

**An exploration of the experiences of older persons in an economically deprived residential
care facility**

T. R. Shabangu

21894426

**Dissertation submitted in partial fulfilment of the requirements of the degree Magister
Artium in Research Psychology at the Potchefstroom Campus of the North-West
University.**

Supervisor: Prof. Vera Roos

November 2011

TABLE OF CONTENTS

Acknowledgements	iii
Preface	iv
Summary	v
Opsomming	vii
Manuscript for Examination with Contact Details	ix
Author Guidelines	x
Abstract	1
Introduction	2
Research Methodology	4
Research design	5
Research context and participants	5
Procedure	6
Data-collection	7
Data analysis	7
Trustworthiness of the Study	8
Ethical Considerations	9
Findings	9
In relation to the self	10
In relation to other people	11
In relation to the environment	14
Discussion	16
Recommendations	19
Conclusion	20
References	21

LISTS OF TABLES AND FIGURES

Table 1	Identified themes and subthemes of the older person's experiences	10
Figure 1	Visual representation illustrating the isolation of an older woman	12
Figure 2	Visual representation of an ox in a kraal with three legs, no eyes and no mouth	13
Figure 3	Visual representation of a storeroom containing shelves and tools.	15
Figure 4	Visual representation of a piano.	16

ACKNOWLEDGEMENTS

I wish to convey my deepest gratitude to my supervisor and mentor, Prof. Vera Roos, for her belief in my potential, and her encouragement, support, inspiration, patience and kind words of wisdom that always reminded me that I have to learn more to be able to understand the world better.

I wish to express my gratitude to my lovely wife, Pulane, who supported me in so many ways throughout this challenging yet fulfilling journey.

I wish to thank my mother, Bonanki, for her love, understanding and always being there for me.

Special thanks go to the rest of my family, friends and former colleagues, especially Kapps, who always stood at my side.

I wish to extend my gratitude to Mrs Louise Vos for setting time aside to support me with articles and books, which shed valuable light on my research topics. I remember with affection our warm conversations and her friendly spirit.

I wish to thank my son, Ngosi, for ultimately understanding that our momentary separation was necessary for my personal growth, and my lovely daughter, Mankosana, who accompanied me on this interesting and fulfilling academic journey.

I wish to convey my thanks to the participants, research assistants and everybody at the *Ons Hulde* residential care facility.

Above all, my greatest gratitude goes to God Almighty who strengthened me when I struggled and always kept me calm and positive and reminded me that He will continue to be with me until the end of the world.

Preface

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

Prof. Vera Roos

SUMMARY

AN EXPLORATION OF OLDER PERSON'S EXPERIENCES IN AN ECONOMICALLY DEPRIVED RESIDENTIAL CARE FACILITY

KEY WORDS: older person's experiences, economically deprived, residential care facility

The older person's component of the population has increased rapidly in recent years due to developments in medicine, technology and other areas of life. Growing older implies a gradual decline in the physical, mental and social functioning of an individual. Older people consequently have to rely on others for assistance, and, in some instances, they are looked after in residential care facilities. These facilities should be sensitive to older person's culture, religion, ethnicity, privacy, dignity and independence. The aim of this study was to explore older person's experiences in an economically deprived residential care facility in order to understand what their needs are and how these needs can be met so as to enhance older person's subjective well-being. Socio-ecological theory and the BBB (Being, Belonging and Becoming) model were used to assess the extent to which the facility promoted the well-being of the residents of the facility.

A qualitative research study was undertaken to determine the older person's experiences of the residential care facility. A purposive sample of eight participants – three black and five white with ages ranging from 65 to 75 – was used in the focus group discussions. Another method, the Mmogo-methodTM, made use of a sample of 23 participants – eight black and 15 white with ages ranging from 65 to 75. The focus group discussions yielded insight into the older person's experiences of the facility while in the Mmogo-methodTM, a visually projective method, the participants made visual representations of their experiences thereby revealing the deeper meanings of the experiences. The data, both textual and visual, obtained from the focus group discussions and the Mmogo-methodTM, were analysed using thematic content analysis. The trustworthiness of the study was ensured through crystallisation.

The study revealed that the older persons in the facility experienced a lack of autonomy, isolation and discrimination. It also appeared that they wanted more contact with people outside

the facility. Some of the older persons engaged actively with their environment while others adopted a more passive stance.

The study suggests that older persons should be given the opportunity to take decisions regarding certain aspects of their lives. Also, interventions aimed at dealing with personal loss and relational deficiencies and at promoting respect for diversity should be planned and implemented in order to improve the subjective well-being of older persons in residential care facilities.

OPSOMMING

'N ONDERSOEK NA DIE ERVARINGS WAT OUER MENSE BELEEF IN 'N EKONOMIES MINDERBEVOORREGTE RESIDENSIËLE SORGFASILITEIT

SLEUTELWOORDE: ouer mense se ervarings, ekonomies minderbevoorreg, residensiële versorgingseenheid

Die deel van die bevolking wat uit ouer mense bestaan, het in die afgelope jare snel toegeneem as gevolg van ontwikkelings op die terreine van die medisyne en tegnologie, asook ander aspekte van die lewe. Om ouer te word behels die geleidelike afname in 'n individu se fisiese, verstandelike en sosiale funksionering. Ouer mense moet gevolglik op ander staatmaak vir hulp en in sommige gevalle word na hulle omgesien in residensiële sorgfasiliteite. In hierdie eenhede behoort 'n sensitiwiteit te bestaan vir die ouer mense se kultuur, godsdiens, etnisiteit, privaatheid, waardigheid en onafhanklikheid. Die doel van hierdie studie is om ondersoek in te stel na die ervarings wat ouer mense in 'n ekonomies minderbevoorregte residensiële sorgfasiliteit ervaar, met die doel om hulle behoeftes te verstaan en hoe daar aan hierdie behoeftes voldoen kan word sodat hulle subjektiewe welstand kan verbeter. Sosio-ekologiese teorie en die *BBB*-model (*Being, Belonging and Becoming* – Wees, Behoort, Word) is gebruik om die omvang te assesser waartoe die eenheid die welstand van sy inwoners bevorder.

