South African nurses’ experiences of the concept of Activity, in nursing of elderly.

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ABSTRACT
Activities and relationships are something that all people have in common. Throughout activity we fulfill some basic needs, which are necessary to regain physical, mental, social and spiritual wellbeing. The core of caring is to be found in the human nature to care for others, with a purpose to make the life and living to go on and to, out of ethical aspects, facilitate the creative processes of others in their striving to gain a good, beautiful and meaningful living. The aim of this study was to explore South African nurses' experiences of the concept of activity in elderly nursing care. Four nurses were interviewed in a group interview. The interview had semi-structured questions, allowing the respondents to talk, and have a discussion, about activity within an elderly context. The analysis was carried out using a phenomenological-hermeneutical method, inspired by Lindseth & Norberg and Granheim & Lundman. Three themes came up from the analyze: Activities in Communion, Activities for Communion and Communion for Activities. According to the respondents the aim of all activity, including physical, mental and social, is to increase or maintain the elderly's quality of life. To gain this, the elderly need to feel increased sense of wellbeing, sense of being someone, dignity and appreciation, which is only possible in a communion. It is of great importance that the nurses try to reduce obstacles and meet the elderly's different needs for activity.

Keywords: Activity, Communion, Elderly, Care, Nursing, Quality of life, Culture.
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SYDAFRIKANSKA SJUKSKÖTERSKORS UPPLEVELSER AV BEGREPPET
AKTIVITET INOM ÅLDREOMSORG.

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SAMMANFATTNING
Aktiviteter och relationer är något som alla människor har gemensamt. Genom aktivitet
tillgodoser vi våra grundläggande behov, vilka är nödvändiga för att uppnå fysiskt, psykiskt,
socialt och spirituellt välmående. Själva kärnan i omvårdnad grundas i människans naturliga
beteende att ta hand om varandra och syftar till att stödja de kreativa processerna hos andra i
deras strävan efter ett bra och meningsfullt leverne. Syftet med studien var att undersöka
sydafrikanska sjuksköterskors upplevelser av begreppet aktivitet inom äldreomsorg. Fyra
sjuksköterskor intervjuades i en gruppintervju med fokus på aktivitet. Vid intervjun användes
semi strukturerade frågor, vilket gjorde att sjuksköterskorna kunde ha en öppen diskussion om
aktivitet inom äldreomsorg. Analysen genomfördes med en hemeneutisk fenomenologisk
metod inspirerad av Lindseth & Norberg. Genom analysen framträdde tre teman: Aktivitet i
gemenskap, Aktivitet för gemenskap samt Gemenskap för aktivitet. Enligt sjuksköterskorna är
syftet med all aktivitet, såväl fysisk, psykisk som social, att öka eller bibehålla de äldres
livskvalitet. För att uppnå detta krävs att de äldre känner ett ökat välbefinnande, känsla av
sammansynergy samt uppskattning, vilket endast är möjligt i en gemenskap. Sjuksköterskorna
framhåller vikten av att minimera hinder och anpassa aktiviteterna efter de äldres individuella
behov.

Sökord: Aktivitet, Gemenskap, Äldre, Omvårdnad, Sjuksköterska, Livskvalitet, Kultur.
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INTRODUCTION

Blekinge Institute of Technology, Department of Health Sciences, is cooperating since 1999 with the University of Pretoria in South Africa, in a research project that also includes a student exchange program. As part of this program we had the opportunity to accomplish our Bachelor Thesis in nursing during 12 weeks in autumn 2004. We both have experience from working with elderly and hence saw a challenge in the opportunity of exploring South African nursing with a focus on elderly care. Ageing, or to be old, is on one hand a biological part of life in origin and might, on the other hand a significant change of the social and psychological living for the person. To be old might also involve illness or any kind of physical or mental obstacles that will make the person dependent on support from others to get their basic needs fulfilled. Out of our experiences we have found that quality of life for old persons often are related to different kinds of activities in daily living. To be old does not necessary mean that you will lose your desires of being part of and active in the social life, but your desires might change and become different from your earlier days. From Swedish elderly care we have experienced that activities of daily living at old age homes tend to be indigent in that general biological and physical needs are fulfilled in first hand while emotional, spiritual and intellectual needs and desires in a way are left behind.

