

# A Study of Families' Experiences of Putting Their Elders in Nursing Homes

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## ABSTRACT

One of the major challenges facing society today is increasing proportion of its elderly population. Nowadays, elderliness along with its all psychological, socio-cultural, ideological and economic aspects have become a serious and challenging issue affecting families in developing and developed countries. Thus, the current study aimed to examine families' experiences of putting their elders in nursing homes. A phenomenological research method was employed to pursue this qualitative study. The samples of the study were selected through purposive sampling method; and data collection proceeded until it reached to the data saturation within 10 participants. The instruments adopted by the researcher include note-taking and in-depth and unstructured interviews with the families of the elderly who put their elders in nursing homes. The obtained data were analyzed using Colaizzi's seven-step process of analysis. The four general themes derived include isolation, peace, abusiveness, children's inability to look after their elders and guilty conscience; each of which contained some sub-themes. According to the results, it is essential to take the social, economic and health support of the elderly into consideration and to provide the necessary context for improving the life quality of the elderly residing in nursing homes through formulating, planning and making appropriate policies.

Keywords: experience, family, elderly, nursing homes

### **INTRODUCTION**

The world population is aging and it is predicted that by 2025 people of 65 years and over would occupy two-thirds of the population in developed countries. According to a study conducted in Iran, in 2011 the total population of Iran was estimated to be in the age range of 65 and over and it is predicted that by 2021 up to 10% and by 2025 up to 26% of the total population of Iran would be occupied with people with over 65 years of age i.e. nearly a quarter of its total population [1]. According to the latest official statistics, the average age in Iran has reached 67 years old; and based upon statistics released in 2006, Iran had up to 5.12 million population older than 60 [2]. Chronological age of 65 is said to be the beginning of elderliness [3].

Ageing is one of the raised phenomena of the recent years in the field of global health. Over 90% of the Iranian elders live with their spouses and children [4]. Families play a substantial role in the support and care of their elderly; and this central role in taking care of oldies contribute to their mental and physical health [5]. However, profound social, economic and technological changes and scientific advances that underlie the increase in elderly population and the aging of people have led to the transformation of values and long-established traditions and also replacement of old values by the new ones; all of which challenge the care-giving of the elderly in a family [6].

With increasing age of the elderly, higher dependency on others for daily activities, increased impaired mental disorders and increased duration of assistance for the elderly will heighten the social problems of those families living with elders around. Subsequently, a feeling of growing fatigue and additional burden on families result in great disturbance in familial relationships, spoiled social activities of the families, abusive behaviors eventuating in sending them to nursing homes [5].

The rapid growth of elderly population has increased the number of old age people who receive elder care in nursing homes [7]. Nursing homes refer to institutions which serve people with chronic diseases and physical defects. These centers provide treatment for those who do not need to be hospitalized but yet are unable to take care of themselves. In other words, people who are not able to stay at home due to physical, mental or functional disabilities are assisted by these institutions [8].

Although most families tend to look after their elderly in their own homes, some reasons such as lack of adequate supporting systems and resources for homecare as well as increasing care needs of the elderly have made the families be confronted with troubles taking care of their elder parents at home; and therefore, entrust with nursing homes or old folks homes for taking care of their elderly (Mc Lennon et al., 2010). The reasons articulated by families for transferring their elders to nursing homes include the need for higher professional care (65%), health care (49%), behaviors associated with dementia (46%) and the need for more assistance (23%) [9].

However, the certain point is that going to nursing home is a big turning point for both the elders and their family members. Being forcedly sent to nursing home could be a painful experience [7]. Depression in elderly people is a public health problem since it is associated with increased somatic diseases, high mortality rate, functional decline, heightened need for the use of health services and increased rate of progression to dementia [10].