'n Kwalitatiewe navorsingstudie is onderneem om te bepaal wat die ouer mense se ervarings van die residensiële sorgfasiliteit is. 'n Doelbewuste steekproefneming is gebruik in die fokusgroepbesprekings: agt deelnemers, waarvan drie swart en vyf wit, en met ouderdomme 65 tot 75. Vir 'n ander metode, die Mmogo-metodeTM, is 'n steekproef van 23 deelnemers, waarvan agt swart en 15 wit, met ouderdomme 65 tot 75, gebruik. Die fokusgroepbesprekings het insig gebied in die ervarings wat die ouer mense van die eenheid het, terwyl die deelnemers via die Mmogo-metodeTM, wat 'n visuele projeksiemetode is, visuele voorstellings van hul ervarings gemaak het en daardeur die dieper betekenis van hul ervarings ontbloom het. Die data, sowel tekstueel en visueel, wat deur middel van die fokusgroepbesprekings en die Mmogo-metodeTM

ingewin is, is met behulp van tematiese inhoudsontleding geanaliseer. Die vertrouenswaardigheid van die studie is verseker deur kristallisasie.

Die studie het aan die lig gebring dat die ouer mense in die sorgfasiliteit 'n tekort aan selfstandigheid ervaar, asook geïsoleerdheid en diskriminasie. Dit het ook aan die lig gekom dat hulle meer kontak met mense buite die eenheid wil hê. Sommige van die ouer mense neem aktief aan hul omgewing deel, terwyl ander 'n meer passiewe houding inneem.

Die studie doen aan die hand dat ouer mense die geleentheid gegun behoort te word om besluite oor sekere aspekte van hul lewens te neem. Afgesien daarvan behoort intervensies wat daarop gemik is om persoonlike verlies en verhoudingsgebreke aan te spreek en wat terselfdertyd respek vir diversiteit bevorder, beplan en geïmplementeer te word, sodat die subjektiewe welstand van ouer mense in residensiële versorgingseenhede verbeter kan word.

MANUSCRIPT FOR EXAMINATION

An exploration of the experiences of older persons in an economically deprived residential care facility

T. R. Shabangu
64 Holden Street
Riebeeckstad
Welkom
9459
21894426@nwu.ac.za

Prof V. Roos
School for Psychosocial Behavioural Sciences
Psychology
North-West University
Potchefstroom campus
2520
E-mail: Vera. Roos@nwu.ac.za

INTENDED JOURNAL AND GUIDELINES FOR AUTHORS

This dissertation will be submitted to the *Journal of Community and Applied Social Psychology* to be considered for publication. Attached please find a copy of the guidelines for prospective authors as set out by the journal

Author Guidelines

Manuscript Submission *Journal of Community and Applied Social Psychology* operates an online submission and peer review system that allows authors to submit articles online and track their progress via a web interface. Please read the remainder of these instructions to authors and then visit <http://mc.manuscriptcentral.com/casp> and navigate to the *Journal of Community and Applied Social Psychology* online submission site. IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created.

All papers must be submitted via the online system.

File types. Preferred formats for the text and tables of your manuscript are .doc, .rtf, .ppt, .xls. **LaTeX** files may be submitted provided that an .eps or .pdf file is provided **in addition** to the source files. Figures may be provided in .tiff or .eps format.

Please note: This journal does not accept Microsoft Word 2007 documents at this time. Please use Word's "Save As" option to save your document as a .doc file type. If you try to upload a Word 2007 document in Scholar One you will be prompted to save .docx files as **.doc** files.

NEW MANUSCRIPT

Non-LaTeX users: Upload your manuscript files. At this stage, further source files do not need to be uploaded.

LaTeX users: For reviewing purposes you should upload a single .pdf that you have generated from your source files. You must use the File Designation "Main Document" from the dropdown box.

REVISED MANUSCRIPT

Non-LaTeX users: Editable source files must be uploaded at this stage. Tables must be on separate pages after the reference list, and not be incorporated into the main text. Figures should be uploaded as separate figure files.

LaTeX users: When submitting your revision you must still upload a single .pdf that you have generated from your now revised source files. You must use the File Designation "Main Document" from the dropdown box. In addition you must upload your TeX source files. For all your source files you must use the File Designation "Supplemental Material not for review". Previous versions of uploaded documents must be deleted. If your manuscript is accepted for publication we will use the files you upload to typeset your article within a totally digital workflow.

COPYRIGHT AND PERMISSIONS

Authors **must** sign, scan and upload to the online system:

- To enable the publisher to disseminate the author's work to the fullest extent, the author **must** sign a [Copyright Transfer Agreement](#) with original signature(s) - transferring copyright in the article from the author to the publisher. Without this we are unable to accept the submission.
- permission grants - if the manuscript contains extracts, including illustrations, from other copyright works (including material from on-line or intranet sources) it is the author's responsibility to obtain written permission from the owners of the publishing rights to reproduce such extracts using the Wiley [Permission Request Form](#) . Permission grants should be submitted with the manuscript.

The Copyright Transfer Agreement Form and the Permission Request Form should be uploaded as "Supplementary files not for review" with the online submission of your article.

If you do not have access to a scanner, further instructions will be given to you after acceptance of the manuscript.

Submission of a manuscript will be held to imply that it contains original unpublished work and is not being submitted for publication elsewhere at the same time. Submitted material will not be returned to the author, unless specifically requested.

To enable the publisher to disseminate the author's work to the fullest extent, the author must sign a [Copyright Transfer Agreement](#), transferring copyright in the article from the author to the publisher, and submit the original signed agreement with the article presented for publication. A copy of the agreement to be used (which may be photocopied) can be found on the *Wiley InterScience* website and through links in the online submission system.

