

**An exploration of the sense of community of older persons
in an economically deprived and culturally diverse residential care facility**

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**Dissertation submitted in partial fulfillment of the requirement of the degree
Magister of Scientae in Research Psychology at the
North-West University, Potchefstroom Campus**

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My husband – Thank you for supporting me in everything I take on in life. You are precious!

Ecclesiastes 12:1

***Remember now your Creator in the days of your youth, before the difficult days come,
and the years draw near when you say, “I have no pleasure in them”***

Preface

The candidate opted to write an article, with the support of her supervisor.

Prof. Vera Roos

Summary

An exploration of the sense of community of older persons in an economically deprived and culturally diverse residential care facility

The sharp increase in the number of older persons (60 years and older) is a distinctive demographic feature of the 20th century. Ageing populations and the unique challenges they pose have obliged countries worldwide to reflect on the problems relating to older persons. In 2002 the United Nations convened the Second World Assembly on Ageing at which the Madrid International Plan of Action on Ageing (MIPAA) was drafted and adopted. This plan sought to meet the challenges associated with ageing populations.

In South Africa the elderly population is also increasing dramatically. The fact that older persons are starting to constitute a proportionally larger segment of the total population while they are, at the same time, amongst the poorest people in the country and dependent on others for support and care holds serious implications for South Africa. In post-apartheid South Africa (after 1994) residential care facilities were opened to all South Africans regardless of race or colour. Apart from dealing with diversity, residential care facilities have to manage the long-term care needs of older persons and their lack of the financial or human resources to sustain themselves. Against this background the South African government promulgated legislation in line with the recommendations of the MIPAA. The legislation seeks to lighten the burden placed on residential care facilities while, at the same time, emphasising the importance of enhancing the well-being of older persons.

Despite the legislation and the policy frameworks, the circumstances in most residential care facilities in South Africa are challenging and call for action and psychosocial interventions. Given that racial segregation still exists in residential care facilities and the importance of the relational well-being of older persons, it was decided to explore the sense of community of older persons in South Africa who reside in a diverse and economically challenged residential care

facility. A purposive sample was drawn of the male and female, and black and white older persons living in the facility. The study used the Mmogo-methodTM, interviews, focus groups, observations and reflective notes to collect qualitative data from the research participants. A possible limitation of the study is that some participants - being older persons - might experience some degree of being cognitively challenged or might struggle to express themselves. To counter this limitation and to ensure the trustworthiness of the findings, a variety of data collection methods were used in order to be able to cross-check the information gathered. Apart from this, specific data collection methods were used that make provision for cognitively challenged older persons.

As the study involved older persons as a vulnerable group, special attention was paid to ethical considerations. Ethical approval was granted by the Ethics Committee of the North-West University, Potchefstroom Campus, as part of a larger project, being: "An exploration of enabling contexts (05K14)."

The main finding of the study is the low sense of community that the older persons in this particular residential care facility experience. This is supplemented by two themes that emerged throughout the study, being the lack of social interaction between the residents and the residents' need to have a sense of purpose. The occurrence of these two themes is supported by findings in community psychology and sense of community theories, and some of the findings of the study are consistent with findings reported in the literature. The study concludes with recommendations on how the residents' sense of community could be enhanced.

Keywords: culturally diverse, economically deprived, older persons, residential care facility, sense of community, sense of purpose, social interaction

Opsomming

'n Onderzoek na ouer persone se belewing van 'n gemeenskapsgevoel in 'n ekonomies minderbevoorregte en kultureel diverse residensiële versorgingsfasiliteit

Die skerp toename in die aantal ouer persone (60 jaar en ouer) in die bevolking is 'n onderskeidende demografiese eienskap van die 20^{ste} eeu. Verouderende bevolkings en die unieke uitdagings wat dit meebring, noop lande wêreldwyd om te besin oor die probleme wat met ouer persone verband hou. In 2002 het die Verenigde Volke die Tweede Wêreldbyeenkoms oor Veroudering byeengeroep waartydens die Madrid Internasionale Aksieplan oor Veroudering (*Madrid International Plan of Action on Ageing, MIPAA*) opgestel en aanvaar is. Die doel met hierdie plan is om die uitdagings wat met verouderende bevolkings geassosieer word, die hoof te bied.

In Suid-Afrika neem die ouer bevolking ook drasties toe. Die feit dat ouer persone besig is om 'n proporsioneel groter gedeelte van die totale bevolking uit te maak, terwyl hulle terselfdertyd onder die armste mense in die land tel en van ander afhanklik is vir onderhoud en sorg, hou ernstige implikasies vir Suid-Afrika in. In 'n post-apartheid Suid-Afrika (ná 1994) is residensiële versorgingsfasiliteite oopgestel vir alle Suid-Afrikaners sonder inagneming van ras of kleur. Hierdie fasiliteite gaan reeds gebuk onder 'n tekort aan finansiële en menslike hulpbronne waardeur hulle hulself moet onderhou en moet dan boonop voorsiening maak vir diversiteit. Teen hierdie agtergrond het die Suid-Afrikaanse regering wetgewing uitgevaardig wat ooreenstem met die *MIPAA* se aanbevelings. Die doel met hierdie wetgewing is om die las waaronder residensiële versorgingsfasiliteite gebuk gaan, te verlig en terselfdertyd klem te lê op die belang daarvan dat ouer persone se welsyn verbeter moet word.

Ten spyte van hierdie wetgewing en beleidsraamwerke, bied die omstandighede in die meeste residensiële versorgingsfasiliteite in Suid-Afrika 'n groot uitdaging en vra dit om optrede en psigososiale intervensie. Aangesien die verhoudingswelstand van ouer persone belangrik

is, is besluit om ondersoek in te stel na ouer persone, wat in 'n ekonomies minderbevoorregte en kultureel diverse residensiële versorgingsfasiliteit in Suid-Afrika leef, se beleving van 'n gemeenskapsgevoel. 'n Doelgerigtesteekproef is gemaak van die ouer persone wat in die fasiliteit leef: manlik en vroulik; en swart en wit. Vir die studie is die Mmogo-metodeTM, onderhoude, fokusgroepe, waarnemings en refleksiewe aantekeninge gebruik om kwalitatiewe data by die deelnemers aan die navorsing in te win. 'n Moontlike beperking van die studie is die gegewe dat sommige deelnemers, aangesien hulle ouer persone is, moontlik 'n bepaalde mate van verswakte kognitiewe vermoë ervaar, of dit moontlik moeilik vind om hulself uit te druk. Ten einde hierdie beperking teen te werk en die geildigheid van die bevindinge te verseker, is 'n verskeidenheid van data-insamelingsmetodes gebruik sodat dit moontlik is om die inligting wat ingewin is, te kruiskontroleer. Afgesien hiervan is spesifieke data-insamelingsmetodes gebruik wat voorsiening maak vir kognitief verswakte ouer persone.