Industrial society has led to conflict in familial roles of the current generation to the point that its adverse effect created dissatisfaction in the current generation over taking care of their elders. The present results indicate that families do not overlook the need to bring the requirements into balance in such a situation. To this end, burdens such as inadequate incomes, limited physical environment and not having enough time to deal with an elderly person are felt heavy on their shoulders [13]. Entering nursing homes brings the elderly the greatest stress and fear; since, elderliness is not a time for isolation and loneliness but the evolution of the existence and flourishing of thoughts and ideas [8]. Apart from psychological problems faced by the nursing homes and the elders' families, economic challenges of the families to elder care denote the substantial contribution of governmental organizations in the US toward accepting the responsibility for protecting the elderly. Despite the fact that families in the US are regarded as the first liable caregivers for their elders, government agencies are burdened with much of the caregiving responsibility for the elderly. Some of such agencies are responsible for health and funding support of elderly people while others are made liable for familial social support [12]. There also are other problems associated with nursing homes including the questionability of the cares provided by them, early deaths of many of their inhabitants and psychological effects on caregivers. With regard to the effects of nursing homes on the elderly, their families, caregivers and society as well as the importance of elderliness in Iran, the researcher made an attempt to explore the problems faced by the families in taking care of their elders.

### MATERIALS AND METHODS

A phenomenological research method was employed to pursue the study. To collect the data, in-depth interviews and note-taking were used. The samples of the study were selected through purposive sampling; and the data collection procedure proceeded until it reached to the data saturation within 10 participants. After participants had been selected based on the inclusion criteria, they were provided with some brief oral instruction on what they were asked to do in the study and with the consent of the interviewees, the time and place of the interview were set. They were also assured for the confidentiality of the gathered data. Depending on the willingness of the participants, the interview lasted from 35 to 40 minutes. It is worth mentioning that the researcher talked the interviewees into the maximum time of the interview – i.e. 45 minutes – prior to it. The obtained data were analyzed using Colaizzi's seven-step process of analysis. In the first step of Colaizzi analysis, after the interviews had been held and the notes had been taken, the researcher listened to the recorded voices for several times and wrote down the statements word by word. The written interviews were then examined several times to better understand the feelings and experiences of the participants. In the second step, words and phrases were rechecked in order to extract meaningful information. The important statements related to the topic were highlighted and the highlighted parts were regarded the most

important phrases which seemed to be extracted from the statements. During this stage, it was constantly tried to ensure a sense of connection between the extracted meaning (theme) and the original statements. This phase of the study resulted in 142 codes which constituted the extracted themes. In the fourth step, according to Colaizzi comment, the researcher, after re-reading the initial codes derived from the third stage, classified the formulated themes into categories and thematic clusters - or better put - main themes. In the fifth step of the Colaizzi analysis, the results were collected for a comprehensive explanation of the discussed issues eventuating in larger categories named themes; in the way that the thematic categories were merged and formed larger categorical groups. All the themes obtained from the completion of this step formed the core themes of the study; the sum of which composed the constituent of family structure in sending their elders to nursing homes. In the sixth step, it was attempted to provide a comprehensive description of the phenomenon under study with a clearer and more unambiguous articulation. The final step was taken by validating through referring to every single of the samples and asking them for their ideas about what was resulted. After the interviews were made and the data were extracted and coded, the researcher went back to every single one of the samples in order to establish the credibility of the data and to check for their agreement on the resulted content. In this way, the evaluation of the copied materials was made by the samples. Additionally, the possible main themes were discussed and clarified and the approval and agreement of the samples were subsequently obtained.

### RESULTS

Generally, the findings derived from analyzing the experiences were comprised of 5 main themes and 13 sub-themes out of a total of 142 codes. The five main themes included: isolation, peace, abusiveness (mistreatment), guilty conscience and children's inability to look after their elders. In what follows, all the main themes and sub-themes are discussed in detail and illustrated in diagram 1.