Illustrations must be submitted in electronic format. Save each figure as a separate file, in **TIFF** or **EPS** format preferably, the figure number and top of the figure indicated. Compound figures e.g. 1a, b, c should be uploaded as one figure. Include the source file. We favour dedicated illustration packages over tools such as Excel or Powerpoint. Grey shading (tints) are not acceptable. Lettering must be of a reasonable size that would still be clearly legible upon reduction, and consistent within each figure and set of figures. Where a key to symbols is required, please include this in the artwork itself, not in the figure legend. All illustrations must be supplied at the correct resolution: Black and white and colour photos - 300 dpi; Graphs, drawings, etc. - 800 dpi preferred; 600 dpi minimum; Combinations of photos and drawings (black and white and colour) - 500 dpi. Please submit the figure legends separately. The cost of printing **colour** illustrations in the journal will be charged to the author. The cost is approximately £700 per page. If colour illustrations are supplied electronically in either **TIFF** or **EPS** format, they **may** be used in the PDF of the article at no cost to the author, even if this illustration was printed in black and white in the journal. The PDF will appear on the *Wiley Online Library* site.

Title and Abstract Optimisation Information. As more research is read online, the electronic version of articles becomes ever more important. In a move to improve search engine rankings for individual articles and increase readership and future citations to *Journal of Community and Applied Social Psychology* at the same time please visit [Optimizing Your Abstract for Search Engines](#) for guidelines on the preparation of keywords and descriptive titles.

Manuscript Style. The language of the journal is English. 12-point type in one of the standard fonts: Times, Helvetica, or Courier is preferred. It is not necessary to double-line space your manuscript. Manuscripts should not normally exceed 7,000 words in length, or equivalent in text, references and tables and should include a word count where possible. Tables must be on separate pages after the reference list, and not be incorporated into the main text. Figures should

be uploaded as separate figure files. The **title page** must list the full title, a short title of up to 40 characters and names and affiliations of all authors. Give the full address, including e-mail, telephone and fax, of the author who is to check the proofs on this page, as the *Journal of Community and Applied Social Psychology* operates a 'blind' reviewing system include the name(s) of any **sponsor(s)** of the research contained in the paper, along with **grant number(s)** .

Supply an **abstract** of up to 200 words for all articles, except book reviews. An **abstract** is a concise summary of the whole paper, not just the conclusions, and is understandable without reference to the rest of the paper. It should contain no citation to other published work. Include up to ten **key words** that describe your paper for indexing purposes. Include an indication of the classification of the paper (e.g., Book Review, Editorial, Research Article).

Short Papers of no more than 2,000 words in length [or equivalent in text, references and tables] are encouraged. Research papers, Innovations in practice and Communication and commentary are all welcome in the Short Paper section. Submissions will be reviewed in the usual way but it is anticipated that the reviewing and publication process will be of shorter than average duration than for longer papers. Abstracts for Short Papers should be of around 50 words.

Reference Style. The APA system of citing sources indicates the author's last name and the date, in parentheses, within the text of the paper.

An exploration of the experiences of older persons in an economically deprived residential care facility

Abstract

Older persons are becoming increasingly dependent on others, for instance their family members, community members and carers in residential care facilities for various forms of assistance. The aim of this study was to explore by applying the Mmogo-methodTM the experiences of racially diverse older persons who live in an economically deprived residential care facility, who cares for physically challenged and independently functioning older people (aged 60 and older) as well as mentally challenged people with ages ranging from 45 to 109 years. A qualitative research approach was followed and an intrinsic case study research design applied. Eight participants (three black and five white) independently functioning older people with ages ranging from 65 to 75 participated in focus group discussions. Twenty three participants, both mentally challenged as well as independently functioning older people (eight black and 15 white) with ages ranging from 65 to 75 participated in the Mmogo-methodTM, a visually projective research method. The data were analysed thematically, and the findings had a bearing on different relational levels. In relation to the self, the older persons experienced a lack of autonomy, and on a relational level they experienced isolation from and discrimination by the other residents. They expressed a need for relating to people in the facility as well as outside the facility. In relation to the environment, some of the older persons engaged actively with their environment while others were passive in this regard. Recommendations are made for promoting the well-being of older persons in an economically deprived residential care facility.

Key words: diversity, economically deprived, older persons, relational dimensions, residential care facility, multi-racial residents

Introduction

The number of people aged 65 and older is likely to rise in South Africa in the years to come (Warburton, Bartlett & Rao, 2009) with associated challenges for caring for the aged. Old age is associated with a deterioration of bodily and mental capacities implying a growing need for support from others (Heikkila, Sarvimäki & Ekman, 2007). This support may include care by immediate family members, and, in the absence of family members or because of poverty, some older persons may depend on care provided by residential care facilities (Liebig, 2003).

Residential care facilities or care homes are institutions established to provide end-of-life care that is compassionate, sensitive and appropriate for older persons (Badger et al., 2009). Such institutions are required to provide for the physical, social, psychological and spiritual needs of older persons during the course of which they should attempt to promote the quality of life of older persons in all the important domains of their lives as well as create opportunities for their optimal engagement in the environment (Kleynhans, 2009; Kommel, 1981).

The holistic approach to the care of older persons is integral to the Being, Belonging and Becoming (BBB) model as proposed by Watt and Konnert (2007). According to this model, Being refers to the basic physical aspects of older persons such as their bodies and the state of their health; psychological factors such as feelings, cognitions and evaluations of the self; and spiritual factors such as beliefs and values. Belonging refers to the fit with the environment and consists of physical belonging for example connection to surroundings, social belonging refers to links with social environments and community belonging includes access to community resources (Watt & Konnert, 2007). Following Watt and Konnert (2007), Becoming focuses on purposeful, goal-oriented activities and consists of practical becoming which means participating in practical and purposeful activities, leisure becoming relates to participating in activities that

promote relaxation and stress reduction and lastly growth becoming means participating in activities that maintain or improve knowledge and adaptation to change. The BBB model is underpinned by the socio-ecological theory, which stresses the interdependence of community members, the distribution of resources and adaptation (Barker, 1968; Duncan, Lazarus & Seedat, 2007). The theory is used to explain the interactions between older persons as well as between them and their environment.