BACKGROUND

The human existence depends on three processes, significant to living as a whole, which have to complement each other. These are: the biological process, which aims to the hierarchic organization of the organism (soma), the mental process (psyche) which organizes the individual experiences, and finally the cultural organization of the individual’s mutually dependent on each other (ethos). These are all significant in adapting a healthy psychosocial development, and will follow the person from one’s birth to one’s death (Eriksson, 2000). According to Maslow (1987) there are five sets of needs and one of them are the physiological need of safety, belonging, esteem and self-actualization. When one need has been fulfilled the human being strives to fulfill another. However, this does not mean that one need has to be totally fulfilled before the next need emerges. These classifications of basic needs try to go behind cultural or other kinds of contextual differences and focus on life developing processes in human beings in general. According to Tornstam (2001), the ageing process is cumulative in terms of biological, psychological and social processes, furthermore he emphasizes that the core concept of the ageing process, is that all the basic needs and emotional desires are still there but always dynamic and changing.

Elderly care

The concept of elderly care, and in this study, the caring for old persons as provided by nurses in nursing care is founded in humanistic thinking and ideas (Holst, 2000; Hellström, 2003). The humanistic view of human beings, basically different from the natural view, is that persons’ being and become individuals and human is grounded in their psychological, social and spiritual dimension (Eriksson, 2002). Out of a biological or physical approach we are more to be all alike, but out of psychological and spiritual approaches we are unique and no one is the other one alike (Eriksson, 1997). According to Eriksson (1997) and Frankl (1987) the most outstanding of the humanistic approach, and the phenomenological perspective in special, is that human beings are capable of continuously changing their patterns of living and seeking and creating the meaning of life in interdependence with others. The concept of care is derived from the concept of caring as described and conceptualized by several nursing researchers (Paterson-Zerad, 1976; Parse, 1981; Watson, 1988; Eriksson, 2002). While
Nursing is conceptualized as a description of what nurses do as a whole and involves a lot of different knowledge from different scientific fields, Caring is conceptualized to be one knowledge part of its own in Nursing and based in a Caring perspective as an autonomous science (Eriksson, 2002; Fredriksson & Eriksson, 2003). The core of caring is to be found in the human desire for natural care of others with a purpose to make the life and the living to go on, and to out of ethical aspects, facilitate the creative processes of the others in their striving to gain a good, beautiful and meaningful living (Eriksson, 1997). According to Lindholm et al (2002) and Lindström (1994) this original base of caring is what professional and clinical caring must be founded in if there is to be a Nursing, or a Medical care as well, that is careful and really cares for the others wellbeing and their development on physical, psychological, social and spiritual dimensions. According to Tornstam (2001) ageing is characterized as a dynamic process over time wherein biological, psychological, social and spiritual needs and desires are preserved still changing due to changes in life circumstances. Hellström (2003) has emphasized that the basic and most important part of elderly care is to approach the old person as an individual human being and create a caring interaction that will obtain, facilitate and maintain a quality of life experienced as meaningful wellbeing in togetherness with significant others.

When caring for elderly and in special those suffering from different kinds of obstacles such as dementia, we need to ensure the encounter includes the appropriate activities to fulfill their specific needs. It is important that the elderly, as far as possible, have an option to choose and independently carry out different kinds of activities related to their own ideas about the meaning and quality of life. Some elderly might need encouragement and a helping hand to get started, others may even need to be reminded. During some illnesses it may be necessary for the nursing staff to actively participate in their patients’ activity. When the patients are no longer able to perform an activity, they can still participate passively (Westlund, Eggars, Nilsson & Petersen, 1993). The elderly themselves give prominence to the fact that social relation and mental activity is most important for their quality of life. Elderly people need some challenges to retain their abilities of thinking, learning and remembering. These are all abilities, which will be reduced if the elderly are not stimulated enough, and therefore it is very important for the nursing staff to understand their need for activity (Jahren-Kristoffersson, 2001, p.190).

