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Decision-making in seniors regarding residential social services

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Abstract

We focused on the process of decision making in seniors regarding the initiation of using residential social services, i.e. possible moving into an institutional environment. A qualitative research strategy of depth interviews among 14 service users of homes for seniors was used. The grounded theory method was chosen as a method to analyse the data obtained among the users applied in accordance with Strauss and Corbin. The interviews were transcribed and processed using open, axial and selective coding. The results show that the users consider their moving into a home for seniors a necessity when having no other choice. The seniors believe that they did not have a choice in their decision making due to their social situation, their health condition or when in need of an intensive help and care of other persons, especially with no one available to provide them with the above in their natural social environment. The fact is that they had never imagined spending the end of their life in a home for the elderly, moreover they do not consider the facility their home. On the basis of the results obtained, we made recommendations for the practice – more precisely for education of helping profession students, who are to work with seniors.

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Keywords: senior; social services; home for seniors; institutionalization; deinstitutionalization; non-institutionalization.

1. Theoretical background

It is assumed that the state of elder care is a reflection of the development of the society. Attitudes of the Czech society towards social care for the elderly has transformed in the course of history in the context of the political and economic system of the country. After World War II, the social services for the elderly were primarily provided in the form of an institutional residential care for the elderly. Also Malíková (2011, p. 29) notes that a placement of seniors into a single form of institutional care, the state retirement homes, was customary and almost an exclusive way of solving a reduced self-sufficiency or a complete unself-sufficiency of seniors. It was often a way of

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addressing a housing deficit, which led to the fact that self-sufficient individuals and individuals capable of further independent life were placed in this kind of facility.

Human history is characterised by alternating paradigms which occurs whenever the existing paradigm is exhausted and ceases to be functional, which is the case of provision of social services for the elderly at the turn of the 20th and 21st century. People are no longer willing to spend the final stage of life path in an institutionalised environment of residential social services - homes for the elderly, quite the contrary. They wish to stay in their natural social environment with support of lay (family) and professional caregivers as long as possible. In case remaining in their natural social environment no longer possible for certain objective or subjective reasons, possible alternatives have to be considered. The decision to use residential social services of homes for the elderly is according to Vágnerová (2008, p. 419) *an important milestone in the life of a senior* and it represents a fundamental change in one's lifestyle. Life in an institution is associated with a loss of personal background, privacy, autonomy and can be understood as a signal of the approaching end of life, which is reflected in one's perception and in the cognitive and behavioral areas (ibid., p. 149).

The fundamental transformation in provision of social services for the elderly occurred in the Czech settings at the beginning of the 21st century, coinciding with a legislative change. The Social Services Act No. 108/2006 Coll. (hereinafter the "Act"), which changed the main principles of providing social services, was approved by the Parliament of the Czech Republic on 14 March 2006. The effective date (1. 1. 2007) gave rise to a new paradigm in the provision of social services for the elderly. The Act anchored the conditions for *providing assistance and support to individuals in difficult social situations through social services and care allowance* (§ 1), while *the extent and form of assistance and support provided through social services is to preserve human dignity ... is to be based on individually identified needs of the individual, actively affect the individual, support the development of autonomy, encourage to engage in activities that do not lead to long-term persistence or worsening of an adverse social situation and strengthen social integration ... be provided in the interest of the individual and in the sufficient quality in order to always respect human rights and fundamental freedoms* (§ 2). As shown in the above quote of the Act, the existing legislation supports individualised care prior to social exclusion and institutionalisation of persons to whom the service is provided. The philosophy of non-institutionalisation if seniors gaining general support in the society.

1.1. Residential social services for the elderly in the Czech Republic

As mentioned above, residential care represented by homes for the elderly held, and still to some extent hold an important if not a dominant position in the field of social services for the target group. The development in the number of residential facilities whose services are aimed at seniors, since the effective date of the Act is illustrated below in Table 1.