The residential care facility in which this research was planned and conducted is typical of residential care facilities in South Africa. Many such facilities in South Africa have to look after older persons despite limited financial resources, and, post-1994, they also have to accommodate older persons from diverse ethnic backgrounds (Badger et al., 2009). Previously, mainly white older persons were accommodated in residential care facilities, and their black counterparts were generally looked after by their communities. This integration meant that older persons had to share their lives with each other regardless of their cultural customs, socio-historical background, religion, ethnicity, and so on. Different groups living in separate areas, in the previous South African dispensation, meant that interpersonal relationships were based on racial discrimination. In the present dispensation, the personal, cultural, spiritual beliefs and practices of different community members have to be treated with sensitivity and respect (Badger et al., 2009). Also, because of the limited facilities for mentally challenged older persons, some of the residential care facilities that looked after normal older persons had to take in mentally challenged older persons as well. Mental illness is often associated with stigma, stereotypes and negative attitudes (Quinn, Laidlaw & Murray, 2009).

Little research has been done on older person's psycho-social experiences in multicultural, economically deprived residential care facilities in South Africa. Also, little is

known about how to determine the psycho-social experiences of mentally challenged older persons. The present research was guided by two questions: What are the psycho-social experiences of older persons in a multicultural, economically deprived residential care facility? What research methods could be applied to access the psycho-social experiences of mentally challenged older persons? Insight into the experiences of older persons in the specific contexts in which they function is important because such contexts influence their subjective well-being (Kahana & Kahana, 1983; Kahana, Liang & Felton, 1980; Lawton, 1983; Moos, 1980, 1981; Wister, 1989). Kahana (1982) suggests that positive feelings will most likely be generated if older person's personal needs or preferences are met by their social environments. Conversely, when such needs are not met, negative feelings will most probably be generated together with poor adaptation (Begovic, 2005; Kahana, 1982).

The primary aims of this study were to explore the psycho-social experiences of older persons in an economically deprived residential care facility and to illustrate the use of a qualitative data-gathering method to access data from mentally challenged older persons. It is hoped that the findings will contribute to an understanding of how older person's subjective well-being can be promoted.

Research Methodology

An exploratory, descriptive and contextual research method was used in the study. A qualitative research approach was considered appropriate for exploring the psycho-social experiences of older persons in an economically deprived residential care facility since it is a highly personal approach that focuses on the subjective experiences of people in their particular contexts in a collaborative research relationship (Nelson & Prilleltensky, 2005; Patton, 2002). Qualitative data-gathering methods can also gather in-depth, rich data on mentally challenged

older person's psycho-social experiences in contexts such as diverse and economically deprived residential care facilities.

Research design

A case study method was used to explore – through in-depth data collection methods – the experiences of older persons in an economically deprived residential care facility (Creswell, 2007). Such a method was appropriate since the object of study was the experiences over a period of time of older persons in a residential care facility, which is generally regarded as a *bounded system* (bounded by time and/or place) (Babbie, 2010; Creswell, 2007; De Vos, 2005).

Research context and participants

The residential care facility in the study is a racially integrated (post-1994), economically deprived residential care facility where independently functioning older persons live together with physically challenged older persons as well as mentally challenged people with ages ranging from 45 to 109 years. The facility thus accommodates older persons who are functioning independently, physically and mentally challenged as well as younger people who are mentally impaired. The participants who volunteered to participate in the study are regarded as older people because they are older than 60 years.

The participants were purposively selected for the focus group discussions on the basis of their ability to communicate their experiences coherently. The focus group participants consisted of eight older persons (three black and five white) who function independently. The Mmogo-methodTM participants consisted of 23 older persons (eight black and 15 white) who were willing to take part in the study, and consisted of physically and mentally challenged as well as independently functioning older people. To accommodate for the individual needs of the physical and mentally challenged older people, Honours students in Psychology underwent

training as field workers so that they could conduct individual interviews with the older persons after they had completed their visual representations.

Procedure

Permission for the research was granted by the Department of Health and the management committee of the residential care facility. Permission was also obtained from the participants for their inclusion in the samples. Two visits were undertaken by the researchers and the field workers to the facility prior to the data gathering to meet the participants and become acquainted with the facility residents. Prior to these visits, the field workers received training on data collection and on how to deal with their impact on the diverse facility residents. During the first visit, the researchers and field workers were introduced to the various units of the facility and the surroundings. During the second visit, they were introduced to the residents.

On the day of the data collection, the researchers and field workers met the residents in the hall where lunch is usually served. The participants were invited to participate in the research, and they were individually informed about the data collection procedure, the confidentiality of the information they provided and their right to withdraw from the research at any stage. Informed consent forms in English, Afrikaans and Setswana were handed out and explained on an individual basis and then signed by the participants. Some residents who initially did not want to participate later changed their minds and were provided with the research materials. After receiving the materials, the participants were given instructions individually by the field workers. The older persons then constructed visual representations of their experiences in the residential care facility.

The field workers were required to observe the communicative as well as the non-communicative behaviour of the participants. After completion of the visual representations, the

field workers asked the participants questions about the representations and what they meant. They also made rough sketches of the representations. The participants' responses were transcribed verbatim and analysed thematically. The representations were also recorded on digital cameras and analysed.

Data collection

Data were collected using the Mmogo-methodTM. Individual interviews as well as focus group discussions were held on the visual representations until data saturation was achieved.

Mmogo-methodTM. The Mmogo-methodTM (Roos, 2008; 2012), which is described as a projective qualitative data-gathering instrument, requires minimal verbal abilities and involves participants in the construction of their subjective and often unconscious experiences. Participants use materials such as clay, grass straws, pieces of wood, needles, cloths, beads or colourful buttons (Roos, 2012) to make visual representations of their experiences based on an open-ended instruction, which, in this instance, was: "Please use the clay, grass straws and beads to tell us anything of your life here." The visual representations were subsequently photographed, and the participants were individually interviewed to ascertain the deeper meanings of the representations.

