

Exploring the relational qualities of older people in a residential care facility

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Dissertation submitted in fulfillment of the requirements for the degree *Magister Atrium* in Psychology at the Potchefstroom Campus of the North-West University

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November 2013

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ACKNOWLEDGEMENTS

I would like to extend my sincere gratitude to my mentor and supervisor Professor Vera Roos for her continued support, guidance and patience. It has been a pleasure to work with you. Your expertise, knowledge and insight are invaluable in the field of human sciences and for every student who has the privilege of working with you. Thank you, Prof. Without you this work would not have been possible.

To my mentor and co-supervisor, Dr. J.C. Erasmus, thank you for your guidance, inspiration and contribution to my development in completing this research study.

To the residential care facility and the participants who live there, your experiences are invaluable to us. We thank you for your willingness to share your stories with us. It is greatly appreciated.

Thank you to the researchers for their patience and professional attitude in working with the older individuals during data collection. The manner in which you worked with them was from the heart and with appreciation. Thank you for allowing the interviews to be used for this research study.

My deepest appreciation goes out to the National Research Foundation (NRF) for providing funds for the language editing of this dissertation.

Thank you to Kareni Bannister and Jan-Hendrik Swanepoel for the language editing of this dissertation.

To my mother and father, thank you for your motivation and patience throughout this study process. It would not have been possible without you and I am forever grateful to you for being there.

I offer my deepest gratitude to my family, friends and fellow students for their love, support and understanding throughout the years. Your contribution to this journey is treasured.

My deepest gratitude goes out to Dr. Albé Fourie. Your continued support, guidance and patience over the years are greatly appreciated.

To my aunt and uncle, Marie and Louis du Toit, thank you for your unconditional love and support. Thank you for your contribution to this research study. I am blessed to have you in my life.

Thank you to Kobus and Pep Stander for providing the motivation and inspiration needed to pursue my dreams and goals. Your impact on this process has been invaluable. It is a privilege to have you in my life.

I dedicate this study to my life partner and best friend, **Raymond Fowkes**, whose continued support, patience, tolerance and love have made the journey possible and worthwhile. You have been a great inspiration and I am forever grateful that you have accompanied me along the way.

“Any opinion, findings and conclusions or recommendations expressed in this material are those of the authors(s) and therefore the NRF does not accept any liability in regard thereto”

SUMMARY

The social environment has been recognised as one of the key aspects in determining the quality of life throughout the human lifespan. Human behaviour, thoughts, feelings and attitudes are socially constructed and can only be understood when viewed from the perspective of social interaction. Older individuals, who live in residential facilities experience a diminished quality of life due to factors such as loss of independence, reduced social networks, functional dependence, and contextual changes. Depression, loneliness and social isolation are an integral part of these individuals' lives.

People develop specific styles of relating, also referred to as interpersonal styles. The systems theory is used to explain the circular processes of the interaction between people. In particular the Self-Interactional Group Theory (SIGT) is proposed as theoretical framework to explore the relational qualities of older people in a residential care facility. SIGT views the interaction between people on three levels, namely the intra-personal level, the interpersonal level and the group level, which operate interdependently in the interaction between people. The interpersonal level of analysis consists of the definition of the relationship, relational qualities, motivation to engage with people to address needs and needs satisfaction as well as the circular processes of which the interaction consists of. The interactions between people always take place in an interpersonal context, embedded in broader environments.

A qualitative and exploratory research design was selected to explore the relational qualities in interactions between older individuals living in a residential care facility. This study is based on data collected during a primary research study at a residential care facility for older individuals in 2013. The purpose of study was to explore the quality of life of older individuals residing in a residential care facility in Gauteng, South Africa. The data-gathering process in the primary research study involved the Mmogo-Method®, a visual projective data-gathering method, the World Café method and person-centred interviews to gain insight into the

participants' life experiences at the residential care facility. For the purpose of this research, only the person-centred interviews were used for the secondary analysis of the data. Twelve purposely-selected individuals (aged 80 to 95; 3 men and 9 women) from the residential care facility participated voluntarily in the person-centered interviews, which were audio recorded.

The collected data were transcribed verbatim and subjected to two different methods of analyses. First, data were analysed thematically by adopting an inductive approach. The themes identified in this first phase were next subjected to a deductive content analysis. The themes were categorised according to the relational variables in accordance with the Interactional Pattern Analysis (IPA), thereby contributing to the trustworthiness of the findings.

The findings revealed that the interactions between older individuals take place in a broader environment that advocate the active participation of people. Active participation takes place both in and outside the facility and older people reported that this contributed to their quality of life. The relational qualities that could be described as enhancing interpersonal connectivity and satisfying older people's needs for confirmation were identified as empathy, unconditional acceptance of others, confirmation and interpersonal flexibility. This research, however, highlighted relational qualities that restrained quality of life of older people, namely confusing self-presentation, ineffective expression on needs and withdrawal due to physical immobility. Needs were expressed in a very unspecific, blaming or manipulative manner, and consequently needs were not satisfied, but provoked, instead, feelings of frustration, pain and guilt. This research highlighted the predicament that older people find themselves in. Their decreased physical abilities and limited emotional repertoire to move towards others and the environment also limit their needs satisfaction. The presenting problem of social isolation can be explained by the combination of limited physical mobility and relational qualities that restrain quality of life for older people.

This research study thus holds important implications for relationship-focused approaches in residential facilities for older individuals in order to empower and enable them to enhance their quality of life. Specific recommendations include interventions to assist older people to express their needs more effectively and to use opportunities in interaction to confirm them as autonomous functioning older people.

Keywords: Interactional Pattern Analysis (IPA), interpersonal relationships, interpersonal styles, quality of life, relational qualities, residential care facilities, Self-Intergenerational Group Theory (SIGT), social context

OPSOMMING

Die sosiale omgewing word erken as een van die sleutelaspekte in die bepaling van lewenskwaliteit gedurende die lewensduur. Menslike gedrag, denke, gevoelens en houdings is sosiaal gekonstrueer en kan net begryp word wanneer dit vanuit die perspektief van sosiale interaksie beskou word. Navorsing het bevind dat baie ouer individue in residentiële sorg fasiliteite 'n laer lewenskwaliteit het weens aspekte soos onafhanklikheidsverlies, verkleinde sosiale netwerke, funksionele afhanklikheid en kontekstuele veranderinge. Depressie, eensaamheid en sosiale isolasie is vervolgens integrale dele van hierdie individue se lewens.

Mense ontwikkel spesifieke verhoudingstyle wat bekendstaan as interpersoonlike style. Die stelselteorie word gebruik om die sirkulêre prosesse van die interaksie tussen mense te verklaar. Die Self-generasiegroepsteorie (SIGT) word dan veral as teoretiese raamwerk voorgestel om die verhoudingskenmerke van ouer mense in aftreeoorde te ondersoek. SIGT beskou die interaksie tussen mense op drie maniere, naamlik die intra-persoonlike vlak, die interpersoonlike vlak en die groepsvlak wat interafhanklik in die interaksie tussen mense werk. Die interpersoonlike vlak van analise vervat die definisie van die verhouding, verhoudingskenmerke, motivering om met mense om te gaan om behoeftes aan te spreek, behoeftebevrediging en die sirkulêre prosesse waaruit die interaksie bestaan.

In 'n poging om die verhoudingskenmerke van die interaksie tussen ouer individue wat in 'n residentiële sorg fasiliteit woon, te ondersoek, is 'n kwalitatiewe en verkenningsnavorsingsontwerp ingespan. Hierdie studie is gegrond op data wat gedurende 'n primêre studie by 'n residentiële sorg fasiliteit vir ouer individue in 2013 versamel is. Die doel van die primêre studie was om die lewenskwaliteit van ouer individue wat in 'n residentiële sorg fasiliteit in Gauteng woon, te ondersoek. 12 ouer individue (tussen 80- en 95-jarige ouderdom; 3 mans en 9 vrouens) van 'n sekere residentiële sorg fasiliteit in Gauteng wat doelgerig vir die

onderhoude gekies is, het vrywillig aan die persoon-gesentreerde onderhoude deelgeneem. Die oudio van hierdie onderhoude is opgeneem vir navorsingsdoeleindes.

Die ingesamelde data is getranskribeer (in geskrewe vorm oorgesit) en onderhewig gestel aan twee analisemetodes. Volgens die eerste metode is data tematies geanaliseer deur 'n induktiewe benadering in te span om temas toe te laat om hulself voor te doen. Die tweede metode het 'n deduktiewe inhoudsanalise behels waarvolgens die verhoudingsveranderlikes, soos deur die Interaksiepatroonanalise (IPA) geïdentifiseer is, gebruik is om die temas wat uit die eerste analise geblyk het, te organiseer. Dié organiseringsproses het tot die geloofwaardigheid van die studie se bevindings bygedra.

