analysis 19)*

However, despite the limitation identified in the above reflection the action of reviewing their care records with a member of staff still generated knowledge of the role of autonomy as a way of residents enhancing meaning and purpose in their lives. Frankl

(1978) in his book 'The Unheard Cry for Meaning' argued that people create meaning by making distinctive and personally valued choices. This argument is also made by Weinsetin, Ryan and Deci (2012);

*People derive life meaning when they engage in purposes that satisfy their needs for autonomy, competence and relatedness (pg93).*

### **Summary of findings from actions at North House**

The findings from the residents and staff engaging in the three actions at North House are that creating opportunities for residents to enhance meaning and purpose in their lives can be achieved through day-to-day care home activities. Where earlier studies of meaning and purpose in care home life have been undertaken using quantitative approaches and other studies of meaning and purpose in life across the life span have taken psychological perspective. The findings from this study reflect the participatory action orientated approach of the study and as such the socially constructed knowledge of how meaning and purpose in care home life can be enhanced.

Findings from the action of the positioning of the doorbell show the importance of the *physical setting* for enhancing meaning and purpose in residents' lives. The action of producing a booklet on care home life show the importance of the *focus of activities (restorative or maintenance)* that make optimal use of residents' potential and the provision of opportunities to *work together (dynamics of relationships between residents)*. The action of reviewing their care records shows the importance of *valuing residents' identities*, the *dynamics of their relationships with staff* and the impact of the *component of care* .

These findings further develop some of the concepts included in the original conceptual framework of embracing life, sense of self and connecting with others (Moore *et al.* 2006); supportive relationships of care and social environmental resources (Nakashima and Canda, 2005). The findings show how 'creating a work or doing a deed...experiencing something of encountering someone and... the attitude taken to unavoidable suffering (Frankl 1959, pg 115) can enhance meaning and purpose in care home life.

### Part 3: Action undertaken at Edward Court

#### Exercise and relaxation class

In their focus groups the residents at Edward Court Donald, Karl, Bess, Reggie and Mac decided upon just one action for implementation within the study; this was the provision of an exercise and relaxation class. I liaised with the care home manager about the arrangements that required for the exercise class to be held. I paid for an exercise instructor from a local health club to deliver one exercise class for four weeks as part of the project. I offered to pay for exercise class as I was mindful of the view of the Matron at North House that any action could be implemented as long as it did not cost more than £5. I did not want to take the risk of the exercise class not being implemented due to financial constraints at the home.

*I met with Fran (Manager, Edward Court) and informed her of the residents' wish to have an exercise class as the action that they would like to be the focus of the study. Fran was enthusiastic about this, particularly with Heidi the activity co-ordinator being off on long-term sick. I suggested that I would locate a suitable exercise instructor and that I would pay for the classes for the duration of the project. This was all approved by Fran (Manager).*

(Field notes: EC/design/2)

As with the actions at North House, I subsequently reflected on how this action was put into place:

*Yet again on reflection I can see how I could have/should have used a participatory inquiry approach to arranging for the action of the study to be implemented. Now when I read Heron and Reason's cautionary words that participatory research involves participants in decisions about the operational methods of the study, I realise how I overlooked the participants' involvement in what seemed to me at that time to be 'just the practical arrangements'. As I reflect on the consequence of the approach I used to the operationalisation of the action I realise that for the action to have contributed to a sustainable change in the residents' experience I could have involved all the participants (residents and staff) to a greater extent in this stage of the study.*

(Field notes: EC/ analysis/ 13)

I experienced some difficulty arranging an exercise instructor for the project, as many potential instructors were not interested when they learnt that the venue of the class was a care home. Although I could have searched for specific 'armchair aerobic' type instructors, this was not what the residents had asked for. They had requested an

exercise class and I was keen to explore the provision of as similar a service as people who did not live in a care home. Paul was an exercise instructor at a local gym who was interested in older people's involvement in exercise. He was keen to engage in the provision of the exercise class for this study. He agreed to deliver four exercise classes at Edward Court as part of this study.

At the first session the instructor discussed the structure of the class with the residents and it was agreed that the class would also involve a time of guided relaxation. Donald, Karl, Bess, Reggie and Mac attended the exercise and relaxation classes. Three of the residents who had participated in the life story interviews did not attend the exercise and relaxation class. Ellen chose to stay in her room, Doris was admitted to hospital where she later died and Aled moved to sheltered accommodation. That said it pleased me that four additional residents Alex, Bertha, Jonny and Henry asked to join the exercise class and consented to participate in the subsequent evaluation of the exercise and relaxation class. Several other residents joined in the class on an ad-hoc basis.

The residents' decision to have an exercise class as the action of the study reflects the findings of a UK study by Stathi and Simey (2007) on the ways on which an exercise can impact on the quality of life of care home residents. Many studies of exercise and care home life are quantitative studies that explore the physical benefits of residents engaging in exercise. The qualitative study by Stathi and Simey (2007) involved 14 residents in baseline interviews and 7 residents (aged 86-99 years) were involved in the follow up interview after a six month exercise class intervention. Their findings were of improved quality of life through 'better mobility, decreased fear of falling and feelings of achievement and success'. Stathi and Simey (2007) reported that 'Care home life offers few opportunities for individual initiative and action' (pg 281). By contrast the exercise class reported on in the present study was decided upon by the residents. The findings of this study were of how engaging in the exercise class contributed to meaning and purpose in residents' lives through the use of the physical setting, valuing of residents' identities, dynamics of relationships and the focus of activities.

#### **i. Physical setting**

The use of space in Edward Court before the exercise class was such that the two sitting rooms at the front of the building were used as communal spaces by the

residents. The two sitting rooms at the furthest end of the building were not used. One of the sitting rooms was being used as a storage room. I had observed this during my time meeting with residents and staff. This observation was supported by the matron. It was agreed with the residents and the matron that the exercise class would be held in one of the 'bottom' sitting rooms to promote greater use of social spaces in the home. Initially staff were not pro-active in ensuring that residents were asked if they wanted to attend the exercise class and did not assist residents who need support with mobilisation to the location of the exercise class. The residents identified that this could be a potential challenge:

*The only problem is they've got no staff to take them up.* (Reggie, EC resident)

*It must be difficult from your side of the fence getting people organised so we are all here, that's just the difficulty isn't it.* (Donald, EC resident)

However, as the level of interest and attendance of the exercise class increased with residents who were not formally involved in the study joining in the classes, the class had to be held in the largest of the 'top' sitting rooms. The visiting physiotherapist brought residents to the classes and increasingly staff brought residents to the classes. The use of the physical space within the care home demonstrates the value of the internal geography of the home as a venue for activities that enhance meaning and purpose in residents' lives. These findings develop those of Stathi and Simey (2007) who also found that residents were 'still capable of actively shaping their environment, allowing them to reconnect with their human potential' pg 281).

## **ii. Valuing identity**

Where residents had prior experience of exercise activities earlier in their lives, this aspect of their identity was discussed in relation to the future prospect of their engagement in exercise.

*I was always very active prior to being diagnosed, cycling, golfing, power walking I would welcome guidance from any direction.* (Jonny, EC resident)

*Very beneficial really. Having been a male nurse in 1967 when it was the Stockport air crash, I was at Stockport infirmary and they were having classes for the survivors. Very similar to what we've*

*just seen but this is the first time that I have been lucky enough to partake. (Alex, EC resident)*

The difference between their identity and that of other residents was reinforced:

*It were OK for them who can't get out and do anything but the exercises I've done here I could do them in my room. (Henry, EC resident)*

The approach used by the instructor was described as being one that valued their identity:

*He's a good fella, he treats you as human beings and not an object, equal as equal, he doesn't talk down to you, he doesn't make you feel inferior. (Bertha, EC resident)*

### **'What I look like'**

An insight into the residents' perception of their own physical appearance was gained when they watched a DVD of themselves engaging in the exercise class. The purpose of filming the class had been to assist with the focus group evaluation of their chosen action of attending an exercise class.

The comments made by the residents were:

*I didn't like looking at myself, if you were younger yes. I didn't realise I was so fat, I thought that as well about myself. I knew I had two bad knees but trying a skirt on me, should have took more time. (Bertha, EC resident)*

*I don't like seeing myself. (Bess, EC resident)*

*Is that me really? What you see, that's what you've got, not static but improving. (Karl, EC resident)*

*Seeing yourself on screen it makes you think 'was that me?' You can't change what you've done but it's an eye opener when you see yourself doing those different things (Jonny, EC resident)*

*I were very good I was (Mac, EC resident)*

*Great, we did a great job. (Alex, resident)*

These findings develop those of Stathi and Simey (2007) that residents re-discovered 'an awareness of their bodies and what they were capable of doing'. Where the

exercise classes in their study were provided over a 6 month period, the findings of this study were generated after just four weeks of exercise classes.

### **iii. Dynamics of relationships**

The exercise class demonstrated the positive influence of the dynamics between residents and those between the exercise instructor and the residents.

- **Dynamics between residents**

The positive impact of the interaction between residents before, during and after the exercise class optimised their level of involvement in the class. Residents described the impact of other residents taking part in the class;

*I looked round seeing them all doing whatever it is and I thought I'll have a go at this. (Henry, EC resident)*

*I think it's good as a group we can watch what others are doing and maybe bounce off each other. (Bertha, EC resident)*

*Everybody was discussing the fact that they had been to the exercise class. (Karl, EC resident)*

The exercise class was considered to have added a sense of purpose to care home life in that *'it gets us all together'*. However, the dynamics of relationships between residents could have been enhanced if I had paid more attention to the positioning of seating and wheelchairs for the class:

*If they sat us next to each other we could talk but they put us the other side of the room, would be a lot better if I was sat with other younger men. They're all old women up there (residential) all they could talk about were their bloody grandchildren. (Donald, EC resident)*

- **Dynamic between instructor and residents**

The approach of the instructor in motivating the residents during the exercise class was identified as being a significant feature of their experience

*It needs a bit of gentle encouragement, a bit of gentle persuasion. We need to motivate ourselves a little bit, so it's a two way street but I'm not sure if it's even traffic each way. (Jonny, EC resident)*

The instructor's use of humour was positively commented on by the residents:

*He picks on me...he does it in fun, he gets me going. (Alice, EC resident)*

*He does lighten it up a bit and I think that is important, he does it by doing a little movement himself and then trying to get over his enthusiasm to us. (Bertha, EC resident)*

I had observed the use of humour as part of the interaction between the exercise instructor (Edward Court) and the residents.

*I have been 'sitting in' the exercise classes at Edward Court. Peter [the exercise instructor] engages with the residents in a quirky, humorous way. The content of the interactions if taken literally could be considered to be disrespectful. However, the humorous intention seems to be appreciated by the residents and positively valued. (Field notes: EC/destiny/ 4)*

The interactions where this type of humour was used seemed to support the *identity* of the resident as an individual rather than someone in need of care. These findings develop those of the study by Stathi and Simey (2007) that 'the professionalism of the exercise instructor was critical to ensuring that the participants had fun in a supportive environment.

#### **iv. Focus of activities - restoration versus maintenance**

The exercise and relaxation class was valued by the residents as being restorative:

*I'm already quite a big chap and I want to do things with my limbs... it's not fighting a losing battle but it's like one sidedness. (Donald, EC resident)*

*Older people should exercise to keep up, because you need muscles. (Henry, EC resident)*

*We're not all trying to turn out to be superheroes of super fit people but it's that something is better than nothing. (Jonny, EC resident)*

Their preference for restorative rather than maintenance activity was emphasised:

*It adds meaning and purpose because the alternative is to be sat in your room or one of the lounges not doing very much. With the direction coming from yourself and the DVD showing people what can be done. We don't all want to seize up; so something is better than nothing. (Donald, EC resident)*



*It creates interest amongst most people what are here, some movement must be better than none or sat bawling in your room doing nothing. (Reggie, EC resident)*

*I should say physio, what's that? Nobody's really grabbed the bull by the horns and said 'Right Jonny for you this would work'. I know we've all got disabilities and you think physio would help. (Jonny, EC resident)*

The husband of one of the residents came to thank me for arranging the exercise class, he was pleased to see his wife moving her arms during the class, much more than he thought should would have done. The future orientated direction of being involved in the exercise class was highlighted by Karl's (EC resident) comment that '*there are always benefits in learning*'.

The findings of this present study provide knowledge of how engaging in an exercise class can enhance meaning and purpose in residents' lives through the valuing of residents' identities, the dynamics of relationships between residents and with the exercise instructor and through the opportunity to engage in restorative activities within the physical setting of the care home. The benefits of care home residents engaging in a series of exercise classes were explored in a pilot study by Verhoef, Doshi, Lehner and Morris (2016); which highlighted the importance of exercise classes being both 'life effective' in terms of enhancing the quality of residents' lives and 'cost effective'. Their study measured QALYS against reduction of NHS care costs for the participants of the study. Where Verhoef *et al.* (2016) proposed that exercise and wider meaningful activities can be a tool for building relationships, improving involvement and creating a sense of well-being; the findings of this present study provide knowledge of how engaging in an exercise class can enhance meaning and purpose in residents' lives. Meaning and purpose were enhanced through the valuing of residents' identities, the dynamics of relationships between residents and with the exercise instructor and through the opportunity to engage in restorative activities within the physical setting of the care home.

#### **v. Evaluation of the exercise and relaxation classes at Edward Court**

Within the appreciative inquiry approach evaluation can be undertaken using a 'responsive evaluation' approach (Van der Haar and Hosking, 2004). This approach to evaluation is congruent with the social constructionist epistemology of this study.

Responsive evaluation facilitates polyphony and emphasises the importance of evaluating:

*A programme or intervention in its own local-historical context, retaining local contextual details and focussing on what the locals think to be issues.*(Van der Haar and Hosking, 2004 pg 1031).

In his model of meaning in life Wong (2012) includes the component of 'evaluation'. Therefore the residents' evaluations of the exercise and relaxation classes are presented as findings of how to enhance meaning and purpose in care home life. The findings presented here from the residents' evaluations of engaging in the exercise and relaxation class were generated using a responsive approach to evaluation.

The evaluations of the exercise classes were undertaken in two focus groups with the Edward Court residents. The opportunity to be the decision makers behind the arranging of the exercise class was valued by the residents; when asked how they felt about being the ones who made the decision:

*We can't blame anybody else.* (Alex, EC resident)

*You made everyone feel equal, there's nobody less than the others in the exercise class.* (Alice, EC resident)

The residents' evaluation of the exercise and relaxation class included comments that:

*It's good it makes a change* (Karl, EC resident)

*You get to leave your own room and get everyone together*  
(Bess, EC resident)

*Just like socialising* (Karl, EC resident)

The residents' experience of taking part in the exercise class was found to enhance meaning and purpose in their lives and the care home staff promoted attendance for residents over the six weeks of the classes.

The residents' and instructor's experience of the exercise class at Edward Court was presented at a care of older people conference. The title of the paper 'Exercise; it's not just for the young' was inspired by a discussion in the focus group evaluation of the exercise class at Edward Court, where the concept of exercise being just for the young was contested by the residents. I supported the instructor in the development and presentation of the paper. The exercise instructor had not attended a professional

conference before and had never sat in a University lecture theatre. This was a meaningful experience for him, which he asked to be recorded by photographs.

The manager at Edward Court stated that she was willing to carry on the funding for the class after the initial four weeks of the project. However, the class did not continue in this format but was instead led by a newly appointed activity co-ordinator. The exercise instructor from the project subsequently specialised in exercise classes for older people with disabilities.

#### **Part 4: Evaluation of participants' experience of involvement in the study (North House)**

In the same way that the residents at Edward Court evaluated their involvement in the exercise and relaxation class, a responsive approach to evaluation of the participants' involvement in the study was undertaken at North House (Van der Haar and Hosking, 2004)<sup>1</sup>.

##### **a) Involvement in the research process of the study**

Involvement in this study proved to be an opportunity for residents to enhance meaning and purpose in their lives. Being involved in the study provided the opportunity for residents to use their *untapped potential* and provided opportunities for some of the residents to *flourish*. From the initial introduction meeting with the residents it was evident that they were considering the value of the study. The study was not just a theoretical exercise, this was their real life experience and their valuable time. This important and critical perspective was voiced by Gregory at the first meeting;

*When I had introduced myself and given an overview of the study to the group of resident one of the residents (Gregory) asked the question 'What difference will this make?' The searing clarity of his question was an important reminder to me that an important aspect of this study was to make a difference through the actions in that care home and to make a difference by the knowledge that resulted from the study. (Field notes: NH/Intro/1)*

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<sup>1</sup> Due to my own time away from the study due to ill-health I was unable to undertake a similar evaluation of the participants' wider experience of involvement in the study at Edward Court.

Involvement in the study was described by another resident James (NH, resident) as being the most exciting thing that had happened to him whilst he had been a resident there. James recounted how he became involved in the study

*Natalie came and gave us a talk on what her aims were and we then reflected on those thoughts and gave our own opinion and worked on our own. Then we laid these ideas back to Natalie. In fact it was the most meaningful task we've had to do in the home for years. It shows a gap and some residents who weren't particularly academic enjoyed the interaction with the residents who were used to academia.*

In his evaluation of the project James concluded that:

*It was good to have a task that took some deep thought because care home life is usually rather mundane with little excitement. The project gave spark and generated some excitement within the group.*

James comments indicate the ways in which involvement in the study provided the opportunity for residents to make optimal use of their potential and to flourish.

The aspects of engaging in the research process that the residents found to be of value related to *the dynamics of relationships* and the *focus of activities*; which they stated as including working in groups, discussing the project and then noting the outcomes which were then compiled into a booklet format. The aspects of the project that were found to be of most value by the residents were meeting as a group and discussing ways in which life could be made better.

The residents felt that care home residents should take part in research about care home life because of their right of inclusivity. Audrey (NH, resident) thought that:

*Care home residents should be involved in research about care home life because the research is about their future.*

Gregory (NH resident) felt that the approach used in this study supported residents because of the way in which it facilitated '*feedback by end users*'.