Individual interviews. An interview is a two-way conversation in which the interviewer asks participants questions in order to learn about their ideas, beliefs, views, opinions and behaviour (Cresswell, 2007). After completion of the visual representations, the participants were asked to explain the representations on the basis of clarifying questions such as:

What did you make?

Why did you make it?

What does your representation tell us about your experiences of your life here?

The interviews conducted with the participants were transcribed and then analysed.

Focus group discussions. Focus group discussions are based on the assumption that group interaction will be productive in widening the range of responses, activating forgotten details of experiences and releasing inhibitions that may otherwise discourage participants from disclosing information (Cresswell, 2007).

Questions and follow-up questions that guided the focus group discussions were:

What do you do in this residential facility that makes you happy?

How do you relate to other people in the facility?

What do you do together as a group?

What suggestions do you have for improving your life here?

The individual interviews as well as the focus groups were audio taped, and the responses were transcribed verbatim and thematically analysed.

Data analysis

Analysis of textual data. The thematic content analysis comprised three stages (Braun & Clarke, 2006). In the first stage, the data were broken down to enable the researcher to identify initial categories and their properties (Braun & Clarke, 2006). This required examining the text and marking individual words, phrases and sentences. In the second stage, new connections were made between the categories and subcategories to form themes. In the third stage, the themes were related to other themes, and the relationships between the themes were explained (Braun & Clarke, 2006).

Analysis of visual data. The visual data were analysed as suggested by Roos (2008). First of all, the field workers questioned the participants (the older people) about each object they had made in their visual representations in order to determine its literal meaning. Secondly, the

field workers ascertained the relationship between the different objects in the representations. Thirdly, the field workers applied the visual representations to the specific research question to gain insight into the phenomenon under discussion by asking: What is the relevance of what you have made to the question that was asked regarding your life here? Lastly, the field workers explored the cultural meanings contained in the symbolic use of the objects by asking the participants to explain the associations they had with the objects they had made.

Trustworthiness

Crystallisation was used as a means of ensuring the trustworthiness of the results – this meant that the research question was studied from various angles (Tobin & Begley, 2004) to shed more light on it. The data were obtained from an interpersonal perspective as well as from the subjective experiences of the individual older persons through the focus group discussions and the Mmogo-methodTM. Two data analysis methods also provided different perspectives of the participants' experiences. The visual data-gathering methods and the manner in which the participants were probed about their visual representations ensured that deep, thickly described, complex interpretations of the experiences of the participants were obtained, which were confirmed through member checking and peer review (Ellingson, 2009). Crystallisation also involved reflective consideration of the researcher's role in the research design, the data collection and the representation of the data in a research report (Ellingson, 2009).

Ethical considerations

Permission to conduct the research was obtained from the ethics committee of the North-West University (05K14) and the management of the residential care facility. The participants were not subjected to any physical or emotional harm while participating in the study (Brinkmann & Kvale, 2008). Sensitivity towards and respect for the older person's ethnicity,

race, religion and cultural backgrounds were shown throughout the research process. The field workers assigned to the participants were coming from a similar background and could communicate freely with them.

Findings

The data revealed that the experiences of older persons in an economically deprived, racially diverse residential care facility can be categorised into three relational themes: in relation to themselves, in relation to other people and in relation to the environment. Each of the themes and its subthemes will be discussed individually and supported with appropriate visual or textual data.

Table 1

Identified themes and sub-themes of the older person's experiences

Themes	Subthemes
In relation to self	Lack of autonomy
In relation to people	Disenabling ways of relating to people
	Isolation from people in the facility
	Discrimination due to mental disability or ethnicity
	Enabling ways of relating to people in the facility
	A need for more interactions with people outside the facility
In relation to the environment	Active engagement
	Passivity

In relation to the self

In relation to the self, the participants expressed a need for autonomy.

Need for autonomy. Autonomy in this sense refers to being given the opportunity to govern one's own life or at least certain aspects of it. In its basic form, in the present study, it relates to the participants' subjective experience of having sufficient control to make decisions about matters affecting their quality of life, goals, subjective well-being and satisfaction with the facility. Some of the participants reported that they experienced a lack of autonomy in their lives: *"Sometimes they tell me how to do things but I do them the way I like"*. One participant said that she felt dependent on the nurses, that she would like her independence back by doing her own laundry and that if the residents displayed any autonomous behaviour they would get into trouble: *"A person goes into trouble after doing something in your own way"*.

In relation to other people

Two relational themes emerged from the interactions between the residents in the residential care facility, namely a disabling way of relating that was expressed in isolation and discrimination and an enabling way of relating that was described as caring for each other, being confirmed by other people and helping each other.

Disabling ways of relating to people. Disabling in this research meant that the potential for meaningful interactions was limited by the way the older persons preferred to interact with others. Isolating themselves and discriminating against others seemed to jeopardise meaningful interpersonal contact.

Isolation from other people in the facility. The older people tended to isolate themselves from social interactions by staying in their rooms. They seemed to prefer to spend their time alone in their rooms by either sleeping or keeping themselves busy. One of the older people

made a visual representation (Figure 1) consisting of a coffee mug, a chameleon, a basket, a flower pot, a radio and a person – a nurse whom she considered polite.



Figure 1. Visual representation illustrating the isolation of an older woman

This participant reported that she enjoyed drinking coffee and listening to the radio in her room. She added that she had lost a close friend she used to drink coffee and listen to the radio with while they both watched the chameleon. They did not socialise with the other residents when her friend was alive and that is why she was lonely now, according to her.

An older man isolated himself from the other residents and spent his time alone under a tree reading a book after he had suffered a stroke. He could not communicate with the other residents and preferred to be alone.

Isolation was also noted in an older man who, in his representation, portrayed himself in a closed kraal, which, according to him, represented his isolation from other people after he had lost his brother the previous week.



Figure 2. Visual representation of an ox in a kraal with three legs, no eyes and no mouth

This participant made a kraal containing an ox with no eyes, no mouth and only three legs. According to him, the ox represented his grieving over the loss of his brother.