Die bevindinge het aangetoon dat die interaksies tussen ouer individue in 'n meer omvattende residensiële omgewing wat die aktiewe deelname van mense vooropstel, plaasvind. Die verhoudingskenmerke wat interpersoonlike binding en die bevrediging van aanvaardingsbehoefte van ouer individue beïnvloed, is as empatie, onvoorwaardelike aanvaarding van ander, goedkeuring en interpersoonlike aanpasbaarheid geïdentifiseer. Hierdie studie dra by tot die beklemtoning van verhoudingskenmerke wat lewenskwaliteit belemmer, naamlik verwarrende selfvoorstelling, oneffektiewe uitdrukking van behoeftes en onttrekking as gevolg van beperkte fisiese mobiliteit. Die uitdrukking van behoeftes op 'n baie onspesifieke, beskuldigende of manipulerende wyse was belemmerend omdat dit nie tot die bevrediging van behoeftes gelei het nie, maar eerder tot gevoelens soos frustrasie, leed en skuldgevoel. Die studie vestig aandag op die moeilike toestand waarin ouer mense hulself bevind. Hul verminderde fisiese vermoëns en beperkte emosionele repertoire om ander en die omgewing te nader, beperk die bevrediging van hul behoeftes. Die probleem wat homself voordoet, naamlik sosiale isolasie, kan verklaar word deur die kombinasie van beperkte fisiese mobiliteit en oneffektiewe verhoudingskenmerke.

Hierdie studie vervat belangrike gevolgtrekkings aangaande verhouding-gefokusde benaderings tot residentiële sorg fasiliteite vir ouer individue en hoe om hierdie individue te bemagtig en in staat te stel om hul lewenskwaliteit te verhoog. Spesifieke aanbevelings sluit in: ingryping om ouer mense te help om hul behoeftes meer effektief uit te druk en om interaksiegeleenthede te benut om te bevestig dat hul selfstandige, funksionele ouer mense is.

Sleutelwoorde: Interaksiëpatroonanalise (IPA), interpersoonlike verhoudings, interpersoonlike style, lewenskwaliteit, residentiële sorg fasiliteite, Self-intergenerasiegroepsteorie (SIGT), sosiale konteks, verhoudingskenmerke

PREFACE

The candidate opted to write an article, with the support of her supervisor. I hereby grant permission that she may submit this article for examination in fulfilment of the requirements for the degree Magister Atrium in Psychology.

PERMISSION TO SUBMIT THIS ARTICLE FOR EXAMINATION PURPOSES

I hereby declare that the article **Exploring the relational qualities of older people in a residential care facility** is the work of Erika du Plessis and reflects research done by her on this topic.

Prof. Vera Roos

INTENDED JOURNAL AND GUIDELINES FOR AUTHORS

This dissertation will be submitted to the *South African Journal of Psychology* to be considered for publication. See below for a copy of the guidelines for prospective authors as set out for the Journal.

Submitting a manuscript

SAJP is a peer-reviewed journal publishing empirical, theoretical and review articles on all aspects of psychology. Articles may focus on South African, African or international issues. Manuscripts to be considered for publication should be e-mailed to sajp@unisa.ac.za. Include a covering letter with your postal address, e-mail address, and phone number. The covering letter should indicate that the manuscript has not been published elsewhere and is not under consideration for publication in another journal. An acknowledgement of receipt will be e-mailed to the author within a few days and the manuscript will be sent for review by three independent reviewers. Incorrectly structured manuscripts will not be accepted into the review process.

Manuscript structure

- The manuscript should be no longer than 30 pages and no shorter than 10 pages.
- **First page:** The full title of the manuscript, the name(s) of the author(s) together with their affiliations, and the name, address, and e-mail address of the author to whom correspondence should be sent.
- **Second page:** The abstract, formatted as a single paragraph, and no longer than 300 words. A list of at least six key words should be provided below the abstract, with semi-colons between words.
- **Subsequent pages:** The text of the article. The introduction to the article does not require a heading.

- **Concluding pages:** A reference list, followed by tables and figures (if any). Each table or figure should be on a separate page. Tables and figures should be numbered consecutively and their appropriate positions in the text indicated. Each table or figure should be provided with a title (e.g., Figure 1. Frequency distribution of critical incidents). The title should be placed at the top for tables and at the bottom for figures.

Manuscript format

- The manuscript should be an MS Word document in 12-point Times Roman font with 1.5 line spacing. There should be no font changes, margin changes, hanging indents, or other unnecessarily complex formatting codes.
- American Psychological Association (APA) style guidelines and referencing format should be adhered to.
- Headings should start at the left margin, and should not be numbered. All headings should be in **bold**. Main headings should be in **CAPITAL LETTERS**.
- A line should be left open between paragraphs. The first line of a paragraph should not be indented. Use indents only for block quotes.
- In the reference list, a line should be left open above each reference. Do not use indents or hanging indents in the reference list.

Language and punctuation

Manuscripts should be written in English. As the SAJP does not employ a full-time or dedicated language editor, authors are requested to send their manuscripts to an external language specialist for language before submission.

LITERATURE ORIENTATION

Many older individuals who are living in residential facilities experience a diminished quality of life due to factors such as loss of independence, reduced social networks, functional dependence and contextual changes (Jongenelis, Pot, Eisses, Beekman, Kluier & Ribbe, 2004; Prieto-Flores, Fernandez-Mayoralas, Forjaz, Rojo-Perez & Martinez-Martin, 2011; Wilkinson, Kiata, Peri, Robinson & Kerse, 2012; Roos & Klopper, 2010). Research also indicates that many older individuals in residential facilities experience depression, loneliness and even an increased suicide risk (Chiao, Weng & Botticello, 2011; Jongenelis et al., 2004; Richardson & Barusch, 2006; Tiong, Yap, Koh, Fong & Luo, 2013). Interestingly, loneliness and social isolation have been identified as significant factors in decreasing overall quality of life in older individuals (Golden, Conroy, Bruce, Deniham, Greene, Kirby & Lawlor, 2009). Quality of life has been described as a multilevel and complex concept that refers to characteristics such as health status, emotional well-being, and meaningful social relationships (Bowling & Gabriel, 2004; Fernández-Ballesteros, 2011).

The influence of the interpersonal context on quality of life throughout the human lifespan and particularly in older age has been fairly well established (Chiao et al., 2011; Fratiglioni, Paillard-Borg & Winblad, 2004; Godfrey, Townsend & Denby, 2004; Huxfold, Fiori & Windsor, 2013). Research conducted in the UK in 2007 and the USA in 2000 revealed that the quality of relationships with other residents and staff at residential facilities was a strong predictor of loneliness (Brownie & Horstmanshof, 2012; Fessman & Lester, 2000). A study conducted in 14 nursing homes in the Netherlands revealed that 8,1% of their 1 422 participants displayed major depression, 14,1% minor depression and 24% sub-clinical depression in which loneliness, lack of social support, negative life events and inadequacy of care were significant risk factors (Jongenelis et al., 2004). Bowling (2005) revealed that 80% of their participants reported that poor, or lack of, relationships contributed to a reduced quality of life. In a South African cross-

sectional study conducted by Peltzer and Mafuya (2013), 4% of the sample displayed symptom-based depression in which a lack of quality of life was one of the principal predictors of the self-reported depression. Roos and Malan (2012) discovered that loss in participation in activities, loss of meaningful interpersonal interactions, ineffective interpersonal styles and an unsafe interpersonal context contributed to the subjective experiences of loneliness in a residential care facility in South Africa. In a study of white older people in residential care facilities, de Jager and Roos (2012) also found that meaningful relationships are the most important aspect in quality of life for older people in residential facilities.

People are social beings who are continuously in social interaction and can be understood only in relation to one another (Burbank & Martins, 2009; Charon, 1998; Hess, 2009; Oliver, 2011). People's behaviour, thoughts and feelings are socially constructed through interaction with others in various contexts they find themselves in (Corey, 2009; Jordaan & Jordaan, 1998; Moore, 2003). Enfield (2009) explains that meaning can only be derived from interaction when we think of the interaction as relations between relationships. The interpersonal theory describes human living as an interpersonal field in which meaning is derived from continuous verbal and non-verbal integrated interaction with the self and others (Conci, 2013; Stern, 2013). Similarly, the Symbolic Interactionism theory of Mead emphasises that making meaning out of the world around and within us is a social process as individuals and society are in constant flux in which the definitions of each moment shift through the continuous dialectical process of interaction (Charon, 1998; Oliver, 2011). It is through this relational interaction with various others in various contexts that particular ways of relating develop which can be described as interpersonal styles (Roos, 2013; Sullivan, 1953). Patterns of relating have been described in literature in terms of attachment styles, typologies of relationships and personality types (Asendorpf & Wilpers, 1998; Bowlby, 1973; VanLear, Koerner & Allen, 2006). Canary and Dainton (2006) compare

several typologies of relationships and suggest that attention should shift from identifying typologies and focus instead on studying the relationships between them.