Aangesien die studie ouer persone as 'n weerlose groep betrek, is spesiale aandag geskenk aan etiese oorwegings. As deel van 'n omvattender projek, naamlik: "An exploration of enabling contexts (05K14)" is etiese goedkeuring hiervoor verleen deur die Etiekkomitee van die Noordwes-Universiteit, Potchefstroomkampus.

Die belangrikste bevinding van die studie is dat die beleving van 'n gemeenskapsgevoel onder ouer persone in die bepaalde residensiële versorgingsfasiliteit, laag is. Dit word aangevul deur twee temas wat dwarsdeur die studie op die voorgrond tree, naamlik die gebrek aan sosiale interaksie tussen die inwoners en die inwoners se behoefte aan die ervaring van sinvolheid. Die voorkoms van hierdie twee temas word ondersteun deur bevindinge in gemeenskapspsigologie en teorieë oor die beleving van 'n gemeenskapsgevoel. Sommige van die studie se bevindinge stem dan ook ooreen met die bevindinge wat reeds in die literatuur opgeteken is. Die studie sluit af met aanbevelings oor hoe die inwoners se beleving van 'n gemeenskapsgevoel versterk kan word.

Sleuteltermes: ekonomies minderbevoorregte, ervaring van sinvolheid, gemeenskapsgevoel, kultureel diverse, ouer persone, residensiële versorgingsfasiliteit, sosiale interaksie

MANUSCRIPT FOR EXAMINATION

An exploration of the sense of community of older persons in an economically deprived and culturally diverse residential care facility

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An exploration of the sense of community of older persons in an economically deprived and culturally diverse residential care facility

Abstract

This qualitative study explored the sense of community of older persons living in an economically deprived and culturally diverse residential care facility in South Africa. A further aim of the study was to explore ways of enhancing the sense of community of these older persons. A purposive sample was drawn of male and female, and black and white older persons living in an economically deprived and culturally diverse residential care facility in South Africa. The study used the Mmogo-method™ as well as interviews, focus groups, observations and reflective notes to collect qualitative data from the research participants. The study revealed that the sense of community of the older persons in the residential care facility was low. Two themes that emerged throughout the study were the lack of social interaction between the residents and the residents' need to have a sense of purpose. These themes are supported by the underlying assumptions of community psychology and sense of community theories. The study concludes with recommendations on how the sense of community of the residents can be enhanced.

Keywords: culturally diverse, economically deprived, older persons, residential care facility, sense of community, sense of purpose, social interaction

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The sharp increase in the number of older persons (60 years and older) is a distinctive demographic feature of the 20th century. According to Joubert and Bradshaw (2006), population ageing was in the past experienced by more developed countries as a gradual process while it is now also being experienced by developing countries making it a global phenomenon. Ageing populations and the unique challenges they pose have obliged countries worldwide to reflect on the problems relating to older persons.

In 1982 the United Nations convened the First World Assembly on Ageing in Vienna to discuss the ageing population phenomenon and its implications. The Assembly compelled policy makers to re-evaluate existing policies and resulted in a plan of action on ageing. The plan centred on “responding to the specific needs of older persons” and “the implications of the ageing population for socio-economic policy”, more specifically the burden it would place on available resources (The Madrid International Plan of Action on Ageing: Guiding Framework and Toolkit for Practitioners and Policy Makers, 2008, p. 9).

Twenty years later in 2002, the United Nations convened the Second World Assembly on Ageing at which a new plan of action on ageing – the Madrid International Plan of Action on Ageing (MIPAA) – was drafted and adopted. The new plan also sought to solve the problems associated with ageing populations and identified three key priorities: older persons and development; promoting health and well-being into old age; and ensuring enabling and supportive environments for older persons.

In South Africa the older person population is also increasing dramatically. In 2008 there were 3.5 million persons above the age of 60 (i.e. 7.3% of the total population) in the country, and it is projected that this figure will double to 6.5 million by 2015, that is, 10.5% of the total population (Joubert & Bradshaw, 2006). According to the Global Ageing Report (2009) it is further expected that by the year 2050, persons above the age of 60 years will constitute 13.1% of South Africa's

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total population. The growing ageing population can be attributed to a combination of factors besides increased life expectancy. Demographic trends in South Africa include lower fertility rates, a decrease in mortality rates and international migration of the working class segment of the population (Joubert & Bradshaw, 2006).

The fact that older persons constitute a proportionally larger segment of the total population while they are, at the same time, a particularly vulnerable group has serious implications for South Africa. Older persons in South Africa are amongst the poorest persons in the country with at least 25% classified as chronically poor according to the United Nations Office for the Coordination of Humanitarian Affairs (Ntshangase, Duncan & Roos, 2007) and therefore dependent on social assistance in the form of old age grants. They are also dependent on others for support and care, and, as there are more older persons than carers to look after them, an increasing demand for long-term care for older persons has arisen, which again places a burden on residential care facilities. For the purpose of this research, 'residential care facility' is described as "a building or other structure used primarily for the purposes of providing accommodation and of providing 24-hour service to older persons" (Older Persons Act, No. 13 of 2006, p. 6).

In the light of the difficulties faced by residential care facilities for older persons, the South African government promulgated legislation in line with the recommendations of the MIPAA (2002). The Older Persons Act (No. 13 of 2006) and the South African Policy for Older persons (2005), both developed by the Department of Social Development and both in line with the MIPAA (2002), seek to lighten the burden on residential care facilities while, at the same time, emphasising the importance of enhancing the well-being of older persons.

The availability of residential care facilities for older persons should also be seen against the background of the policy of apartheid in terms of which residential care facilities were made available only to white older persons – the members of other racial groups did not have access to

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such facilities. However, in post-apartheid South Africa (after 1994), these facilities were opened to all South Africans regardless of race or colour. Apart from dealing with diversity, residential care facilities have to manage the long-term care needs of older persons and their lack of financial or human resources to sustain themselves. Many such facilities are registered as non-profit organisations that receive support from the government in the form of subsidies. These subsidies are often not sufficient to sustain the residential care facilities, and, consequently, the social grants (old age pensions) of the residents are used to supplement the cost of the facilities.