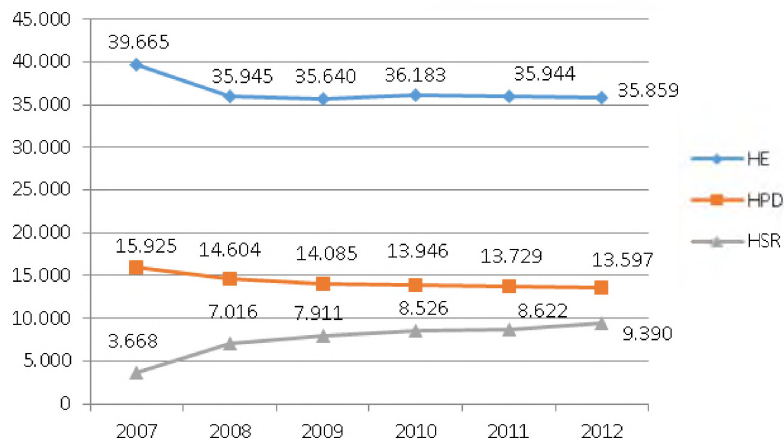
Table 1. Development in the number of residential social services since the effective date of the Act

Type of facility / Year	2007	2008	2009	2010	2011	2012
Homes for the elderly (HE)	463	452	453	466	471	480
Homes for people with disabilities (HPD)	205	225	218	219	211	212
Homes with special regime (HSR)	75	150	165	176	189	210
Total	743	827	836	861	871	902

Source of data: Statistical Yearbook of Labour and Social Affairs 2007-2012. [online].

The presented table demonstrates that the number of homes for the elderly has increased significantly since 2007 by 17 facilities, homes with special regime by 135 and homes for people with disabilities by 7. In order to obtain an objective view of the situation, we present Chart 1 Development in the number of residential social service user in the Czech Republic.

Chart 1. Development in the number of residential social service user since the effective date of the Act



Source of data: Statistical Yearbook of Labour and Social Affairs 2007-2012. [online].

The data published by the Ministry of Labour and Social Affairs show that while the number of users in homes for the elderly has decreased by 3,806 since the effective date of the Act, the number of users in homes with special regime has increased by 5,722. Homes with special regime are designed not only for persons with a mental illness or a substance abuse problem, but also for people with senile, Alzheimer's and other types of dementia who display reduced self-sufficiency due to these conditions. It is therefore likely that reduction in the number of users in homes for the elderly was counterbalanced by the increasing number of senior users in specialised facilities.

2. Research methodology

The research focused on the reflection of the decision-making process regarding initiation of residential social services by the users of homes for the elderly themselves. Our goal was to create a theory showing and explaining the phenomenon under review. We therefore decided to base our research on the grounded theory method. Grounded theory was developed in 1967 by sociologists Glaser and Strauss in their clinical research in medical sociology. Glaser and Strauss described the selected method in four following stages: 1. comparing and classification of incidents within each category, 2. integrating categories and their properties, 3. delimiting the theory, and 4. writing the theory (Rubin, Babbie, 2011, p. 477-478). When applying grounded theory, we shall proceed in accordance with the phases above, while taking the standpoint of the later concept of this method by Strauss and Corbin from 1990.

2.1. Data collection technique

Using the technique of unstructured interviews, within field research conducted in large-scale residential social services for the elderly with 100 users or more, we interviewed seniors who moved into a home for the elderly no longer than 6 months ago about their decision making regarding initiation of use of residential care. *The field research is characterised by a lower level of structure, which usually manifests itself by rather general research questions* (Miovský, 2006, p. 103). The selected data collection technique - unstructured interview, was chosen due to its close resemblance to an ordinary conversation, which seemed most appropriate with regard to the target group of probands. *In an unstructured interview we do not have a plan created ahead in the form of a structure that we could follow ...we do not usually define sub-areas ... we rather follow the main theme* (Miovský, 2006, p. 157).

The initial formulation of the research questions were very broad as required by grounded theory, however during the research process, it was became narrow and focused. According to Strauss and Corbin (1999, p. 24) a research begins *openly and widely, but not so openly as to cover all possibilities, and at the same time not too*

narrowly as to prevent exclusion of the possibility of discovery, which is the primary purpose of using the grounded theory method.

2.2. Research sample selection

The selection of the research sample was intentional (purposeful). We sought individuals that would meet the criteria. In the first phase, we chose a large-scale facility (with 100 users or more) of residential social services such as homes for the elderly on the territory of the Zlín Region (one of the 14 regions in the Czech Republic). These conditions were fulfilled by a total of 5 facilities whose capacity ranged from 108 to 196 users. One of these 5 institutions is directly in the regional town, 1 in one of the four district towns (note: the Zlín Region consists of 4 districts) and the remaining 3 facilities are located in smaller towns or municipalities.

Due to the above, we decided to carry out the research in a total of 3 institutions located in the regional, district and a small town (this facility was drawn).