Discrimination against people. Discrimination here means separating or excluding people on the basis of observable differences such as ethnic features or physical or mental disabilities. Some of the older persons discriminated against the mentally challenged residents by seeing themselves as superior: *“To see these people and live with them, make you realise how blessed you are, and that you can only be grateful that you are not like them”*. One older person described how he enjoyed joking about mentally challenged people. Some older persons discriminated against other older persons on the basis of their ethnicity. One resident reported that he did not interact with any of the black residents even though he did not mind living with them.

However, some of the older persons expressed a need for meaningful interactions with people in the facility and also with people outside the facility.

Enabling ways of relating between people in the facility. Meaningful interactions were experienced when the participants seemingly looked after each other, confirmed each other and helped each other. One older man explained the relationship between him and an older woman: *“I am looking after this lady, I am like her son”*. He added that *“other people also adopt each other, and look after each other here”*. Enabling ways of relating to people are apparently facilitated if people confirm each other by accepting each other for who they are. One older person said he was accepted for who he was and that he could then to relate to other people: *“I can communicate here at [the residential care facility]. People around accept me for who I am”*. The importance of such confirmation by other people was supported by an older person in a focus group: *“You need someone close to you who will understand how you feel”*. He added that *“it’s good to talk to other people”*, a sentiment that was echoed by the whole group.

Need for more interactions with people outside the facility. Contact with people outside the residential care facility was very limited at the time of the study although the participants expressed a need for such interactions: *“If we could do more things that make people outside want to get involved, they must come, meet us here in [our residential care facility] and get to know us”*. Also: *“If the community comes, I don’t mind making friends with other people”*.

In relation to the environment

This research showed that the interaction of the older persons with their environment was an active engagement where opportunities were created externally for them to engage in.

Active engagement. Some of the older persons apparently created opportunities for themselves to take part in different activities. One of the older men who controlled the gate at the

entrance of the facility commented: *“I am the only one at the gate and keeping the gate makes me busy”*. Another older person started a vegetable garden, and yet another looked after the storeroom (Figure 3). The participant described his visual representation as a storeroom that he was in charge of and that consisted of shelves and tools.



Figure 3. Visual representation of a storeroom containing shelves and tools

Being actively engaged seemed to make the older persons happy. For example, one of the older women said: *“I feel very happy; I do crochet and sell it”*. The older man with the vegetable garden confirmed that tending the garden made him very happy: *“I am very happy here, I am taking out things that aren’t right out of the garden and then I can plant new ones and water them”*. Some of the older persons in the facility derived enjoyment from taking part in music activities. One of the older women made a visual representation of a piano (Figure 4).



Figure 4. Visual representation of a piano

Passivity. The field notes of the field workers revealed that the facility residents often sat passively and waited for lunch and tea to be served. Very few engaged in activities, and many expressed the need for appropriate activities to be organised for them. They believed that the management of the facility should provide such activities and/or materials to entertain them. One of the older persons said that she slept all day because of boredom. Another reported that they used to play with a ball to get exercise: *“We used to play with the ball, where one throws it and the other catches it”*. Other older persons also confirmed their need to engage in physical activities: *“If we could only get a ball, we would all be able to play together”*. One of the participants spoke about the provision of care: *“I came here because I did not get proper care. I decided to come here hoping that I might get help. At least I am receiving food, a place to sleep and my clothes are washed”*.

Discussion

The experiences of this group of older persons should be contextualised in terms of their age, cognitive impairment and an environment with limited economic resources. People who look after the elderly tend to do everything for them, which sometimes limit their sense of

autonomy. The lack of autonomy in this group of participants led to feelings of incapability, a finding supported by Neimeyer and Werth (2005). Autonomy, according to Kagan and Burton (2005), can be divided into autonomy of agency and critical autonomy. Autonomy of agency refers to the ability to initiate actions that can be achieved through the process of learning and translating lessons into practice (Doyal & Gough, 1984; Kagan & Burton, 2005). Critical autonomy refers to opportunities for participation. In this study, it seems that both types of autonomy were missing, and a need for them was expressed by the participants. Providing older persons with opportunities to exercise control over some aspects of their lives can give rise to feelings in them of empowerment over their environment (Kagan & Burton, 2005). The autonomy of older persons, irrespective of their disabilities, can be promoted by recognising their independence, individual choice, right to privacy and dignity (Farvis, 2003).

Disenabling ways of relating to other people manifested themselves in isolation caused by personal and interpersonal loss and discrimination. When people isolate themselves, they create distance, which makes it difficult for other people to care for them; it also limits the possibility of meaningful interactions (Kitching, 2010; Vorster, 2011). The present research suggested that many of the older persons isolated themselves as a way of dealing with the loss of a close relationship. Neimeyer and Werth (2005) confirm that losing loved ones can lead to heightened anxiety, depression and a yearning for the deceased. When older people lose their physical functions and abilities, they also tend to limit their interactions with others. The isolation may narrow the possibilities for them to experience social support, which is often needed to promote their subjective well-being, self-esteem, sense of meaning and satisfaction with others (Compton, 2005). Social relationships are important as they can provide a foundation for personal development and exploration; they can also help with the transfer of

useful information and can assist older persons to deal with difficult events through the application of effective coping strategies (Antonucci, Birditt & Akiyama, 2009; Frydenberg, 1999; Krause, 2006). Social relationships can also provide feedback directly or indirectly, which can have significant implications for people's self-image, sense of worth, levels of confidence, and how they perceive themselves and others (Vorster, 2011).

Relationships with other people can also be restricted due to discrimination, which is the negative treatment of one group by another based on race, skin colour, religion or other ethnic markers (Bytheway, 2005; Jönson, 2007). In South Africa, members of the different racial groups were segregated for most of their lives, and older persons were thus not exposed to meaningful interactions with older persons from other racial groups. Consequently, they did not know how to effectively interact with people from diverse backgrounds, and their prejudices probably stemmed from misinformation and myths about other ethnic groups (Wilson & Dorne, 2005).