Although policy frameworks and legislation stress the importance of the well-being of older persons, the circumstances in most residential care facilities in South Africa are challenging, and action and psychosocial interventions are consequently badly needed. Given the challenges that residential care facilities are facing and the importance of the relational well-being of older persons, it was decided to explore the sense of community of older persons in South Africa who reside in diverse and challenged residential care facilities. Sense of community falls within the theoretical framework of community psychology and the sense of community theories. Sarason (1974) defines sense of community as “the sense that one was part of a readily available mutually supportive network of relationships upon which one could depend, and as a result of which one did not experience sustained feelings of loneliness” (p. 1). A community of older persons is defined as a diverse social group who share complex interactions, relationships and processes in a common geographical area (Naidoo, Duncan, Roos, Pillay & Bowman, 2007; Van der Merwe & Dunbar-Krige, 2007).

Sense of community relates to community life and also gives an indication of the strength of the bonding between the members in a community (Townley, Kloos, Green & Franco, 2011; Townley & Kloos, 2009). It “focuses on the interrelationships and interdependence of individuals in a specific setting” (Schwarz & Tait, 2007, p. 125). MacMillan (1976) describes sense of community

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as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together” (p. 9). Sense of community is important to the well-being of individuals and groups, and its absence is associated with loneliness, alienation, psychological distress and helplessness (Townley & Kloos, 2009). By focusing on the sense of community of South African older persons living in residential care facilities, the study has drawn on positive community psychology whose aim is to bring about change in a community (Lazarus, 2007) through intervention strategies that promote the well-being of the individuals concerned as well as the community as a whole (Naidoo et al., 2007).

McMillan and Chavis (1986) identified four dimensions in sense of community – membership, influence, integration and fulfilment of needs, and shared emotional connection. These four dimensions “work dynamically together to create and maintain an overall sense of community” (Obst & White, 2005, p. 128). Membership refers to a feeling of belonging amongst the members of a community or a feeling of being personally related to each other (McMillan & Chavis, 1986). It also refers to identification with a group and being part of a group from which members derive emotional safety (Obst & White, 2005). Influence relates to the members feeling they make a difference to the group and also that the group makes a difference to the members (McMillan & Chavis, 1986). Group cohesion increases when the members feel they have an influence on the group and vice versa. Integration and fulfilment of needs relate to the feeling that membership of a particular group will fulfil the members’ needs (McMillan & Chavis, 1986). For a group to experience a sense of community, it must be rewarding for the members to belong to the group – rewards can be the group’s success and the competencies of group members (McMillan & Chavis, 1986). In other words, group cohesiveness can be enhanced if the group members perceive their group as successful and the members as competent.

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Shared emotional connection relates to the members' belief that they have shared histories and experiences (McMillan & Chavis, 1986). Shared events, where the members of the group interact with each other, strengthen the cohesion of the group (McMillan & Chavis, 1986). McMillan and Chavis (1986) further explain that the frequency and the quality of the interaction between the members of a group play a role in group cohesion. The more the group members interact with each other, and the more positive the interaction experiences are, the greater the group cohesion.

The aim of the research was therefore to explore the sense of community of older persons in South Africa who reside in diverse and challenged residential care facilities. The study was guided by the following research questions: (i) what is the sense of community of the residents in a diverse and economically deprived residential care facility? and (ii) how can the sense of community of these residents be enhanced? The findings of the research may well contribute to the development of appropriate psychosocial interventions to promote community competence and cohesion (Roos & Temane, 2007).

Research Methodology

The study aimed to gain an in-depth understanding of the residents' experience of community life in a typical residential care facility in South Africa. A qualitative approach was accordingly considered the most appropriate methodology for this study. Leedy and Ormrod (2005, p. 133) describe qualitative research as follows:

To answer some research questions, we cannot skim across the surface. We must dig deep to get a complete understanding of the phenomenon we are studying. In qualitative research, we do indeed dig deep: We collect numerous forms of data and examine them from various angles to construct a rich and meaningful picture of a complex, multifaceted situation.

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Because a particular event was studied in depth over a period of time involving detailed description of the setting and individuals, a case study research design was used to obtain the required data (Creswell, 2009; Leedy & Ormrod, 2005). Various data collection procedures were used over a sustained period of time to obtain the data.

Setting and Participants

The residential care facility where the study was conducted can be described as a 'challenged' facility. Most of the residents, at the time of the study, were dependent on social grants and were amongst the poorest older persons in the community. They did not have relatives to take care of them, or, if they did have relatives, the relatives were unable to take care of them. This particular residential care facility also accommodated cognitively challenged persons who had no other choice of accommodation as well as persons from various cultural backgrounds. The facility faced many challenges due to its limited human and financial resources and the difficulty of managing diverse residents consisting of older persons from different cultures and cognitively challenged individuals.

A purposive sample of male and female older persons between the ages of 65 and 75 was selected from the 93 residents living in the facility. The selection criteria were willingness to participate and an acceptable level of cognitive capability to ensure that the participants would be able to provide the required information on their lived experience in the facility.

Twenty-six older persons (9 male, 17 female, 7 black and 19 white) took part in the Mmogo-method™, and eight older persons (3 black, 5 white) who took part in the Mmogo-method™ also participated in a focus group discussion.

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Data collection

The data were obtained using the Mmogo-methodTM, individual interviews, a focus group discussion, observations and reflective notes.

Mmogo-methodTM. The Mmogo-methodTM is a culture-sensitive data collection method (Roos, 2008) that uses culturally appropriate material such as malleable clay, grass stalks and coloured beads to create visual representations of the participants' subjective experiences. This method is used to gain a deeper understanding of the participants' emotional experience as participants create visual representations which are regarded as projections of their lived experiences. This method is particularly useful when working with cognitively challenged persons as well as persons who struggle to express themselves as in the case of some older persons (Roos, 2011).

Focus groups. Various researchers (Albanesi, Cicognani & Zani, 2007) recommend the use of focus groups to explore groups' sense of community. Focus groups give the researcher more control over the direction in which the questioning should go, and, by asking open-end questions, data can surface in an inductive manner (Creswell, 2009). Focus groups do not only provide an abundance of useful information but they also give the researcher control over the data being collected as he or she can probe and seek clarification when something is not clear. Focus groups enable the researcher to obtain different views from different individuals for purposes of comparison (Leedy & Ormrod, 2005).