The aspect of the project that Matron at North House found to be of value was the extent to which:

*Residents were involved in asking them for opinions on what made them feel valued as an individual.*

She commented that:

*Many replies highlighted what to staff might seem quite small things but were really about being listened to... Residents were able to give suggestions for small changes that might make a big difference e.g. a doorbell for the garden.*

Her experience was that she:

*Received regular feedback from the researcher.*

*Was asked to put into action some of the residents' suggestions which was a bonus.*

Her view of care home residents taking part in research about care home life was that:

*They are the people who are living it and are the people who know that changes to our service can help improve the quality of their lives...The researcher assisted residents to be involved in the project and the staff supported them, there was anonymity if required. Families were kept informed where required or appropriate. Residents got feedback and saw some of the changes they had suggested.*

Her concluding remarks were that:

*As in general life outside a care home there will always be individuals who are unable to perceive the bigger picture and not understand the difference between wants, wishes, dreams and needs. For these individuals they might be encouraged to have unrealistic expectations of what is possible, this did not happen.*

*In general though the experience has been positive for the residents and has given one resident the chance to visit and speak to people away from the care home, he would not have had that chance if he had not taken part in the project.*

*All residents involved seem to have found this a positive experience and given them something new to talk about. Also working with staff in this project which was new to residents and staff helped everyone to look at each other through different eyes rather than carer and cared for.*

*Although we always encourage all staff to view every resident as a unique individual this must have helped this process.*

Mandy (NH, care assistant) had taken part in the staff focus group and joined the booklet planning meetings. The aspects to the project that she found to be of value were that:

*I enjoyed making the project booklet and was very proud of the outcomes*

*Residents were given equal involvement to the staff and formed a really helpful co-operative team. We met regularly to discuss all aspects of the project, whilst sharing tea and biscuits*

*It was very pleasing to hear the positive comments all round and hopefully we will be continuing our group in order to produce a second project booklet ourselves*

*My involvement was mainly chatting, something I am good at, collecting and sharing information and asking resident their views and collecting their thoughts and feelings about life at the care home.*

*Care home life is a resident's life and their views are important, positive and negative. Many people are part of community groups or neighbourhood groups so I feel it is the same and is important.*

Anthony, the activity co-ordinator at North House had been a key member of staff at the beginning of the study as he facilitated my introduction to the resident participants. Anthony was the member of staff mostly highly valued by the residents. He recounted that:

*A number of residents were involved in the project, a few residents spoke to Natalie in a group and on a one-to one basis, they also helped in the publication of the project booklet.*

His perspective of the project was that:

*Care home residents should take part in research about care home life because it is their home...The residents were given all the support they needed throughout the project and were happy to be involved. The residents that took part in the project have all enjoyed the experience.*

These evaluations from a range of participants at North House demonstrate the benefit of undertaking an appreciative inquiry study in a care home setting. Staff and residents were equally positive in their evaluation of the process and the outcomes of the study. Their positive evaluations could be biased by the feedback being collected by me. However, as far as I could tell having been involved there for 12 months the tendency throughout the study was for both residents and staff to speak objectively about the progress of the project. The high level of engagement by residents and staff throughout the project is reflected in the comments that they made in their evaluations of their involvement in the study. The positive evaluations indicate the appropriateness of

appreciative inquiry studies by care home communities which will be explored further in the following chapter.

The findings of this study do not include the perspectives of residents' relatives (with the exception of Gregory's [NH resident] wife Jill), relatives were not actively involved in the study. In the ethics application for the study I had included the possibility of residents' family members being involved. The residents' high level of engagement in the study meant that their family members were not actively involved in the construction of data. As meaning and purpose are experienced at a personal level this outcome in the research process was a positive one, as the data were constructed with the individuals whose lives the outcome of enhanced meaning and purpose were experienced in.

Residents' relatives interacted with me as I spent time at the care home and were interested in their family member's active involvement in the study. Jill's involvement was the exception as she was actively involved in the action of Gregory presenting at the conference. Gregory has since died and Jill contacted me to invite me to attend Gregory's funeral. This was an unexpected outcome of undertaking this study. I did attend Gregory's funeral and reflected on the extent to which his eulogy matched what I had learnt about Gregory during our time together engaging in this study undertaken through a participatory inquiry approach.

As I sat at Gregory's funeral I reflected on how the participatory worldview involves experiential knowing, which Heron and Reason (1997) describe as:

*Direct encounter, face-to face meeting: feeling and imagining the presence of some energy, entity, person, place, process of thing. It is knowing through participative, empathic resonance with a being, so that as a knower I feel both attuned with it and distinct from it (pg 279).*

As I subsequently learnt of the deaths of James (NH resident), Karl (EC resident) and Reggie (EC resident) my feelings were of sadness and gratitude for the time that they had given me. The participatory nature of the study had resulted in the development of meaningful relationships between me as the researcher with the residents.

The practical actions of this study therefore represent important knowledge generation by some people who were at the end of their lives. Although none of the residents

involved in the study chose to engage in discussion about legacy (Nakashima and Canda, 2005) the findings of this study represent part of their legacy by contributing to the knowledge generated through these findings.

### **Chapter summary**

The findings of this study reflect Simmons' (1998) argument that care homes can be communities that support the flourishing in the lives of residents. Simmons' articulates the potential for care homes to be communities that provide opportunities for 'regeneration based on the assumption of the possibility of growth, expansion and healing of self and others' (Simmons 1998, pg 85). The findings of this study contribute knowledge generated with care home residents and staff of the opportunities and challenges for enhancing meaning and purpose in the communities of care home. The findings of this study contribute knowledge of how 'personal quests for meaning and purpose in life have a better chance of success in communities that sustain the quest on substantial and supportive ways' (Simmons 1998, pg 87).

The findings from this study are that the physical environment, valuing of residents' identities, dynamics of relationships, focus of activities and the component of care are all aspects of care home life whereby opportunities for residents to flourish and optimise their potential can be created. This then facilitates the enhancement of meaning and purpose in residents' lives.



## **Chapter 10**

### **Discussion**

This chapter is presented in three parts. In part one an overview of the focus of the study and the findings is presented. This includes how the findings answer the research question, how the findings inform understanding of meaning, purpose and flourishing in care home life. This is followed by a discussion of how the creation of opportunities for flourishing in the two care homes and the optimisation of residents' potential enhanced purpose and meaning in residents' lives. In part two the quality of the study is discussed with reference to the appreciative inquiry methodology, methods of data construction and data analysis. This part also includes a reflection on the impact of this participatory inquiry of purpose and meaning on my life and the limitations of the study. In part three the implications of the study findings for care home research, policy and practice are presented. The findings of the study are presented as a means of informing future practice, policy and research on how to enhance purpose and meaning in the lives of care home residents. As appreciative inquiry is a cyclical process potential future activities are presented as recommendations in the final chapter of this thesis.

#### **Part one**

In this part of the chapter an overview of the findings in relation to the research question is presented. This is followed by a discussion of the findings in relation to the existing body of knowledge.

##### **a) How the findings of the study answer the research question**

In this section the findings of the study are presented to provide the answers to the research question 'How can purpose and meaning in the lives of care home residents be enhanced?' The findings provide an answer to this research question in that purpose and meaning in the lives of care home residents can be enhanced by optimising residents' potential through the creation opportunities for them to flourish.

This represents a subtle but important difference between the findings of the study and what I had anticipated that the findings might include. At the beginning of the study I

had foreseen that the study would generate knowledge of how care home staff could enhance purpose and meaning in residents' lives. However, by using an Appreciative inquiry approach that gave primacy to residents' views, experiences and decisions the knowledge that has been generated relates to how residents themselves can enhance purpose and meaning in their lives. The findings also address the important role that care home staff have to play in supporting residents in the aspects of care home life that create the opportunities for residents to optimise their potential and thereby enhance purpose and meaning in their lives. The aspects of care home life that can support the enhancement of purpose and meaning in resident's lives are the physical environment of the care home, valuing of residents' identities, the dynamics of relationships, the focus of activities and the component of care. The findings of this study offer knowledge of how these aspects of care home life can be used to create opportunities for residents to flourish and optimise their potential, enhancing purpose and meaning in their lives.

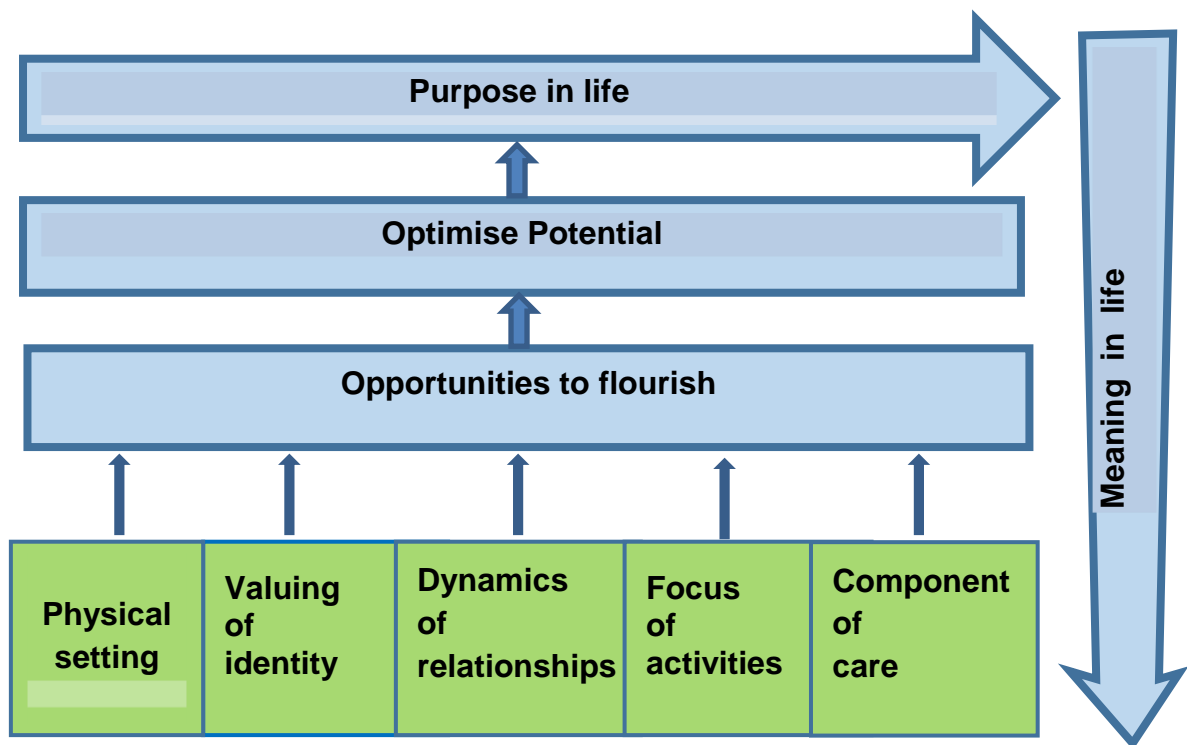
The overarching concepts of flourishing and the optimisation of residents' potential resulted when I developed the explanatory account to say why the patterns in the data occurred, thereby ensuring that the findings are based in the data of the study. The literature on human flourishing had not been included in the initial literature review as the significance of the concept of flourishing was not identified until the final, higher stages of data analysis were undertaken and the explanatory account was developed (Spencer *et al.* 2003). The concepts of flourishing and optimisation of potential were located in additional literature (McCormack and Titchen 2014, Titchen, McCormack, Wilson and Solman 2011, Gaffrey 2012). In the existing literature on purpose and meaning across the life span and care home life the individual aspects of the physical setting, relationships, identity, activities and the component of care have been explored but seldom with the primacy of the perspective of care home residents. The findings of this study resulted from positioning the residents as the primary contributors to data construction. The staff at each home were important contributors to the study, however the direction of the study actions was primarily informed by the residents. This aligns with the participatory approach of the study and embodies the principle of empowering the least powerful.

While there is a considerable body of knowledge of purpose and meaning across the life span from a psychological perspective, there is a dearth of literature on purpose and meaning in the specific context of care homes. The findings of this study are that these aspects of life do not cease to be a vital aspect of people's experience when they age or have a physical disability. The findings of this study therefore make an important contribution to the knowledge base for policy, practice and future research for the care home sector.

#### **b) How the findings inform understanding of the concepts of purpose and meaning in care home life**

The order of the words purpose and meaning are conventionally presented in this order. However, the findings of this study are more clearly understood if these words are presented in the order of purpose and meaning. Considering support for activities and resources that enhance purpose in care home life first means that individual residents can then subsequently evaluate whether the activity or resource enhanced meaning in their life.

Ryff (1989) defined purpose in life as having goals in life and a sense of directedness, Aron and Aron (2012) defined purpose in terms of central motivations and goal orientations. Support in the two care homes for purpose in residents' lives was already evident to some extent. The findings of the study show how these aspects of care home life can be used to provide additional support so that purpose in residents' lives can be enhanced. Pursuit of these aspects of life was evident in the data constructed with the residents involved in this study. In the final conceptual framework of the study purpose in life was represented by a forward direction arrow, symbolising the forward direction of the residents' views of purpose in life; purpose was defined in terms of their goals, hopes and aspirations that with support they could engage in activities that would facilitate achievement of these goals (Fig 10) Purpose in life was found to relate to opportunities for residents' to engage in activities or relationships that were of interest and importance to them. Many of the definitions of purpose in the literature relate to purpose in life across the life span; the understanding of purpose in life presented in this thesis is specifically with reference to the lives of people with physical and nursing care needs who as a result are living in a care home.



**Fig 10: Final conceptual framework**

Meaning in the present study was found to relate to the residents' evaluation of the value of engaging in the purpose directed activities. The evaluative nature of meaning is represented in the final conceptual framework as a downward arrow, representing a 'weighing up' of their experience of these aspects of care home life (Fig 10). The knowledge generated in this study of meaning in the lives of the care homes residents who participated in this study builds on Reker and Wong's (2012) account of situational meaning. Reker and Wong (2012, pg 434) define situational meaning as:

*The attachment of personal significance to specific experiences in life, whereby the individual tries to make sense of that experience... tied to the process of appraisal.*

Reker and Wong's (2012) proposal of an interaction between a person's sense of meaning and the circumstances of their environment is further developed in the findings of the present study with reference to the specific context of the lives of the care home residents. The aspects of care home life that were found to support purpose and meaning in care home life this study were generated using a social constructionist epistemology whereas Reker and Wong's understanding was generated from psychologically informed research studies exploring outcomes such as optimism and

depression. In the present study the sociologically informed approach of the study is reflected in the aspects of care home life that were found to enhance purpose and meaning in residents' lives i.e. physical setting, valuing of residents' identities, dynamics of relationships, focus of activities and the component of care .

These findings provided a resident and care home based contribution to the existing knowledge of Nolan et al.'s (2002, 2004) Senses Framework. Aspects of the findings that add further knowledge to the Senses Framework when considering purpose and meaning in care home life are:

- The physical setting can contribute to a *sense of security* but can detract from residents' ability to live with purpose and meaning if it becomes too restrictive.
- The dynamics of relationships can contribute to a *sense of belonging*. However, it cannot be assumed that all residents want to belong to the community within the care home.
- Residents' identities are supported by having *sense of continuity and significance*.
- The focus of activities can result in a *sense of purpose*.
- Residents' evaluation of meaning in their lives can relate to a *sense of achievement*.

Where the findings of this study provide a unique contribution to the existing body of knowledge is with regards to the importance of the concepts of creating opportunities to flourish and the optimisation of residents' potential. The relevance of these concepts for enhancing purpose and meaning in the lives of care home residents would not have been as effectively identified had a more descriptive methodology been used. By using an appreciative inquiry approach involving residents and staff in a 12-18 month research process, data were constructed that informed the findings of the impact of the creation of opportunities to flourish and the optimisation of residents' potential on purpose and meaning in residents' lives; moving from mere description to the level of action.

### **c) The overarching concept of flourishing**

The use of an appreciative inquiry as a form of action research embodies Heron and Reason's (1997) philosophy of inquiry as action for the purpose of human flourishing. Although I had read these words in accounts of action research, appreciative and participatory inquiry when preparing to undertake the study, I did not anticipate the powerful way in which the word flourishing would be reflected in the findings of the study. I have subsequently read McCormack and Titchen's work on human flourishing and have found their account of flourishing to be closely aligned to the findings of this present study. As I started this study I heard Brendan McCormack speak at a conference plenary session about 'dancing with stones' (2008) and thought that the content of his presentation while interesting seemed somewhat outlandish in comparison with the study of purpose and meaning in care home life that I was embarking upon. As I now read McCormack and Titchen's (2010) paper based in part on their experience of 'dancing with stones' there are still aspects of their work that I find to be on the extreme boundary of health and social care research approaches. However, their accounts of human flourishing are published work which closely resonates with the findings of this study.

In the present study residents were able to enhance purpose and meaning in their lives when experiencing the challenge of living in a residential setting that they did not view as being 'their home'. This represents the impact of the physical setting of the care home, which the findings showed to be both a facilitator of and challenge to purpose and meaning. Challenge is proposed as a key element of flourishing (Gaffrey, 2011); by listening to, acknowledging incorporating the aspects of care home life that residents found to be challenging their experience of living with purpose and meaning, a broad knowledge base was constructed in the findings of the study.

The residents were also living with the challenge of reduced physical capability as the result of conditions such as multiple sclerosis and strokes but were striving to express their identities regardless of their physical disabilities. Frankl (1959) and Moore *et al.* (2006) did not consider living through adversity as being a barrier to living with purpose and meaning, rather they suggested that meaning in life can be discovered by 'the attitude taken towards unavoidable suffering' (Frankl, 1959 pg 115). The findings of this study are that despite often profound physical disability the residents involved

chose to be fully engaged in this study as part of their approach to enhancing purpose and meaning in their lives.

The residents' relationships with family members had often changed as a result of their new place of residence and reduced physical capabilities; meaning that new and unanticipated relationships with other residents and staff were now part of their lives. This represented a challenge to living with purpose and meaning as well as the opportunity to experience relationships with staff and family members that supported and enhanced purpose and meaning in their lives. These findings demonstrate that residents' relationships can be considered to be social environmental resources within the care home setting (Nakashima and Canda's, 2005) and the value of relationships for those living in care homes in terms of enhancing meaning and purpose in their lives (Frankl 1959 and Moore *et al.* 2006).

The physical setting of the care home, the residents' altered physical capabilities and the altered resource of relationships to support them in their preferred activities all impacted on their ability to live with purpose and meaning. These same aspects of care home life also presented opportunities for residents to enhance purpose and meaning in their lives, often through the support of staff (the component of care). Titchen, McCormack, Wilson and Solman's (2011 pg 2) account of human flourishing includes reference to similar aspects of life, they define human flourishing as 'maximising individuals' achievement and development as they change the circumstances and relations in their lives at individual, group, community and societal levels'. Yet McCormack and Titchen (2014 pg 3) state that 'very little is written about the nature of human flourishing and how to can be facilitated'. The findings of this study are therefore important in that they present an account of human flourishing in the lives of care home residents and how this can be facilitated.