The users to interview in each facility, were chosen in cooperation with social workers. The criteria for inclusion in the research sample were as follows:

1. Users were admitted into facility among the last ones, the latest date of their arrival was three months prior to the interview. The users were approached retrospectively.
2. Users are able to communicate verbally and there is a prerequisite that they can reflect on their decision about relocating into a home for the elderly.
3. Users tentatively agreed to their participation in the interview.

A consent to the visit of a researcher was obtained by the social workers from five service users in each facility and a date in which the researcher visited the facility was set. Table 2. captures the numbers of interviews conducted by the gender of the participants in individual homes for the elderly:

Table 2. Numbers of interviews in facilities according to probands' sex

Homes for the elderly located in:	Number of respondents	Probands' identification	Current number of facility users
regional town (76 thousand inhabitants)	4 women; 1 man*	P1, P2, P3, P4	108 (92 women; 16 men)
district town (26 thousand inhabitants)	2 women; 3 men	P5, P6, P7, P8, P9	153 (112 women; 41men)
small town (2.5 thousand inhabitants)	4 women; 1 man	P10, P11, P12, P13, P14	154 (105 women; 49men)

* was hospitalised at the time of the research, the interview was not possible

Obtained recordings of the interviews were subsequently transcribed verbatim. To increase the degree of authenticity, we used annotated transcription, which also captures characteristic features of utterance, such as laughter, pauses, crying, etc. Semantic frameworks of the transcribed text of each interviews were numbered for clarity and each participant was labelled with a specific acronym.

The transcribed data were analyzed using the techniques of open, axial and selective coding. In the context of open coding, we consistently perused the texts and broke them into smaller semantic units (words, word sequences, sentences or paragraphs), which were assigned names (codes). We created a preliminary list of codes with localization of meaning units. During the analysis, we revisited the codes, revised and renamed them. Gradually we created a list of codes that were listed under the individual meaning units. The codes in different semantic blocks were then categorised, which formed categories with their suP10/tegories. During the open coding, 77 codes were abstracted, and grouped into 12 categories. The presented categories were profiled by merging umbrella codes for individual data fragments recorded in the transcribed text. The category names more abstract compared to the code names and are of a certain conceptual range which determines their suP10/tegories. The first phase of the analysis

was to uncover the thematic range of the corpus text. In the context of open coding, we divided the data and determined the categories / subcategories, their properties and possible location on the dimensional scales.

During the open coding, 12 different categories emerged. Some of these belong to phenomena, others describe the conditions of ascertain relation to these phenomena. Other categories indicate strategies of action and strategies used to respond to the particular phenomenon. There are also categories referring to the consequences of actions in relation to the researched phenomenon.

Open coding was followed by axial coding, in which we looked for relationships between various categories (causes, consequences, conditions and interactions, strategies and processes). As part of axial coding, we then linked individual categories and thought of possible causes of various social phenomena, their wider context, applied strategies and ongoing processes. *Although open and axial coding are different analytical procedures, a researcher during an actual analysis constantly oscillates between the two types* (Strauss, Corbin, 1999, p. 71). Finally, we created a paradigmatic model (see Table 3), which allows to sort categories according to the circumstances of their creation and their relations, starting with the causes and ending with the consequences of their existence. Such a procedure contributes to a deeper knowledge and understanding of the links between the categories.

Table 3. Paradigmatic model created within axial coding

CAUSAL CONDITIONS	PHENOMENON	CONTEXT	INTERVENING CONDITIONS	ACTION AND INTERPRETATION STRATEGIES	CONSEQUENCES
Conditions / - life - family	DECISION MAKING REGARDING USE OF SOCIAL SERVICES IN HE*	Turning point Services in natural environment	Feeling accompanying the decision Family island[†]	Decision out of necessity Selecting facility HE Admission Adapting to the new environment	Stay in HE / - feelings - needs - support / internal - support / external - evaluation of service - users Memories Visions of future

Via axial coding, we created the basis for selective coding and after a thorough analysis of the data, we proceeded to integrate the acquired categories in grounded theory. The basic building blocks of the newly emerging theory were the newly derived categories with their dimensions. Using a general coding paradigm, each category was compared with others on a dimensional level and also with the central category. The relations between the categories crystallized a chronological relational model depicting the process of decision making in seniors on the use of residential care.

Subsequently we followed the principles of selective coding. We were able to describe the framework and schema of the examined phenomenon in detail and the observed mechanisms which are involved in and which influence the decision-making process in seniors on the use of residential social services.