Observations and reflective notes. Observations, field notes on the observations and reflective notes were used throughout the data collection process. Observations as a data collection method are useful as they afford the researcher first-hand experience of the participants and also enable the researcher to "record information as it occurs" (Creswell, 2009, p. 179). They give the researcher the opportunity to notice unusual features of the phenomena under

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investigation (Creswell, 2009). Observations were also used in the study to cross-check the information gathered thus ensuring the trustworthiness of the findings. This was particularly necessary because the participants were older persons who might experience some degree of being cognitively challenged or might struggle to express themselves. Sigelman and Rider (2011) also cautions that data collecting methods that rely on self-rapport are not always the ideal means of collecting information from cognitively challenged older persons as such persons cannot always comprehend speech, and people of different ages do not always understand and interpret questions in the same way.

Procedure

Honours and Master's psychology students were trained as fieldworkers and the data were collected over a period of one month, which enabled the fieldworkers to build relationships of trust with the older persons. The fieldworkers had several contact sessions with the older persons before the data gathering commenced. During the first contact session, the fieldworkers observed the older persons living circumstances as well as their social interaction with each other – the observations were recorded in the form of reflective notes.

The second session was used to obtain consent from the older persons and an adapted version of the Sense of Community Index (SoCI) questionnaire was administered to 38 participants. Because of the participants' cognitive shortcomings, they could not fully comprehend the SoCI questionnaire, and it consequently did not yield any useful results.

The Mmogo-methodTM was applied during the third contact session and 26 older persons participated in this activity. The fieldworkers were trained to interact with the older persons on an individual level during the implementation of the Mmogo-methodTM. The participants were asked to make a visual representation of their experiences at the residential care facility using clay, beads and straws. The following instruction preceded the visual representation: Please use the material

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and make anything that will tell us about your life here at XXX (residential care facility). To obtain the deeper meanings of the visual representations, the participants were then individually interviewed and asked to explain what their visual images represented or meant. The fieldworkers asked questions such as “What did you make?”, “Why did you make it?”, “What does it mean?” and “What does it tell about your life here in the residential care facility?” The fieldworkers photographed the participants’ visual representations and also made reflective notes.

During the fourth contact session, a focus group was held with eight older persons who also took part in the Mmogo-method™. The objective of the focus group was to explore how the residents experienced their lives at the residential care facility in response to the open-ended question, “How do you feel about this place?” The focus group discussion was then further probed with the following questions:

What makes the residents happy to stay in the residential care facility?

What would the residents like to change about their lives in the residential care facility that would make staying there better?

How do the residents get along with each other?

What activities do the residents engage in?

Would they like to share activities with each other?

What suggestions do the residents have for possible activities that could make living in the residential care facility more exciting?

Do the residents share in each other’s hobbies?

Do the residents share their experiences with each other?

What can be done to encourage more involvement with each other?

The focus group proceedings were recorded and transcribed verbatim.

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Data Analysis

The textual data were analysed by using thematic analysis and the visual data by using a multi-stage analysis process.

Analysis of textual data. The textual data were subjected to thematic analysis. In the case of the observations, the textual data were obtained from the reflective notes. Thematic analysis as a data analysis method was chosen because it provided the rich and detailed data (Braun & Clarke, 2006) required for the study. The textual data were then also compared across each method in an inductive manner.

During the thematic analysis, the data were coded according to a three-step coding process consisting of open coding, axial coding and selective coding (Leedy & Ormrod, 2005). In the open coding stage, initial categories were identified, and the data were categorised according to these categories. Each participant's account of his or her experience in the facility received attention and was considered for inclusion in these categories. The topics originating from the observations were categorised similarly. During the axial coding, possible links and connections were explored, and subcategories were formed to create more prominent themes. Finally, in the selective coding stage, core themes were identified, and particular attention was given to interesting relationships between the themes (Braun & Clark, 2006).

The themes captured the essence of what repeatedly emerged from the data, that is, the words and phrases used time and again by the participants. The recurrent interpretations of the fieldworkers were also identified across all the data and later categorised into themes.

Analysis of visual data. The visual data were obtained through the Mmogo-methodTM and subsequently analysed according to the steps set out by Roos (2008). The analysis was a multi-stage process. In the first phase, the literal meaning of the participants' visual representations were explained by the participants themselves. In the second phase, the participants were asked

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to link their visual representations to the research instruction, that is, *“to make a visual image of their experiences at the residential care facility”*. During this phase, the researcher asked questions about the meaning of each object in the representations while guiding the participants to analyse and explain the underlying meaning of the objects. In the third phase, the researcher considered the representations as well as the descriptions of the representations to identify themes that pointed to relationships between the representations.

Trustworthiness of the Study

To enhance the trustworthiness of the study, the criteria proposed by Lincoln and Guba (1985) as well as Ellingson (2009) were applied (see Table 1).

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Table 1: Strategies applied to enhance the trustworthiness of the data

		STRATEGIES APPLIED TO ENHANCE THE TRUSTWORTHINESS OF THE DATA
CRITERIA FOR TRUSTWORTHINESS (LINCOLN AND GUBA (1985))	<p>Credibility – Refers to whether the findings are, in fact, a reflection of reality (Shenton, 2004).</p>	<ul style="list-style-type: none"> • Data collection took place over a sufficient period of time to allow prolonged exposure to the participants. • The researcher familiarised herself thoroughly with the data collected.
	<p>Dependability – Refers to the consistency of the research findings.</p>	<p>Various data collection and analysis strategies were used to ensure the trustworthiness of the data (also refer to as the crystallisation of the data):</p> <ul style="list-style-type: none"> • Different forms of data collection (visual representations, interviews, focus groups, observations, reflective notes) were used to cross-check the data. • Data were collected until a point of data saturation was reached (existing data were repeatedly confirmed with no new data emerging). • Different data analysis methods were applied (thematic analysis and the Mmogo-method™ analysis).
	<p>Transferability – Refers to the extent to which the findings can be applied to other contexts.</p>	<ul style="list-style-type: none"> • The study attempted to provide as much detailed and descriptive information as possible about the topic under investigation as well as the whole research process (including the design, methodology, interpretations and limitations of the study) as suggested by Shenton (2004).
	<p>Confirmability – Refers to the neutrality of a study and, in the case of this study, to the fact that the findings reflected the views of the participants and not of the researcher.</p>	<ul style="list-style-type: none"> • Data crystallisation was applied (using different forms of data collection). • The researcher indicated any limitations of the study.