#### Isolation

Isolation was one of the core themes obtained based on the experiences of the participants of the study. It consists of imposition (to be living off their children), loneliness and poverty. Regarding imposition, one of the participants stated that "in our early days of marriage when my father-in-law was still alive and my mother-in-law was healthy and sound, they used to live together independent of their children but our problems were triggered when my father-in-law passed away and after a couple of month my mother-in-law had a heart attack and was practically crippled afterwards. Her daughters could not take her to their homes". Participant number 6 declared his idea about loneliness by saying that "at the age of 7, she got blinded by an unknown disease and it has been 50 years now that she is still blind; and after our parents had passed away, I have been taking care of her for like 30 years now because we have no one but each other". With respect to poverty, participant number 1 stated that "my husband used to be hospitalized once in a month and had bed sores. He was only a worker and his income was not enough".

#### Peace

One of the other core themes obtained in this study was peace which constitutes counseling and satisfaction. One of the participants said that using the guidance of others, they sent their elders to nursing home. She continued that "we were going through a difficult time up until the Aid Committee along with a friend of ours introduced us to nursing home". Regarding the sub-theme of satisfaction, participant number 6 admitted that "I did not even have the strength to take care of myself. Then one day I went to the Welfare organization to get something done. There was someone who suggested me that if I acquiesced, I could have nursing home entrusted with the task of looking after my elderly sister. I did not have any other choice. I had to. Disease, financial problems and lack of enough food all made me bring her here. Of course, I take her back home once in a month but she has to spend most of her time here. I am seriously sorry for that. She is now satisfied though".

#### Abusiveness (mistreatment)

Mistreatment as the third main themes extracted is comprised of two sub-themes as beating the elderly and selling household goods. One of the participants declared her experience that "my husband used to hurt and offend his mother". Participant number 10 expressed her idea about his husband selling the household goods and stealing from home. She said that "my husband sold his mother's home furniture and she then has to sell her house to pay for his son's debts and to avoid loss of face".

#### **Guilty conscience**

As the fourth main themes derived, it is comprised of no way back and regrets over sending their elders to nursing home. According to the statements, many of the participants of this study expressed regrets at sending their elders to nursing homes. One of them added that "our father used to talk about remarriage a lot to the point that we were all bored. We ignored him for a while so that he would forget it all together but he did not and continued to persist for longer. Then one day my older brother told our father that "the house he was living belongs to our mom and we all asked for our share. Our father had a severe heart attack by hearing this and then our problems were added up. No one accepted the responsibility for taking care of him. For a while, we look after him in turn. We could no longer do it because we ourselves were old. I am 58 with backache and nerve problems. Then by common assent, our older brother and I brought our father here. We were the reason why he is here and we are the one who caused this trouble and now we all feel guilty about it. We all are at fault".

#### Children's inability to look after their elders

This fifth major theme was composed of three sub-themes as children' disease problems, their physical and mental health problems and their old age. One of the participants put his arguments forward by saying that "our problems were begun and taking care of my father got difficult for us. My wife had backache and my father was completely dependent on us for taking shower, using the rest room and etc. He was hospitalized for 10 days and after being discharged our new problems were started. Similarly, participant number 5 shared her experience regarding the physical and mental health problems of the elders' children. She said that "I am 58 and suffer from backache and nerve problems. Participant number 6 referred to old age by saying that "as you know when someone ages, the new problems appear along the way. I was getting old and my diseases and problems were emerging. I was not a young lady anymore. My children got married and I was left weak and unable".