The Self-Intergenerational Group Theory (SIGT) describes the interactional nature of relationships on three levels of interaction, namely the intra-individual level, the inter-individual level and the group level (Roos, 2013). The intrapersonal level refers to the subjective experiences (feelings) of a person associated with the impact of the interaction with other people. The interpersonal level refers to the definition of the relationship, relational qualities (observable behaviour) – or what Vorster (2011) refers to as relational variables – the motivation for the interaction (needs and strategies to achieve the needs) and the interactional processes between people in interaction. The group level involves membership and awareness of membership of one or more social groups, implicit and explicit knowledge relating to the group/s, such as values, the development of social identity through group membership and group-specific behaviour (Forsyth, 2010; Jordaan & Jordaan, 1998; Turner, 2010). These three levels of interaction are regarded as three different levels of interaction analysis, while remaining at the same time connected to and dependent on one another. The interaction between people always takes place in an interpersonal context, embedded in broader environments. SIGT proposes that, based on the subjective experiences of individuals and an assessment of the observable relational qualities, deductions can be made regardless of whether the interactional style is effective or ineffective (Roos & Malan, 2012; Vorster, Beukes & Roos, 2013). The effectiveness of the interactional styles contributes to how effectively people interact with others. This in turn contributes to the quality of relationships, which is important for the quality of life of older individuals (Roos, 2013; Roos & Malan, 2012). SIGT theory serves as the theoretical basis for this research study because older individuals in residential facilities all share a complex interactional context in which relational qualities operate interdependently on the inter-individual level.

In a study conducted by Roos and Malan (2012) about the role of context and interpersonal experience in loneliness among older people, they discovered that loneliness was influenced by the quality of relational qualities as well as the context in which these relationships occur. Literature on relational qualities during social interaction among older people is limited. Literature thus far has described the associations between quality of life and social relations with little reference to the specific relational qualities. However, Curle and Keller (2010) discovered that humour, affection, lack of interest and “making conversation” are important aspects of resident interaction during mealtimes. Roos and Malan (2012) have identified relational qualities such as empathy, confirmation, effective expression of needs and visibility in interpersonal contact as key relational qualities in meaningful relationships among older people in residential facilities. To address this gap in the literature, the research question that guided the study was: What are the relational qualities that emerge in the interpersonal relationships of older people in a residential care facility?

This research is based on data obtained from research conducted in 2013 into the quality of life of older people in a residential care facility. The initial research study utilised the Mmogo-method®, World Café method and person-centred interviews as methods of data collection. In the findings of the initial research, many of the older people expressed a need for more meaningful social contact (personal communication Roos, April 8, 2013). It was consequently decided to perform a secondary analysis of the data and focus specifically on the relational qualities that emerged from the person-centred interviews conducted with the older individuals. A secondary analysis of data refers to the reuse of pre-existing data in order to address novel research questions that do not form part of the original study (Greeff, 2005; Welman, Kruger & Mitchell, 2005). As SIGT aims to identify relational qualities of how individuals relate to each other (Roos, 2013), the person-centred approach served the purpose by observing and describing interaction in the present moment. This research therefore has a qualitative mode of inquiry.

The aim of this research was to explore and describe the relational qualities that were present during these interviews. If we know more about relational qualities involved in older people's social interaction, attention could shift from individualised care to more socially-orientated care/participation in order to enhance the quality of life of older residents in facilities. Rockwell (2012) suggests that relationship-focused care and support offer creative methods to improve the socio-emotional context of residential facilities. Studies conducted on relationship-focused care in residential facilities that have implemented such programmes discovered that there was a significant increase in health, reduced use of medication, and a decrease in boredom and helplessness (Brownie & Horstmanshof, 2012). The results of this research study may inform programmes, policies and staff training so that they can be adapted in a manner that will connect and enhance the quality of life of these older individuals.

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Exploring the relational qualities of older people in a residential care facility

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ABSTRACT

Meaningful relationships are important for quality of life. The purpose of this research was to describe the relational qualities that emerge in the interactions between people in a residential care facility from the perspectives of older people. Relational qualities can be enhancing, contributing to meaningful interactions, or restraining, contributing to the rejection of people and ultimately social isolation. A secondary data analysis was conducted on the person-centred interviews in which 12 purposely-selected older people (aged 80 to 95; 3 men and 9 women) from a residential care facility for older white individuals in Gauteng, South Africa, participated. Data were analysed inductively by using thematic analysis and the themes that emerged as a result were subjected to direct content analysis using the relational variables described by Interactional Pattern Analysis (IPA). Findings indicated that the interpersonal context of the participants' interactions is embedded in an active environment. The results confirmed that relational qualities such as empathy, unconditional acceptance, confirmation and flexibility were associated with positive emotions and effective relationships. However, the subjective experiences, such as frustration, pain and guilt, associated with relational qualities, such as confusing self-presentation, ineffective ability to express needs and withdrawal due to physical immobility, stifled the older residents' satisfaction of needs for confirmation and social inclusion. Declining physical abilities also contributed to social isolation even if enhancing relational qualities were present. In a residential care facility, effective relationships are important due to the limited number of people with whom to interact and physical challenges which limit meaningful interactions. Recommendations are made to raise awareness of older adults' impact in an interpersonal context.

Keywords: Interactional Pattern Analysis (IPA), interpersonal relationships, interpersonal styles, quality of life, relational qualities, residential care facilities, Self-Intergenerational Group Theory (SIGT), social context

MANUSCRIPT FOR EXAMINATION

“If we were to identify the most important component within the quality balance, it seems to be that of the caring intangibles and the social life, of meeting the human need for love and belonging” (Eckert, Zimmerman & Morgan, 2001)

INTRODUCTION

Many older individuals residing in residential facilities experience a reduced quality of life due to factors such as functional dependence, loss of independence, reduced social networks and contextual changes (Fernández-Ballesteros, 2011; Golant, 2011). The result is often loneliness, social isolation, depression and suicide (Du Preez & Seanego, 2012; Hale, Barrett & Gauld, 2010; Richardson & Barusch, 2006; Schoeman, 2008; Span, 2013; Tiong et al., 2013). A cross-sectional study conducted in South Africa found that 4% of the sample displayed symptom-based depression in which a lack of quality of life was one of the principal predictors of the self-reported depression in the last 12 months (Peltzer & Mafuya, 2013).

Research indicates that the interactions between people is a contributor to the quality of life throughout the human lifespan and particularly in old age, as it is in interactions that we move towards people to satisfy different needs (Cook & Brown-Wilson, 2010; De Jager & Roos, 2012; Hubbard, Tester & Downs, 2003; Thomas, 2011). Morgan, Frankowski, Roth, Keimig, Zimmerman & Eckert (2012) explain that quality of life of older individuals in residential facilities cannot be viewed as an abstract concept and is an on-going process involving the individuals themselves, operations within a facility such as rules and regulations, the physical environment, staff and social life. Bowling (2005) discovered in her study of quality of life in old age that 96% of the participants viewed social relationships as contributing to quality to life. Humans are social beings and can only be understood in relation to one another (Burbank & Martins, 2009; Charon, 1998; Hess, 2009; Oliver, 2011). It is believed that people's behaviour, thoughts, feelings and attitudes are socially constructed through continuous social interaction in various contexts (Duck, 2011; Jordaan & Jordaan, 1998; Moore, 2003). It is through this interaction that particular ways of relating to others develop which can be referred to as interpersonal styles; these can be effective or ineffective (Roos, 2013; Sullivan, 1953). Interpersonal styles are preferred styles of interaction which evolve into circular patterns of

interaction (Vorster et al., 2013). Self-Intergenerational Group Theory (SIGT) explains the process of interaction from a systemic perspective, but since it is impossible to describe the dynamic system and all its parts at once, the focus will be on the interactional experiences of the older residents. SIGT proposes that the interactions between people take place on three levels: the intra-individual (subjective experiences or feelings); the inter-individual, consisting of four components: the definition of the relationship, relational qualities (observable) behaviour, the motivation for the interaction (needs) and the expression of the needs; and last, the circular processes in the interaction. The third level of analysis is the group level, which refers to the group dynamics and group processes. These three levels of analysis always operate in an interpersonal context, embedded in broader environments, in this instance the residential care facility or the social-cultural environment, which includes families and social policies for older people (Roos, 2013).

Research on specific dimensions of relationships between older individuals is limited. Loneliness and depression are dimensions that influence these relationships, but are only viewed and discussed from the perspective of social context which is not sufficient to describe the complex dynamics of social interactions. The majority of studies so far have focused on generic descriptions of social relationships, social support and quality of life, with little reference to the specific relational qualities, which can inform the interactional nature of the relationship between people. However, Curle and Keller (2010) discovered aspects such as humour, affection, lack of interest and “making conversation” informing the interaction between people in their study of resident interaction during mealtimes. Furthermore, Roos and Malan (2012) have attempted to focus more closely on what is actually transpiring between older people. In this regard, they have identified relational qualities such as empathy, confirmation, effective expression of needs and visibility in interpersonal contact as key relational qualities in meaningful relationships among older people in residential facilities. Too little is still known about relational qualities involved in interaction between older people. This motivated this study to explore and focus on the

relational qualities that emerged in the interaction between older individuals in a residential care facility. The research question that guided the study is: What are the relational qualities that emerge in the relationships of older people in a residential care facility?