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Ethical Considerations

Ethical approval was granted by the ethics committee of the North-West University, Potchefstroom Campus under the title: “An exploration of enabling contexts (05K14).”

Permission to conduct the study was obtained from the South African Women’s Federation, the management of the residential care facility, the North-West University and the participants themselves.

Because the study involved older persons as a vulnerable group, special care was taken concerning ethical considerations, especially the issue of protection. Special care was taken not to harm, unsettle or disturb the older participants. Care was also taken not to violate their human rights in any way and to treat them with dignity and respect. The participants’ right to privacy was respected, and their identities were not disclosed. The participants participated voluntarily in the study, and their written consent was obtained. The purpose of the research and the data collection procedures were explained to the participants.

Results and Discussion

The main themes and the subthemes of the study are summarised in the table below.

Table 2: Themes and subthemes of the participants’ experience of living in the residential care facility

Themes	Subthemes
Social interaction	Lack of social interaction The need for social interaction Communication barriers Diverse backgrounds

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	<p>Impaired communication abilities</p> <p>Limited opportunities for social interaction</p> <p>Lack of activity programmes</p> <p>Layout of the residential care facility</p> <p>Feelings of loneliness and isolation</p>
Sense of purpose	<p>Participation in meaningful activities</p> <p>Passivity and boredom</p> <p>Sense of loss</p> <p>Coping with emotional problems</p>

Social Interaction

Social interaction refers to the social interaction between the residents and how they related to each other socially as well as to the interaction between the residents and people from outside the residential care facility.

Lack of social interaction. There was limited social interaction between the residents. Three fieldworkers summarised the interaction between the residents as follows:

The majority of the residents sat on their own and those who sat in groups did not seem to interact with each other.

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The residents were operating in isolation since everybody is involved in his or her own business and it was difficult to find at least five residents sitting together conversing with each other.

Although three residents were sitting together at a table there were no interaction between them and they needed to be prompted to interact with each other at some level. After the activity, they went to their own rooms without greeting each other.

A fieldworker commented that only one of the two residents he interviewed knew his roommate while the other resident knew only the faces and not the names of the other residents.

Some of the residents indicated that they chose to remain in their rooms and to be on their own. One diabetic resident commented: “*I rather stay in my room in case something happens to me*”, and two other residents:

I do not want to interact with the others and rather want to sit alone.

Most of the time I isolate myself to reflect on the past.

The residents also expressed that they have limited social interaction with people from outside the residential care facility because most of the residents had no contact with their families, and very few people from outside the facility visited the facility.

The need for social interaction. The residents expressed a need for social interaction in the residential care facility, and said they would like to participate in social activities. This was confirmed by the fieldworkers’ observations that most of the residents they interviewed wanted company and conversation:

They hunger for someone to talk to.

They long for company.

One fieldworker reported that the resident he interviewed was so “*hungry for conversation*” that he shared his life events with the fieldworker without any pressing from the fieldworker.

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The fieldworkers reported that the residents enjoyed the interactions with them during the data collection process and that they appreciated the time the fieldworkers spent with them: *“The visits seemed to satisfy this hunger.”* One resident commented: *“Our own children forget about us, but look at how many of you want to spend time with us.”*

Besides the need for social interaction in the residential care facility, the residents also expressed a need for social interaction with people from outside the residential care facility. Most of the residents had no contact with their families, and the fieldworkers reported that very few people from outside the facility visited the facility. When the residents were asked for suggestions on what could be done to improve their social interactions with each other, one of the residents responded: *“Are you talking about getting people from outside involved?”* and *“I would say if we could do more things that make the people from outside want to get involved, they must come meet us here in the facility and get to know us”.* Another resident commented: *“Maybe it is important for us to also get involved with the people outside.”*

The residents' desire for social interaction and for participation in social activities reflects their need to be part of their community. As Mannarini and Fedi (2009) put it, “people need to feel this community membership” (p. 212). Social participation plays a key role in enhancing sense of community (Roos & Temane, 2007), which, in turn, can encourage further participation (Mannarini & Fedi, 2009).

Factors that seemed to play a role in the lack of social interaction between the residents were identified as communication barriers and limited opportunities for social interaction.

Communication barriers. Communication barriers are the barriers that impacted negatively on the social interaction between the residents in the residential care facility. These barriers could be related to the diverse backgrounds of the residents and their impaired communication abilities.

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Diverse backgrounds. The residents' diverse backgrounds, that is, their culture and cognitive abilities, hindered their communication with each other and had a negative impact on their social interaction with each other. Some of the residents reported that they did not interact with the residents from other cultural groups while others said they did not interact with the cognitively challenged residents.

The fieldworkers observed that there was no integration between the different races and that the residents formed groups or cliques based on race:

The resident does not want to interact with others, especially those of other races.

The residents form groups and persons of colour are not included in the white groups.

The residents are not very united and integrated based on race and gender.

The different backgrounds lead to residents not always understanding each other.

Integration is a problem.

One resident said that although he did not have a problem with the black residents, "*he does not interact with them*".

The reason for the residents not interacting with fellow residents from other cultures could be that they did not understand their culture and therefore did not know how to relate to them. According to Coffman and Belue (2009), sense of community differs across cultural groups because different cultures have different experiences resulting in different interpretations of the sense of community dimensions. Towley et al. (2011) caution that although sense of community is important, placing too much value on uniformity often devalue human diversity.

The cognitively challenged residents were also excluded from social interaction and because the other residents did not understand them and did not know how to relate to them. Some of the fieldworkers' observations:

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Some of the residents do not understand the cognitively challenged residents and do not want to interact with them.

One of the residents was very distant towards the cognitively challenged residents and he referred to their intelligence as the reason.

The resident does not struggle with integration with other races however he does with the residents from XXX (facility for cognitively challenged residents).

One resident reported that the cognitively challenged residents did not fit into the residential care facility: *“You cannot make a joke with them because they do not understand that it is a joke, so now I just ignore them”.*

Sense of community is particularly relevant to persons with mental illnesses as others tend to discriminate against them and exclude them from community participation. Sense of community is therefore important to such people to prevent their further marginalisation (Townley & Kloos, 2009).