Conversely, when the older persons in the study looked after each other, they experienced care and connectedness. However, the network of relationships in the residential care facility was limited to infrequent contact and little reciprocity with available social networks (Moren-Cross, & Lin, 2006). The older persons in the study gave and received little empathy and support from other residents, which may have contributed to their experiences of loneliness, isolation and misunderstandings (Vorster, 2011). The need of the older persons to have more interactions with people outside the residential care facility should be contextualised in terms of their isolation and deprivation.

Active engagement with the environment helped the older persons find meaning in their lives (George, 2006; Newman & Newman, 2003). The desire or motivation of the older persons

to do something in the facility could have been stimulated by their skills, knowledge, accomplishments and sense of pride (Farvis, 2003; Newman & Newman, 2003). According to the settings theory of Barker (1968), the older residents in the study could have influenced the residential care facility as much as the facility influenced them. Resources in the environment should be aligned to the older people's needs – if there is no congruence between the residents' needs and the environment, the residents are likely to experience chronic stress that may lead to physical and mental health problems (Kahana, Lovegreen, Kahana & Kahana, 2003). Belsky (1999) maintains that environments that are too bland and unchallenging may promote disabilities in elderly people. Some of the older persons in the study, especially those who displayed learned helplessness, tended to disparage their own efforts because they believed they had achieved little despite all their hard work (Duffy & Wong, 2000; Seligman, 1972). Persistent failure could have discouraged them to such an extent that they could not try out anything new or identify opportunities in their environment (Seligman & Csikszentmihalyi, 2000). In other words, their perceptions of their abilities further weakened their desire to exploit opportunities available to them.

The use of the Mmogo-methodTM with the mentally challenged residents made it possible to access their feelings and experiences of life in an economically deprived residential care facility. The application of a visual projective instrument gave them the opportunity to express themselves in a way that required minimal verbal abilities. Also, the individual attention paid to their visual representations enabled them to maintain their focus and to provide meaningful data.

Recommendations

The older residents should be given opportunities to take decisions about certain aspects of their lives so that they can experience a sense of autonomy. The unique situation of each older

person should determine the extent to which they can take decisions affecting their lives. In order to bolster the autonomy of the residents, they should be involved, where possible, in the planning of activities for themselves.

Many of the older residents seemed to mourn different losses. Interventions should therefore be planned and implemented to help older persons handle grief resulting from personal and relational losses. Interventions should also be channelled to promote respect for diversity and tolerance for differences (Lynn & Snyder, 2005). Group intervention programmes can change the negative attitudes of one group towards another (Pettigrew, 1998; Iecovich & Lev-Ran, 2006). For example, team-building exercises aimed at improving relations and overcoming stereotypes among older persons could be held. In addition, psychological services should be made available to older persons on weekly basis to help them deal with individual and group concerns.

As a way of expanding relational networks, people from the outside community should be invited to visit the residents and, for example, read poetry to them or act for them. Social interaction could organically develop from such informal interactions between the residents and people from the broader community. The environment in which older persons find themselves could be enriched by providing physical, social and spiritual activities (Kommel, 1981) they could engage in.

Conclusion

Residential care facilities are key institutions that provide end-of-life care to older persons. The demand for such institutions will increase as the elderly population world wide is growing steadily. Such institutions should be improved so as to enhance the well-being of older persons.

References

- Antonucci, T. C., Birditt, K. S., & Akiyama, H. (2009). Convoys of social relations: An interdisciplinary approach. In V. L. Bengtson, D. Gans, N. M. Putney, & M. Silverstein (Eds.), *Handbook of theories of aging* (pp. 247-260). New York, NY: Springer.
- Babbie, E. (2010). *Practice of social research* (12th ed). Belmont, CA: Wadworth Cengage Learning.
- Badger, F., Pumphrey, R., Clarke, L., Clifford, C., Gill, P., Greenfield, S., & Jackson, A. K. (2009). The role of ethnicity in end-of-life care in care homes for older people in the UK: A literature review. *Diversity in Health and Care*, 6, 23-29.
- Barker, R. G. (1968). *Ecological psychology*. Stanford, CA: Stanford University Press.
- Begovic, A. (2005). *Older adults' residential moves, coping and adaptation*. Doctoral dissertation. University of Akron, Akron, Illinois.
- Belsky, J. K. (1999). *The psychology of aging: Theory, research, and intervention*. Pacific Grove, CA: Brooks/ Cole.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brinkmann, S., & Kvale, S. (2008). Ethics in qualitative psychological research. In C. Willig, & W. Stainton-Rogers (Eds.), *The SAGE handbook of qualitative research in psychology*, 263-279. London, Engeland: SAGE.
- Bytheway, B. (2005). Ageism. In M. L. Johnson, V. L. Bengton, P. G. Coleman, & T. B. L. Kirkwood (Eds.), *The Cambridge handbook of age and ageing*, 338-345. Cambridge,UK: Cambridge university press.
- Compton, W. C. (2005). *Introduction to positive psychology*. Belmont, CA: Wadsworth.

- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed). Thousand Oaks, CA: SAGE.
- De Vos, A. S. (2005). Qualitative data analysis and interpretation. In A. S. de Vos, H. Strydom, C. B. Fouché, & C. S. L. Delport (Eds.), *Research at grass roots: For the social sciences and human service professions* (3rd ed., pp. 333-348). Pretoria, South Africa: Van Schaik.
- Doyal, L & Gough, I. (1984). A theory of human needs. *Critical Social Policy*, 4(1)10, 6-38
- Duncan, N., Lazarus, S., & Seedat, M.(2007): *Community psychology theory, method and practice*. Cape Town, South Africa: Oxford University Press.
- Duffy, K. G. & Wong, F. Y. (2000). *Community psychology* (2ed.). Needham Heights, MA: Allyn & Bacon.
- Ellingson, L. L. (2009). *Engaging in crystallisation in qualitative research: An introduction*. Thousand Oaks, CA: Sage.
- Farvis, M. (2003). Residential aged care and homelike environment. *Australian Nursing Journal*, 11(5), 19-21
- Frydenberg, E. (1999). Understanding coping: Towards a comprehensive theoretical framework. In E. Frydenberg. *Learning to cope: Developing as a person in complex societies* (pp. 9-26). New York, NY: Oxford University Press.
- George, L. K. (2006). Perceived quality of life. In R. H. Binstock, L. K. George, S. J. Cutler, J. Hendricks, & J. H. Schulz (Eds.), *Handbook of aging and social sciences*, 320-336. San Diego, CA: Academic press.
- Heikkila, K., Sarvimäki, A., & Ekman, S. (2007). Culturally congruent care for older people: Finnish care in Sweden. *Scandinavian Journal of Caring Science*, 21, 354-361.