The creation of opportunities to flourish and the optimisation of residents' potential was found throughout the four actions of the study. Flourishing means:

*Feeling that you are using your valued competencies...Using your valued competencies is not just about using some aspect of your intelligence or talents, it also means using the most important lessons you have learned in your life. (Gaffrey, 2012, pg 11-12).*

As the data that informed the findings of this present study were initially constructed from the life stories of residents, the findings built upon the residents' accounts of the lessons they had learned in their lives before they moved into the care home. This was an important aspect of the study in that what enhanced purpose and meaning in their lives before they moved in to the care home was acknowledged as potentially informing how they chose to enhance purpose and meaning while living in the setting of the care home. This also meant that the residents' valued competencies could also be used during their engagement in the study. In their evaluations of being involved in the exercise class at Edward Court and being involved in the study as whole at North House the findings were that for some residents involvement in the study had enhanced purpose and meaning in their lives.

**d) How the actions of the study enhanced purpose and meaning in residents' lives**

The four actions of the study were practical actions proposed by residents as ways of enhancing purpose and meaning in their lives. This indicates that purpose and meaning can be enhanced in the 'ordinary' aspects of care home life.

The findings on the impact of the physical environment in residents' lives were constructed as a result of the practical actions of the door bell at North House and the provision of the exercise class at Edward Court. The door bell was decided as an action by the residents' at North House to enhance their use of the outdoor garden space. The findings related to this action provide knowledge of Frankl's (1959) suggestion that 'experiencing nature' is one way of enhancing meaning in life; in this case in the specific context of the care home setting . At North House this action provided the opportunity for residents to choose when they left the garden. A specific recommendation of the DEMOS Commission (2014) was the promotion of independence and choice for care home residents by the provision of their own front doors and door bells. The findings of the present study demonstrate that independence and choice for care home residents can also be supported with regards to communal spaces and shared doors.

The residents at Edward Court chose an under-utilised communal room as the location of the exercise class. Both of these actions demonstrated the residents' capacity to identify ways in which to optimise the care home environment.



The challenges identified by the residents during the Discovery stage of the care home not being the preferred place of residence of some of the residents contributed to understanding of the complexities of enhancing purpose and meaning in residents' lives. The call to create physical spaces that provide a life enhancing approach is also addressed by Jencks and Heathcote (2010) In their book the Architecture of Hope they suggest that the environment in which people are cared for can be created so that when people enter that space their humanity is acknowledged as being of importance.

The findings of the study present evidence that there is still a need to reframe the attention paid to the built environment of care homes. This is so that care homes can meet the challenge of being places and spaces that reflect the value of those who live within their walls. The findings of this study contribute qualitative knowledge from the residents' perspectives to the existing quantitative evidence base for this aspect of practice.

In the literature examples of two quantitative assessment tools for care home environments for older people are presented. The first is the Combined Assessment of Residential Care (CARE) tool which was developed in the UK based on the Senses Framework. This was developed in collaboration with residents, relatives and care home staff (Faulkner, Davies, Nolan and Brown-Wilson 2006). A more recent example is the Person Centred Environment and Care Assessment Tool (PCECAT) developed in Australia using a Delphi approach with practitioners and professionals (Burke, Parbury, Luscombe and Chenswerth 2016). The PCECAT tool was developed with reference to pre-existing tools such as the CARE tool (Faulkner *et al.* 2006). While these tools are of value in developing best practice in care homes, the findings of the present study contribute complementary knowledge of how residents' experience of the care home environment can enhance purpose and meaning in their lives.

The impact of valuing residents' identities on purpose and meaning in their lives was evident in data constructed with reference to the actions of the booklet project (including Gregory [NH, resident] presenting at a conference, Gregory and his wife writing an article on their views of the value of care homes), the residents' reviewing their care records and the residents' involvement in the research process. The challenge of some residents not necessarily identifying with others impacted on their pre-disposition to engage in interaction with other residents and this was reflected upon

in how group activities within the study were facilitated. The dynamics of residents' relationships with staff informed the action of reviewing their care records. Again these findings demonstrate the complexity of enhancing purpose and meaning in the lives of care home residents.

Findings related to the impact of the focus of activities on purpose and meaning in residents' lives were generated from the actions of the exercise class and the production of the booklet. The findings on the challenges related to the focus of activities related to the range of preferred activities which residents wished to engage in and the resource implications of these activities. At Edward Court engaging in an exercise and relaxation class enhanced purpose and meaning in the residents' lives by providing the opportunity for residents to flourish and to optimise their potential. The residents' decision to have an exercise and relaxation class as their preferred action to enhance purpose and meaning in their lives demonstrates in action what the Kennedy's Care home Inquiry (2014 pg 37) propose as a promising idea 'support for reablement to improve physical capacity, quality of life, emotional functioning and mobility in people receiving care '. The focus on reablement was also made in the King's Fund (Oliver, Foot and Humphries, 2014) recommendations for making care systems fit for an ageing population include a focus on reablement as a precursor to avoiding care home admission. Reablement is defined as 'promoting and optimising independent function rather than the resolving of health issues' (Oliver *et al.*, 2014). The findings of this study are that a focus on reablement is also required during longer term residence in care homes, with a modified definition of reablement in this care setting as promoting and *optimising supported function* rather than necessarily the resolving of health issues.

The production of the booklet about life at North House provided the opportunity for residents to use their knowledge and skills to compile the booklet. The findings with regards to this action and the other three actions of this present study demonstrate what Kennedy (2014) suggests as a future development that residents should have a role in designing, delivering and choosing activities around their needs and passions. The findings of this study highlight the processes that can be used to support this type of undertaking by care home residents. As such these findings make a unique contribution to the body of practical knowledge for facilitating such involvement in activities aimed at enhancing purpose and meaning in care home life.

The final action at North House of the residents being able to review their care records provided the opportunity for residents to be further involved in decisions about how they would like their care to be provided. The findings related to this action provide evidence of what the Five Year Forward (NHS, 2014) and Better Care Fund (2016) recommended: that people should be collaboratively involved in their care planning so that their care is person centred and supportive of their goals. The findings of this study contribute knowledge of what this looks like in the lives of older people who live in care homes. The component of care was found to impact on support for purpose and meaning in residents' lives with regards to residents' use of the physical setting, valuing of residents' identities, dynamics of relationships and the focus of activities.

Aspects of care home life on which data were not generated with either residents or staff included fulfilling the activities of daily living such as meeting hygiene needs, dressing, eating and drinking as being central to enhancing purpose and meaning in the lives of residents. However, neither was preparing for the end of their lives. For older care home residents the final outcome of their move into a care home more than likely will be their death. It is of note that facing their own death and their legacy were not discussed by the residents who were participants in the study. The residents involved in the study did not include discussion of the end of their lives within any of their interviews or focus groups discussions. Considering that more than 50% of care home residents die within a year of moving into a care home (Kinley *et al.*, 2014), preparing for the final stage of their lives could be considered an important issue for both residents and staff. However, in this study the foci of suggestions for enhancing purpose and meaning in residents' lives were activities that provided opportunities for using and developing their capabilities and enhancing their autonomy.

Suggestions for enhancing purpose and meaning in residents' lives in this study related to day to day activities rather than aspects such as preparing for death, leaving a legacy or connecting with a higher power through spiritual practices. In her study of care home residents' experience of meaning in 'the later years' MacKinlay (2006) concluded that the psycho-social and spiritual dimensions of life were involved. This raises the question of why these issues were not particularly noted in this study. I think that this was the result of the collaborative nature of the study i.e. the focus on activities that could be implemented in the care homes as an organisation and the social

constructionist approach that was used. Had the study focused on just the life experience of the residents as individuals and had a social constructivist approach been used, then maybe a different set of findings would have resulted.

Additional aspects of life that were not addressed by the residents or staff were residents' sexual relationships, sexual activity and physical intimacy. It has been noted that there is a dearth of robust studies of sexuality and care home residents (Mroczek *et al.*, 2013, Elias and Ryan 2011). This indicates an additional aspect of care home culture and residents' experience that could be explored in future studies. With appropriate sensitivity, future studies should explore the impact of care home culture, the physical setting, dynamics of relationships, focus of activities and component of care on the sexual relationships, sexual activity and the sexual identity of care home residents.

## **Part 2: Quality of the study**

Confidence in the findings of the study will be enhanced by consideration of the approach taken to realising them. First the methodology of the study will be considered followed by a discussion of the methods used for data construction and data analysis. This is followed by a reflection on the impact on me as the researcher as a result of engaging in this participatory inquiry. This part concludes with an account of the limitations of the study.

### **a) Appreciative inquiry**

Appreciative inquiry is a somewhat recent addition to the action research approach to research. There was a risk in undertaking this study employing Appreciative inquiry, one of the newer approaches to research in that was only constructed in 1987 by Cooperrider and Srivastva. However, as Cooperrider and Srivastva considered appreciative inquiry to be a constructive form of action research, there was a more established history to draw on to guide the development, implementation and evaluation of the study. The use of appreciative inquiry was an appropriate methodology for the study. By taking a life enhancing approach to the study the findings generated knowledge of how purpose and meaning in the lives of care home residents can be enhanced. If a problem orientated approach had been taken this may well have

identified barriers to purpose and meaning in the lives of care home residents but not necessarily as comprehensive an understanding of how to overcome the barriers.

I reflected on the criticism of appreciative inquiry as a naïve approach to research, during the study. The construction of data in this study related to the past and present life experience of 15 people, their views on how they would like to enhance aspects of their care home life and the perspective of a range of staff from two care homes. The findings of the study combined both aspects of care home life that were already enhancing purpose and meaning in residents' lives and aspects that were proving to be challenging to the residents' experience of purpose and meaning in their lives. The breadth and depth of the data constructed using an appreciative inquiry methodology in this study counteracts the suggestion of naïvety. The prolonged involvement in the study of the residents and staff reflects the value and appropriateness of an appreciative inquiry approach to this study. However, appreciative inquiry is naïve in that there is a lack of in-depth published guidance on how to undertake a research study using this methodology. This meant that at times I had to refer to published work on action research to guide my undertaking of the study.

#### **b) Methods of data construction and data analysis**

In this section the methods of data construction and data analysis employed in the study are discussed with reference to how they impacted on the quality of the study. The methods of data construction that were effectively employed were the methods of the one-to-one life story interviews and structured interviews. I reflected on the process of the interviews during and after each interview. No changes were required in response to these reflections. This reflected the detailed preparation I had engaged in when producing the interview schedules. The schedule of data construction activities with residents starting with life story interviews, followed by structured interviews and then focus groups appeared to develop trust between me and the resident participants and a shared commitment to the study. The similar schedule with staff of focus groups, staff-to-staff interviews and some one-to-one interviews with me appeared to facilitate a similar experience for the members of staff whose roles meant that they had the opportunity of prolonged engagement in the study. The impact of these relationships was evident in the sustained involvement of staff and resident participants in the 12-18 months of field-work. Attention to the development of trust between the researcher

and participants in care home researchers is an aspect of best practice highlighted by Luff *et al.* (2011).

As identified earlier there is a lack of specific criteria with which to evaluate the quality a study undertaken using the Appreciative inquiry methodology. In both Cooperrider *et al.* (2008) and Reed's (2007) text books on appreciative inquiry, little is written on establishing the quality of Appreciative inquiry research studies. As the data constructed were qualitative in nature I decided to use the established qualitative criteria of credibility, dependability, confirmability and transferability to evaluate the quality of the study (Lincoln and Guba 1985, Holloway 2010). The additional criterion of authenticity (Guba and Lincoln, 2005) has also been used to evaluate the quality of the study.

Credibility corresponds to the 'notion of internal validity...that the participants recognise the meaning that they themselves give to a situation' (Holloway and Wheeler, 2010 pg 303). In this study the data were returned to the residents and staff at the end of each stage of the appreciative inquiry cycle, either in the form of a summary note or as a proposed conference presentation for their consideration and commentary. The summary information from each stage was used to inform the following stage of the appreciative inquiry cycle. The ongoing involvement of residents and staff participants throughout the study reflected their alignment with the processes and actions being implemented and evaluated during the study.

In terms of credibility and the findings representing the participants' views on enhancing purpose and meaning in care home life, several aspects of the study highlight the credibility of the findings of the study. The residents vetoed some suggestions that I made during focus groups and the study did not progress the way I had initially envisaged it. I had imagined that the study would explore more overtly spiritual aspects of purpose and meaning in care home life such as actions related to the personal legacy of residents and addressing end of life concerns. I had thought that the study may lead to a teaching package for staff based on the experiences and perceptions of residents. Reflecting on these preconceived ideas is now a source of embarrassment as they reveal that initially I could only perceive the focus of the study from my perspective based on the topic of my Master's Dissertation 'The evidence base for the teaching and practice of spiritual care ' and my professional role as a

teacher. The residents identified practical ways of enhancing purpose and meaning in their lives that had an enabling and empowering focus. The findings of the study are incredibly more valuable as a result of the participant-led direction of the study and this enhances the credibility of the findings. This experience taught me about managing personal bias.

Dependability relates to the findings of the study being consistent and accurate. This requires provision of clear information that facilitates an audit trail of the decision making process that lead to the conclusions. Throughout this study I recorded field notes and analytical memos, these are important components of the data of the study. These detailed field notes were useful sources of information to return to during data analysis. Due to prolonged personal illness there had effectively been a three year gap in between finishing data construction and engaging in the full process of data analysis. The field notes proved to be a valuable resource to return to clarify points of reference of related to data construction. However, the way in which I recorded my field notes varied in format while undertaking the study. I initially started making handwritten notes and then changed to making electronic records of these data. I included detailed reflections in the field notes. At times I felt overwhelmed by the amount of data that I was constructing in this format as at that time I did not know what the themes of the study would be. When I changed to making electronic field notes these were more succinct but again I still lacked confidence in the value of what I was writing. On reflection I should have read more widely on different approaches to keeping field notes and found guidance that I could have followed to ensure a systematic and continuous approach to this aspect of the study. However, despite this limitation I feel I made good use of my field notes as demonstrated in the thesis. Learning from my experience of recording field notes I approached the writing of analytic memos in a more systematic way, following Saldaña's (2009) guidance to be both systematic and creative in recording my thoughts and observations during data analysis.

The approach I used for data analysis was systematic and robust. Early on in the study I tried using NVIVO as a tool for analysing the data. However, this resulted in fragmentation of individual's stories and so I constructed my own electronic version of the matrices for undertaking Framework Analysis. Using these matrices for undertaking data analysis was effective as I was the sole data analyst. Part way through data analysis a Framework Analysis component was incorporated into NVIVO,

therefore for future studies I would explore using this component of the NVIVO software package. Using Framework Analysis as the approach to data analysis contributed to the dependability of the study in that there are clear and accurate matrices of each stage of data analysis. These matrices also contribute to the confirmability of the findings of the study in that the sequential order in which they have been recorded and stored means that they form an audit trail of the decisions made during data analysis.

In terms of dependability the context of the research should also be described. Throughout the different chapters of this thesis, detailed accounts are provided of the two care homes that became the research sites in addition to the decisions made regarding data construction, analysis and interpretation. McNiff (2007) recommends the researcher living alongside participants, interacting with others in the construction of meaning about human interaction and understanding. The 12-18 month period of data construction in each care home, were a sound 'attempt' within the time available to 'live alongside' the residents and staff at each home as a way of ensuring the dependability of the findings of this study

Confirmability addresses the way in which the findings of the study can be traced through the account of the study, this includes an account of the researcher's background and feelings. The field notes, memos and data analysis matrices mean that the findings of the study can be traced through these records. As a result the account of the study has been presented in this thesis in a way that presents a confirmable account of the construction of the study's findings. In this thesis there are also accounts of my personal location that informed that study, including how my values and beliefs informed it. To make such personal information open to public scrutiny, is not an effortless activity. To hide behind an impersonal, 'objective' approach would be less challenging. I have made clear throughout the data analysis and findings chapters how the conceptual framework and the themes of the study have evolved, in order to enhance confirmability within the study. In addition to being important to contributing to the dependability and confirmability of the study, the field notes in particular are also of great personal value as they document my engagement in a study that I hold as being an important activity in my life. This aligns with Swantz's (1996) view that when undertaking participatory research the process becomes an integral part of your life. These records are of value as they represent the time that the



participants' gave to me and the study, when they shared their life stories, skills and knowledge.

Transferability relates to the extent to which the findings can be 'transferred to similar situations or participants' (Holloway and Wheeler, 2010 pg 303). By providing clear descriptions of the context of each home, residents' demographic details, vignettes of the residents' narratives (Appendix 10) and staff profiles, the reader can use this information to identify the extent to which the findings would be transferrable to different contexts and life situations. Each resident's life is unique and therefore the findings cannot be said to be representative of purpose and meaning in the lives of other care home residents. Likewise the nature of each care home is unique and therefore the findings of the study cannot necessarily be inferred to other care homes. However, the key themes of the findings can be considered to be a theoretical proposition of the aspects of care home life that could be developed to enhance purpose and meaning in care home life.

An additional quality concept suggested by Guba and Lincoln (2005) is that of authenticity including fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity. In this study I treated participants fairly, this was reflected in the ethical approach used throughout the study. Ethics in research studies are described by Josselson (2007) as a responsibility in human relationships; responsibility to the dignity, privacy and well-being of those being studied and the scholarly obligations to accuracy, authenticity and interpretation rather than as a matter of abstractly correct behaviour. Josselson also suggests that in addition to the *explicit contract* of ethics approval, patient information letter and consent there is also the *implicit contract* which refers to the development of the individual, personal relationship between researcher and participant. The nature of the material disclosed is influenced not by the explicit contract but by the trust and rapport the researcher is able to build with the participant. In terms of the authenticity of the findings I have presented a balance of quotes, not just using the more sensational ones or louder voices. I have not over inflated the findings which may appear modest to a reader but were substantive to participants.

I consider the study to have ontological authenticity as in-depth consideration of the ontological premise of the study was undertaken prior to commencement of data

collection and this was adhered to throughout the study. The ontological premise of the study was that of subjective-objective reality. The primacy of residents' subjective experiences of purpose and meaning in their lives was maintained, while acknowledging the more objective aspects of my observations of the communal aspects of care home life such as the physical structures of the care home, the equipment that residents used to support their mobility, the financial cost of interventions

Educative authenticity relates to the way that participants improve the way in which they understand other people. The occasions of the study where collaboration was required between residents or between residents and staff to achieve the actions of the study, indicated a shared understanding of each other's roles and experience. As a result of engaging with the residents and staff of the two homes I improved the way in which I understood their experience and so I too was impacted by the educative authenticity of the study. An aspect of the project that I underestimated was the impact that engaging in the study would have on me in the 'first person'. I had spent time with staff and residents in the settings of this study fifteen years earlier in my role as a temporary staff nurse at North House and as a college tutor visiting students on placement at Edward Court. I had acted professionally and undertaken the activities required by my roles at those times. Therefore, I anticipated that this study would impact on my professional knowledge as a nurse, nurse educator and researcher. I underestimated the impact of participatory action research on 'me' as a fellow human being of the residents. Statements about sense of connection with others, understanding the need for human emancipation proved to be personally powerful experiences. This demonstrates the capacity of participatory research to provide access to knowledge that transforms.