By demonstrating how older individuals in residential facilities relate to one another, this study could contribute to socially-orientated care/participation programmes in order to enhance their quality of life. Studies conducted on relationship-focused care in residential facilities that have implemented programmes such as these found that they resulted in a significant increase in older residents' health, decreased use of medication, and a reduction in boredom and helplessness (Brownie & Horstmanshof, 2012). Thus, socially-orientated programmes motivate a deeper exploration of what specifically is transpiring between people in interaction and how it influences the quality of their relationships and ultimately their quality of life.

RESEARCH METHOD AND DESIGN

The primary research in which the data for this study were gathered took place in 2013 at a residential care facility for older people in Gauteng, South Africa. The purpose of the primary research was to explore the quality of life of older people in the facility. The results indicated that many of the older people expressed a need for more meaningful social contact. It was therefore decided in this study to focus on the subjective experiences of the older people in the context in which they occur (Groenewald, 2004; Terre Blanche, Kelly & Durrheim, 2006) and the relational qualities (observable behaviour) that emerged. This research thus serves an exploratory and a descriptive purpose, with the use of a qualitative mode of inquiry. Qualitative here means that matters are studied in depth and detail in an attempt to understand human and social phenomena from the perspectives of those people involved (Babbie & Mouton, 2011; Durrheim, 2006). This research follows an inductive logic because by exploring the phenomenon, themes/patterns emerge from the data and could contribute to potential constructs and hypothesis for further research (Babbie & Mouton, 2011). This research is basic in nature in that it will enhance understanding in the field of relational qualities in the relationships of older people (Durrheim, 2006).

For the purpose of this research, a secondary analysis of qualitative data obtained from the primary research study was conducted. Strydom and Delpont (2005) describe secondary analysis as the process whereby the re-analysis of an existing dataset is done by a researcher with a purpose different from that of the primary analysis of the data. It involves reworking data analysed previously, and in which the present researcher had no direct involvement (Heaton, 2008; Long-Sutehall, Sque & Addington-Hall, 2010). The aim of the primary research project was to explore the quality of life of residents in a residential care facility for older people. The aim of the secondary analysis was to explore the relational qualities that emerged in interaction between older people in a residential care facility.

Research Context and Participants

The research study took place at a residential care facility for older white people in Gauteng, South Africa. The facility is a private residential village that provides multi-disciplinary support and care for older people. Services offered include individualised wellness programmes, lifestyle enrichment programmes such as bio kinetics and sensory stimulation, social events, leisure activities, sports activities, entertainment, religious services, transportation services, health care services, medication management services, convenience services such as laundry and hairdressing, meals and physical and mental frail care services. The facility encourages independent living and provides assisted living and frail care based on the residents' requirements. They have the option of living in cottages, flats or rooms, depending on their requirements. The facility manages five separate residential villages across five provinces, and is currently occupied by approximately 1 350 residents and 250 staff members. The facility requested an investigation into the quality of life of the residents in order to gain insight into their needs and to improve their experience at the facility. The specific residential village in Gauteng where the research was undertaken was selected by the management of the facility. Residents from the facilities were recruited by the facility's management to participate in the research. The facility's management distributed formal invitation letters compiled by the NWU Psychology Department prior to the initial data collection.

Data Gathering and Procedure

The initial data gathering process in the primary research study at the facility involved the Mmogo-Method®, a visual projective data gathering method, the World Café method and person-centred interviews to gain insight into the participants' quality of life experiences. For the purpose of this research, only the person-centred interviews were used. The purposely-selected participants complied with the selection criteria of being cognitively able to participate in the research activities, to communicate in either English or Afrikaans, and to be living in a

residential care facility for older people. The facility assisted in selecting suitable candidates for the primary research study according to the researchers' selection criteria. The participants joined the research study voluntarily. There were 12 participants (3 men and 9 women) aged between 80 and 95 years and ranged from fully physically functional residents to occupants from the residential care facility's frail unit. Half the participants were English speaking and half Afrikaans speaking.

Twelve person-centred interviews were conducted on activities in and outside the residential care facility. Person-centred interviews require the researcher to adopt a person-centred approach, which reveals the interpersonal style of the participants (Welman et al., 2005). This form of interview can allow the interviewee to demonstrate the typical manner in which they relate to the interviewer and often to other people with whom they interact. Person-centred interviews were conducted by ensuring that empathy, warmth and unconditional regard were in evidence to encourage the participants to share their experiences (Levy & Hollan, 2000). Prompts were used by the researcher to obtain more clarity about the experiences of the participants. Participants from the present study were encouraged to elaborate on what activities they participate in inside and outside of the facility, with whom they do it and how this contributes to their quality of life in the residential care facility.

On the day of data collection, the participants were informed of the objectives of the research, the voluntary nature of their participation, and the extent of confidentiality. The risks and benefits of participation were explained. Written informed consent and permission to make audio recordings of the interviews were obtained from the participants before the interviews began. Participants in the present study were encouraged to elaborate on what activities they participate in inside and outside the facility, with whom they do it and how it contributes to their quality of life.

Data Analysis

The 12 person-centred interviews were utilised for the purposes of secondary data analysis in this research study. Data analysis was carried out by applying thematic analysis and Interactional Pattern Analysis (IPA) (Vorster et al. 2013).

Thematic analysis. Braun and Clarke (2006) state that thematic analysis is a data analysis technique in which themes or patterns within the data are identified. Data collected during the interviews were organised for the purposes of data management, such as organising audio recordings and reflective notes into separate categories for manageable retrieval and use. Braun and Clarke (2006) describe 6 phases of thematic analysis, namely: familiarising of the data, coding of data, organising codes into themes, review of the themes, defining the themes, and reporting back. For this reason, the audio data were transcribed verbatim into written form for more convenient analysis and familiarisation of the data. Nieuwenhuis (2007) suggests that transcribing electronic data allows the researcher to add the non-verbal cues important for the added meaning to the spoken word. The data were organised into meaningful groups of data and were assigned initial codes. The codes were organised into themes until a thematic map of the data became apparent (Braun & Clarke, 2006; Nieuwenhuis, 2007). As suggested by De Vos (2005), the testing of emergent insights or the thematic map was done by comparing the unfolding information with the research question that was being explored.

As this proposed study is exploratory and descriptive in nature, the identification of themes was done on a semantic level in which themes were derived from the surface level of the data, without interpreting the data. Braun and Clarke (2006) state that in adopting the semantic approach, the researcher is not looking for anything beyond what the participants have said. It is a process of describing the content of the data and to suggesting broader meanings related to previous literature (Braun & Clarke, 2006).

The researcher kept a reflective journal for the purposes of “memoing” (Nieuwenhuis, 2007); reflective notes were retained in the journal in order to become familiar with the data during the phases of data analysis. Nieuwenhuis (2007) states that a reflective journal provides the researcher with the opportunity to record insights and ideas gained while analysing the data in order to consider these insights critically at a later stage and compare them with patterns that emerge from the secondary data analysis. The themes that emerged inductively were used for the directed content analysis using the relational variables described by the Interactional Pattern Analysis (IPA).

Interactional Pattern Analysis (IPA). Vorster et al. (2013) state that the IPA enables the description of interactions between individuals in a particular context. This method allows the researcher to observe clients’ interpersonal styles and link these patterns to presenting difficulties (Van den Bergh, 2008; Vorster, 2011). The IPA describes 16 variables of how individuals typically interact with others (Vorster et al., 2013). These identified variables are: the context in which interaction takes place, definition of relationships, clarity of self-presentation, emotional distance, empathy, congruence, unconditional acceptance, confirmation, expression of needs, linear or circular approach to environment, degree of interpersonal flexibility or rigidity, meta-communication, adequacy of problem-solving skills, locus of control, potential for eliciting hostility, rejection or acceptance and traumatic events. Directed content analysis was conducted with the themes that emerged from the first inductive thematic analysis and applied to IPA (Hsieh & Shannon, 2005). The thematic information that emerged during thematic analysis was sorted and coded according to the identified variables of the IPA. Codes were organised into various themes and main themes were also identified. Main themes identified during thematic analysis and IPA were then compared and organised into the final themes and subthemes as findings for this study. The identification of these final themes and subthemes are in accordance with Hsieh and Shannon’s (2005) view as they describe the goal of directed content analysis as a deductive method of data analysis to support and extend existing theory and knowledge.