Impaired communication abilities. Some of the residents displayed impaired communication abilities that seemed to influence their social interaction negatively. Such residents were excluded from social interaction because it was difficult to communicate with them. The fieldworkers commented on the problem of communicating with some of the residents because these residents struggled to express themselves while others struggled to understand “simple terms”. Two of the residents who specifically indicated that they did not want to interact with other residents had speech impediments with one of them possibly caused by a stroke. Another resident who is mute spent most of her time in her room.

While the residents excluded members of other cultures, the cognitively challenged as well as those with impaired communication abilities from their social interaction, they formed cliques or groups with other residents with whom they could relate. This is confirmed by Towley et al. (2011) who maintain that homogeneous groups feel emotionally safer and experience a stronger sense of

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community. Research shows that a link exists between homogeneous groups and the emotional safety they experience and that sense of community is also naturally stronger in such groups. “The establishment of a sense of community is often predicated upon the assumption that individuals are similar to each other” (Towley et al., 2011, p. 82). One of the four dimensions of sense of community is membership where the group members feel they are personally related to each other. These group members form boundaries to create a safe place for themselves, and the decision as to who can and who cannot be part of the group is often determined by similarity (Towley et al., 2011).

Limited opportunities for social interaction. Another factor that seemingly influenced the social interaction between the residents was their limited opportunity to interact socially with each other as well as with people from outside the residential care facility. The limited opportunity for social interaction was partly ascribed to the lack of activity programmes in the residential care facility as well as the layout of the facility, which was not conducive to social interaction.

Lack of activity programmes. The residential care facility does not offer activity programmes to encourage social interaction between the residents. When the residents were asked what activities they participated in, some said they practised hobbies such as sewing, knitting and crocheting, which they did in isolation. The fieldworkers also made the following observations:

The residents cannot say what they are exactly doing, they got use to sit around doing nothing.

The residents just sit in the sitting room waiting for meals.

There is no formal system for activities.

The residents need some form of activity.

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According to Mannarini and Fedi (2009), participation enhances a sense of community, which, in turn, can encourage further participation. Members' involvement with each other creates a higher level of cohesion (Wilkinson, 2008). The frequency and the quality of the interaction between the members of a group also play a central role in group cohesion (McMillan & Chavis, 1986).

The lack of activity programmes in the residential care facility can be ascribed to the limited resources available for interventions to encourage social interaction between the residents. According to the fieldworkers:

Residents are poor; there are no resources for intervention.

Resources for stimulation are limited and the residents find ways to stimulate themselves such as knitting, reading, crafting.

The socio-economic status of a community affects the sense of community of the members. Wealthier communities, for example, have more resources and facilities to aid in the bonding of members (Mak, Cheung & Law, 2009). Poverty can impact negatively on community members' behaviour and development although studies have shown that active citizen participation, social networking and bonding can reduce these negative effects (Ohmer, 2010). Ohmer (2010) further suggests in his study on citizen participation in poor communities that a community's competencies and strengths should be enhanced and that the members of the community should engage in projects that will build relationships between members.

Layout of the residential care facility. The limited social interaction between the residents can be attributed to the layout of the residential care facility, which is not conducive to social interaction. At the time of the study, the chairs in the living area were placed in rows, and the residents sat side by side without having any eye contact with each other. According to one of the fieldworkers: *"The chairs are in rows in the living room which does not enhance interaction and*

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communication between the residents.” The dining room table also appeared to be too big to facilitate communication or social interaction between the residents at lunch and dinner time. The residents also reported that there were no proper areas in the garden for them to socialise – this was confirmed by the fieldworkers.

Feelings of loneliness and isolation. Most of the residents appeared to be lonely and isolated. A fieldworker remarked that the facility was a *“cold and lonely place and it feels like people sit and wait to die”*. She added that she had talked to three female residents who had one thing in common – *“loneliness”*. Another fieldworker commented: *“The residents are unhappy and alone”* and *“I noticed that they were lonely and that they hunger for someone to talk to.”*

Feelings of loneliness were expressed by many of the residents who used visual representations such as fences and kraals to depict their loneliness and isolation.

Figure 1 shows a representation of the particular resident herself surrounded by a fence as a symbol of her isolation.



Figure 1: A fence representing the isolation experienced by the resident

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Figure 2 shows a representation of a kraal containing one ox symbolising the resident's feelings of loneliness and isolation.



Figure 2: Kraal with one ox in it

The residents' feelings of loneliness and isolation were most likely caused by their limited social interaction with each other and people from outside the residential care facility (this is confirmed in the literature). Social interaction is crucially important in creating a sense of community, which is all about the interrelationships and interdependence of individuals in a community, which, in turn, help prevent feelings of loneliness (Schwarz & Tait, 2007; Sarason, 1974). The absence of a sense of community is thus associated with loneliness, alienation, psychological distress and helplessness (Townley & Kloos, 2009).

Sense of Purpose

Sense of purpose refers to the purpose or meaning people have in their lives. In the study, the residents described the purpose or meaning they have in their lives and the lack thereof in terms of their participation in meaningful activities, sense of loss and emotional problems.

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Participation in meaningful activities. Participation in meaningful activities was important to the residents. Some of the residents kept themselves busy with hobbies such as knitting, crocheting, sewing, crafting as well as with chores such as tending to the vegetable garden and looking after the storeroom. The importance of participation in meaningful activities was described by the fieldworkers as follows:

He keeps himself busy, find something to do (vegetable garden).

She keeps herself busy by doing things like knitting and helping the staff to set the tables.

She likes it very much to work with her hands.

She loves to make things (knitting and crocheting) for the other residents.

We do not do anything here except for talking.

She and her boyfriend do not do any activities with the other residents although she would like to do activities together with other residents.

Ons skop nie meer bal nie, want ons is nou hier [We don't kick the ball anymore because we are here].

The residents who had chores such as looking after the vegetable garden and the storeroom said that these chores meant a lot to them as it made them feel that they meant something to the other residents. It gave them a sense of purpose. A fieldworker said about the resident who was responsible for the storeroom: *“The storeroom means a lot to him as it makes him feel that others trust him with all the important stuff and that he means something to them (the other residents)”*; *“he enjoys the feeling that he is doing something for them (residents); “he feels the storeroom is a responsible work”*. And about the resident who was responsible for the vegetable garden: *“Because if the one person goes to trouble to do something, the others appreciate it.”*

Some of the residents took chores upon themselves as a possible indication of their need to have a sense of purpose. One resident reported: *“When residents do things wrong, I help them*

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and when residents do not want to cooperate, I ask the nurses for help. I feel like the head boy of the facility, when residents run away, I go look for them. Another resident believed that it was his responsibility to open and close the gate of the residential care facility and, although it seemed as if this was a self-assigned chore, he was very proud of doing it.