Catalytic authenticity addresses how decision making of the participants was enhanced by the research. For the residents who were participants in the study, the focus groups provided opportunities for decisions to be made by them that informed the actions of the project. At both homes the residents developed a robust and confident approach to their involvement in the study and were very clear about the actions that they wanted to achieve. As a result of the confident way in which the residents became involved in the study there was no need to involve their relatives in the study, which had been an option that I had considered when initially

conceptualising the study. Had the residents been unable to engage in the different stages of the study then I would have defaulted to asking their relatives to become involved as their proxy representatives.

An aspect of the methods used to undertake the study that I would consider approaching differently is the separation of resident and staff participants into role specific focus groups. On reflection this reinforced the current approach to care homes of the 'cared for' and the 'carers', as two different 'tribes'. I made the decision to hold separate focus groups for residents and members of staff as I anticipated that both may have contributed differently to the discussion because of the presence of members of the other *tribe*. While this may well have been the result, the outcome may have been more sustainable changes as a result of the actions instigated by the residents. By keeping the two *tribes* separate and appointing myself as communicator between the two groups I effectively reduced the opportunity for sustainable changes. I had anticipated that the residents would lack confidence in contributing to focus group discussions. However, this was an unfounded concern. On reflection, with clearly stated ground rules for the focus groups, combined resident and staff focus groups would perhaps have enhanced the outcomes of the study. The interaction between residents and staff during the focus groups would have enhanced the catalytic authenticity of the study and provided additional valuable insights into ways to enhance purpose and meaning in care home life.

The tactical authenticity of the study i.e. that the research should empower the participants, was an important feature that I was mindful of during the study in both settings. However, as identified earlier in the thesis while the residents were empowered in deciding the actions of the study, I dis-empowered the residents by taking on the role of communicator of these decisions to the manager and matron of the care homes. I could have empowered the staff participants to take on more integrated roles in the study.

### **c) Reflection on the impact of participatory inquiry on purpose and meaning in my life**

This reflexive consideration demonstrates what Freshwater and Rolfe (2001) referred to as an introspective meta-reflection. When I experienced my own potentially life limiting illness during the study, I used the knowledge that I had been constructing with

the residents to guide my own approach to living with purpose and meaning with 'a broken body but a vibrant spirit'. At the start of the study I read comments on participatory research such as the 'central purpose of human inquiry is to develop knowledge that informs and guides the way we and others live our lives' (Reason 1996, pg 171). Swantz (1996) provides an account of engaging in participatory research that informed her view that participatory research is 'a quest for life, to understand life and to create what I call living knowledge- knowledge which is valid for the people with whom I work and for myself' (Reason 1996 pg 171). The findings of this study are presented primarily to contribute to the body of knowledge for care home life. However, Reason and Swantz's commentaries on participatory inquiry impacting on the life of the researcher proved to be powerful signposts for the impact of the study on my own life. Initially I considered this to be my 'private' experience and relevant to my personal life rather than the study being undertaken.

On further reflection I realise that the early findings of how to enhance purpose and meaning in the lives of care home residents impacted on my own experience of living with a 'broken body-vibrant spirit' when facing a predicted short life expectancy. After completing the data construction at both care homes and undertaking the initial stage of data analysis I was diagnosed with breast cancer, aged 43. As with the accounts of several of the residents this change in my health status had an immediate and life changing impact in terms of my new experience of having a 'broken body'. As much as I desired an alternative intact body, this was the body I was going to have to use to live the rest of my life, however long or short that time might be.

As I recovered from the first year of treatment during which I was unable to engage in the study I was re-diagnosed with recurrent and more serious cancer for which the prognosis was poor and to be 'put on the supportive care register' for which the entry criterion is one's G.P. would not be surprised if you died that year. I could have made the decision at that point to stop this study as it appeared unlikely that I would live to write the thesis. However, I decided to keep thinking about the study with a view to restarting the data analysis should the treatment extend my life. This is a decision I am glad that I made as the treatment did work and by some miracle I am still here and disease free. I have reflected on how the findings of the study have provided a framework for me to live with a broken body- vibrant spirit and to enhance purpose and meaning in my life. The wisdom and life experiences of the residents helped me in my

quest for a purposeful and meaningful life. The principles of appreciative inquiry and the findings of the study proved to be unexpectedly transferable into my own life.

My 'broken body' meant that the setting where I spent much of my time instead of being my workplace at the university which contributed to my identity and focus of my activities became various hospitals for five operations, two courses of chemotherapy and two course of radiotherapy. As with many of the residents who resisted identifying as 'a care home resident' I would look around the wards and oncology suites and make a conscious effort to not see myself as a 'cancer patient'. I too also endeavoured to optimise my physical well-being by engaging in modified forms of exercise.

As with the experience of many of the residents having a broken body impacted on many of my relationships as the activities that I was able to engage in were affected my reduced physical capacity. Bearing the residents' endeavours to stay connected to people who were important to them although sometimes in modified ways meant that these important resources of relationships continued to support purpose and meaning in my life. As with the change in residents' experience of their lives before moving into a care home, where the component of care was not an identifiable resource for enhancing purpose and meaning in their lives. I too experienced a shift to the component of care being a significant resource for living with purpose and meaning. Two doctors in particular became my life-line to living well regardless of my broken body. I used an appreciative inquiry approach to construct accounts of my experiences of the component of care for conference presentations and publications.

At the beginning of the study I had anticipated that preparation for dying and leaving a legacy may be aspects of the findings of purpose and meaning in care home life. However, the data constructed with the residents did not lead to such findings. Rather the residents were focused on enhancing purpose and meaning in their lives through their endeavours, supported by care home staff, family and friends focusing on aspects of their life that had also contributed purpose and meaning to their lives before they moved into the care home. I had undertaken the first stage of data analysis before my own poor prognosis and so feel that at that stage in the study I was not imposing my own life/death perspective onto the data.

Reflecting on Frankl's work on 'man's search for meaning' similarities from his experience in a concentration camp, living in a care home and living with cancer and

chemotherapy can be identified. That is not to say that being in a concentration camp is the same as these other two experiences. However, in my own situation I had to receive psychological support to stop 'seeing' the hospital as a concentration camp with 'Death' written in large letters above it, the hospital chimney being the chimney of the 'death camps' and the chair I sat in for my chemotherapy being the 'electric chair'. I also decided to take an appreciative inquiry approach to living with cancer and chemotherapy. I took time to Discover what was important to me, to Dream what I wanted the years of treatment and my life after treatment to look like, Design how to achieve this with my two doctors and progress onto the Destiny stage of my life.

In terms of reflexivity I have considered whether my life/ poor prognosis of survival experience during the study impacted on the subsequent stages of data analysis. In terms of the findings of living with purpose and meaning not being end-of-life focussed I acknowledge that my own experience may have impacted on the process. However, on revisiting the raw data and analysed data I conclude that the analysis reflects the residents' accounts and not my imposed experience. Rather my experience meant that I had an enhanced sensitivity to some of the challenges and opportunities that the residents' described. Engaging in a participatory inquiry study meant that the knowledge constructed impacted on my life as I endeavoured to construct knowledge that would impact on the lives of people who live in care homes. These two aspects of knowledge are inextricably linked and demonstrate two powerful aspects of participatory inquiry.

#### **d) Limitations of the study**

Limitations of the study not reflected upon earlier in the thesis include that the two homes selected as sites for the study were organisations that had been rated as providing good quality care. In order to develop knowledge of how to enhance purpose and meaning in the lives of care home residents more challenging settings of care homes rated as providing poor quality of care could have been used. Choosing these types of care homes would have resulted in valuable knowledge for failing care homes, on how to enhance purpose and meaning in residents' lives. The approach used was also limited in that it did not support the involvement and inclusion of night staff who worked in the care homes. I could have arranged interviews with night staff. Written summaries of the progress and outcomes of the study could have been produced to

achieve inclusion of all care home staff and I would include such an approach in future studies using appreciative inquiry.

A further limitation of the study resulted from my enforced absence from the two care homes and from my engagement in the study due to having to undergo extensive medical and surgical treatment over a three year period. This meant that I could not explore opportunities for the sustainability of the changes introduced by the residents and North House and Edward Court. This also meant that I could not undertake an evaluation of the study with the staff at Edward Court. Time limitations for the above reason meant that a celebration with the residents at Edward Court and the staff in both settings was not possible. This was a limitation of the study as there was a missed opportunity to conclude the study with feedback to staff beyond the key members of staff who participated in the study and implementation of the actions. This highlights the risk that ensues from researcher leaving a setting before any newly created changes are embedded and was a limitation of this study. As an 'outsider' my sphere of influence was limited to the duration of the research project. This could have been addressed by greater involvement of staff in the focus groups that were held with residents where the actions of the study were planned.

Limitations considered earlier in the thesis include holding separate focus groups for residents and staff, also the role that I assumed of informing the senior care home staff of the actions that the residents had decided upon. These have been clearly documented as they represent aspects of the study which limited the impact of the actions of the study and the sustainability of the actions long term. This is an important ethical issue as the involvement and commitment of the residents and staff could have resulted in more beneficial outcome for them as a result of the study. The scope of the findings was also limited as a result of these approaches. If I were to undertake a similar study in the future I would plan alternative approaches such as facilitating the participants taking the role of informing senior management of the actions that were to be implemented. I would provide the opportunity for participants to engage in integrated focus groups following an initial orienting focus group at which I would ensure that participants were prepared to engage in an integrated focus group.

Following the discussion of the findings, consideration of the quality of the study, reflections on the impact of the participatory inquiry on purpose and meaning in my life and limitations of the study the implications of the findings will now be explored.

### **Part 3: Implications of the study**

The focus of this study was selected in part because it is an area of society to which influential knowledge could usefully be contributed. The purpose of the study was to construct knowledge that can impact on the experience of people receiving care and support whilst living in care homes. This resonates with Reason's statement of the importance of:

*Determining our purpose, of choosing what is worthy of our attention and the manner of our attention, above all of envisioning the qualities of the world we wish to inhabit and living in accordance with that vision (1993, pg 277).*

The appreciative inquiry approach to the study was well chosen in that the knowledge generated was beyond descriptive, rather the knowledge generated in collaboration with care home residents and staff adds understanding of meaning, purpose and flourishing in care home life. The knowledge generated adds understanding of how people who live and work in care homes can be actively involved in a participatory research study. Finally the study contributes knowledge of how purpose and meaning in the lives of care home residents can be enhanced. The findings of this study can contribute considerably to the development of approaches to enhancing purpose and meaning in the lives of care home residents. The implications for future care home research, future care home policy and care home practice will now be considered.

#### **a) Implications for care home research**

This study has taken the recommendations of Reason to frame a research based argument so that the findings could contribute to the ongoing transformation of care home life. Reason identifies the challenge of not 'treating the space that we are in as sacred' (Reason, 1993 pg1). The findings of this study make the same argument that society needs to treat the places and people connected with care homes as sacred. An implication for future research in care homes based on the approach used in this study is the value of a sacred science approach.



This study has been undertaken in the period of research that Denzin and Lincoln (2005) referred to as the 'eighth moment...concerned with moral discourses, with the development of sacred textualities' (pg 3). The 'eighth moment' upholds a concern for social justice issues and an ethic of communitarian, egalitarian and critical caring in research (Hawkins, 2007). Denzin and Lincoln's (2005) use of the phrase '*the development of sacred textualities*' reflects language seldom used in scientific publications. However, participatory research has been described as having a focus on 'the sacred' (Reason, 1993). The approach that I used throughout the study was that each life story was constructed, analysed and interpreted as a 'sacred text'. Each care home setting was similarly approached as a 'sacred text' that needed to be approached with reverence, as they were the places where these lives were being lived. This is an approach that should be considered when future research studies on the experience of care home residents and staff are undertaken. Reason identifies two approaches to science; secular science and sacred science.

I consider that this study has been undertaken with the intellectual rigour required by secular science. However, the underpinning philosophy of the study remained aligned to the *I-Thou* axiology which is embedded in the principles of sacred science. Sacred science inquiry starts with awe and love, rather than with suspicion, scepticism and defensiveness (Reason, 1996 pg 280). At first the approach that I was using to undertake this study was not understood by some of the care home staff who were initially defensive. As the study progressed and the staff gained an understanding of the participatory approach being used and their suspicion, scepticism and defensiveness decreased.

In preparation for undertaking this study I had considered the history and culture of care homes. Through reflecting on the past and present narratives of care homes it was possible to identify that the current view and experience of care homes has evolved from the workhouse model; with its inherent view of inmates as being 'less than' others in society. The findings of this study are that enhancing the experience of care home residents still requires an ongoing development to ensure that there is a sustained and wide spread shift in the approach taken by society towards care homes and the value of the lives of those who live and work in them. The findings of this study contribute to the evolving national and international movement of care home provision that is based on fulfilling lives for residents and staff. As such the findings demonstrate

the benefit of undertaking research that can contribute to the reintegration of 'the sacred with the secular in ways that promote freedom and self-determination'. (Lincoln and Guba 2000, pg 185).

McCormack and Titchen (2014) propose that sacredness is concerned with the search for meaning and can be transformational and person centred, this was evident in the findings of this study. The findings identified aspects of care home life which can be used to provide opportunities for residents to flourish and to support the optimisation of residents' potential as ways of enhancing purpose and meaning in residents' lives. The findings of this study confirmed the value of using a sacred science approach to the study of care homes and an implication for future research would be the ongoing use of such an approach.

Appreciative inquiry as an approach was well suited to the focus and context of this study. In order for appreciative inquiry to be used more in the care home and other health and social care sectors it would be beneficial to have more published work available to guide researchers in the robust use of this approach. Therefore, I will be writing a methodological issues paper based on the experience of undertaking this study. A recommendation that I will include is to ensure that participants have the opportunity to co-create findings with other than just the researcher and their context specific sub-group i.e. residents and staff together rather than as separate groups. I will recommend an approach that provides the opportunity for integration of members from all subgroups represented in the organisation or context.

#### **b) The implications of the findings for care home practice and policy**

The findings of the study can be used by care home staff to plan how support for purpose and meaning in residents' lives is facilitated in their care home. By providing a clear, conceptual framework (Fig 10) and specific separate definitions for 'purpose' and 'meaning' staff can engage in dialogue with residents about how they wish to be supported so that purpose and meaning in their lives can be enhanced. From the findings of this study appreciative inquiry is a suitable approach for staff to use on both an individual and group basis for enhancing purpose and meaning in residents' lives.

There was a range of responses from residents; some were satisfied with the way in which purpose and meaning in their lives was already being supported; appreciative

inquiry facilitates the identification of such care needs being met. Where residents feel that they would benefit from additional or different support, appreciative inquiry facilitates dialogue for identifying, implementing and evaluating how their care needs can be met so that purpose and meaning in their lives are enhanced. The literature that informed the study and the findings of the study have confirmed the essential nature of purpose and meaning in the lives of care home residents.

While the CQC inspection criteria for adult social care (residential) (CQC 2015, CQC 2016) do not explicitly address residents being supported to live with purpose and meaning, several of the inspection criteria focus on aspects of residents' care home experience such as:

- Support to have their needs, preferences and choices met
- To be involved in decisions about the environment
- Access to appropriate spaces including garden, for spending time with others, to be alone, to engage in meaningful activity
- To be involved in assessment and planning of their care, to be supported to follow their interests and take part in social activities, education and work opportunities (where appropriate).

While it is encouraging to see inclusion of these criteria, the findings at the two care homes involved in this study support the recommendation of practice development for greater understanding of the importance of support for purpose and meaning in residents' lives. This is suggested so that rather than just seeing the above inspection criteria as aspects of care home provision to be provided, understanding of the implications for lives lived with purpose and meaning through the creation of opportunities to flourish and optimise potential could be achieved.

In the 'Five Year Forward View (NHS, 2014) the national importance of the care home sector is reinforced. The Five Year Forward View also emphasises the importance of an engaged relationship with patients (residents), citizens and staff plus a commitment to provide more support for frail older people living in care homes. The findings of this study present a view of the potential that frail older people who live in care homes have to contribute to such a partnership. The participatory approach used in this study contributes knowledge of how engaged relationships can be developed and

maintained and how actions to enhance the service users' experience of care and support can be implemented and evaluated. The approach presented in this study is one that prioritises the experience and perspectives of the service user as an important step towards empowering people to be involved in their lives while receiving care and support. The limitation of this study, in the missed opportunity to integrate service users and service providers in the shared activities of knowledge construction to inform service development is also an important contribution. The approach used in this study presents the theoretical and practical knowledge for co-designing and co-creation of new care models in the care home sector.

The related policy the Better Care Fund (2016) proposes to improve the lives of the most vulnerable people in our society, placing them at the centre of their care and support with a focus on improved experience and better quality of life. The findings of this study demonstrate the ways in which older people who live in care homes can contribute to the co-creation and co-production of new approaches to care through the use of appreciative inquiry.

The Five Year Forward approach (NHS England, 2014) also promotes person centred care arranged around the goals of the person, collaboration in care planning and experience based co-design. The findings of this study demonstrate what this approach can look like in the care home sector. Although the findings are based on just two care homes, the prolonged engagement of 12 and 18 months with each care home indicate that such engagement is not a quick fix approach but is an approach that requires an ongoing commitment to developing relationships and understanding of the needs, requirements, skills and knowledge of participants. The findings present resident-informed knowledge of how to 'enable people to live bigger and more fulfilling lives' as recommended by the DEMOS (2014 pg 9) Commission on Residential Care.

The King's Fund also recommend the involvement of older people in service re-design to ensure that care systems are fit for an ageing population (Oliver *et al.* 2014). The findings of this study both in the process of involving care home residents in the participatory study and the focus of the actions of the study, contribute knowledge of what this recommendation looks like when residents are involved in such a project. An additional recommendation by the King's Fund is for the development of outcome measures for care systems that measure what older service users most value (Oliver

*et al.* 2014). The findings of this study demonstrate how service users preferences can be co-constructed to inform service delivery, so that the aspects of most value to them are given primacy.

## **Summary**

This chapter has addressed how the findings answer the research question including how the findings inform understanding of the concepts of meaning, purpose and the overarching concept of flourishing in care home life. The discussion of the quality and limitations of the study addressed important aspects that needed to be transparently presented so that readers of this thesis can consider the value of the findings. The reflections on the impact of the participatory inquiry were included to highlight not only the reflexive impact of me as a researcher on the study but also the impact of the study on me as an individual.