[†] A metaphor introduced into professional discourse by Rieger (2009).

3. Analytical schema framework

The survey results indicated that the decision regarding the use of residential care is determined by the life and family conditions in which the senior lives and it is initiated by a specific events that changes the current course of events, i.e. the turning point. The actual decision to get admitted into a home for the elderly is seen as a necessity, when there is no other solution to the situation. The decision is not perceived as an option, or a voluntary act, but as a fact the senior was "pushed" to accept by the circumstances that occurred and changed their existing life situation significantly. The events leading to admission into a home for the elderly may be personal, associated with deterioration of the health status of the elderly or with their increasing dependence on care of others, combined with dysfunctional relationships and ties within the family, or interpersonal, coming from persons who provided support to the elderly in their natural social environment, whose health status or family situation changed. The decision to use the services of a home for the elderly is often encouraged by the absence of a life partner who would be "keep" the senior in their natural social environment, and the partner's stay in the target home for the elderly.

A prior selection of a retirement facility is not of a significant role at the moment of making the decision to use residential care. However, the current offer of services is important - free capacity or the prospect of an early vacancy. Although the senior has filed for admission in the selected nursing home, they also contact another home, in case there was an opening at the time of the arising need. Availability of outreach and outpatient social services in the natural environment of a senior does not affect their decision to use the services in a home for the elderly, as it is a competitive alternative in their opinion. Only few seniors use outreach or outpatient social services, prior to their admission in residential care, with the exception of meal delivery and cleaning.

The admission of a senior in a residential care facility and their subsequent adaptation process is strongly influenced by the feelings accompanying the previous decision of moving to a new social environment, and by functioning of family support during one's transition to the institution. Seniors living in institutional care attribute an essential significance to family members, they appreciated their visits to the institution or the senior's visit in the family living outside the institution.

Stay in a home for the elderly is accompanied by memories of life in their natural social environment and visions of the future combined with the prospect of the approaching end of life. Frequently the desire to return "home" may be present, even though seniors themselves do not actually believe this alternative is possible. An important moment in the adaptation process in the institution is reconciliation with fate, in which the users of social services rationalise the circumstances of coming there, and coming to terms with the decision made. It is an internal process that is not determined by the evaluation (the quality) of social services. As a matter of fact, services as well as the staff of the facility, are appreciated by seniors. The adaptation process is negatively affected by feelings of longing and separation, and by the need for privacy, freedom and autonomy in decision making, which in their opinion the seniors are being deprived of. An emerging problem associated with staying in the institutional environment is the collective spirit of the facility generating conflicts among users, particularly in the case of seniors sharing a room. Most seniors would welcome the choice of a single room, regardless their financial situation. Conversely, the adaptation process is positively affected by the presence of a close person in the facility, e.g. a friend, a former co-worker, or a partner.

Prominent areas that emerged in the interviews are DECISION OUT OF NECESSITY, RECONCILIATION WITH FATE and FAMILY ISLAND. Given the importance that seniors themselves attributed to these areas, below we provide typical statements creating an image of perceived reality and its interpretation based on the data in analysis. For clarity, the authentic statements are identified by the probands' number (from P1 to P14) and by the number of the thematic section within the transcribed interview.

DECISION OUT OF NECESSITY

"... I did not make the decision, I just got ill (P1/18)"; "... well it was not hard because there was nothing else I

could do (P3/22)"; "... I had to decide (P4/4) ... at that point it was impossible to do anything else about it (P4/26)"; "... it is basically a decision of necessity ... what else can you do ... it is always the circumstances (P5/8)"; "... one has no other, you know, no other way (P6/6)"; "... there was nothing else, I had no choice but to go where I have full service (P7/24)"; "... and then there was nothing but this (P8/6)"; "... so it was really the only solution (P10/86)"; "... I lost my legs and my home is not adjusted for my condition (P11/4)"; "... I was forced to (P13/45) ... it was not possible to do anything else and it still isn't (P13/59)"; "... I had to decide (P14/4) ... we can say that it was necessity (P14/78) ... there is no other solution (P14/80)".

It is obvious from the statements above that seniors believe they could not have decided otherwise given their life situation. Admission into a home for the elderly was the only way to deal with their worsening life situation due to a sudden incident which changed their own health status or health status of their loved ones, who provided them with the necessary assistance and care. Users of social services are often aware that they cannot burden other family members with their care demands, as these members are mostly of working age, and in addition to helping the parents they must also care for their children, who are often still economically dependent on them. Seniors often try to help the children if possible and vice versa, children are of great support to seniors living in an institution. Upon their admission into a home for the elderly, seniors usually leave their apartment or house to the children or other relatives, unless they had done so earlier.