### DISCUSSION

The participants of the current study expressed their feelings in the interview in such a way that the elderly is an extra person who is a burden for the whole family and they all seemed to be affected by it. Bageri et al (2011), in his study on the concept of ostracism and isolation, pointed that most of the elderly participants had the feeling that they were rejected by their families and excluded from society; that their life was monotonous and this had reduced their life passion so that they live to wait for the end of their lives. Henrich and Gullone [13] demonstrated that there lies a significant difference between the elderly residing in nursing homes and those living in their own homes with respect to feeling loneliness. They noted that the scores of feeling loneliness gained by the elderly residing in nursing homes could be the result of social isolation. Besides, people in such centers do not have the ability to dominate their life and cannot make their own decisions. In this situation they feel powerless, passive and dependent and develop a sense of emptiness and loneliness. According to Rezai and Manouchehri [14], unfulfilled expectations, anxiety and fear of exposure to adverse conditions, crisis, disappointment, fear of being sent to nursing home and feelings of inadequacy and worthlessness are all other stressful issues of aging and elderliness. Salar-Vand et al [8] pointed out to two sub-themes as optional entry to nursing home and entering nursing home due to financial problems. Likewise, Pouladi et al (2013) alluded to financial problems as one of the limiting factors in the elder care. Peiravi [15] asserted that financial constraints are one of the reasons why Iranian family members put their sick elders in nursing homes. The research findings related to loneliness and poverty which were outlined here are all consistent with the findings of the present work.

Satisfaction is a concept that has gained importance in medical care and rehabilitation. In addition, the obtained results are in agreement with the one reported by Qazi et al (2012). Satisfaction is an important criterion for evaluating the quality of services, including rehabilitation services. Studying the satisfaction of elderly with the provided services in non-governmental nursing homes, Qazi et al (2012) recapitulated that the level of psychosocial and social care was less than physical care. Hence, more attention is required to be drawn to providing services for those aspects. Furthermore, regarding the significant association between general satisfaction with nursing home and how to embrace it, mental preparation before admission to a nursing home is possible to lead to higher satisfaction with the services provided in nursing homes.

Similarly, examining the amount and types of domestic abuse subjected to the elderly referring to parks in Tehran, Manouchehri et al [16] concluded that due to the very high rates of elderly abuse, clarifying this phenomenon from different aspects is a top priority and it is only possible for a society through adopting a multidisciplinary approach and thus the multilateral participation and cooperation of all members of the society are required. Elderly abuse is a

form of domestic violence which is intentionally or unintentionally imposed on the elders by their family members or caregivers and could cause injury or harm to an elderly person and has a great impact on reducing the health and safety of the elders. Salar-Vand et al [8] denoted that some elderly people have been settled in nursing homes in order to escape from familial problems. The results of the present research work are in line with the one reported by Manouchehri et al [16] and Salar-Vand et al [8].

In a similar vein, Seo et al [17] endorsed that some elderly people have been settled in nursing homes in order to avoid familial problems and conflicts. Additionally, Seo and Hollis indicated that family stress, a sense of security, the use of official and nonofficial services and a sense of health degradation lead the elderly to want to stay in nursing homes. In a study conducted by Babai [5] on social problems of families who look after their disabled elders, it was indicated that increasing age and mental disorders make the elderly become highly dependent on their families for assistance with their daily activities and they also cause increased duration of such assistance.

### CONCLUSION

Improved living conditions and increased life expectancy and longevity have raised the elderly phenomena in societies. This is one of the most important economic, social and health challenges of families and communities in the twenty-first century. Currently, all countries in the world regard elderliness as an important social phenomenon and they constantly strive for providing social support programs in order to meet the natural needs of the elders. Growth of the population with the age range of 65 and over influences many issues in a society; thus, planners and family members must be prepared to serve the upcoming needs.

Psychologists believe that the mental health status of elderly people in old age has a great impact on the creation of good and bad moments; and it should be admitted that mental health care of the elderly and creating an environmental conditions for them are not possible except by a detailed study on their life events and an accurate understanding of the existing problems and circumstances. Putting much stress on elderliness could lead to the beginning or worsening of depression. Other distressing problems of elderliness might include loneliness, unfulfilled expectations of relatives, anxiety and concerns resulting from exposure to adverse conditions, crisis, disappointment, fear of being relegated to nursing homes and feelings of inadequacy and worthlessness. The findings of this study bring about the conclusion that isolation, poor health, poor economic conditions, old age, being unmarried or widowed, living alone, elderly abusiveness in the family make it possible for the elder people to stay in nursing homes. It was observed that some elderly people enter the nursing homes because of financial problems. It would be much better if they get engaged in simple activities in their society.