Finally the implications of the findings for care home research, policy and practice are presented. These are important aspects of the study as the purpose of appreciative inquiry is to generate articulations of future possibilities for people and organisations. Care homes have an important contribution to make to the health and social care provision nationally and internationally and the findings of the study therefore make an important contribution to the knowledge base for research policy and practice in this care sector.

## Chapter 11

### Conclusions and recommendations

#### Introduction

In part 1 of this chapter the conclusions of the study are presented. In part 2 this is followed by the recommendations for future practice, policy and research in care homes. As the findings are the result of an appreciative inquiry study the recommendations are presented using Cooperrider and Srivastva's (1987) suggestions of how the findings can inform how a social system evolves, adapts and creatively alters its patterns over time.

#### Part 1: Conclusions of the study

The conclusions of the study relate both to the findings of how to enhance purpose and meaning in residents' lives and the use of appreciative inquiry, as such three unique contribution of knowledge from this study are presented.

#### Unique contribution to knowledge

The three unique contributions to knowledge are:

1. The provision of clear definitions of purpose and meaning in care home life
2. The required focus on the creation of opportunities for residents to flourish and optimise their potential in order to enhance purpose and meaning in their lives
3. The impact of appreciative inquiry dialogue as a way of enhancing purpose and meaning in the lives of care home residents

These three unique contributions to knowledge are now presented as the conclusion to the study.

1. The language of purpose and meaning in life can appear shrouded in philosophical, psychological and spiritual definitions which limits the practical use of these concepts. A unique contribution to knowledge of this study is the provision a more straightforward articulation of what these concepts mean in

the context of care home residents' lives. These definitions are grounded in the data constructed with care home residents' rather than from a purely academic perspective and as such have the potential to inform the practice, policy and future research on how to enhance purpose and meaning in the lives of care home residents:

- Purpose relates to the future orientated actions of value to an individual.
  - Meaning relates to the individual's evaluation of the extent to which engaging in that action contributes to their life experience.
2. The second unique contribution of knowledge is of the required focus on the creation of opportunities for flourishing and the optimisation of residents' potential. In order that the five aspects of care home life can contribute to the provision of support to enhance purpose and meaning in residents' lives the focus of the way in which these aspects are used to enhance purpose and meaning in residents lives must be thorough the creation of opportunities for flourishing and the optimisation of residents' potential. The five aspects of care home life that can be used to create these opportunities are:

#### Physical setting:

The findings of the study are that the physical setting can enhance purpose and meaning in residents' lives by facilitating movement within and outside of the care home environment despite residents' physical disabilities. Residents had specific ideas of how the physical setting enhanced or detracted from purpose and meaning in their lives. The physical setting impacting on the residents' identities, dynamics of their relationships and focus of activities. By engaging in dialogue with residents the component of care can ensure that the physical setting enhances rather than detracts from purpose and meaning in residents' lives.

#### Valuing of residents' identities:

The findings of the study are that residents' have constructed their identities throughout their life time. In order to enhance purpose and meaning in their lives it is this version of their identity that needs to be acknowledged rather than their identity being seen as a 'care home resident'. Learning about each resident's identity was a powerful

experience for me as the researcher and the summary documents constructed as a result of each resident's contribution to the study are documents that symbolise the purpose and meaning of this study

#### Dynamics of relationships:

There were many examples of positive relationships between residents and staff but fewer examples of positive relationships between residents. In the existing literature relationship centred care is explored and the findings of this study also highlight the value of relationships between residents and staff. The latter finding presents an opportunity for the development of support in care homes for enhancing purpose and meaning in residents' lives. By engaging in the actions that they had designed the residents had the opportunity to engage with other residents in new ways. The findings show the value of resident-resident interactions whereby they can share their life experience, knowledge and skills in a pro-active way.

#### Focus of activities:

The range of preferences articulated by residents demonstrate the need for a continuum of activities within care homes. While some residents are satisfied with activities that ensure maintenance of their current physical and social capacities, other residents were keen to engage in activities that would restore their physical and social capacities. The findings present the value of engaging in appreciative inquiry dialogue with residents regarding their preferred focus of activities. Where residents wish to engage in restorative activities their life experience, skills and knowledge mean that they can identify future opportunities for flourishing and optimisation of their potential.

#### Component of care:

The effectiveness of the care and support provided by staff in terms of providing support for purpose and meaning in residents' lives was varied. Where staff understood the resident's identity, they had a positive relationship with each other, collaborated on the provision of activities that matched the resident's preference purpose and meaning were supported in resident's lives. The findings of this study indicate how these aspects of care home life can be enhanced using a more participatory, appreciative inquiry approach.



3. The third unique contribution to knowledge is of the impact of appreciative inquiry dialogue in the lives of care home residents. The findings of the study are that an appreciative inquiry dialogue with residents is an effective way of identifying how to provide support for care home residents so that they can enhance purpose and meaning in their lives. This approach can be used on an individual basis with a single resident to explore the support that they require to enhance purpose and meaning in their lives. This approach can also be used with groups of residents to explore how communal aspects of care home life can support purpose and meaning in their lives. The findings of this study are that residents' have considerable life experience, skills and knowledge to pro-actively contribute to such dialogue.

The conclusion of the study is that the creation of opportunities for residents' to flourish and optimise their potential can effectively be constructed in collaboration with residents' based on their life experience, knowledge and skills. This represents an important shift to residents being partners with staff in the provision of care home support. The implications of these unique contributions to knowledge in terms of recommendations will now be considered.

## **Part 2: Recommendations for practice, policy and research**

Cooperrider and Srivastva (1987) suggest social systems can evolve, adapt by:

- Establishing a conceptual and contextual frame
- Providing presumptions of logic
- Transmitting a system of values
- Creating a group-building language
- Extending visions of possibility or constraint

The findings suggest that these approaches can be used to frame the recommendations of the study by considering these approaches in combination as follows:

- 'Establishing a conceptual and contextual frame' in combination with 'Providing presumptions of logic'

- ‘Transmitting a system of values’ in combination with ‘Creating a group-building language’.
- The outcomes of practice development, policy and research focussed on enhancing purpose and meaning in the lives of care home residents could then ‘extend visions of possibility or constraint’.

**i) Establishing a conceptual and contextual frame and providing presumptions of logic**

The findings of the study provide a conceptual and contextual framework for care home practice, policy and research (Fig 10). The logic of the conceptual framework is supported by the robust, research process underpinning the development of the findings.

The recommendation for the development of care home related policy and practice based on these findings is that:

1. Care home policy should clearly address how the physical setting, valuing of residents’ identities, dynamics of relationships, focus of activities and component of care support purpose and meaning in residents’ lives.

While current policy addressed the quality of these aspects of care home provision there is currently an inadequate focus on how these aspects of care contribute to purpose and meaning in residents’ lives. As the findings of this study and the accounts constructed with the fifteen residents demonstrate, identifying residents’ current aspirations and planning how to meet their intentions for their future is an essential aspect of their life experience within the care home (Appendix 10).

The recommendations of this study are based on the knowledge that the ‘home’ part of the phrase ‘care home’ relates not so much to the ‘homely’ appearance of the physical setting in which the individual now lives. Rather that the ‘care home’ relates to the environment which supports residents’ identities, the dynamics of relationships, the restorative focus of activities and the provision of supportive care.

The conceptual framework (Fig 10) presents the findings on the aspects of care home life where purpose and meaning in the lives of residents can be enhanced. Any combination of these five aspects can be engaged in by residents with the support of

care home staff. An individual approach to exploring how the components of the conceptual framework impact on the lives of individual residents could be undertaken with residents to construct a unique purpose and meaning profile for each resident. Taking an organisational approach, the conceptual framework could be used to identify aspects of care and support that are currently provided with a communal focus to enhance purpose and meaning within the care home.

2. The conceptual framework (Fig 10) could be developed as a tool to be used by staff to involve residents in collaborative discussions about and decisions on the care and support that they receive for enhancing meaning and purpose in their lives.

The tool could be used by staff and residents to structure discussions and decisions about the opportunities available in the care home as an organisation.

3. In order to further develop knowledge of how to enhance purpose and meaning in residents' lives additional research on the impact of the conceptual framework being used should be undertaken.

These findings are congruent with the national and international search for new models for the long term care of older people that maximise opportunities for involvement of older people in decision making and a move away from models that emphasises disability and dependency. The findings of the study provide examples of residents being involved in decision making on aspects of care home provision from both an organisational and individual perspectives.

## **ii) Transmitting values and creating a group-building language**

The findings of this study present knowledge that Cooperrider and Srivastva (1987) suggest 'raises the status of theory from mere appendage of scientific method to an actual shaper of society'. They emphasise the role of shared language which make such transformation possible (Cooperrider and Srivastva, 1987 ).

The findings of this study were developed in collaboration with the care home residents and staff and as such involved the articulation of what was of value to them; this was achieved through engaging in dialogue throughout the study that facilitated a sharing of ideas i.e. group building language. During this process some of the residents

provided accounts of the pro-active approaches they would like to take to address some of the challenges that they faced. The residents possessed a wealth of life experience, knowledge and skills that transformed my initial outline of the project into one that was purposeful and added meaning to the residents' lives and my life. The actions that the residents instigated demonstrated their untapped potential for being more fully involved in decisions about the care home environment and the support offered from both an organisational and individual perspective.

The member of staff who most effectively used the residents' constructions of their identities to enhance purpose and meaning in their lives was Anthony, the activity coordinator at North House. Many of the recommendations of this study related to future research, policy and practice development. Yet Anthony provided support without needing research findings, policy and practice development, rather he demonstrated the value of the 'I-Thou' relationship as a way of valuing the humanity of each resident.

4. In order that the findings of this study impact on the care home sector further research, policy and practice development are recommended to ensure that the 'I-Thou' relationship becomes the experience of all care home residents.

A missed opportunity to further develop the transmission of values and the development of group building language resulted from the study design meaning that although the staff involvement was limited to their support of the Design and Destiny actions rather their active involvement in the decision processes related to these actions. The consequence of this was that the actions were not implemented with a sustainable approach.

The staff perspectives at both care homes were related to having more time to deliver care and interact with residents rather than suggestions of alternative approaches to the care that they provided. Whereas the residents at both North House and Edward Court viewed enhancing purpose and meaning in their lives as requiring additional approaches rather than 'more of the same'. The residents' active involvement throughout the study in both settings demonstrated their considerable knowledge, skills and abilities for being involved in a research project and directing the development of actions to enhance purpose and meaning in care home life.

5. A recommendation is that the education and training of care home staff should include a focus on how purpose and meaning in care home life can be supported and enhanced.

The findings of the study and the experience gained of working collaboratively with the residents and staff provides a starting point for 'extending visions of possibility' in the care home sector.

6. The development of future approaches to care home support can be enhanced by greater collaboration between residents and staff using a participatory approach.

Where other studies have explored purpose and meaning in residents' lives or across the life span from a mainly psychological and quantitative perspectives the importance of flourishing focussed approaches to care home life have not been as evident as in the findings of this participatory study. The findings of this study are presented with alignment to sacred science and as such provide an alternative and important contribution to knowledge; the sacred value of the lives of those who live and work in care homes and the sacred value of care homes. Such a view is evident in society's view of hospices but is much less evident in society's view of care homes. The findings of the study counteract this imbalance. The system of values on which this study was based are those of sacred science, Buber's (1958) *I-Thou* value based approach to 'others'. In the context of care homes this system of valuing others and valuing relationship with 'the other' is based on the lives of care home residents being fully appreciated.

This combination of transmitting values through the creation of a group building language is an intriguing challenge. Buber's choice of wording 'I-it and I-Thou' demonstrates the power of language and taking a sacred science approach to relationships. An intriguing example of the creation of shared language within North House was the use of the word 'Therapy' by residents attending the daily social activity with Anthony. Within the 'Therapy' session 'I-Thou' relationships were evident between the member of staff and the residents. 'Therapy' was an aspect of care home life that each resident valued in how this contributed purpose to their days. However, this did not always translate to contributing to meaning in their lives.

The 'Therapy' sessions were valued by the residents as their interactions with the activity co-ordinator Anthony and other residents were based on the identity that they had constructed for themselves, not their identity as a care home resident. Anthony, the activity co-ordinator's perspective on the care that he provided that enhanced purpose and meaning in the lives of residents mirrored the residents' perspectives. He was aware of the social nature of his interaction with the residents that was based on their identities and activities that acknowledge their identities. The residents at Edward Court experienced a reduction in opportunities for purposeful activity due to the sick leave of the activity co-ordinator, Heidi. This resulted in a pronounced sadness for many of the residents. These two situations demonstrated the impact of the dynamics of relationships between members of staff who were not professionally trained in health or social care and residents on purpose and meaning in residents' lives.

7. Future research studies should be undertaken using an appreciative inquiry approach to explore how to enhance purpose and meaning in the work of care home staff.

The findings of the study support the above recommendation for the use of appreciative inquiry within care homes so that the arrangements and systems of the home are developed to ensure a sustained approach to enhancing purpose and meaning in care home life. The final recommendations are presented in terms of extending visions of possibility.

### **iii) Extending visions of possibility**

Care homes will continue to be an essential service provided to individuals for the foreseeable future (Nakrem *et al.*, 2013 pg 217). The findings of this study are therefore important in that they provide knowledge and understanding of how support for residents can enhance purpose and meaning in their lives. The current need for this knowledge and understanding was highlighted by Owen *et al.* (2012 pg 1) who, whilst suggesting the need to ensure that residents have 'voice, choice and control over their lives' also acknowledged that 'there remains a lack of real understanding how to make this happen'. The appreciative inquiry methodology of this study meant that residents' involvement was facilitated with a focus on their voices being heard, them having the choice of actions to be implemented in the study and control over the direction of the

study. As this study was undertaken within the communities of the two care homes, there was also a need for the residents' voice, choice and control to be used in collaboration with the other significant group, the staff. This highlights the unique experience of living in a care home; the challenge and opportunities of needing support from others.

The findings of the study constructed by working collaboratively with care home residents and staff can be used to extend the *visions of possibility* for the care home sector. Cooperrider and Srivastva (1987) emphasised the value of appreciative inquiry as a way developing the life-giving essence of co-operative existence. The findings of this study of the value of creating opportunities for flourishing and optimising residents' potential presents the life-giving essence of the co-operative existence of people who live and work in care homes. This study started with appreciating the best of 'what is' and then followed Cooperrider and Srivastva's (1987 pg 158) recommendation to 'ignite intuition of the possible and then firmly unite the two logically, caringly and passionately into a theoretical hypothesis of an envisioned future'. The findings present an exciting and valued perspective of the opportunities for care home residents and staff of enhance purpose and meaning in care home life. This study provides knowledge on how to enhance residents' voice, choice and control.

Where some studies have explored the psychological aspects of purpose and meaning in care home life using quantitative approaches this study has explored purpose and meaning in care home life from a participatory, social constructionist perspective. As such the data constructed with residents and staff who provide support for residents has meant that the findings of the study provide a unique insight into how to enhance purpose and meaning in care home life. The individual life stories of each resident involved in the study were diverse and rich stories of relationships and roles and more recently of physical limitations due to poor health (Appendix 10). Purpose and meaning in the residents' lives prior to moving into the care home related to their family and work role which connected with their identities. These aspects of their lives continued to impact on purpose and meaning in their lives in the physical setting of the care homes, in the dynamics of relationships and the focus of activities.

8. A recommendation of the study is for an increased appreciative dialogue between residents and staff on these aspects of residents' lives and how these aspects of residents' past and present lives can be used to inform arrangements for their future support.

While this study achieved some positive outcomes by parallel processes of design, involving residents and staff separately the findings suggest a more sustainable approach could be achieved by communal, co-design. The focus of this study was on the primacy of the residents' experience. While this was an important feature of the present study, the findings lead to the recommendation that future research of this type would benefit from earlier involvement of residents and staff as an integrated cohort of participants. Separating residents and staff facilitated the primacy of residents' experiences, views and decisions, which was the intention of this study. However, building on the findings of this study the recommendation is that:

9. Future studies should include the opportunity for residents and staff to form an integrated cohort of participants.

Such studies would benefit from collaboration and integration of resident and staff groups from the start of a study, so that an alternative approach to the traditional view of residents as one group and staff as another can be explored as an alternative model. By including a range of staff in the study in addition to residents, knowledge was gained of how people with a range of roles in care homes can contribute to enhancing purpose and meaning in the lives of residents. The recommendations for future research from this study are:

10. The wider adoption of sociological studies to explore ways of enhancing purpose and meaning in the lives of care home residents using participatory approaches such as appreciative inquiry.

The residents involved in the study developed their confidence and constructiveness of their approach throughout the study. This indicates the benefit of providing a formal, supportive approach for residents' involvement in research, discussions and decisions about care home practice. As members of the same community within the care home, closer collaboration between residents and staff members in development discussion and decision making is a recommendation. This represents a change of role for both



residents and staff, the expectations of members of both groups would need to be explicitly stated and considered. This recommendation articulates a pro-active role for residents in the context of the community in which they live.

### **Chapter summary**

Appreciative inquiry is a life enhancing approach to research; the knowledge generated through this study informs how purpose and meaning in the lives of care home residents can be enhanced. The knowledge generated demonstrates the value of employing a life enhancing approach to research. This study has generated knowledge on the process of engaging in appreciative inquiry research with the people who live and work in care homes. This study has identified that purpose and meaning in residents' lives can be enhanced by the creation of opportunities for residents to flourish and optimise their potential.

<b>Unique contribution to knowledge</b>
<ol style="list-style-type: none"> <li>1. The provision of clear definitions of purpose and meaning in care home life</li> <li>2. The required focus on the creation of opportunities for residents to flourish and optimise their potential in order to enhance purpose and meaning in their lives</li> <li>3. The impact of appreciative inquiry dialogue as a way of enhancing purpose and meaning in the lives of care home residents</li> </ol>
<b>Recommendations for practice, policy and research</b>
<ol style="list-style-type: none"> <li>1. Care home policy should clearly address how the physical setting, valuing of residents' identities, dynamics of relationships, focus of activities and component of care support purpose and meaning in residents' lives.</li> <li>2. The conceptual framework should be developed as a tool to be used by staff to involve residents in collaborative discussions about and decisions on the care and support that they receive for enhancing meaning and purpose in their lives.</li> </ol>

3. In order to further develop knowledge of how to enhance purpose and meaning in residents' lives additional research on the impact of the conceptual framework being used should be undertaken.
4. In order that the findings of this study impact on the care home sector further research, policy and practice development are recommended to ensure that the 'I-Thou' relationship becomes the experience of all care home residents.
5. A recommendation is that the education and training of care home staff should include a focus on how purpose and meaning in care home life can be supported and enhanced.
6. The development of future approaches to care home support can be enhanced by greater collaboration between residents and staff using a participatory approach.
7. Future research studies should be undertaken using an appreciative inquiry approach to explore how to enhance purpose and meaning in the work of care home staff.
8. The recommendations of this study support the ongoing development of care home practice and policy that enhances these settings as environments and contexts that can support living with purpose and meaning by the use of the physical setting, valuing of residents' identities, the focus of activities, dynamics of relationships and the component of care.
9. Future studies should include the opportunity for residents and staff to form an integrated cohort of participants.
10. The wider adoption of sociological studies to explore ways of enhancing purpose and meaning in the lives of care home residents using participatory approaches such as appreciative inquiry.