Trustworthiness

As this research study is based on secondary analysis, only one method of data collection was utilised. To achieve a level of crystallisation, data were subjected to thematic analysis and IPA. Data were analysed until a level of saturation or patterns in the data became evident. Irwin (2013) states that detachment from the data-gathering process in secondary analysis may undermine the validity of data analysis as the researcher may be unaware of important meaning and interactional values of the context during the data gathering process. He further states that the context in which data gathering occurs is crucial to the accurate understanding of the material. For this reason, a detailed examination of the primary research study, the residential care facility and data sources was conducted in order to gather maximum information about the research context. Secondary data analysis poses a challenge of whether the dataset is appropriate for the intended research goals and objectives (Heaton, 2008; Irwin, 2013). This study arose from the findings of a primary research study. For this reason, the data from the primary study is appropriate for the research objectives of the current study. The utilisation of audio recordings and their transcription into written form serve as referential adequacy in which raw data are archived for later recall and comparison with similar research studies (Lincoln & Guba, 1985). A detailed audit trail is provided for the purpose of conformability, and consists of audio recordings of the interview sessions, transcribed data of the audio recordings, measuring instrument information, themes, findings and conclusions.

Ethical Issues

The second author was approached by the Director of the residential care facility to request an investigation of the experiences of the quality of life of their residents. Ethical approval was obtained from the Ethics Committee of North-West University. The researchers involved in the initial data gathering adhered to the ethical code of professional conduct specified by the Professional Board for Psychology (Health Professions Act, 56/1974).

Permission to conduct research at the facility was granted by the management of the residential care facility. The management was requested to issue written invitations to potential participants in the study depending on whether they were able to express themselves clearly and coherently by means of posters; or if the residents were immobile, they were invited verbally. On the day of the data gathering, it was emphasised that participation in the primary research study was voluntary, meaning that participants were under no obligation to become involved. They were informed about the nature and procedures of the research study, and that their identities would remain private and confidential when the findings were presented. Those who took part will accordingly be referred to participant 1 and 2 and so on. Written informed consent was obtained from all participants before the commencement of data collection. As the data served a similar purpose for this research study to what they did in the initial research study, it was decided that obtaining fresh-consent from the participants was not necessary.

As this research study is based on the secondary analysis of primary data, the data have thus far been securely stored at North-West University. It was the researcher's responsibility to ensure the safekeeping of the data obtained from the interviews as well as ensuring confidentiality of the data. All data have thus far been safely stored electronically, with a back-up duplicate stored in an inaccessible location, password protected and accessible only by the researcher. In addition, the data are securely stored at North-West University for five years, after which the data are safely discarded. The primary data made available were in this research study used exclusively for the purposes of research and covered the overall experiences and themes identified during data analysis.

FINDINGS

The findings are presented from the older participants' perspective of their relationships with other people. This research focuses only on the experiences of older people and the findings are not presented to reflect on the interpersonal context in which the interactions took place. The data were mainly used to describe the experiences of the older people and the relational qualities that emerged from the data analysis. The themes are presented in Table 1.

Table 1

Themes and subthemes

Main Themes	Subthemes
Broader environment and relational qualities in older people	Active engagement in the environment
Relational qualities that enhanced quality of life for older people	Empathetic engagement with others
	Unconditional acceptance of others
	Giving and accepting confirmation
	Demonstrate interpersonal flexibility
Relational qualities that restrained quality of life for older people	Confusing self-presentation
	Ineffective expression of needs
	Physical immobility and withdrawal

The broader environment and relational qualities in older people

Active engagement in the environment. The interactions of the older residents in this facility are embedded in an active environment. Residents have the opportunity to engage with others in multiple activities which enhance their experiences and interpersonal relationships at the facility. However, the active environment restrained quality of life for some participants in that they had difficulty participating due to physical immobility. Although participants were actively engaged in activities outside the facility, they were more involved inside the facility (frail care individuals not included). One of the older individuals explained that her life was busy:

I always helped at the gym, never missed a session and participated myself in gym on Mondays and Fridays. In between I went to the library and borrowed English and Afrikaans books once a week and I enjoy all of them and then we are also busy painting here. We are busy decorating cans and here are tons of activities. There is not a moment that you have to do nothing. It depends on yourself. The children said to me: “Mommy, take it slow”. Well, I am also involved in my church, but here is such interesting things that I rather want to stay here. (Participant 1)

Another participant said: “All the activities definitely contribute to the meaning in my life. I do it with wonderful friends that have the same interests as me.” (Participant 7)

Participant 6 explained his interactions with staff at the facility: “Wonderful. We know the staff. When you walk pass them then they say: ‘Hello, grandpa.’ You know... they greet us. We have lovely people in the office, even our manager. If you have problems, you can go to her and she will listen and help if she can.” Participant 5 talked about the meaning of participating in bingo at the facility and how it contributes to social interaction with others:

... the fact that they feel that I am there for them, you know not to just call out numbers for bingo. There's not one of those people who get up after playing bingo that don't come and put their arm around me and give me a hug and say, "Thank you for giving me your time and for calling." Not one of them. They come to me after bingo sometimes with little things, when I come down to the office which I do to send off faxes or to do anything and I always go in the tearoom and a couple of the bingo ladies are there and they always want me to stay and sit have a cup of tea with them and they like to tell me what's happened in their family.

Participant 9a mentioned that he is embarrassed of his physical immobility and would rather not participate and interact with others. The active environment therefore contributed to a decreased quality of life:

It's kind of embarrassing after a while... (unclear), rather stay out of it. Well, well I read a lot, try to read a lot, but uh... I just talk to people, I don't, I don't uh... when Millicent is in here doing her exercises, I go and sit in the room that's all.

Relational qualities that enhanced quality of life for older people

The relational qualities, such as empathy, unconditional acceptance, interpersonal flexibility and giving and receiving of confirmation and recognition, that emerged in this research are regarded as enhancing because they are linked to the optimisation of the interactions between people.

Empathic engagement with others. This refers to the ability of the older people to put themselves in the position of others with whom they are interacting. Participant 1 expressed empathy specifically in relation to her children. She is aware of the fact that despite the

willingness of the children to help her, they might feel obliged to assist her when she needs them, but she realises that they have other obligations:

I feel that every time I need something I have to bother them. They don't mind helping, they help. They are dear, everyone, my daughter-in-law as well, but I feel it is too much for them.

Participant 1 also expressed an empathic awareness towards people who are not able to communicate anymore, but who she thinks continue to have a need for physical closeness. She said:

...and then there are people that are sick, that when you walk past them, you just want to touch them to let them know that you are there [signifying that she just wants to touch those that are in need so that they know that someone is there for them].

Participant 12 explained that there were people at the facility who have had no visitors for 15 months and that it was heartbreaking. She went on to explain that their children stayed far away and that she did not blame them for not visiting often:

Oh, I see, you know, here are people here that I in 15 months have not seen any visitors with and to me it is heartbreaking. You know, but some of their children live far away. You know, Durban and the Cape... You cannot blame them, I cannot blame them, but you know, they sit so neglected and it breaks my heart.

Unconditional acceptance of others. Unconditional acceptance of other people refers to accepting people as they are. Participant 1 explains how she loves being among others and feels that no one is inferior to her: "I love to move in between people and I have never felt that someone is inferior to me in order to make contact with them."

Giving and accepting confirmation. Participants conveyed and received messages that they were appreciated by others. One participant explained how much joy she received through

recognising others: “Once a week I give ice cream to six people, and we get a little chat. I give to everyone that drinks tea there. It is my pleasure, my pleasure is to give.” (Participant 12)

Participant 5 explained how she received confirmation:

There's not one of those people who get up after playing bingo that don't come and put their arm around me and give me a hug and say ‘Thank you for giving me your time and for calling.’ Not one of them. So they do appreciate it, so it makes me feel happy that I've given them an hour and a half once a week.

Demonstrate interpersonal flexibility. Some participants displayed interpersonal flexibility in that they are able to willingly take other people and their views into consideration. Participant 7 noted how she could always learn from someone: “Even now I have a small garden, you can always learn, you know, from people that have gardens and about the flowers and plants and that is what I love.” Participant 4 explained how she and her husband were willing to listen to people before they moved to the residential care facility: “Within 21 days our house was sold and, yes, our heads were just right and we listened to people that are already in this old age home. We got advice and we were open to listen and to apply advice.”

Relational qualities that restrained quality of life for older people

Confusing self-presentation. Confusing self-presentation refers to participants' communication of messages without creating a context in which to convey messages so that they would be understood. The participants often jumped between contexts in the discussion, gave incongruent messages and portrayed unclear communicative abilities. Some participants provided excessive information which did not relate to the topic being discussed.

Participant 2's response and most responses throughout the session were characterised by a lot of information without context:

...after chair gym we end at 10:00, I bring her back here and I stay here with her until 11:00, she sits around and most of the time she'll be either sleeping in the morning and that sort of thing. At 11:00 I go home and I will have my lunch, and what I have for lunch, I bring for her for supper and I put it in the fridge. Right and then in the evening at 16:00 when they come and put her pyjamas on, I then feed her. And ... uhm ... 16:55 her son phones and then about 17:05 we then put her to bed and then I say goodnight to her and I go home...

People who fail to adequately provide context and who present themselves in a confusing manner are likely to be avoided and this contributes to social isolation and eventually to loneliness.