McMillan and Chavis (1986) refer to the need to mean something to others as influence. Influence is when the members of a group feel they make a difference to each other – it enhances the sense of community or group cohesion.

The fieldworkers reported that the residents expressed the need to share activities that were meaningful to them with each other such as listening to music:

He listens to music in his room, wants to share this also with his friends.

She also enjoys listening to the piano with her friends who also appreciate music.

One resident talked enthusiastically about the evening coffee drinking on the stoep with other residents.

Figure 3 shows a resident's visual representation of the dining room at the residential care facility. The resident said this was where the residents spent most of their time having their meals and tea. The dining room was a special room when compared to the other rooms in the facility as it was the place where the residents met every day to enjoy their meals.

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Figure 3: Dining room

The importance of shared activities or experiences with others is confirmed in the literature. Shared emotional connection is one of the dimensions of sense of community as it refers to members' belief that they have shared histories and experiences (McMillan & Chavis, 1986).

Passivity and boredom. While some of the residents kept themselves busy with hobbies and chores, other residents were passive and bored. According to the fieldworkers:

The residents seems to be passive and cannot say what they are exactly doing, they got use to sitting around doing nothing.

Everybody eats when the lunch or dinner bell rings and then return to a waiting position until the next meal.

They are inactive, move from meals to sitting room.

One fieldworker said she found a particular woman in exactly the same position she had been in during the previous session, and another fieldworker remarked: *"It feels like the people sit and wait to die"*. The residents also expressed their boredom. One resident said: *I sleep all day*

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because of boredom and would like management to incorporate activities. I feel all we do is to have meals and tea”.

Sense of loss. Some of the residents experienced a sense of loss. During the application of the Mmogo-method™, some of the residents reflected on their past recalling images of things that used to be important to them while expressing a sense of loss. They referred to the past as “*happier days*”.

As illustrated in Figure 4, one resident reflected on her childhood memories that were full of joy and happiness. According to the fieldworker: “*She remembers these childhood memories as a time of happiness and joy and I could sense that there is a longing for that sense of freedom and happiness*” and “*It seems as if everything that gives her joy is either outside the facility or in her past*”.



Figure 4: Basket representing ‘happier days’

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The residents also expressed their sense of loss in relation to the things they used to do and the fieldworkers reported such expressions as follows:

She would like to be a nurse again; she loved it especially because she worked with people and helped them. She also loved to cook and misses it.

He tells the fieldworker that his hands can do anything, he is not afraid of any kind of work.

Ons skop nie meer bal nie want ons is hier [We don't kick the ball anymore because we are here].

Two residents who had lost the use of their legs reflected on the past and the fact that they could no longer walk and the fieldworker reported as follows:

He longs for things that he was able to do before the accident and for his freedom. He is goal orientated and would like to walk again and do things.

Another resident reflected on the loss of her independence while stating that *she feels very dependent on the nurses and would like to have her independence back by doing her own laundry.*

The residents also expressed their sense of loss in terms of lost relationships and the fieldworkers reported these expressions of loss as follows:

He talks about his only brother that was left that passed away last week.

She sculpted herself and her daughter. She was sad when indicating that the figure was her daughter.

She says she lost everything, her cat, her mom, her dad and repeatedly said "ek het al my mense verloor" [I have lost all my people].

She talks about her friend that died three years ago, she is very sad and misses him a lot, they would have married. She made images of objects that reminded her of times spend with her friend as illustrated in Figure 5. The coffee mug represented drinking coffee together, the

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chameleon how they used to go for walks and spotted the chameleon and the flowerpot how they used to put flowers in the pot together.



Figure 5: Images of time spent together

“Old age is often accompanied by feelings of loss and other developmental stressors” (Janssen, Van Regenmortel & Abma, 2011, p. 145). The experience of a sense of loss seems to be common in later life, and the losses reported by the residents such as the loss of a loved one, career or job, independence, body parts, home or community because of relocation are also common losses associated with old age (Schmall & Bowman, 2004; Janssen, Van Regenmortel & Abma, 2011). Schmall and Bowman describe a loss as “whenever we lose something significant and in which we have invested ourselves – our time, energy, affection, money, or dreams and hopes” (2004, p. 1). The losses experienced by older persons are then also often the reason for their diminishing social participation (Cavanaugh, 1997). Older persons who are socially isolated struggle to adjust to their loss and open themselves to prolonged grief (Schmall & Bowman, 2004). When the grieving process is not appropriately dealt with, an older person’s well-being is often undermined.

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Coping with emotional problems. Some of the residents displayed emotional problems but had few opportunities to express and deal with these emotions. Two residents reported that they were abused by their husbands, and one of them wanted to know “*why her husband abused her*”. The fieldworkers reported as follows on two residents who displayed emotional problems:

One resident was very unhappy there, started to cry when she was asked whether she liked to stay there. She said it feel like everybody forgot about her.

She sculpted herself and her daughter; she was sad when indicating that the figure was her daughter.

Another fieldworker reported as follows on a particular resident:

Most of the time she isolates herself where she reflects on the past. She became very sad when talking about her past. She used to be a violent person and stabbed somebody to death. She is sad about it. She wants to die and said that would make her happy.

This resident made a visual representation of her life (see Figure 6) with the following symbolism: a bed – she sleeps most of the day because there is nothing to do in the facility. She isolates herself to reflect on the past. A house – she misses her independence. She sits in her room to reflect on her life. A sad face – she is sad about the man she stabbed.

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Figure 6: Bed, house and sad face

Two of the residents had lost their loved ones through death, and it seemed they were struggling with the bereavement process. The fieldworkers reported on their loss as follows:

She talks about her friend that died three years ago, she is very sad and misses him a lot, they would have married. She talks a lot about the friend and what they have done together.

She says she lost everything, her cat, her mom, her dad and repeatedly says “ek het al my mense verloor” [I have lost all my people].

The two residents who had lost their legs in accidents seemingly struggled to come to terms with their disability. One of the amputees repeatedly referred to her disability in negative terms and said that she would *still be working* if she had her legs. The other resident said *he longed for the things he could do* before the accident and that he would like to walk again to do these things once again.