- Iecovich, E. & Lev-Ran, O. (2006). Attitudes of functionally independent residents towards dependent residents. *Journal of Applied Gerontology*, 25(3), 252-268.
- Jönson, H. (2007). Is it racism? Skepticism and resistance towards ethnic minority care workers among older care recipients. *Journal of Gerontological Social Work*, 49(4): 79-96.
- Kagan, C. & Burton, M. (2005). Marginalisation. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology: In pursuit of liberation and well-being*, pp. 293-308. New York, NY: Palgrave Macmillan.
- Kahana, E. (1982). A congruence model of person-environment. In M. P. Lawton, P. G. Windley, & T. O. Byets (Eds.), *Aging and the Environment: Theoretical approaches* (pp. 97-121). New York, N. Y: Springer.
- Kahana, E., & Kahana, B. (1983). Environmental continuity, futurity and adaptation of the aged. In G. D. Rowles & R. J. Ohta (Eds.), *Aging and milieu* (pp. 205-228). New York, N.Y: Academic Press.
- Kahana, E., Liang, J., & Felton, B. J. (1980). Alternative models of person-environment fit: Prediction of morale in three homes for the aged. *Journal of Gerontology*, 35(4), 585-595.
- Kahana, E., Lovegreen, L., Kahana, B., & Kahana, M. (2003). Person, environment, and person-environment fit as influences on residential satisfaction of elders. *Environment and Behaviour*, 35(3), 434 -453.
- Kitching, A. E. (2010). Conceptualising a relational-focused approach to the co-construction of enabling school communities. Doctoral dissertation. North-West University, Potchefstroom, South Africa.

- Kleynhans, H. (2009). *Gehaltesorg van ouer persone in residensiële sorgfasiliteite*. [Quality care of older persons in residential care facilities]. Doctoral dissertation. North-West University, Potchefstroom, South Africa.
- Kommel, E.V. (1981). The role of social worker in registered homes for the aged. Masters dissertation in social work. University of Port Elizabeth, South Africa.
- Krause, N. (2006). Social relationships in later life. In R. H. Binstock, & L. K. George (Eds.), *Handbook of aging and social sciences* (pp. 181-200). San Diego, CA: Elsevier.
- Lawton, M. P. (1983). Time, space and activity. In G. D. Rowels & R. J. Ohath (Eds), *Ageing and milieu* (pp 41-61). New York, NY: Academic
- Liebig, P. (2003). Old age homes and services: Old and new approaches to aged care. *Journal of Aging & Social Policy*, 15(2/3), 159-178.
- Lynn, M. & Snyder, C. R. (2005). Uniqueness seeking. In C. R. Snyder & S. J. Lopez (Eds), *Handbook of positive psychology* (pp. 395-405). New York, N. Y: Oxford.
- Moos, R. H. (1980). Specialised living environments for older people: A conceptual framework for evaluation. *Journal of Social Issues*, 36(2), 75-79.
- Moos, R. H. (1981). Environmental choice and control in community care settings for older people. *Journal of Applied Social Psychology*, 11(1), 23-43.
- Moren-Cross, J. L., & Lin, N. (2006). Social networks and health. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (pp. 111-126). San Diego, CA: Elsevier.
- Neimeyer, R. A., & Werth, J. L. (2005). Psychology of death. In M. L. Johnson, V. L. Bengtson, P. G. Coleman & T. B. L. Kirkwood (Eds.), *The Cambridge handbook of age and ageing*, 387-393. Cambridge, UK: Cambridge university press.

- Nelson, G. & Prilleltensky, I. (2005). *Community psychology*. New York, N. Y: Palgrave Macmillan.
- Newman, B. M. & Newman, P. R. (2003). *Development through life: A psychosocial approach* (8ed.). Belmont, CA: Wadsworth/Thomson Learning.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3ed.). Thousand Oaks, CA: Sage.
- Pettigrew, T. (1998). Intergroup contact theory. *Annual Review of Psychology*, 49, 65-85.
- Quinn, K. M., Laidlaw, K., & Murray, L.K. (2009). Older people's attitudes to mental illness. *Clinical Psychology and Psychotherapy*, 16, 33-45.
- Roos, V. (2008), The Mmogo™ method: discovering symbolic community interactions. *Journal of Psychology in Africa*, 18(4), 659-668.
- Roos, V. (2012). The Mmogo-Method™: An exploration of experiences through visual projections. *Qualitative research in psychology* (in press).
- Seligman, M. E. P. (1972). Learned helplessness. *Annual Review of Medicine*, 23, 407- 412.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). *Positive psychology: An introduction*. *American Psychologist*, 55(1), 5-14.
- Tobin, G. A. & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48(4), 388-396.
- Vorster, C. (2011). *Impact: The story of interactional therapy*. Pretoria, South Africa: Satori.
- Warburton, J., Bartlett, H., & Rao, V. (2009). Ageing and cultural diversity: Policy and practice issues. *Australian Association of Social Workers*, 62(2), 168-185.
- Watt, A. & Konnert, C. (2007). Quality of life in the nursing home: Perspectives of younger and older residents. *Canadian Journal on Aging*, 26(4), 403-410.

Wilson, S. H. & Dorne, R. (2005). Impact of culture on the education of the geriatric patient.

Topics in Geriatric Rehabilitation, 21(4), 282-294.

Wister, A. V. (1989). Environmental adaptation by persons in their later life. *Research on*

Aging, 11(2), 267-291.