Participant 3 made a similar response by providing too much information and moving away from the topic being discussed:

I take them all off and put them all on my bed, so they can dust and polish and do whatever they like and my plants I put outside. That's when they clean, but not on a Friday because they don't polish on a Friday and I said we have a quiz. Twice a month they have a movie in the lounge. I don't go because I've usually got something, I read a lot and I study, so I've got a lot to do and I don't watch the film.

Ineffective expression of needs. People move in their interaction with one another involving strategies, actions and reactions to satisfy their needs. The core social needs of people are to belong and to be affirmed as worthwhile human beings. Ineffective expression of needs refers to a limited emotional repertoire to express needs appropriately and specifically, and not in a blaming and manipulative manner.

Needs were often expressed in such a manner that others were unable to satisfy those needs. For example, Participant 6 was not clear what his needs were regarding another resident whose behaviour annoyed him:

Participant: “I... I have had problems here.”

Researcher: “Tell me more.”

Participant: “Here is a woman here that sits here that does not behave, like when we sit here then she would bother us. The other day I called (staff member) and spoke to her.” (Participant did not mention specifics relating to how the situation was resolved.)

Needs were furthermore expressed in blaming or manipulative ways. Participant 3 explained that her daughter was too busy to visit at the facility, but that other people were also busy to a certain extent, implying that her daughter could visit if she wanted to: “She’s busy, she’s busy, but we’re all busy to a certain extent.” Participant 8 explained how she pretended to cry in order to prompt her son to visit her: “I say ‘Ouboet, I miss you’ or I pretend that I cry a little...”

Frustration, pain and guilt are expressed as an inability to address needs. This frustration is a consequence of physical limitations, but also the result of participants’ own interpretations of emotional obligations. Participant 9a expressed his frustration at the way in which his physical immobility and his inability to do anything about it frustrate his need to function independently:

...[be]cause I’m frightened I’d fall, Millicent is frightened she’ll fall. She’s had a fall before the wedding, but it changes your whole life. Funny enough it’s difficult to explain it, but I hate it, that’s the only way I can put it in, I hate it. In fact, I detest the life I’m living now, it’s not like I used to be.

Although Participant 2 explained his needs clearly, he is frustrated by the limitations in the health system to understand what he wants:

I would like them to introduce euthanasia in this country, 'cause I would hate to be in this condition. To me this is one of the worst things that you can have – is people being like this, as half the time they are not, they're with you, but they are also not with you. So it's as they say most of the time it's not there and they battle to speak and eat and ugh... so I told my family to get me to Switzerland or Holland very fast and I doubt if they would give me a visa, but anyway.

Participant 5 expressed frustration about how she could not mourn her husband's and son's death within six weeks of each other:

So off course I did not have the time to sit back and grieve over my loss, either for my husband or my son. I had to damn-well dump everything and get stuck in and help her [daughter-in-law] with four children.

Participant 3 explained how she felt when she moved into the residential care facility and when her children do not keep in contact with her:

I said to Matthew on Saturday: 'Has Roxanne [daughter-in-law] got a job?' and he said: 'Oh, yes.' They didn't let me know and that's the thing that upsets me, but I'm learning to live with it. It's very hard. It's very hard, it's as if they have pushed me out, because I lived in a flat on their property, I was part of it and now I've been pushed right out and it hurts.

Participant 4 said she would love to participate in more activities, but that she felt guilty as she had to spend time with her husband, surrendering to the demands of her husband: "I would like to go play more 'Rummicup' and the 'bakatel' board, but because my husband and I are still together, I feel a little guilty."

Participant 11 explained how she thinks that the facility management would like her to participate in more activities when she is already participating in some:

Participant: “I don’t participate enough according to...”

Researcher: “Do you feel pressurised to do more?”

Participant: “No, they never put in so many words, but [staff member] likes us to.”

Researcher: “She would like you to participate? Why do you think she likes you to participate?”

Participant: “Well, she arranged all these things and she feels you mustn’t sit in your room.”

Physical Immobility and Withdrawal. Physical limitations and the participants’ own interpretation of their abilities and the control they have over these limited their interactions with other people. Participant 9a explained that he was embarrassed about his physical immobility and that he knew that he could not participate in anything, even if he wanted to:

It’s kind of embarrassing after a while... (unclear), rather stay out of it.

No, maybe I’d like to do things, but I can’t do things. If something comes into my mind that I’d like to do, I get it out of my mind, because I know I can’t do it.

Participant 11 noted: “But ... I can’t get any more spectacles. I’ve just got to live with what I’ve got. So, I’m happy.” Participant 9b commented: “I wanted to take part in their sports last year, but I was scared of falling.”

Participant 6 explained how he could no longer participate in activities because of his leg problem: “Yes, but from when I have had this problem with my leg, I withdrew and I have left those things” (referring to activities and participation).

Participant 3 was not very optimistic about her independence: “We are prisoners of birth, we are, we’re born into families, we’re born into religion and we are prisoners of our birth and this is so true, very true...”

DISCUSSION

The interpersonal context in which the relational qualities emerged is embedded in an active environment. The active environment includes participation in various daily activities and engagement in a number of different social relationships. Through participation the older people are allowed the opportunity to engage in conversations with others, provide and receive support from others and build meaningful relationships. Thus, being engaged in an active environment provides the foundation for developing and enhancing relational qualities which increase the quality of their experiences and their quality of life. The World Health Organization (2002) describes active ageing as a continual process of enhancing opportunities for mental and physical health; social, economic, spiritual and cultural participation as well as security and protection in order to enhance the quality of life of older people. This is evident in a study conducted by Bowling (2008) in which the subjective experiences of older people demonstrated that active ageing embraces physical health and functioning, leisure activities, mental activity, interpersonal relationships and social contacts. Active ageing promotes the active involvement of older people in daily organised activities. Active ageing is associated with a purpose in life and an enhanced quality of life. This is supported by a study conducted by Bowling (2005) which found that participation and social relationships contributed to the quality of life of older people in residential facilities. Bowling records that social relationships accounted for 81%, and activity participation for 60% of the self-rated quality of life. Godfrey et al. (2004) report that participation in activities and interaction of older people in residential facilities contribute to pleasure, meaning and well-being. The SIGT theory states that healthy social interactions are dependent on the context in which the interactions occur. An active environment increases social participation and in turn enhances and develops relational qualities (Roos, 2013). An enhanced ability to relate to and interact with others in turn increases the quality of experiences with others and enhances quality of life.

However, an active environment might pose barriers to participation in older people who cannot, or choose not to, participate. As a result, it can increase social isolation and reduce functional health in older people (Chen, 2010; Leavy & Åberg, 2010). Chen (2010) and Mathews et al. (2010) describe health problems, physical functional limitations, lack of energy, fear of falling, decreased autonomy in decision making and a lack of understanding of the value of participation as barriers to taking part in an active environment. Even if an active environment were accessible, older people might not participate due to the barriers or perceived barriers that this environment represents. Papalia, Sterns, Feldman & Camp (2002) concluded that when individuals experience a lack of control over their lives, they are more likely to experience physical problems and depression. According to the SIGT theory, interaction between people always takes place within a particular interpersonal context. When people meet in this particular context, the interaction between them gets defined and in turn determines the quality of the interaction (Roos, 2013). Thus, a context or environment which inhibits people, whether real or perceived, will also inhibit their ability to define the interaction between themselves and others and so inhibits the quality of their relational qualities and interactions. Keyes & Ryff (1999) propose in their dimensions of well-being that environmental mastery should include a sense of competency in managing the environment, the ability to make decisions and create contexts to satisfy their needs in order for older people to make their lives meaningful. Chen (2010) suggests educational awareness of the benefits of participation, involving older people in identifying suitable activities, assisting them in developing a plan for participation and ensuring safe mobility to promote a sense of security so that they might overcome environmental barriers to participation.

This study confirmed previous research that relational qualities such as empathy, unconditional acceptance, confirmation and interpersonal flexibility are important for healthy interpersonal relations. Roos and Malan (2012) identified confirmation, empathy and effective expression of needs as key relational qualities in meaningful interpersonal relationships and in

coping with loneliness in older people. Roos and du Toit (2013) further identified parallel relationships, empathy, unconditional acceptance, confirmation and effective expression of needs as effective relational qualities involved in relationships between fellow residents in a residential care facility. Fiori, Consedine and Merz (2011), in their study about patterns of social exchange, discovered that individuals with effective styles of relating are more able to flexibly adapt patterns of exchange as appropriate to each relationship or context. The SIGT theory refers to these relational qualities as the content of the interactions between people (Roos, 2013). As the quality of the content is enhanced, the quality of the relationship is enhanced. This is described by the SIGT theory as moves and countermoves between people engaged in interaction. Like a dance, people move towards and away from each other as every subjective experience of a person elicits a behavioural response from the other (Roos, 2013).