The concept of activity – two theories
According to Tornstam (2001) activities and relationships are something that all people have in common. Throughout activity we fulfill some basic needs, which are necessary to regain physical, mental, social and spiritual wellbeing. There are two different approaches to gerontology research: the Activity Theory and the Disengagement theory, which both are very significant for present research. The older and most established approach is the Activity Theory, which really is more like a philosophy than a theory. This theory is based on the assumption that a good aging is associated with activity. The conviction is that the aging individual has the same behavior and needs that he had when he was middle-aged. Therefore it is important to stay active in social relations, as well as replacing the loss of ones profession. It is important to keep a positive image of yourself as a valued and needed human being. According to the Activity Theory, the losses that come with aging need to be prevented by being as active as possible. In 1960 a new revolutionary theory was introduced: Disengagement Theory. The new theory claimed that good aging does not imply that the elderly have the same behavior and desires as before. Instead all humans have a genetically predisposed instinct to withdraw themselves from society in old age, and during the same period as this happens, the society naturally repels the old person. This phenomenon will lead
to the fact that the old person’s contact with society gradually reduces, and can be seen as preparation for death. This phenomenon is not associated with dissatisfaction or discomfort, far from it, it is more associated with satisfaction and inner harmony. This is a universal phenomenon, which exists in all different cultures, but which also can be modified to the cultural differences. Wadensten & Carlsson (2002), made a study in which they stated the importance of creating and introduce new types of activities that encourage and support older people in their process towards gerotranscendence. The study was made with focus group interviews of both nursing staff and unqualified people. The conclusions were that it is important to let older people decide for themselves if they want to participate in the activities offered, or if they want to be left alone. Furthermore, meditation groups and therapy are ways of working with one’s own life history. Ramstedt (1997) made a Masters thesis about the meaning of music activity for older people. Her conclusions were that music had effects like happiness and sadness and also made patients feel healthier. Music activated the old people’s memories and made them want to move themselves. According to Palo-Bengtsson (2000), it was obvious that emotional response occurred in response to both dancing and walking. By dancing mutuality and interaction, involving social opportunities and fun were created. The dance music itself created a positive atmosphere. Dancing stimulated the elderly to make new friends and they also discovered that there were other individuals in the same situation.

**Elderly Care in South Africa**

South Africa is often called the rainbow nation because of its many cultures and the fact that they have eleven official languages show the cultural breadth. Today, South Africa has a population of approximately 42.5 million, and the life expectancy is 56.7 years (www.sida.se). Culture is the learned and transmitted knowledge about a particular group with its values, beliefs, rules of behavior and lifestyle practices that guides different groups in their thinking and actions in patterned ways (Leininger & McFarland, 2002). Our values dominate how our society is organized and how it operates. Every society has their values, which give them a distinctive character that makes them different from others. Different cultures have different views on the aging process, in some cultures the elderly have high status or high value. In many western cultures aging is not necessarily seen as a positive experience. Eastern cultures often believe that an old age means that a person has had valued experiences and therefore developed wisdom and knowledge that is useful to the rest of their society. Understanding cultural perspectives is important for nursing staff working with elderly, to promote more positive images of old age. This is especially important for elderly people living outside their own culture and also for nursing staff who are working in a culture different from their own (Pickering & Thompson, 1998). In transcultural South Africa there are different ethical believes on elderly care, depending on the cultural group you belong to. Among the blacks and colored there is a strong belief that you should not “abandon” your old family members by leaving them at an old age home. The white South African population is more similar to the western cultures and it is more common to make use of old age homes. The reason for black people not using old age homes as much as whites, is except from cultural differences a big economical issue, since the majority of the blacks cannot afford it (Department of Social Development, 2001). Personnel categories working at the south-african old age homes are doctors, registered nurses, unroled nurses and assistant nurses. The registered nurses’ education consists of four years of academical studies and is dominated by trauma care (www.up.ac.za).

**AIM**

The aim of this study was to explore South African nurses’ experiences from the concept of activity in elderly nursing care.
METHOD
The design of this study was qualitative in nature since it attempted to search for and get a
deeper understanding of the nurses’ experiences of activity. According to Polit & Hungler
(1999), the goal of most qualitative studies is to develop a rich understanding of a
phenomenon as it exists in the real world and as it is experienced and understood by
individuals within the context of that world. According to Backman (1998), you look at the
surroundings from a subjective instead of an objective approach when using a qualitative
perspective instead of a quantitative. Reality is an individual, social and cultural construction,
and the interest for the researcher is to study how human beings apprehend and interpret the
reality.