As a general conclusion, it could be stated that in case families cannot take care of their elders in their own homes due to any reasons and have to send them to nursing homes, they should provide them with living facilities in nursing homes through appropriate programs and activities so that physical, emotional and psychiatric activities could be enhanced and engage them in; and thereby an active and healthy life is preserved and promoted.

#### REFERENCES

[1] Davenport J. Elder Home Care Giver [Online]. [cited 2012].

[2] Hamedani-Zadeh, F., Motahedian-Tabrizi, A., Sarhangi, F. & Ziqeymat, F. Attitudes of nurses toward providing care for elderly patients. Kowsar Medical Journal, 2008; 13(3): 253-258.

[3]Askari-Zadeh-Mahani, M., Arab, M., Mohamad-Alizadeh, S. & Haq-Doust, A. Nurses' knowledge about aging process and their attitudes towards older people. Faculty Journal of Nursing and Midwifery, Iran University of Medical Sciences, 2008; 21(55): 27-19.

[4] Davenport J. Elder Home Care Giver [Online]. [cited 2011].

[5] Babai-Mehrzad Social problems of families of families taking care of disabled elders in Karaj. The elderly: spring 2007; 2(3): 177-181.

[6] Sam Aram EA, Ahmadi Beni Z. The investigation effective value factors in elderly situation within their family. Salmand Iran Journal Ageing, 2007; 2(4): 269-79.

[7] Lin JH, Huang MW, Wang DW, Chen YM, Lin CS, Tang YJ, Yang SH, Lane HY1. Late-life depression and quality of life in a geriatric evaluation and management unit: an exploratory study. BMC Geriatr, 2014; 18: 14:77.

[8] Salar-Vand, Sh. & Abedi, H.A. Reasons and motivations of residing in nursing homes from the resided elders' perspective. Bimonthly Scientific Research Journal of Feiz, 2007; 12(2): 55-62.

[9] Buhr GT, Kuchibhatla M, Clipp EC. Caregivers' reasons for nursing home placement: clues for improving discussions with families prior to the transition. Gerontologist, 2007; 46(1): 52-61.

[10] Atkins J, Naismith SL, Luscombe GM, Hickie IL. Psychological distress and quality of life in older persons: relative contribution of fixed and modifiable risk factors. BMC Psychiatry, 2013; 13: 249.

[11] Swarnalatha N. The prevalence of depression among the rural elderly in Chittoor district, Andhra Pradesh. Journal of Clinical and Diagnostic Research. 2013; 7(7): 1356-1360.

[12] Bookman A, Kimbrel D. Families and elder care in the twenty-first century. Future Child, 2011; 21(2): 117-40.

[13] Henrich LM, Gullone E. The clinical significance of loneliness: A literature review. Clinical Psychology Review, 2006; 26:695-718.

[14] Rezai, S. & Manouchehri, M. A comparative study of mental disorders of the elderly living in nursing homes and living in their own homes in Tehran, Iranian Journal of Aging, 2008; 3(7).

[15] Peyrovi H. Challenge of iranian family member in decision making put elderly people with chronic disease in nursing home: a qualitative study. Archives Des Sciences, 2012; 65(10): 178-189.

[16] Manouchehri, H., Qorbi, B., Hosseini, M., Nasiri-Oskui, N. & Karbakhsh-Davari, M. The amount and types of domestic abuse subjected to the elderly referring to parks in Tehran. Faculty Journal of Nursing and Midwifery. 2008; 18(63): 39-54.

[17] Seo H, Hollis V. Remaining at home or moving to residential care: seniors' views. The Gerontologist, 2004; 44(1): 636.

[18] Burns N, Grove S. Understanding nursing research, 4<sup>th</sup> ed. Philadelphia Saunders Company, 2008; 750 Pages.

[19] Holloway I, Wheeler S. Qualitative Research in Nursing and Healthcare. 3th ed, London: Wiley-Blackwell Publishing, 2010; 351 Pages.