In contrast, relational qualities, such as displaying a confusing self-presentation, ineffective expression of needs and withdrawal due to physical immobility, limit interaction with others. Johnson (2006) describes self-presentation as one of the key interpersonal skills to increase interpersonal effectiveness and self-actualisation. He describes it as a process whereby we attempt to shape how others perceive us, whether to let others have an accurate impression of the self, to correct mistaken impressions or to make a good impression. However, some older people have difficulty in achieving an accurate self-presentation because many of them experience cognitive decline. Research indicates that older people with presenting difficulties such as dementia experience a decline in communication ability that affects expressive language abilities and comprehension (de Vries, 2013). Consequently, interacting with them is experienced as frustrating, stressful and affecting the quality of relationships and needs satisfaction. On the other hand, it is documented that social engagement increases the quality of life of older people with cognitive difficulties (Sampson, Bulpitt, & Fletcher, 2009; Thomas, 2011). Context has to be considered when communicating with these individuals in creating opportunities for effective and reinvigorated communication (Green, 2012; Jootun & McGhee,

2011). The SIGT theory explains that people with an unclear presentation of the self may experience rejection from others and enhance their perception that they are unvalued in society. This in turn will decrease support and confirmation from others and promote social isolation (Vorster, Beukes & Roos, 2013).

Effective expression of needs was limited because it was conveyed in a blaming and manipulating manner. Roos and Malan (2012) discovered that effective expression of needs is one of the key relational qualities in the management of loneliness in older people. Ineffective expression of needs relates to lack of needs satisfaction and contributes to social isolation, loneliness and depression. James (2011) designates that a lack of needs satisfaction often results in challenging behaviour or in ineffective expression of needs in older people with cognitive difficulties in an attempt to maintain a sense of well-being. In this study, physical difficulty and immobility resulted in the older people withdrawing from participation and interaction with others. Charles (2010) explains that older people might experience chronic stressors such as physical decline, lack of social belonging and neurological difficulties and that these can contribute to a decreased capacity in emotional regulation. Frustration, pain and guilt were subjectively experienced by older people in relation to a lack of needs satisfaction. Rook, Sorkin and Zettel (2004) suggest that social exchanges experienced as negative elicit disappointment, distress, frustration and sadness. Negative experiences include aspects such as rejection, neglect, intrusive advice and lack of needs satisfaction. They further state that emotions such as these in turn influence relationship satisfaction, needs satisfaction and sense of well-being. The SIGT theory describes subjective experiences of people in interaction on the intra-individual level as feelings that people experience in relation to others and the environment. As people engage in goal-directed attempts to satisfy their needs, the interaction elicits certain reactions and feelings in people who are in contact with each other. This then influences the quality of interaction and thus quality of life.

IMPLICATIONS OF THE FINDINGS

As individuals' behaviour, attitudes, feelings and thoughts are constructed by means of interaction, support and care in the lives of older people in residential facilities should be considered in the light of connected to others. Rockwell (2012) suggests that relationship-focused care and support offer creative methods of improving the socio-emotional context of residential facilities. Through knowledge about how older people in residential facilities relate to each other, programmes, policies and staff training may be adapted in a manner that connects with and enhances the quality of life of these older people. Studies conducted on relationship-focused care in residential facilities that have implemented such programmes discovered that there was a significant increase in health, decreased use of medication, and a decrease in boredom and helplessness (Brownie & Horstmanshof, 2012). It has also been indicated that programmes confined to providing physical care and to protecting older individuals undermine their sense of self-worth and dignity (Lindley, Harper & Sellen, 2008).

Relationship-focused programmes recognise older individuals as having an active life in which they have opportunities for ongoing learning, personal growth and self-expression. In addition, these programmes encourage companionship and reciprocity in the context of caring relationships. The relational qualities identified in this research study namely empathetic engagement, unconditional acceptance, giving and accepting confirmation and interpersonal flexibility are congruent with the values and methods proposed by these programmes in that the styles of relating in context are considered. Brownie and Horstmanshof (2012) describe principles of such programmes as meaningful contact with others, giving and receiving physical and emotional care and active engagement in an active, stimulating environment. Thomas (1996) notes that the main goal of such programmes should be to "empower and enable older people to construct meaningful lives and to be all that they can be".

Effective expression of needs is a prerequisite in considering quality of life of older people. Chen (2010) suggests taking individual physical difficulties into consideration in formulating programmes and selecting suitable activities within the facility. It is recommended that older people be involved in these formulations in order to enhance expression of needs. Brownie and Horstmanshof (2012) explain that enhancing autonomy in older people by involving them in this process empowers them to make decisions and increase control over their lives.

Physical mobility is a threat to social inclusion. Older people that perceive or experience an active environment as threatening inhibits their ability to establish and maintain meaningful relationships (Roos & Malan, 2012). Mathews et al. (2010) suggest introducing “low-impact” activities to draw in older people with physical difficulties or who perceive activity participation as too dangerous. They point out that even small increases in activity can improve health and ultimately quality of life.

Other strategies could include group activities with the aim of enhancing the emotional repertoire of older people in a safe and maintained environment. Schoeberg and Feder (2005) describe Gestalt group therapy as a process whereby individuals have the opportunity for increased contact with others, awareness of self and interaction with others, and regulation of self, and of self in relation to others. Group activities can address specific aspects such as effective expression of needs, regulation of emotions, self-presentation and needs satisfaction. By means of activities such as these, verbal and non-verbal communication skills may be enhanced in that people feel valued, confirmed, safe to express needs and observe the demonstrating of effective self-presentation skills. Grobler, Schenck and du Toit (2003) describe communication in interaction as the most significant aspect in facilitating change and transformation. Through interacting, older people are engaged in an active environment that facilitates active ageing and relational qualities that enhances quality of life.

Managers and staff of residential facilities could be made aware of real or possible lack of needs satisfaction. One possibility in assisting management and staff in this matter is to develop programmes or consult psychological services which focus on strategies to explore and identify needs of residents as well as enabling management and staff to address or assist with these needs.

LIMITATIONS AND RECOMMENDATIONS

The findings of this research study are limited to a group of older residents in a residential care facility for white people in Gauteng, South Africa. For this reason, the findings cannot be generalised to other older people or residential facilities. Furthermore, only 12 person-centered interviews were used for data analysis and are thus limited to a small number of individuals within the same facility. It is recommended that a similar approach and research methods be applied in other residential facilities for older people. In this way, the relational qualities of older people in various contexts may be explored and compared with the findings of this study. As only person-centered interviews were used for data gathering and analysis, additional data-gathering methods may be drawn upon in order to enhance the trustworthiness of the research and findings.

The utilisation of secondary data analysis functions as an indirect observation of participants in interaction. Although audio recordings were made, the researcher did not directly observe the participants' relational qualities. As a large part of relating to others manifests itself in non-verbal communication, it is possible that a certain degree of non-verbal communication in the interaction between the participants and the interviewers was not evident in the audio recordings. It is recommended that data analysis be conducted by primary researchers in order to include the important non-verbal cues that are significant in the interaction between individuals.

CONCLUSION

It is of fundamental importance to recognise the value of identifying relational qualities in interaction between older people in residential facilities. In this study, the interpersonal context in which relational qualities were observed was embedded in an active environment. Interpersonal styles can be enhancing or restraining which determines the quality of development and maintenance of meaningful relationships important in enhancing the quality of life of older people. Enhancing relational qualities that characterise how older people relate to each other were confirmed in this study, and include empathy, unconditional acceptance, giving and receiving of confirmation and interpersonal flexibility. However, confusing self-presentation, ineffective expression of needs and withdrawal due to physical immobility were highlighted as relational qualities that inhibit interpersonal relationships between older people. Moreover, ineffective expression of needs related mostly to physical difficulties and often resulted in frustration, guilt and pain. Physical difficulty and immobility resulted in older people withdrawing from participation and interaction with others. Consequently, this resulted in social isolation, loneliness, poor social relationships and a diminished quality of life. If relationships between older people in residential facilities can be viewed as relations between relationships, rather than as static non-contextual actions, then – and only then – can meaning be derived from the interaction and support may be provided to empower and enable them as individuals to engage actively in a healthy life.

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CRITICAL REFLECTION

Previous literature has reported on the association between quality of life and social relationships in later life. Little is known about the specific relational qualities involved in interaction between older individuals. However, some South African studies have reported on a number of relational qualities such as empathy, confirmation, effective expression of needs and visibility in interpersonal contact as significant in the development and maintenance of older individuals' interpersonal relationships (Roos & du Toit, 2013; Roos & Malan, 2012). In order to examine relational qualities involved in interaction between older individuals, this study employed a qualitative, exploratory approach.