The nature can be described and explained but the meaning of the world and living can only
be understood by interpretation. To understand what the nurses expressed, a hermeneutic
approach was used, which aims to interpret against understanding of the expressed and
experienced (Ricoeur,1993).

Group interviews, with focus on the nurses lived experiences, were used as a method, because
it allowed the researchers to have an interaction with the respondents. This method did
provide opportunities for the clarification of responses, following up questions as well as the
opportunity to observe the non-verbal responses. By using this method it allows the
researchers to obtain deeper levels of meaning, make important connections and identify
subtle nuances in expression and meaning. This kind of interview also allows the respondents
to react and to build upon the responses of other group members, which may result in
production of data and ideas that might not have been uncovered in individual interviews
(Stewart & Shamdasani, 1990).

Data collection and selection
All the nurses participating in our interview are working at an old age home called Ons Tuis,
meaning “our home” in Afrikaans. The old age home was founded 76 years ago and since
then the number of patients has steadily increased, today it has 289 residents. The patients are
divided in nine different unisex sections. Two of the nine sections are for patients suffering
from Alzheimer’s disease. The other sections admit persons older than 60 years and disabled
persons of all ages. The average age in the home is 86.7 years old. The old age home offers a
24-hour per day care program, which includes nursing care, medication, three meals a day,
cleaning, laundry, emotional support, special care for Alzheimer’s disease and an activity
program. The activity program is a weekly program for everybody and apart from that they
also have individual activities. The activity program includes: church service at each section,
community center, library services, videos, music and singing, church service on Sundays and
on Fridays they try to attend to free activities for the elderly, for example going to the zoo.
The old age home has 150 staff members of which 13 are registered nurses and 11 staff
nurses. 10 of the 150 staff members are white and the rest are black, one of them a male. The
average ages of the nurses are 50-60 years old. Except from the nurses’ medical tasks, they
participate in the direct care of the elderly equally much as the rest of the staff members.

To conduct a focus group suitable for the topic, the researchers contacted the matron of an old
age home and told her they wanted a group of four-six nurses with at least one year of
experience from working with the elderly. The matron then conducted a group of four nurses
that all had between 5-26 years of experience from working with elderly. The nurses that
participated in our interview were all women, one of them black, in the age between 40-60 years old.

Participating in the interview session were four respondents, two researchers and one moderator. The interview lasted for approximately 45 minutes and was recorded on tape. During the interview field notes were taken by one of the researchers which helped the researchers to remember the interview process and the non-verbal communication like happiness and devotion. After the interview a memorandum was written down to get the researchers an overview of the verbal and non-verbal meaning in the conversation. The researchers made use of a moderator to prevent language barriers. The group interview was based on three semi-structured questions to get a conversation between the respondents and the researchers.

- How do you define the concept of “activity” in nursing of elderly people?
- What is the importance of activity in nursing of elderly people?
- What are the obstacles for activity in nursing of elderly?

Analysis

Characteristics of the qualitative method are that it is a very flexible design, which tends to be holistic striving for an understanding of the whole. The method requires the researcher to become the research instrument and finally the study focuses on understanding a phenomenon (Polit & Hungler, 1999). By using a phenomenological hermeneutic analyze-method, the researchers could systematically and structurally interpret towards a deeper understanding. Phenomenology was used to understand the phenomenon of activity. To understand a phenomenon the researchers used a hermeneutic analyze-method that aims to understand the subjective experiences of that specific phenomenon (Lindseth & Norberg, 2004). There are many different methods for interpreting text analysis. Lindseth & Norberg (2004) have introduced a method for interpreting of hermeneutic text that influenced the researchers. This method is characterized by its 12 analysis steps. A similar way of interpreting text, named latent content analysis has been published by Granheim & Lundman (2003). The researchers used three methodological and systematic steps to analyze the data.

1. At first the recorded interview was transcribed word by word, to make sure the content wasn’t changed. The researchers then read it through several times separately and then they discussed it together, to get a naive understanding of the whole.