**Table 34: Overview of knowledge contribution and recommendations**

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## Appendices

Appendix 1	Literature review matrix
Appendix 2	Interview schedule: life story interviews
Appendix 3	Interview schedule: structured interview (residents)
Appendix 4	Examples of focus group questions (residents)
Appendix 5	Interview schedule: staff to staff interviews
Appendix 6	Example of poster notifying of staff participant meeting
Appendix 7	Proforma for staff participant meeting
Appendix 8	Examples of notes from staff participant meeting
Appendix 9	Information update sheet for staff participants
Appendix 10	Vignettes of residents' lives

## Appendix 1

### Literature review matrix

#### TAPUPAS criteria (SCIE, 2003)

**Transparency:** the process of knowledge generation should be open to outside scrutiny. For knowledge to meet this standard, it should make plain how it was generated, clarifying aims, objectives and all the steps of the subsequent argument, so giving readers access to a common understanding of the underlying reasoning.

**Accuracy:** all knowledge claims should be supported by and faithful to the events, experiences, informants and sources used in their production. For knowledge to meet this standard, it should demonstrate that all assertions, conclusions and recommendations are based upon relevant and appropriate information.

**Purposivity:** the approaches and methods used to gain knowledge should be appropriate to the task in hand, or 'fit for purpose'. For knowledge to meet this standard, it should demonstrate that the inquiry has followed the appropriate approach to meet the stated objectives of the exercise.

**Utility:** knowledge should be appropriate to the decision setting in which it is intended to be used, and to the information need expressed by the seeker after knowledge. For knowledge to meet this standard, it should be 'fit for use', providing answers that are as closely matched as possible to the question.

**Propriety:** knowledge should be created and managed legally, ethically and with due care to all relevant stakeholders. For knowledge to meet this standard, it should present adequate evidence, appropriate to each point of contact, of the informed consent of relevant stakeholders. The release (or withholding) of information should also be subject to agreement.

**Accessibility:** knowledge should be presented in a way that meets the needs of the knowledge seeker. To meet this standard, no potential user should be excluded because of the presentational style employed.

**Specificity:** the knowledge must pass muster within its own source domain, as perceived by its participants and proponents.

#### Literature review: Meaning and Purpose in Care home Life

1	Dwyer L, Nordenfelt L, and Ternestedt (2008) Three Care home residents speak about meaning at the end of life, <i>Care Ethics</i> 15 (1) 97-109	N=3 Inductive, hermeneutic approach 4 interviews per participant	Sources of meaning were created by having a sense of; Physical capability, Cognitive capability, Being needed, Belonging  Created through inner dialogue, communication and relationships with others.  Experience of meaning can be hard to realize.
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2	Moore S.L., Metcalfe B. and Schow E. (2006) The quest for meaning in aging, <i>Geriatric Care</i> , 27 (5) 293-29	Qualitative design Narrative interviews N = 11 Age 66-92 Canada	<ul style="list-style-type: none"> <li>• Philosophy for living</li> <li>• Sense of self</li> <li>• Connection with others</li> <li>• Spirituality and faith in God</li> <li>• Living through adversity</li> <li>• Embracing life</li> </ul> <p>Meaning is a common human quest for a map, known or felt that guides decisions and action, that gives coherence to life and weaves past, present and future together in continuity that shapes patterns of behaviour in relation to the common and uncommon challenges of life.</p>
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3	Moore S.L., Metcalfe B. and Schow E. (2006) The quest for meaning in aging, <i>Geriatric Care</i> , 27 (5) 293-29	Qualitative design Narrative interviews N = 11 Age 66-92 Canada	<p>Philosophy for living Sense of self Connection with others Spirituality and faith in God Living through adversity Embracing life</p> <p>Simmons definition</p>
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4	Skaggs B.G. and Barron C.R. (2006) Searching for meaning in negative events: concept analysis, <i>Journal of Advanced Care</i> , 53 (5) 559-570	Literature review 86 papers	<p>Global meaning GM Situational meaning SM Dissonance between GM and SM, creation of illusions, change global meaning</p>
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5	Nakashima M. and Canda E.R. (2005) Positive dying and resiliency in later life: a qualitative study, <i>Journal</i>	Qualitative study, social constructionist approach USA N =16 hospice patients and their care givers	<p>Experience of loss and grief Personal and environmental resources: supportive relationships of care, social environmental resources</p> <p>Useful paper although specifically focussing on people who are dying some of concepts identified may relate</p>
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	<i>of Aging Studies</i> , 19 (1) 109-125		to experience of being older and in need of Care home care
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6	Nygren B., Jonsen A.E., Gustafson Y., Norberg A. and Lundman B. (2005) Resilience, sense of coherence, purpose in life and self-transcendence in relation to perceived physical and mental health amongst oldest old, <i>Aging and mental health</i> , 9(4) 354-362	Quantitative N =125 Age 85+  Resilience Scale Sense of Coherence Scale Purpose in Life Scale Self Transcendence Scale Sf-36 Health Survey questionnaire  Sweden	Oldest old have inner strength at least to the same extent as younger people Mean scores on SOC and RS were higher among aged sample than are reported for younger age groups Significant correlation between scores on these scales and perceived mental health amongst women but not men. No correlation between scores on these scales and physical health. No correlation between physical health and mental health. Gender differences. Men had statistically significant higher PIL scores
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7	Scheier M.F., Wrosh C., Baum A., Cohen S., Martire L.M., Matthews K.A., Schulz R. And Zdaniuk B (2006) The life engagement test: assessing purpose in life, <i>Journal of Behavioural Medicine</i> , 29 (3) 291-298	Quantitative Development of new tool = life engagement test- to measure purpose in life, by measuring the extent to which people engaged in activities that they found valuable and significant. Based on theory that suggest that purpose in life is derived from having valued activities on which to engage.	Issue raised of whether scales measure if person's life has been filled with purpose vs is currently experiencing purpose in life. So difficult to measure change over time.  Also scales include other constructs e.g life satisfaction, meaning (e.g Purpose in life Scale)  Life engagement correlates with psycho-social factors such as dispositional optimism, social network size, emotional expression style. Self rated health and health related physical and mental functioning Tool based on theory, so although quantitative is based on relativistic concepts.
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8	<p>Reker G.T., Peacock E.J. and Wong P.T.P (1987) Meaning and purpose in life and well-being: a life span perspective, <i>Journal of Gerontology</i>, 42(1) 44-49</p>	<p>Quantitative N=300 30 men and 30 women in different life stages Life attitude profile (LAP) includes; Life purpose (LP) Existential vacuum (EV) Life control (LC) Death acceptance (DA) Will to meaning (WM) Goal seeking (GS) Future meaning (FM) Perceived well-being scale (PWB) UK</p>	<p>Several dimensions of life attitudes change over the life course. Increase with age; Death acceptance Life purpose High across all ages Will to meaning Decreased with age: Goal setting Future meaning No change with age: Life control Curvilinear with low level for middle age: Existential vacuum</p>
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### Later stage literature review: Meaning and Purpose in Care home Life

9	<p>Welsh, Moore and Getzlaf (2012) Meaning in Life: The perspectives of Long Term Care Residents</p>	<p>Enhancing meaning in life of residents:  Connectedness Survival despite declining functional capacity Engaging in 'normal' activities Seeking a place of refuge</p>	<p>Note is a more recent publication by Moore  Qualitative- hermeneutic phenomenological study 11 long term care residents, Canada  Refers to Frankl</p>
10	<p>Haugan and Moksnes (2013) Meaning-in-life in Care home patients: a validation study of the purpose-in-life test (2013)</p>	<p>Investigate the factor structure and reliability of the Norwegian version of the PIL Purpose in Life test in a cognitively intact NH population</p>	<p>Refer to Frankl N=202 Care home residents in 44 Care homes in Norway Age range 65-104 years</p>

		Further research is needed to explore meaning among Care home patients	
11	Haugan (2013a) Meaning in life in Care home patients: a correlate with physical and emotional symptoms	<p>Meaning in life might be an important resource in relation to a patient's physical and emotional health and global well-being</p> <p>8.9% reported high meaning 45% reported indecisive meaning 43.6% reported low meaning</p> <p>High correlation between PIL and depression, overall QOL, emotional functioning</p>	<p>Cross sectional design- self reported data QLQ-C15-PAL quality of life questionnaire PIL Hospital anxiety and depression scale Herth Hope Index Self Transcendence scale</p> <p>N= 250, cognitively intact, Norway,</p> <p>In accordance with Frankl, Haugan uses meaning and purpose synonymously but see below later defines differently.</p>
12	Haugan (2013b)	<p>To find meaning is to understand the nature of one's life and to feel that life is significant, important, worthwhile or purposeful (Morgan and Farsides, 2009)</p> <p>Purpose refers to intention in terms of achieving personal aims, whereas meaning refers to establishing a sound coherence in one's existence (Haugan, 2013)</p>	<p>Same sample/study as above but different analysis</p> <p>Would have benefitted from a larger sample size to increase the statistical power of the tests</p> <p>Researchers helped residents complete questionnaires- potential source of bias</p> <p>Perceived meaning in life positively relates to emotional and functional well-being Perceived meaning in life mediates physical well being</p> <p>PIL score indicates that NH residents suffer from a lack of meaning</p>

13	Haugan (2013c) The relationship between nurse-patient interaction and meaning-in life in cognitively intact Care home patients	Significant direct relationship between nurse-patient interaction and meaning in life in cognitively intact Care home residents	Same study as above Cross sectional descriptive design Nurse patient interaction scale and PIL
14	Haugan (2013d) Nurse-patient interaction is a resource for hope, meaning in life and self transcendence in Care home patients	Significant direct relationship between nurse-patient interaction and meaning in life in cognitively intact Care home residents	Same study as above
15	Morgan and Farsides (2009) Measuring Meaning in Life	Developed a quantitative tool the Meaningful Life Measure following analysis of the latent constructs underlying existing meaning scales Purpose in Life PIL, Life Regard Index LRI and Psychological Well-being: Purpose in Life PWB-P Subscales of MLM Sense of purpose Excitement Principles Accomplishments Value	Refers to Frank; Mean age 32, range 15-75, suggested need to replicate with an older age sample Increased theoretical scope of MLM in relation to popular scales- also concede that there are potentially more factors underlying the meaning in life construct
16	Morgan and Robinson (2013)	Self reported aspirations and personal meaning	Sources of personal meaning consolidated across the life span toward intrinsically motivated pursuits Aspirations: intrinsic (enduring, endogenous e.g autonomy.

		<p>N = 2557 young, mid-life and older adults</p> <p>Subscales- five sources of personal meaning</p> <p>Sense of Purpose decreased over adulthood</p> <p>Sense of excitement- increased</p> <p>Accomplishment- increased</p> <p>Principle- increased</p> <p>Valued life.. u shaped dip in mid life- recovered in old age</p>	<p>Competence and relatedness) and extrinsic aspirations (goals with promise of future rewards such as fame and money that might not bring on-going satisfaction)</p> <p>Aspirations represent one of the many potential sources of meaning</p> <p>Striving towards aspirations (pg 1000)</p>
17	<p>Schnell (2011)</p> <p>Individual differences in meaning making: considering the variety of sources of meaning, their density and diversity</p>	<p>Functional equivalence of sources of meaning are refuted- sources of meaning are not functionally equivalent</p> <p>Generativity is established as the most powerful predictor of meaningfulness (Erikson.. Gernerativity)</p> <p>Meaningfulness increases with density and diversity of sources of meaning (justification for conceptual framework), relationship</p>	<p>N=603</p> <p>Used Multi-dimensional inventory of sources of meaning and meaning in life questionnaire (SoME) – based on existing taxonomies of sources of meaning</p> <p>Austria</p> <p>Research on meaning in life is expanding but study of sources of meaning is startling neglected</p> <p>Highlights the need to further enhance tools for measuring meaning</p>

		<p>mediated by diversity</p> <p>26 sources of meaning- summarised by 5 domains</p> <p>Vertical self transcendence= explicit religiosity and spirituality</p> <p>Horizontal transcendence= generativity, unison with nature, social commitment, health, self-knowledge</p> <p>Self actualisation= individualism, challenge, development, power, freedom, creativity, knowledge, achievement</p>	
18	<p>Simmons H.C. (1998) Spirituality and community in the last stage of life, <i>Journal of Gerontological Social Work</i> 29 (2/3) 73-91</p>	<p>Essay in interrelationship between spirituality, community and the last stage of life Professor of Religion and Aging, Theological Seminary, USA</p>	<p>Those who work with the frail old, The last years: testing the human spirit, Spirituality, Value of Community and spirituality Intentional communities of dialogue and support</p>

## Meaning and purpose with addition of ongoing literature part 2

Frankl (1959)	Moore et al. (2006)	Dwyer at al. (2008)
<p>Meaning in life by:</p> <ul style="list-style-type: none"> <li>• creating a work or doing a deed</li> <li>• by experiencing something or encountering someone</li> <li>• by experiencing goodness, truth, beauty, nature or culture</li> <li>• by the attitude taken to unavoidable suffering</li> </ul>	<p>Meaning in Ageing:</p> <ul style="list-style-type: none"> <li>• Philosophy for living</li> <li>• Sense of self</li> <li>• Connection with others</li> <li>• Spirituality. Faith in God</li> <li>• Living through adversity</li> <li>• Embracing Life</li> </ul>	<p>Sources of meaning created by:</p> <ul style="list-style-type: none"> <li>• Physical capability</li> <li>• Cognitive capability</li> <li>• Being needed</li> <li>• Belonging</li> </ul> <p>Meaning created through:</p> <ul style="list-style-type: none"> <li>• Inner dialogue</li> <li>• Communication</li> <li>• Relationships with others</li> </ul> <p>Experience of meaning can be hard to realise</p>
Skaggs and Baron (2006)	Welsh, Moore and Getzlaf (2012)	Morgan and Farsides (2009)
<ul style="list-style-type: none"> <li>• Global meaning- refers to individual beliefs, values, purposes and goals</li> <li>• Situational meaning- refers to the meaning the individual attaches to a situation</li> </ul> <p>When dissonance between two- strategies required to search for meaning</p>	<p>Enhancing meaning in life of residents:</p> <ul style="list-style-type: none"> <li>• Connectedness</li> <li>• Survival despite declining functional capacity</li> <li>• Engaging in 'normal' activities</li> <li>• Seeking a place of refuge</li> </ul>	<p>Subscales of MLM</p> <ul style="list-style-type: none"> <li>• Sense of purpose</li> <li>• Excitement</li> <li>• Principles</li> <li>• Accomplishments</li> <li>• Value</li> </ul>

Schnell (2011)	Haugan (2013a)	Haugan (2013b)	Haugan (2013 c) Haugan (2013d)	Morgan and Robinson (2013)
<p>Meaningfulness increases with <b>density and diversity of sources of meaning</b></p> <p><b>If one domain is threatened, multiple and diverse engagement in other domains will facilitate compensation</b></p> <p>Vertical self transcendence= explicit religiosity and spirituality Horizontal transcendence= generativity, unison with nature, social commitment, health, self-knowledge</p> <p>Self actualisation= individualism, challenge, development, power, freedom, creativity, knowledge, achievement Order=reason, tradition, morality, practicality</p>	<p>8.9% reported high meaning 45% reported indecisive meaning 43.6% reported low meaning</p> <p>No difference between male and female</p> <p>High correlation between PIL and depression, overall QOL, emotional functioning</p> <p>Significant correlation (moderate values- between meaning and physical symptoms such as nausea, insomnia and dyspnoea</p> <p>Meaning was more important to NH patients</p>	<p>Perceived meaning in life positively relates to emotional and functional well-being</p> <p>Perceived meaning in life mediates physical well being</p> <p>PIL score indicates that NH residents suffer from a lack of meaning</p>	<p>Significant direct relationship between nurse-patient interaction and meaning in life in cognitively intact nursing home residents</p>	<p>Self reported aspirations and personal meaning</p> <p>N = 2557 young, mid-life and older adults</p> <p>Subscales- five sources of personal meaning</p> <p>Sense of Purpose.. decreased over adulthood Sense of excitement.. increased Accomplishment.. increased Principle..increased Valued life.. u shaped dip in mid life-recovered in old age</p> <p>Meaning in life (MLM 10) ( Morgan and Farsides, 2009)and</p>



<p>Wellbeing= community, fun, love, harmony, comfort, care, attentiveness</p>	<p>than hope or interpersonal and intrapersonal self transcendence</p>			<p>Aspiration Index (Kasser and Ryan, 1996)</p> <p>Sources of personal meaning consolidated across the life span toward intrinsically motivated pursuits</p> <p>Aspirations: <b>intrinsic (enduring, endogenous e.g autonomy. Competence and relatedness)</b> and extrinsic aspirations (goals with promise of future rewards such as fame and money that might not bring ongoing satisfaction)</p> <p><b>Aspirations</b> represent one of the many potential sources of meaning</p> <p>Striving towards aspirations (pg 1000)</p>
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<b>Meaning</b>		
Frankl (1959) Man's Search for Meaning	Meaning in life by: <ul style="list-style-type: none"> <li>• creating a work or doing a deed</li> <li>• by experiencing something or encountering someone</li> <li>• by experiencing goodness, truth, beauty, nature or culture</li> <li>• by the attitude taken to unavoidable suffering</li> </ul>	Autobiographical account
Moore et al. (2006) The quest for Meaning in Aging	Meaning in Ageing: <ul style="list-style-type: none"> <li>• Philosophy for living</li> <li>• Sense of self</li> <li>• Connection with others</li> <li>• Spirituality. Faith in God</li> <li>• Living through adversity</li> <li>• Embracing Life</li> </ul>	Qualitative design, narrative interviews 11 older adults aged 66-92 Lived in own homes and residential care homes
Dwyer at al. (2008) Three Nursing Home residents speak about meaning at the end of life	Sources of meaning created by: <ul style="list-style-type: none"> <li>• Physical capability</li> <li>• Cognitive capability</li> <li>• Being needed</li> <li>• Belonging</li> </ul> Meaning created through: <ul style="list-style-type: none"> <li>• Inner dialogue</li> <li>• Communication</li> <li>• Relationships with others</li> </ul> Experience of meaning can be hard to realise	3 nursing home residents, aged 93-95, physical frailty- not specifically receiving end of life care, Sweden  Inductive hermeneutic approach  Refer to Skaggs and Baron
Skaggs and Baron (2006) Searching for meaning in negative events	<ul style="list-style-type: none"> <li>• Global meaning- refers to individual beliefs, values, purposes and goals</li> <li>• Situational meaning- refers to the meaning the individual attaches to a situation</li> <li>• When dissonance between two-strategies required to search for meaning</li> </ul>	Conceptual analysis based on 86 papers  Refers to Frankl