It was discovered that the older individuals studied are rooted in a broader environment characterised by active engagement in activities and interaction with other people inside and outside of the facility. Participation in activities and interaction with others were reported as providing meaning to life, a purpose to life and enhancing their quality of life. This creates a sense of being valued by others, provides joy, spiritual fulfilment, contributes to health and being valued by helping others. This is widely supported in the literature confirming that active engagement enhances the quality of life of older individuals in residential facilities (Bowling, 2005; Godfrey et al., 2004). The SIGT theory describes interaction situated inextricably within the interpersonal context which in turn is embedded in broader environments (Roos, 2013). Zastrow and Kirst-Ashman (2007) describe how individuals are in continuous dynamic interaction with multiple systems and that systems are interrelated to make a functional whole. The micro-system refers to the individuals, their needs, problems and strengths. The meso-system refers to small groups such as family and social groups in which the individuals are involved. The macro-system refers to larger groups and aspects such as political and economic aspects that affect individuals' resources and quality of life. Just as interaction cannot be seen in isolation and has to be considered in broader environments, so the older individuals cannot be

viewed separately from the context they find themselves in. The older individuals' experiences of an active environment enhancing quality of life clearly depict this.

Enhancing and restraining relational qualities were observed in the interaction of the older individuals. Enhancing relational qualities include empathy, unconditional acceptance, confirmation and interpersonal flexibility. Empathy was observed and reported on from the perspectives of the older individuals in that they were able to fully comprehend other people. Some participants displayed interpersonal flexibility in that they were able to willingly take other people and their viewpoints into consideration. Many participants expressed respect and acceptance of others. It was conveyed that others are perceived as equals and that no preconceptions existed in interactions between them. Furthermore, it was observed that participants conveyed and received messages that they are valid individuals and are appreciated in society. Duck (2011) explains that by helping others individuals establish their own self-worth as well as a value of self in relation to others. The person-centered theory developed by Carl Rogers states that accurate empathy, congruence and unconditional acceptance facilitate actualisation and drive people to become socially responsive and constructive (Corey, 2009). As interaction between individuals is circular in nature, meaning that interaction follows a circular pattern of action and reaction (Roos, 2013), preferred styles of interaction stimulate various behavioural responses between individuals. Relational styles that are effective in nature will elicit satisfying responses from others and the environment and will ultimately contribute to an enhanced quality of life. Zastrow and Kirst-Ashman (2007) state that individuals engaging in effective interactions with their environments are better able to survive and thrive.

Restraining relational qualities that were observed include confusing self-presentation, ineffective expression of needs and physical immobility and withdrawal. Difficulty expressing needs presented with a lack of needs satisfaction and was accompanied by feelings of frustration, guilt and pain as well as a decreased perception of autonomy. Confusing self-presentation led to

individuals' not being able to portray themselves accurately to others. This was characterised by an illogical flow of conversation, incongruent messages and unclear communicative abilities. This resulted in others' not being able to comprehend the poorly-presented older people and so lose interest in them. As a result, interaction is disrupted, new relationships have difficulty developing and maintenance of existing relationships is inhibited. Willerton (2010) describes the maintenance of relationships in terms of feelings of satisfaction and investment and notes that this contributes to commitment and in keeping relationships healthy. Over time, people become more reliant on one another to have their needs met, and this interdependence is experienced as commitment. Without a clear presentation of self, feelings of satisfaction and commitment could become challenging.

Lack of needs satisfaction contributed to decreased quality of life in that participants in the study were not content with some or many aspects of their lives. According to Abraham Maslow and his hierarchy of needs, an ability to express needs influences the individual's potential for self-actualisation (Maslow, 1954) and thus quality of life. The SIGT theory describes the ability to express needs on an intra-individual and inter-individual level in which the intra-individual level refers to the feelings and problems that individuals experience in interaction with others (Roos, 2013). The inter-individual level refers to the definition of the relationship, the relational qualities, the motivation for the interaction (needs and strategies to achieve the needs) and the interactional processes between people in interaction (Roos, 2013). The SIGT theory holds that individuals interact with others to fulfil their needs or achieve their goals and that they apply strategies in order to express or pursue those needs or goals (Roos, 2013). The manner in which individuals express their needs determines how others will be able to attend to those needs so that they may ultimately be fulfilled (Roos, 2013). Ineffective expression of needs results in a lack of needs satisfaction and ultimately in various interpersonal difficulties such as feelings of not being valued, eliciting rejection, withdrawal and so on (Roos, 2013).

As people advance into older age, physical, emotional and social needs also increase. Many older individuals experience multiple losses, such as loss of independence due to physical difficulties, loss of significant people in their lives (including husbands and wives), changing family roles and contextual changes (Roos & de Jager, 2010). In addition, older people who have had difficulty expressing needs throughout their lives might find it even more difficult and frustrating at a time when needs have become of increasing concern. It has been reported that preferred styles of relating to others remain relatively consistent throughout the human lifespan (Allan, 2006). Thus, if needs were expressed ineffectively throughout life, the chances are good that ineffective expression of needs and lack of needs satisfaction will remain a challenge into old age. Due to the circular nature of interaction, older people who express their needs effectively and experience fulfilment of needs from within themselves and the environment, gain a sense of confirmation from others, feel valued by society and experience an enhanced quality of life (Huxfold, Fiori & Windsor, 2013); Vansteenkiste & Ryan, 2013). Thus, ineffective expression of needs is not necessarily a problem that is limited to older people, but rather a need that demands to be addressed within the older population. In other words, there is a need for effective expression of needs and needs satisfaction. Vansteenkiste and Ryan (2013) refer to concentrated lack of needs satisfaction as needs frustration. They state that when psychological needs are dissatisfied within social contexts, it may contribute to behavioural difficulties in order to maintain balance in well-being.

In order to derive meaning, individuals cannot be viewed separately from their broader environments. Group interaction in the facility facilitated a sense of membership to a group, the development of social identity and a sense of belonging. However, some research suggests that group participation could be problematic because some individuals might feel that their privacy is being compromised, prefer independence from others or feel that they are forced to participate (Cattan, White, Bond & Learmouth, 2005; Finlay, 2000). Cattan et al. (2005) suggest that

successful group activities involve older individuals in contributing to planning and development of activities.

In the light of limited research into the relational qualities involved in the interaction between older individuals in residential facilities, this study is particularly pertinent. Older individuals are embedded in broader social environments which influences quality of life. Interpersonally, older individuals exhibit enhancing and restraining relational qualities that are important in maintaining interpersonal relationships. Group interaction is particularly important for some older individuals because it contributes to a sense of belonging and quality of life. Research has confirmed that all these factors contribute to the quality of life of older individuals (Bowling, 2005; Godfrey et al., 2004; Roos & Malan, 2012; Victor & Scharf, 2005). This research is particularly important in that older individuals cannot be separated from interaction embedded in broader environments. The relational qualities observed were embedded in a broader context relating to interaction: circular in nature, involving different systems and different environments. Thus, this study may be able to contribute to developing and adapting programmes in residential facilities that will enhance older individuals' quality of life by shifting attention from individualised care to more relationship-focused programmes that seek to address the needs of residents contextually. Studies conducted on relationship-focused care in residential facilities where such programmes have been implemented, have identified a significant increase in health, decrease usage of medication, and a decrease in boredom and helplessness (Brownie & Horstmanshof, 2012). It has also been pointed out that programmes designed only to care physically and protect older individuals undermine their sense of self-worth and dignity (Lindley et al., 2008).

It is recommended that a similar approach and research methods be utilised in other residential facilities for older individuals so that relational qualities involved in interaction in various other contexts, too, may be explored and compared. As this study was conducted at one

particular residential care facility and only 12 person-centered interviews were utilised for data analysis, this study cannot be generalised to other populations. Allan (2006) mentions that few studies have addressed how social networks inhibit or facilitate the maintenance of relationships. More information is needed about the experiences of older individuals' needs satisfaction and their ability to express their needs. Managers and staff of residential facilities should be made aware of existing or potential lack of needs satisfaction. One possibility in assisting management and staff in addressing this issue would be to develop programmes which focus on strategies that explore and identify needs of residents as well as enabling management and staff to address or assist with meeting their needs.

CONCLUSION

Previous literature reported on the association between social relationships and quality of life, with little reference to the specific relational qualities involved in interaction between older people. This research confirmed enhancing relational qualities presented in similar research studies. However, restraining relational qualities were also observed from the subjective experiences of older people, with specific reference to confusing self-presentation, ineffective expression of needs and physical immobility and withdrawal. Lack of needs satisfaction was often accompanied by frustration, guilt and pain, and a decreased perception of autonomy. As people advance into older age, their needs also increase and those with an established inability to express their needs effectively might experience their growing needs as more challenging. As interaction is circular in nature, older people who have difficulty expressing needs, will experience a lack of needs satisfaction, decreased autonomy and diminished quality of life. Lack of needs satisfaction can thus not be viewed as a problem, but rather as a requirement to be addressed among older people in residential facilities. The relational qualities observed were embedded in a broader environment relating to interaction, which presented as circular in nature and involved different systems and different environments. This study can thus contribute to developing and adapting programmes in residential facilities to suit contextual requirements in order to enhance the quality of life of older individuals. Recommendations were made relating to the study's limitations and the implications of the findings.

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