2. After the researchers had gained a naive understanding they started to search for meaningful segments by reading sentence by sentence. Then they interpreted the meaningful segments and condensed the ones with equal meaning into codes.

3. The codes were interpreted again and condensed to sub-themes. The meaning in the sub-themes were interpreted and conducted into three final themes.

After each step the researchers compared the themes to the naive understanding and the previous step for validation, to make sure that they had not changed the meaning of the original text. By using different steps the researchers could systematically and structurally interpret towards a deeper understanding. From analyzing the interview text the researchers came up with three final themes: Activity for Communion, Communion for Activities and Activities in Communion.

The analysis of the group dynamic process started with writing down the first impression of the whole interview out of a group perspective. The analysis itself was carried through by rising following questions to the interview text:

- Did the respondents speak mostly to each other or to the researchers?
- What came up as the most central topic during the conversation?
• How was the flow in the conversation?
• Is anyone of the respondents more of a leader than the others and is she, in that case, controlling the subject?
• Is there any interruption during the interview and why?
• The researchers’ influences on the conversation?
• How did the group dynamic process influence the final themes?

Ethical aspects
To get permission to perform the study, the study protocol was submitted to, and approved by, the Research Ethics Committee of the University of Pretoria, Faculty of Health Sciences (see appendix 1). Before the interview the respondents were informed of the project. Then the respondents were advised of our intention to record the interviews, prior to which a written permission was obtained (see appendix 2). The written permission aims to protect the respondents’ autonomy as well as the researchers’ right to use parts of the interview in the result. All the information we received has been treated confidentially, and some was used as a part of our result. The respondents are anonymous and had the opportunity to leave any time during the interview without reason. To prevent misunderstandings and language barriers the researchers made use of a moderator to allow the respondents to clarify themselves in Afrikaans. To avoid influences on the interview the researchers tried to improve their interview technique by studying and making one test interview in Sweden.

FINDINGS
The most outstanding findings from this study was that the communion in terms of being and doing together, was stressed to be a highly significant concept when the respondents were asked to talk about their experiences from the concept of activity in elderly care. Three themes emerged, Activities in Communion, Activities for Communion and Communion for Activities that were viewed to be essential for the nurse-patient and nurse-family relationship and interaction in a caring context that was defined as transcultural (see figure 1). The themes were evidently not able to separate from one other but each of them showed up some issue in special. The respondents also stressed that the concept of communion was not in contrast to the concept of individuality. Still they experienced that the doing and being together in various activities had an impact on the individual states of intellectual and emotional condition in that the elderly showed up more of their personalities, higher grades of remembrance and humour.
Figure 1. The relationship between themes in a transcultural context.

Activities for Communion
The informants discussed in terms of what they really wanted to gain in the care of elderly as a whole and by different kinds of interaction and activities in special. It was obvious that they all stressed the importance of making the old person feel special, useful for others and the importance of encouraging their self-esteem. One of the informants tried to illustrate the significant caring goals by expressing what she wanted the elderly to feel and to experience by saying:

"...if you sort of feel that you can be useful for somebody/.../be a contribute to the good /.../someone else can benefit from/.../I feel good about myself.."

When talking about how to obtain or eventually reach the goals that were set up it was stressed that this could only be made through interaction in that the elderly’s experiences, in first hand should be confirmed by others and secondly by themselves. The respondents also expressed that the being together with others could be viewed as a goal in itself. This was explained to be related to the cultural facts, meaning that in South African social and ethinical groups it is essential for individuals to experience that they do belong to a communion. That they are an important part of a group of people, sharing something in special and have an interdependence to each other. Sometimes the respondents experienced that some of the elderly were more concerned about the wellbeing of the family members, friends and significant others in their social and religious groups they felt a belonging to, than about their own wellbeing. In some cases there were elderly to whom being part of a communion, a significant group, was the fundament for their existential survival out of an economical aspect and also for their social identity. The discussion among the respondents ended up at this stage in a general opinion about that whatever they were about to do, whatever activities they were
about to come up with or were planning for this must create a feeling among the elderly that they are together with others. That they are confirmed by others and that they actually belong to a special group, a communion in which they can feel that they are important and special. Examples were given by the respondents showing that group activities could change the condition of the elderly towards wellbeing. From physical activities the nurses expressed that they could see how the elderly apart from a physical development also developed on emotional and intellectual dimensions. The respondents experienced that when the elderly felt that they could manage to do things, and this was confirmed by others in the group, their self-confidence grows and they start to initiate more things and becomes more outgoing. They also experienced that the elderly become more spirited, happier and more harmonious. The respondents stressed that they experienced strongly that some of the elderly’s depressive mood was relieved during and after the group activities. And still, though group activities was considered to be kind of the important part and a goal in the caring, the respondents also discussed and expressed the importance of the individual support to the elderly. This part of caring was not viewed to be in contrast to the support that emerged from group activities. On the contrary it was sometimes experienced that conflicts and irritation in the group that was living together in the ward caused some of the individual problems among the elderly. But individual counseling and emotional support in daily caring was also emphasized to be important, and one of the respondents said:

“By listening to them, walking with them around and listening to their problems. Sometimes you can’t really physically help or practically solve their problems but a lot of counseling and emotional support is what we, we do most of the times at the old age home”.

Communion for Activities
When talking about the importance of viewing communion and the doing together to be an essential goal in caring for the elderly, the respondents explained this by talking about the cultural background of the elderly in South Africa. The respondents emphasized that, in caring one must always remember that ethical acting for persons are strongly derived from, and influenced by their different backgrounds. The respondents also stressed that what was in common for the different cultural groups, was to belong to a group, a communion. Spiritual believes, ethical roles, language, a lot of normal and basic activities and more, are shared among the members of that specific communion, which sometimes makes interdependence so strong that withdrawal is almost concerned to be a crime. The religion, trust in God and belonging to a church was explained to be central in the cultures at the old age home. At the old age home they have a minister coming every week and the respondents stressed that the most important is that everyone can participate. One of the respondents illustrated the importance of doing and being together in interdependence on one hand, and on the other hand how togetherness were permeated by religion, by saying:

“I always tell them that we are three that must help each other. I must do my best to help you and you must do the best to help yourself and then we have our dear lord, he will just look up on that. Everybody has a part in that”.

Another topic that was discussed among the informants was the importance of keeping the elderly’s relationships with their families alive. Those staying at the old age home were sometimes involuntary separated from their natural social environments and especially from their families. This could sometimes cause experiences of disruption and further cause feelings like guilt and sorrow among the elderly as well as the family members. The respondents said that they, in the caring, had to remember that the group of elderly at the old
age home, is a construction of people with different cultural backgrounds. This fact sometimes caused conflicts and problems that had to be handled by individual support and by finding ways to get the families involved in the care. The respondents experienced that the elderly love to see the younger generation, therefore they try to bring different generations and cultures together, which also create an opportunity for the elderly to tell them their cultural stories.

Activities in Communion
When it came to discussions about what kind of various activities the respondents viewed to be significant in caring of the elderly they stressed the importance of having a real ethical caring behavior and attitude in all encounters. Main issues of caring that were highlighted to be important were to have a real wish to help and support others. To always look for and respect the unique and individual dimensions of the elderly, to have patience and offer the time that was needed. The respondents stressed the importance of adapting themselves, to be able to fulfill the elderly’s different needs. During the interview it came up that there are some general qualities among the respondents, which are important to perform good care. They all have open-minded, caring and loving personalities with child-like minds, which one of the respondents pointed out by saying:

“I like the playfulness in activity, put that back, throw with beanbags and just laugh”.

The nurses emphasized how important it is to have knowledge about the human nature and how that made them more secure in their work with the elderly. Furthermore they stressed that their confidence created a feeling of secureness among the elderly. In the goal, to create activities in a communion, the respondents stressed the importance of working with the elderly from a holistic approach and see them as self-determined individuals. They expressed that you can and should not force anyone to do something they do not want to do. One of the respondents expressed her holistic approach by saying:

“Even when they are old, they are body, spirit and soul, we mustn’t forget that”.