Many of the residents also revealed a need to express and share their emotional problems with others. Two residents summarised this need as follows: “*Sometimes there are things inside*

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your heart that say 'help' and then you need someone close to you who will understand how you feel" and "sometimes when someone is sad, I tell them that they shouldn't be sad, I am here with them."

According to Cavanaugh (1997), the presence of the following three factors – vulnerability to physical illness, undesirable life events and the loss of social support – contribute to the development of psychopathology. Supportive networks are an important interpersonal coping mechanism for older persons when their well-being is threatened (Ntshangase et al., 2007). Meaningful relationships with family and friends, where there is an element of mutual trust and dependence as well as bonding, enable older persons “to maintain positive emotions and recover from stressful experiences” (Ntshangase et al., 2007, p. 254).

To summarise the above findings, the residents in the residential care facility experienced limited social interaction between them as well as with people from outside the residential care facility. Despite the need for social interaction, communication barriers seemed to impede their social interaction. These barriers were related to the residents' diverse background and their impaired communication abilities. This is worsened by the limited opportunities for social interaction such as the lack of activity programmes. The layout of the facility is also not conducive to social interaction. Many residents appeared to be lonely and isolated and this could be as a result of the limited social interaction.

The residents also expressed the need for having a sense of purpose or meaning in their lives. The sense of purpose or meaning was described in terms of their participation in meaningful activities such as hobbies and chores. Passivity and boredom amongst some of the residents were observed and especially in the absence of participation in meaningful activities. Some of the residents experienced a sense of loss and displayed emotional problems which have an impact on their sense of purpose or meaning in the facility. The sense of loss experienced by some of the

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residents varied from a loss of independency and functionality to the loss of loved ones or not being able to do what they use to do before living in the facility.

Recommendations

The well-being of the residents in the residential care facility will be enhanced if the sense of community in the facility improves. To achieve this, the following recommendations (see below) are proposed. These recommendations did not only emerge from the study but are also in line with the three key priorities of the Madrid International Plan of Action on Ageing: older persons and development; promoting health and well-being into old age; and ensuring enabling and supportive environments (Madrid International Plan of Action on Ageing, 2002).

Social Interaction

The residents' need for social interaction could be addressed by implementing regular activity programmes. The activities should be shared and meaningful to the residents, for example listening to music, doing exercises and practising collaborative hobbies. The aim of the activity programmes should be to encourage communication and social interaction between the residents while creating the opportunity for the residents to get to know each other better and to share experiences with each other. By improving the social interaction between the residents, the sense of community in the facility will be strengthened. The Madrid International Plan of Action on Ageing confirms the importance of activity programmes for older persons. According to the Plan of Action, older persons should be encouraged to participate in social and recreational activities that contribute to their growth and personal well-being (Madrid International Plan of Action on Ageing, 2002).

The residents' need for interaction with people from outside the residential care facility could be address by involving social and religious groups, for example, to provide voluntary services. These groups should also involve older persons in their projects. Projects where community

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members adopt an older person are examples of how society can become involved in residential care facilities. The Madrid International Plan of Action on Ageing emphasises the importance of partnerships between civil society and the older persons themselves.

Older persons themselves should also become involved in voluntary work in the community. This is in line with a recommendation of the Madrid International Plan of Action on Ageing that older persons should be empowered to participate fully in the social life of their communities through voluntary work (Madrid International Plan of Action on Ageing, 2002).

The layout of the facility should be conducive to communication between the residents. By rearranging the chairs into smaller groups with tables where the residents can play games and have conversations with each other will provide better opportunities for social interaction. Meals are the only time the residents get together as a group making meal time the ideal time for social interaction. Smaller tables in the dining room will create a more intimate atmosphere that will promote communication and enable the residents to get to know each other better. Attractive social areas in the garden with tables and chairs arranged in small clusters to encourage social interaction will entice many of the residents from their rooms.

Sense of Purpose

A sense of purpose or meaning was expressed by the residents in terms of their involvement in meaningful activities like hobbies and chores. Residents with craft skills like sewing, knitting and crocheting could, for example, share their skills with each other. The residents could also establish collaborative craft projects and sell their handwork to generate additional income. More residents could also become involved in the vegetable garden as a collaborative project and sell the produce to the community.

Involving the residents pro-actively in the management and maintenance of the residential care facility will encourage their participation and give them a sense of purpose. The residents

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could be given responsibilities such as the general maintenance of the garden, setting the tables for meals and tea and the basic preparation of meals.

Older persons often feel marginalised when their roles in society are removed. The involvement of the residents in collaborative projects will not only encourage social interaction but will also give them a sense of purpose and empowerment. Collaborative projects will also increase the residents' sense of community. The Madrid International Plan of Action on Ageing states that older persons should be continually empowered and developed by providing them with access to lifelong learning and participation in the community (Madrid International Plan of Action on Ageing, 2002).

Coping with Sense of Loss and Emotional Problems

The residents' supportive networks should be strengthened to enable them to cope with their sense of loss and emotional problems. Professional help should be provided to assist residents to deal with emotional problems. Regular and meaningful shared group activities that facilitate interaction and encourage communication between the residents can serve as a platform for the residents to share their experiences with each other while providing support to each other. Support groups should be formed with the help of lay counsellors. The Madrid International Plan of Action on Ageing states that "various losses and life changes can often lead to an array of mental health disorders" (Madrid International Plan of Action on Ageing, 2002, p. 30). The Plan of Action further states that a supportive environment should be created for older persons that will promote their well-being and recommends coping strategies such as psychosocial support, cognitive training programmes and training for caring staff (Madrid International Plan of Action on Ageing, 2002).

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Limitations of the Study

The fieldworkers reported that the participants (residents) struggled to understand simple terms and to express themselves clearly. Some of the participants became easily distracted and spoke randomly about irrelevant topics without answering the questions while others became bored during the Mmogo-method™ activity. Some of the participants were easily influenced by the other participants. Some of the participants were initially cautious about participating in the research and seemed uncertain and scared to answer questions or to say anything negative about the residential care facility for fear of being victimised.

Conclusion

Residential care facilities for older persons in South Africa face unique challenges such as dealing with diversity and lacking the necessary financial and human resources to provide the necessary long term care to these older persons. Policy frameworks and legislation emphasise the importance of relational well-being of older persons. However, different challenges limit the development and optimisation of relational well-being. The sense of community in residential care facilities plays an important role in the well-being of the older persons and appropriate psychosocial interventions are required to assist with the development thereof.

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