Welsh, Moore and Getzlaf (2012) Meaning in Life: The perspectives of Long Term Care Residents	Enhancing meaning in life of residents: <ul style="list-style-type: none"> <li>• Connectedness</li> <li>• Survival despite declining functional capacity</li> </ul>	Note is a more recent publication by Moore  Qualitative- hermeneutic phenomenological study 11 long term care residents, Canada
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	<ul style="list-style-type: none"> <li>Engaging in 'normal' activities</li> <li>Seeking a place of refuge</li> </ul>	Refers to Frankl
Morgan and Farsides (2009) Measuring Meaning in Life	<p>Developed a quantitative tool the Meaningful Life Measure following analysis of the latent constructs underlying existing meaning scales ( Purpose in Life PIL, Life Regard Index LRI and Psychological Well-being: Purpose in Life PWB-P)</p> <p>Subscales of MLM</p> <ul style="list-style-type: none"> <li>Sense of purpose</li> <li>Excitement</li> <li>Principles</li> <li>Accomplishments</li> <li>Value</li> </ul>	<p>Refer to Frank;</p> <p>Mean age 32, range 15-75, suggested need to replicate with an older age sample</p> <p>Increased theoretical scope of MLM in relation to popular scales- also concede that there are potentially more factors underlying the meaning in life construct</p>
Schnell (2011) Individual differences in meaning making: considering the variety of sources of meaning, their density and diversity	<p>Functional equivalence of sources of meaning are refuted- sources of meaning are not functionally equivalent</p> <p>Generativity is established as the most powerful predictor of meaningfulness ( Erikson.. Gernerativity)</p> <p>Meaningfulness increases with <b>density and diversity of sources of meaning</b> (justification for conceptual framework), relationship mediated by diversity</p> <p>26 sources of meaning- summarisedby 5 domains</p> <p><b>If one domain is threatened, multiple and diverse engagement in other domains will facilitate compensation</b></p> <ul style="list-style-type: none"> <li>Vertical self transcendence= explicit religiosity and spirituality</li> <li>Horizontal transcendence=</li> </ul>	<p>N=603</p> <p>Used Multi-dimensional inventory of sources of meaning and meaning in life questionnaire (SoME) – based on existing taxonomies of sources of meaning</p> <p>Austria</p> <p><b>Research on meaning in life is expanding but study of sources of meaning is startling neglected</b></p> <p>Highlights the need to further enhance tools for measuring meaning</p>

	<p>generativity, unison with nature, social commitment, health, self-knowledge</p> <ul style="list-style-type: none"> <li>• Self actualisation= individualism, challenge, development, power, freedom, creativity, knowledge, achievement</li> <li>• Order=reason, tradition, morality, practicality Wellbeing= community, fun, love, harmony, comfort, care, attentiveness</li> </ul>	
<p>Haugan and Moksnes (2013) Meaning-in-life in nursing home patients: a validation study of the purpose-in-life test</p>	<p>Investigate the factor structure and reliability of the Norwegian version of the PIL Purpose in Life test in a cognitively intact NH population</p> <p><b>Further research is needed to explore meaning among Nursing home patients</b></p>	<p>Refer to Frankl N=202 nursing home residents in 44 nursing homes in Norway Age range 65-104 years</p>
<p>Haugan (2013) Meaning in life in nursing home patients: a correlate with physical and emotional symptoms</p>	<p>Meaning in life might be an important resource in relation to a patient's physical and emotional health and global well-being</p> <p>8.9% reported high meaning 45% reported indecisive meaning 43.6% reported low meaning</p> <p>No difference between male and female</p> <p>High correlation between PIL and depression, overall QOL, emotional functioning Significant correlation (moderate values_ between meaning and physical symptoms such as nausea, insomnia and dyspnoea</p>	<p>Cross sectional design- self reported data QLQ-C15-PAL quality of life questionnaire PIL Hospital anxiety and depression scale Herth Hope Index Self Transcendence scale</p> <p>N= 250, cognitively intact, Norway,</p> <p><b>In accordance with Frankl, Haugan uses meaning and purpose synonymously .. but see below later defines differently.</b></p>

	Meaning was more important tot NH patients than hope or interpersonal and intrapersonal self transcendence	
Haugan (2013)	<p>To find meaning is to understand the nature of one's life and to feel that life is significant, important, worthwhile or purposeful (Morgan and Farsides, 2009)</p> <p>Purpose refers to intention in terms of achieving personal aims, whereas meaning refers to establishing a sound coherence in one's existence ( Haugan, 2013)</p> <p>hypothesis supported:</p> <p>Perceived meaning in life positively relates to emotional and functional well-being  Pereived meaning in ide mediates physical well being</p> <p>PIL score indicates that NH residents suffer from a lack of meaning</p>	<p>Same sample/study as above but different analysis</p> <p>Would have benefitted from a larger sample size to increase the statistical power of the tests</p> <p>Researchers helped residents complete questionnaires- potential source of bias</p>
Haugan (2013) The relationship between nurse-patient interaction and meaning-in life in cognitively intact nursing home patients	Significant direct relationship between nurse-patient interaction and meaning in life in cognitively intact nursing home residents	<p>Same study as above</p> <p>Cross sectional descriptive design</p> <p>Nurse patient interaction scale and PIL</p>
Haugan (2013) Nurse-patient interaction is a resource for hope, meaning in life and self transcendence in nursing home patients	Significant direct relationship between nurse-patient interaction and meaning in life in cognitively intact nursing home residents	Same study as above

## Purpose in life

Pinquart (2002) Creating and maintaining purpose in life in old age: a meta analysis	Scheier, Wrosch, Baum, Cohen, Martire, Matthews, Schulz and Zadaniuk (2006) The Life Engagement Test: Assessing Purpose in Life	Reker, Peacock and Wong (1987)	Nygren (2005)
Not care home specific Inclusion criteria:  Meta analysis position in evidence base hierarchy  Synthesised findings from 70 studies-middle and old age  Small age associated decline of purpose in life	See earlier matrix	Used life attitude profile	See earlier matrix

## Additional literature

Ageing				
1	Nolan M.R., Davies S., Brown J., Keady J. and Nolan J. (2004) Beyond 'person centred' care : a new vision for gerontological Care , <i>International Journal of Older People Care</i> , 13, 3a, 45-53	Discussion paper see report section for methodology/met hods  Report on development and use of senses framework AGEIN study- Nolan, M.R., Davies, S., Brown, J., Keady, J. and Nolan, J. (2002) Longitudinal Study of the	Explores relationship-centred care All parties involved in caring should experience relationships that promote a sense of security, belonging, continuity, purpose, achievement	In discussion comment on relevance of these to findings of study

		Effectiveness of Educational Preparation to Meet the Needs of Older People and Carers: The AGEIN (Advancing Gerontological Education in Care) Project. London, English National Board for Care , Midwifery and Health Visiting		
		<p>Security- attention to essential physiological and psychological needs, to feel safe from threat, harm, pain and discomfort, to receive competent and sensitive care , to feel safe in relationships</p> <p>Belonging- to feel part of things, form and maintain meaningful and reciprocal relationships</p> <p>Continuity- recognition and value of personal biography, skilful use of knowledge of the past to help contextualise present and future, seamless and consistent care delivered within an established relationship to known people to experience links and consistency</p> <p>Purpose- to engage in purposeful activity, to be able to identify and pursue goals and challenges</p> <p>Achievement- to make progress towards meaningful and valued goal(s), to make a recognised and valued contribution, to make progress towards therapeutic goals as appropriate</p> <p>Significance- to feel recognised and values as a person of work , that one's actions and existence are of importance, to feel that 'you' matter</p>		
2	Nolan, M.R., Davies, S., Brown, J., Keady, J. and Nolan, J. (2002) <i>Longitudinal Study of the Effectiveness of Educational Preparation to Meet the Needs of Older People and Carers: The AGEIN</i>	Report on development and use of senses framework AGEIN study	Development of senses framework through longitudinal study of student nurses, qualified nurses. Survey/focus groups/ workshops with older people, practitioners,	Nolan M.R., Davies S., Brown J., Keady J. and Nolan J.( 2006) The senses framework: improving care for older people through a relationship-centred approach, Getting Research into Practice (GRiP) Report 2 available at <a href="http://shura.shu.ac.uk/280/">http://shura.shu.ac.uk/280/</a>

	( <i>Advancing Gerontological Education in Care</i> ) Project. English National Board for Care , Midwifery and Health Visiting, London		family members to refine emerging findings	
3	Kitwood T. (1997) The experience of dementia, <i>Aging and mental health</i> , 1 (1) 13-22	Opinion piece UK	Five needs: Attachment, Inclusion, Occupation, Identity, Comfort	Need to be aware of experience of dementia as 40 % of care home residents have dementia
4	Tornstam L. (1996) Gerotranscendence-a theory about maturing into old age, <i>Journal of Aging and Identity</i> 1 (1) 37-49	Discussion paper presenting theory of gerotranscendence	Gerotranscendence is a shift in metaperspective from midlife materialistic and rationale vision to a more cosmic and transcendent one, accompanied by an increase in life satisfaction	Joan Erikson refers to this work in her development of Eriksons work.  Compare with Watson (Caring science as sacred science) ideas of cosmic relatedness  These concepts did not align with the early stages of the action research study but are useful to keep in mind
5	Hunter E.G.(2004) Leaving a legacy: toward a typology, <i>Journal of Aging Studies</i> , 19 (3) 327-347	Descriptive study, grounded theory N = 14 Age range 31-94, initially 80+ but widened as part of theoretical sampling USA Homogenous group Semi-structured in-depth interviews	Biological legacy Material legacy Legacy of values	Useful concepts identified
6	Hockley J., Dewar B. And Watson J. (2005)	Action research methodology	Insight into processes involved in	Citation track Redfern S. <i>et al</i> (2002) Work satisfaction, stress



	Promoting end of life care using an integrated care pathway for the last days of life, <i>Journal of Research in Care</i> , 10 (2) 135-152	N= 14 Care home managers UK	Care home community	and quality of care and morale of older people in Care homes, <i>Health and Social Care in the community</i> , 10 (6) 512-517
	<b>Care home life</b>			
1	NCHRDF (2007) Quality of life in care homes: a review of the literature	Preparatory project; review of research and experiential evidence from a range of stakeholders about the factors that can impact on the quality of life of older people living in care homes.  Appreciative inquiry approach to focus on positive messages	Background information on care home sector and demographics of care home residents, staffing profile. Quality of life: environment, activities, relationships, Quality of care : senses framework  Poem at beginning mentions 'broken bodies'	Environment, activities, relationships themes in PhD study
	<p>Additional findings: Transition into a care home Working to help residents maintain their identity Creating community within care homes. Representing a care home as 'home' may not be helpful, more realistic is to aspire to a sense of community pg 82 Shared decision making in care homes Health and healthcare services- Continuing Care Conference (2006) census of care home residents N=40 843 82% confused, forgetful, depressed or agitated, over ¾ needed help with their mobility or are immobile Bowman (2004) survey N=16 043 78% had one from of mental impairment, 76% needed help with mobility or were immobile. Medical morbidity and associated disability driven move into care home for ()% of residents End of life care</p>			

2	<p>Hjaltadottir I. and Gustafsdottir M. (2007) Quality of life in Care homes: perception of physically frail elderly residents, <i>Scandinavian Journal of Caring Science</i> 21, 48-55</p>	<p>Qualitative: hermeneutic phenomenology  N= 8 elderly residents  Six women, two men  2 Care homes  Interviewed on two occasions  Plus observation to enhance understanding of residents narration</p> <p>Similarities with PhD study- sample, sites, follow up interviews</p> <p>Iceland</p> <p>Focused on residents with physical rather than dementia related limitations</p>	<p>Themes- concerns related to quality of life</p>	<p>At first- terminology of did not correspond with my understanding/ findings of study- but when read subthemes were relevant</p> <p>Preparation for departure did not relate to PhD study findings</p> <p>Important for linking QoL with meaning</p>
<p>Concerns re QoL:  Securing the insecure body- being safe, being care d for- expectations of staff, maintaining the body= important to hold onto the health they still enjoyed  Seeking solace- the disparate community- in NH they belonged to a minority of lucid residents in a community where most residents had dementia  Guarding the self in seclusion- need to stay in their rooms, whereas staff encourage to spend time with other residents  Feeling at home-significance of own space  Habitual way of being- routine for some = monotonous for others = source of security  ‘Overstepping the confinement’ cherished opportunity to go outside/enjoy fresh air because spent most of time indoors  Preparing for departure  Affirmation of self  Being recognised as a person (for individuality to be recognised, arose from being one of a crowd)  Family relations (nurtured family relations)  The lived past (for some past was painful)  Doing meaningful things- important to learn new things, engage in valuable activities despite failing health</p>				

	These aspects of Care home life contribute to living in a meaningful world in which humanity is preserved			
3	Bradshaw S.A., Playford E.D. and Riazi A. (2012) Living well in care homes: a systematic review of qualitative studies, <i>Age and Ageing</i> 41, 429-440	Systematic qualitative review Clear and informative approach described 31 studies  Thematic analysis and meta-ethnographic methods used to synthesise findings	Acceptance and adaptation 2. Connectedness with others 3. A home like environment 4. caring practice	
4	Hockley J., Dewar B. And Watson J. (2005) Promoting end of life care using an integrated care pathway for the last days of life, <i>Journal of Research in Care</i> , 10 (2) 135-152	Action research methodology N= 14 Care home managers UK	Insight into processes involved in Care home community	Citation track Redfern S <i>et al</i> (2002) Work satisfaction, stress and quality of care and morale of older people in Care homes, <i>Health and Social Care in the community</i> , 10 (6) 512-517
<b>Depression in Care homes</b>				
1	Dragsnet J., Eide G.E. and Ranhoff A.H. (2011) Depression is associated with poor functioning in activities of daily living among Care home residents without cognitive impairment, <i>Journal of Clinical Care</i> , 20, 3111-3118	Norway  Cross sectional, comparative design Face to face interviews  Katz Index – assessment of activities of daily living  Inferential statistics  Relationship between depressive symptoms and dependency in	Dependency in activities of daily living associated with depression  Higher age associated with less depression	

		activities of daily living, co-morbidity and socio-demographic variables  N -227 Care home residents, age 65-102		
2	Choi N.G., Ransom S. and Wyllie R.J. (2008) Depression in older Care home residents: the influence of Care home environmental stressors, coping and acceptance of group and individual therapy, <i>Aging and mental health</i> , 12 (5) 536-547	In-depth interviews N=65, USA Study examined residents' own understanding and perceptions of depressive symptoms, causes of depression, self-reported coping strategies and preference for acceptable depression interventions	n=32 stated feeling depressed or experiencing negative affects, due to loss of independence, freedom and continuity with their past lives.	
		Findings: Feelings of social isolation and loneliness, lack of privacy, loss of autonomy due to institutional regimen and regulations, ambivalence towards cognitively impaired residents, ever present death and grief, staff turnover and shortage, stale programming and lack of meaningful in-house activities. Self reported coping mechanisms included religion and stoicism, sense of reality, positive attitude and family support.		
3	Snowdon J. (2010) Depression in Care homes, <i>International Psychogeriatrics</i> , 22(7) 1143-1148	Discussion paper (expert opinion) based on prior studies (Snowdon 2009, 2010,) on use of Cornell Scale for Depression in Dementia Australia	Citation track statistics on depression Need to consider causation of depression, how to help residents cope with disability, losses and feelings of powerlessness	Citation track Smalbrugge <i>et al</i> , (2006)  Citation track Jang <i>et al</i> (2002) and Blanchard <i>et al</i> (2009)

			Co-morbidity of dementia for many Care home residents: 2/3rds of Care home residents have dementia (Only 40% people with dementia are diagnosed)	
		<p>Citation track Smalbrugge et al, (2006) pain, loneliness, visual impairment and having had a stroke have been reported as factors associated with depression on admission to a Care homes, functional limitation was a prominent factor six months after admission</p> <p>Where depression related to loss of health, self-esteem, mastery or loved ones it is understandable that anti-depressants may not relieved depressed feelings. Jang et al. (2002) suggests enhancement of sense of control may empower functionally challenged older people and help them manage the adversity of disability. Blanchard et al. (2009) suggest re-organising self concept, goals and meaning in life.</p> <p>Suggests value of discussion of contributory factors, supportive conversations with staff and residents.</p>		
4	Towsley G., Neradilek M.B., Snow A.L. and Ersek M. (2012) Evaluating the Cornell scale for depression in dementia as a proxy measure in Care home residents with and without dementia, <i>Aging and Mental Health</i> , 16 (7) 892-901	<p>Cross sectional descriptive study, secondary analysis from randomised clinical trial on pain, physical function and depression</p> <p>USA</p> <p>N=646, Care home residents</p>	Resident and care giver reports of depression are filtered through a third party assessor	

Staff experience				
1	<p>Brodaty H., Draper B. and Low L.F (2003) Care home staff attitudes towards residents with dementia: strain and satisfaction with work, <i>Journal of Advanced Care</i> 44 (6) 583-590</p>	<p>Cross sectional design</p> <p>Self completion questionnaire survey n=253 Care home staff</p> <p>Swedish Stain in-Care Care Assessment Scale, Swedish Satisfaction with Care Care Assessment Scale</p> <p>From 12 Care homes</p> <p>Behavioural assessment of n= 647 residents</p> <p>From 11/12 of Care homes</p> <p>Australia</p>	<p>91.7% staff enjoyed work situation, half reported they did not have enough time to complete their tasks and worried that their jobs would be affected by organisational change</p>	
2	<p>Wadensten B., Engstrom M. and Haggstrom (2009) Public Care home staff's experience of participating in an intervention aimed at enhancing their self esteem, <i>Journal of Care Management</i>, 17, 833-842</p>	<p>Qualitative study Sweden</p> <p>Training programme to understand factors in the work situation that influence them and on empowering them</p> <p>N=14, Care aides who completed programme</p>	<p>Literature review identified low level of education of Care aides, poor psychosocial work environment where staff have little influence and control over their work, poor quality and negative care recipient outcomes, association between quality of care and staff competence.</p>	