The decision to use residential social services for the elderly is often driven by altruistic motives ("*... I do not need to bother anyone (P5/ 131)"; "... children, my daughter lives in Brno, it is out of the question there, and son, twice as impossible to live there (P6/10)"; "... daughter built a house – she is in debt now and must work and son works out of town most of the time (P8/6) ... I would not want to be a burden to children (P8/55) ... and I would not bother anyone when they all need money (P8/94)"; "...I did not want to disturb their family life (P10/78) ... they both work so I cannot ask this of them (P8/ 84)*"). Such altruistic thinking often influences seniors' behaviour, who act selflessly when considering other members of the family island in their decision making. The family is often very saddened by the current life situation which is causing the senior to be separated from the family island ("*... so we all cried (P1/54)"; "... I told my daughter that it will get over it and she told me that she will not (P13/97)").*

The perception of the impossibility of any other option makes the senior come to a gradual reconciliation with the fate – with staying in a home for the elderly.

RECONCILIATION WITH FATE

"... it is ok, we have to endure (P2/47) ... oh God, my God, what can we do (P2/148)"; "...everything else is gone (P3/54) ... I must bear staying here for the time remaining (P3/59)"; "... we have to endure (P4/14) ... I will get used to it (P4/28)"; "... what else can we do (P5/85) ... what you can do (P5/99)"; "... I take it as it is (P6/34) ... I got used to it (P6/83)"; "...well, that's how it is (P7/ 68)"; "...what else can one do (P8/ 43)"; "...I must be reasonable enough to try and understand (P10/96)"; "... it will do no good if I sit here and I cry (P11/ 54)"; "...one must accept the necessity (P13/55) ... I either adjust to it or I fall (P13/57)"; "...I'm not alone (P14/32) ... so I accepted ... as the only solution (P14/66)".

We believe that the key area above emerged due to a pre-set criteria, namely admission into a home for the elderly. Due to the short residence time it is very likely that respondents only just began to cope with the major change of their life. At the time of transition from the natural social environment into a home for the elderly family members play a very important role mediating contact with the natural environment.

FAMILY ISLAND

"...I am a family guy, well, it is what it is (P1/112)"; "...I was lucky to have my sister (P3/36) ... when I need something, they still take care of it (P3/38)"; "... we are basically all together, but nevertheless no one can take care of me (P5/18)"; "... so I am trying to help her, she helps me in return and we are glad to have one another (P8/55);

"... then I went here because my son knew this place is the best (P10/28)"; "...it is close for my men, I mean my son and my husband (P2/6)"; "...I feel very fortunate that I like my people ... we are not a big family, but we love each other (P13/113)"; "... the important thing is that you are not alone, that the family visits you (P14/94)".

Seniors highly appreciated if the members of the family visit and even more so if they occasionally take them home. We talk about returning to the family island, though the following utterance shows that seniors are well aware that a home for the elderly is their "terminal station". Awareness of the approaching end of life is accompanied by thoughts of death and euthanasia, sometimes in a lighthearted spirit, but occurring in majority of interviews, either in a latent or manifest form ("... there is no better way than dying really soon (P2/35) ... I have nothing to plan ... I am just waiting to croak and be taken up that hill, soar through the chimney (laughs) and that's it (P2/150)"; "... my opinion is that I should be able to go to the pharmacy to buy a pill and when I cannot take it here in the world any more, should be able to take it, wash it down with glasses of slivovice, fall asleep and never wake up again (P5/99) ").

It can be rightly assumed that the family island creates a basic social net that helps senior citizens with their adaptation to the new institutionalised environment and boosts their will to live.

4. Summary

Based on the findings above it can be concluded that all current and future employees of residential social services for the elderly should pay increased attention to new coming service users and be their active support in the first months in the new institutionalised environment. The adaptation process is one of the most important stages in the provision of residential social services for the elderly. In turn it determines their perceived quality of life. In case a senior is unable to cope with the change of environment and remains in sorrow, their mental status may somatise over time. The decision to move to a home for the elderly is considered to be one of the toughest decisions in one's life and it is rarely reversible. This fact should be reflected on by students and staff of all helping professions.

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