			<p>Led to assumption that women who work in Care homes have low levels of self esteem</p> <p>Improved communication skills Enhanced self esteem Sees work in another light</p>	
3	<p>Spilsbury K., Hewitt C., Stirk L. and Bowman C. (2010) The relationship between nurse staffing and quality of care in Care homes: a systematic review, <i>International Journal of Care Studies</i>, 48, 732-750</p>	<p>Systematic review, international literature N=50</p>	<p>2 dimensions of quality: Quality of care (technical aspects) and quality of life (opportunities for choice and autonomy). Studies focussed on measuring quality of care indicators not quality of life indicators</p>	
4	<p>Scott-Cawiezell J., Jones K., Moore L. and Vojir C. (2005) Care home culture: a critical component in sustained improvement, <i>Journal of Care Care Quality</i>, 20 (4) 341-348</p>	<p>Descriptive quantitative study, 31 Care homes, N= 899 staff members USA Tool Competing Values Framework</p> <p>Compared results with Shortel Organisation and Management Survey- connectedness</p>	<p>84% homes had a 'dominant group' culture type- that provides an optimal context for sustaining quality improvements.</p>	<p>68 % displayed cultural values that that varied according to what dimension was being considered- difference in approaches may be a barrier to sustained improvement</p> <p>Smaller homes had higher 'group' culture scores than larger homes Range of flexibility scores- that demonstrate the</p>

				<p>capacity to create and sustain improvement</p> <p>Found strong correlation between 'group orientation' and organisational harmony and connectedness</p> <p>Strong inverse relationship between hierarchical dominance and organisational harmony and connectedness</p>
<b>Books</b>				
1	Anderson J. (2004) <i>A walk on the beach: tales of wisdom from an unconventional woman</i> , Broadway Books, USA Autobiographical account of Anderson's friendship with Joan Erikson			
2	Doyal L. and Gough I (1991) <i>A theory of human need</i> , Macmillan, UK Theory of bio-psycho-social aspects of human life			
3	Erikson J.M (1997) <i>The life cycle completed: extended version with new chapters on the ninth stage of development</i> , WW Norton and Co, New York Joan Erikson's chapters extending Eric Erikson's psychosocial theory of ageing through the life span. Includes autobiographical reflection by Joan Erikson, Joan develops eight stage and adds and ninth stage Erickson (1989: 33) <i>The life cycle completed- revisited later stages of theory</i> , suggest life review in which earlier stages and issues revisited, the task for the final stage is paradoxical, to continue and develop a vital involvement with life whilst facing and coming to terms with old age. Joan Erikson (1995,1997) that the very older person may feel far from wise as they struggle to come to terms with change in this stage of life			
4	Laslett P (1996) <i>A fresh map of life</i> , Palgrave, UK Theory of ageing			
5	Kaufman S. (1986) <i>The ageless self: sources of meaning in late life</i> , The University of Wisconsin Press, USA Book developed from PhD thesis, undertaken using anthropology			
6	Moberg, D.O. (2001) <i>Ageing and spirituality: spiritual dimensions of ageing theory, research, practice and policy</i> , Haworth Pastoral Press, USA Discussion on spirituality and ageing			
7	Weis R.S. and Bass S.A. (2002) <i>Challenges of the third age: meaning and purpose in later life</i> , Oxford University Press, UK Theory of ageing			



## **Appendix 2**

### **Interview schedule: Life story interview**

#### **Part 1**

Introduce self

Confirm resident's details

Give overview of research project, including talk through concept map

#### **Part 2**

1. Can I ask how old you are?
2. Are you from around here?
3. Any interesting things about the first [87] years of your life?
4. Did you used to work?
5. What are the most important things to you in your life?
6. What would you say your approach to life is?
7. What have the main events of your life been so far?
8. What are your biggest life lessons? What are the words of wisdom that you would pass on?
9. How did you get through difficult times?
10. Question about photographs if interview in bedroom
11. Use boxes on concept map to direct questions as required

### **Part 3**

12. How long have been at North House/Edward Court Care home?
13. Do you know many people here?
14. Is there anything else in your life that is important that we haven't talked about?
15. Conclusion
16. Summary of what we have talked about today
17. What other subjects do you think we could have talked about?

## Appendix 3

### Interview 2: Structured interview with residents

Recap first interview (Life so far and what has been important to you)

Q1. Going to therapy seemed to be an activity that you enjoy. Would you say that going to therapy adds meaning and purpose to your life here?

What happens in therapy that adds meaning and purpose to your life?

What is that [Anthony] does that make this activity meaningful and able to add purpose to your time/life?

Q2. Thinking about other members of staff, do the care assistants help you to live your life with meaning and purpose?

If yes how?

What could they do that would help you to live your life with more meaning and purpose?

Q3. Again, thinking about other members of staff, do the nurses help you to live your life with meaning and purpose?

If yes how?

What could they do that would help you to live your life with more meaning and purpose?

Q4. Again, thinking about other members of staff, do the Matron and Deputy Matron help you to live your life with meaning and purpose?

If yes how?

What could they do that would help you to live your life with more meaning and purpose?

Q5. Are there any other members of staff or visitors that help you live your life with meaning and purpose?

Q6. What suggestions would you make that would help you live your life with more meaning and purpose?

Q7. The story of who you are and what you have done with your life – do you think that most of the staff know this?

Do you think that more use could be made of your story?

Q8. Are you involved in planning your care ?

How?

Would you like to be more involved in planning your care ?

What difference do you think that this would make?

## Appendix 4

### Example of focus group questions (residents)

1. What would be a good way to let the staff know what they are doing that helps you live your life with meaning and purpose?
2. What would be a good way to let the staff know what they could do differently to help you live your life with meaning and purpose?
3. Do you think that is it important that staff help you live your life with meaning and purpose?
4. Discuss three themes identified in data analysis (to date)  
Stories and wholeness  
Care of the human spirit  
Broken bodies: vibrant spirits
5. How have you found being involved in the study so far?
6. Do you think that the study will make a difference to your life here at North House/ Edward Court?

## **Appendix 5**

### **Interview schedule: Staff to staff interviews**

- 1 What do you like about working at North House/Edward Court?
- 2 What makes the care for residents at North House/Edward Court 'special'?
- 3 Please describe an occasion when the care that you gave or something that you did added meaning or purpose to the life of a resident.
- 4 Please describe an occasion when you saw another member of staff give care or do something that added meaning or purpose to the life of a resident.
- 5 What three actions (anything at all) would mean that you could make a difference to through your care /work to how residents live their lives with meaning and purpose?

## Appendix 6

Poster advertising staff participants meeting



# Meaning and Purpose in the Lives of Care home Residents

The next meeting for those of you who are involved in this study or would like to be involved is on:

**Wednesday 28<sup>th</sup> May**

**2.00-2.30**

**Boardroom**

We will be identifying three features of care that currently add meaning and purpose to residents lives and seeing how they could be developed further.

## Appendix 7

### Proforma for staff participants meeting

Please complete and bring to the next meeting 28<sup>th</sup> May 2.00 -2.30 in the boardroom.  
Thank you.

From the summary of residents interview responses please pick three features of care that currently add meaning and purpose to residents lives that could be developed further:

1

2

3

Please suggest how these could be developed.

1

2

3

Please had this sheet to Anthony before the 28<sup>th</sup> May if you can't make it to the next meeting .



## Appendix 8

### Notes of meeting 28<sup>th</sup> May (Staff at North House)

#### Attended

R, S, M (Health Care Assistants)

A (activity co-ordinator), L (Deputy Matron), C (staff nurse)

NYB (researcher)

#### Discussed

Data from first appreciative inquiry interviews

Discussed

1. How staff celebrate success that was described in Discovery data from interviews
2. How to raise residents awareness of right to see and be involved in documentation re their care
3. Identify what actions to take forward from Discovery data

Actions for further development:

1. Celebration booklet- What is special about North House- to include staff and residents perspectives- information already collected as part of this project.

NYB to facilitate/organise, R and M to lead from North House, may need to liaise with staff in different units. Set up format so could be an on-going ie. produce once or twice a year. Need consent forms re photographs.

2. Social Activities at North House have been identified as an area of strength in the provision of care at CTC. Ways of further developing this provision discussed, will need to be discussed with Anthony

Ideas suggested include:

- Notice board for upcoming and recent events- camera needs larger memory stick. Suggested Anthony as photographer- need consent form re photographs. Need to be in keeping with home environment.
- How special occasions with family are celebrated
- Moortown residents less involved in social activities; look at finding ways of involving more- e.g flexibility re times and activities- what would they like?
- Consider VE day and old time music hall as social activities- what would residents like as themes for social activities?

- Involving other organisations- gardening/art/- need to be CRB/POVA approved individuals- discuss with activity co-ordinators
3. Photos of different members of staff- who wish to have displayed- where and in keeping with a home environment
  4. NYB attended conference presentation (June) re approach being used in Portugal- using staff members life stories (confidentially) to identify what in their life experience has contributed to their work as a carer/ nurse /etc. Possible use in this project- could contribute to understanding how relationships formed and care given.

## Appendix 9

### Information update sheet for staff participants at North House



#### **Meaning and purpose in the lives of older people who are resident in Care homes.**

As part of this study the resident co-researchers have suggested that being involved in reviewing and contributing to their care records is an action that they would value.

Please arrange with the resident a time to meet for them to review their records with you.

I would like to arrange a follow up interview with you and the resident individually, as near to the day that this is carried out.

The questions that I will ask are:

1. Did you find this a worthwhile activity?  
Yes/ no- Why?
2. Was there information that the resident asked to be included in their records?
3. Was there information in their records that the resident viewed negatively?
4. What are the benefits of this activity?
5. What are the negative aspects of this activity?
6. Would the resident like to review their records again at a later date ?
7. Is this an activity that you think other residents would benefit from?
8. Any other comments?

Please ring me on 0161 ..... or 077..... to arrange the follow up interview.

Thank you

Natalie Yates-Bolton

## Appendix 10

### Vignettes of residents' lives

In order to construct knowledge of purpose and meaning in the lives of individual residents and how this can be enhanced I constructed fifteen vignettes based on each resident's account of their past, present and future. The unique life story of each resident are presented so that the relationships and activities that may enhance Purpose and meaning in that life can be understood.

#### 1. North House residents' lives

The seven summaries constructed about the lives of the North House residents

##### **Gregory**

Gregory chose to start his life story account from being 5 years old. He was born in Italy and told the dramatic story of his grandparents' estate being bombed by the German army. He considered his biggest mistake as being advising his mother to sell the family estate in Italy. He joined the RAF and had a successful career teaching flight safety. When he left the RAF he bought his own business and worked there until he had a stroke. Gregory described how his wife Jill visits him every day. This however is a source of conflict as Gregory would like to go home and Jill was concerned about the impact that this would have on her life and health.

##### **James**

James chose to start his life story account from being a Department Head of a college and taking long-haul holidays. He was on holiday in Dubai with his wife when he had his first stroke, which was followed by a second stroke. James's wife divorced him shortly after his second stroke and they have had no contact since:

*Some of my wife's friends have kept in touch with me and not her because she divorced me and doesn't want me to know where she lives and she doesn't want to communicate with me, this is a source of annoyance, but so be it. I think she will lose in the end. I'm going to make a model and stick pins in it.*

Travel was still important to James 'I adore travel and desperately want to travel' but his approach to life had now changed 'My philosophy has changed I can't enjoy myself like I used to.'

**Derek**

Derek started his life story from his time in the Second World war, when he was in the medical corps in the army. His role involved ward management and the operation theatre. He worked at a hospital in Hong Kong. After the war he taught apprentices and then in the 1970's started his own flag making business. He still visits his factory. His children have taken over the business.

Derek was often emotionally labile, which is common after having a stroke. Understandably he became upset when talking about the death of his wife. He also described how as a child he was in the Sunday School Army and now when he attends the church series at the nursing home:

**Toby**

Toby chose to tell his life story from being aged 14 or 15 when he had worked in the cotton mills barefoot. He went back to work in the mills after the war but no-one spoke to him. He was still angry about the women 'having a smashing time with the bloody yanks.' It later transpired that it was his sister with whom he was particularly angry. His late wife seemed to be a background figure and was only mentioned when I asked about a photograph of her that was in his room. When asked about his family, Toby indicated that he would prefer not to talk about them. He reported that exercise and making himself useful were important aspects of his life at the home.

**Meryl**

Meryl chose to start her life story from being a young adult who used to go dancing and to the Gospel Crusaders, 'I am C of E but I liked singing with the Methodists and the Rochdale Gospel Crusaders'. She worked on a switch board until she was in her thirties. A photograph in her room is of her on The QE2 cruise ship which was one of the last times that she walked.

**Audrey**

Audrey started her life story from being a young adult and working in the wages department of a large business. At that time her family moved home as her father retired from farming. Audrey met her husband at work and she stopped work when her first child was born. Later Audrey did some part time work for a friend and worked at a children's school 'on school dinners' until multiple sclerosis (MS) made it too

difficult. Audrey described how they had a good life and that they were 'never short of anything.' Her husband died five years earlier.'

**Marjory**

Marjory started her story from being a keen cyclist before she got married, describing wearing plus-fours and cycling all over the country in the 1920's. Marjory described how she worked in the bake house and then when her daughter Kathryn was born she 'got a little cleaning job'. Kathryn had Down's syndrome and died when she was 39 years old. Marjory talked about Kathryn's childhood with fondness and emphasised all the activities that Kathryn could do well.

## Summary of purpose and meaning in North House residents' lives

North House	
Gregory	Purpose and meaning in Gregory's life could be enhanced by the staff supporting him to fulfil their potential e.g. to be able to walk again <b>Restorative activities</b> . Also by family members supporting him to leave the nursing home and visit or return home. <b>Dynamics of relationship and physical setting</b> .
James	Purpose and meaning in James's life could be enhanced by supporting him to build on his previous skills and expertise. <b>Restorative activities and dynamics of relationships</b> .
Derek	Purpose and meaning in Derek's life could be enhanced by greater collaboration between the staff in the home and family to realise his wishes. <b>Restorative activities and dynamics of relationships</b> .
Toby	Purpose and meaning in Toby's life was enhanced by support for him to be as industrious as he would like to be. <b>Restorative activities and dynamics of relationships</b> .
Meryl	Purpose and meaning in Meryl's life was enhanced by support so that she could say 'I am me'. <b>Identity and dynamics of relationships</b> .
Audrey	Purpose and meaning in Audrey's life could be enhanced by support for her to stay connected with people, activities and places that were important before she moved into the nursing home. <b>Restorative activities and dynamics of relationships</b> .
Marjory	Purpose and meaning in Marjory's life could be enhanced by people taking the time to stop and say hello. <b>Dynamics of relationships</b> .

## 2. Edward Court residents' lives

The eight summaries constructed about the lives of Edward Court residents

### **Donald**

Donald started his story from his adult experience prior to undergoing a bi-lateral amputation. Donald was one of the few residents whose health situation was significant in his life story. This related to his recent life story as he had come to stay in the home following the second lower leg amputation surgery. 'Never has a damn sickness in my life till this happened.... I just don't know what the future is.' Donald was determined to have a 'damn good try' at walking again as soon as his second prosthetic leg was available.

Ellen started her story from being a wife and mother. Ellen was the grandmother of one of the managers of the nursing home. It was important to Ellen she felt 'looked after'. 'I'll do anything they want me to do, they come for me and take me.'

### **Karl**

Karl started his story from when he was knocked off his bike as a 32 year old man. This meant that he had to stop working which resulted in depression. He then went on to develop severe arthritis that reduced his mobility. Karl had an electric wheelchair and used this to constantly move around the nursing home and to go into the grounds of the home. Most of Karl's narrative related to moving around in his electric wheelchair. How far he could go, how fast he could go, the support he needed from the staff to ensure that the battery was fully charged, the consequence of the battery being flat. Although Karl was physically immobile because of his arthritis, having his electric chair enabled him to keep moving. This appeared to be highly significant to Karl, if he could keep moving in his chair he was living.



**Doris**

Doris started her story by saying 'I've had a cruel life.' As a child Doris was brought up by her Grandparents because her step-father was cruel to her, always hitting her. She would go to school with black eyes, broken nose and bruises everywhere. Doris did not have a good relationship with her mother who always believed her stepfather. As a young adult Doris lived with a man, with whom she had a son. Doris fell down the stairs when she was pregnant and her son was born paralysed. He lived at the 'Crippled Home' and they would visit him every Friday. Her son died when he was 16 and a half years old. Her partner started being cruel, she described how he broke her leg, so she 'knocked him over the settee.' They separated but later he moved back into their home. Doris described how he 'started going with a girl called Rosie' and how she then 'got a germ' (sexually transmitted disease). Doris said that she had now 'got used to being without people' and how if people got nasty with her she would get nasty with them.

## Summary of purpose and meaning in Edward Court residents' lives

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Edward Court	
Donald	Purpose and meaning in Donald's life could be enhanced by support to enable him to spending time with men of a similar age rather than older women. <b>Dynamics of relationships and identity.</b>
Ellen	Purpose and meaning in Ellen's life was enhanced by leaving her to be by herself. <b>Dynamics of relationships.</b>
Karl	Purpose and meaning in Karl's life in the nursing home was enhanced by staff ensuring that he could move freely inside and outside the setting. Karl felt that he would like to be more involved in planning his own care. <b>Physical setting and component of care.</b>
Doris	Purpose and meaning in Doris's life was enhanced by making sure she could see animals and birds. <b>Dynamics of relationships.</b>
Aled	Purpose and meaning in Aled's life was enhanced by support for him to regain his independence and move out of the nursing home. <b>Restorative activities and physical setting.</b>
Bess	Purpose and meaning in Bess's life could be enhanced by staff taking time to remind her of activities and options that she could choose to engage in. <b>Maintenance and restorative activities.</b>
Reggie	Purpose and meaning in Reggie's life was enhanced by nursing staff ensuring that vital medication was given at the right time for him. <b>Maintenance and restorative activities, component of care.</b>
Mac	Purpose and meaning in Mac's could be enhanced by staff being less distant. <b>Dynamics of relationships.</b>

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These statements highlight the different ways in which 15 people who live in nursing homes identified that purpose and meaning in their lives was either enhanced or could be enhanced. The theme that most closely matches the suggested way of enhancing purpose and meaning has been identified for each statement. However, as evident in each vignette; the physical setting, the residents' identity, dynamics of relationships, focus of activities and the component of care all contributed to the residents' ability to live with purpose and meaning.

Although there is limited transferability of each of these statements to the lives of other residents in the same or different nursing homes, it is evident that each life story presented is a unique composition of identity, relationship and activities. The value of these vignettes is that they demonstrate how 'the narrative thread of autobiographical self continues to weave itself into the physical and social world of the new residence, resulting in the ability to move forward and grow' (Malony, 2010 pg 305).