According to the respondents the aim of all activity, including physical, mental and social, is to increase and maintain the elderly’s quality of life. To gain this, the respondents stressed the need for the elderly to feel increased sense of wellbeing, sense of being someone, dignity and appreciation, which only can be obtained in a communion. The respondents expressed that they had to motivate and encourage the elderly to do things for themselves. For example one of the respondents started a walking program to get the elderly more active within their limits. The elderly had to walk a short distance at least once a day and then report to the nurses. By walking the elderly improved their physical abilities at the same time as they met a lot of new people and improved their social abilities. The goal of activity was expressed by one of the nurses saying:

“Activity for the elderly is not really something to keep them busy, but something to keep their quality of life...”

The nurses discussed how to meet the elderly’s needs by arranging activities suitable for everyone, those through physical profits also generate social gains. Music, dancing, laughing and playing in a pleasant environment, was expressed by the respondents to be a good way to create good conditions for social communion.
"But it was so lovely, it was so encouraging, and people were dancing that I didn’t even think that they would know how to dance. /.../ it was so lovely!"

To get encouragement from their families means a lot to the elderly, the respondents stated that one of the most important things to build the elderly's self-confidence was to get confirmation from their families. Furthermore the respondents expressed how they, by helping the elderly to dress up and make them look nice, made them keep their dignity. By doing this, the elderly felt proud and beautiful and they gave and received compliments to and from each other.

According to the respondents there are sometimes obstacles for the elderly to perform different activities, which can be physical, mental as well as economical. Family has, again, an important role in the elderly's life, because some of the activities cost a small amount they sometimes cannot afford. The elderly become dependent on their family to pay for them. The respondents stated that nowadays it can be a problem with family situations, no job and they do not have the money to support the elderly. The elderly sometimes feel ashamed because of that and rather stay home then inform the nurses’ about their situation. The nurses stressed their important role in trying to adapt activities suitable for everyone and sometimes give them economical support from a specific residence fond. The nurses emphasized that even though they try to adapt the activities there are obstacles that can exclude the elderly from certain activities and that this can create a feeling of being an outsider. One of the nurses expressed this by saying:

"And sometimes physically they can’t do it but mentally they can, so they become very frustrated. Or the other way round meaning they can physically do the things but mentally they are not motivated or they can’t concentrate, especially when they are suffering from dementia".

**Group dynamic process**

Our first impression of the group interview is that the respondents are homogeneous by experience from working with elderly. All respondents were open-minded and friendly towards each other. Two of the respondents were stronger and spoke more than the other two but without controlling the topics in the conversation. The researchers had to guide the conversation a little bit more towards the other two to get all to participate equally involved. The conversation was flowing easily through the whole interview. The answers were often built upon each other and seldom interrupted. The respondents spoke mostly to the researchers but also to each other. The most central in the interview was the conception of communion even though the respondents never mentioned the specific word. When the researchers had asked the first question a short silence followed because the respondents were unsure which of them was going to open the conversation. During the rest of the interview the conversation was flowing and there were only a few pauses until the questions were answered and the topics were satisfied. The researchers only interrupted to ask attendant questions on the progressing subject and to summarize the topics. Once when the researcher summarized she ended the specific topic, and the conversation had to start over. When reading the transcript the researchers could identify their own opinions in a couple of the summarized units. The researchers chose to make use of a moderator during the interview to allow the respondents to clarify themselves in Afrikaans if they wanted to. The moderator had to interrupt the conversation several times to translate but the conversation easily continued afterwards.
DISCUSSION

Findings
The researchers found it very interesting in their result, that all kinds of activities were so deeply connected to communion. Since the researchers lived in South Africa for three months it made sense that communion are of such a great importance. The cultures in South Africa have an important value in common, which is to belong to a group of family or friends. This phenomenon is strongly related to the fact that a lot of people in South Africa need their families to survive. According to Zingmark, Sandman & Norberg (2002), communion is described as presence and claims that deep in human beings there is a global feeling of a “we” which makes true communion possible.

We believe it is important to keep in mind that despite the fact that communion is of such a great importance, every human being must be seen as a whole, self-dependent individual. According to Eriksson (2002), the motive in all caring involves respect for the absolute dignity of the human being. Human dignity implies inner freedom and responsibility for one’s own and others’ lives. She states that the mission for all human beings is to serve and exist for the sake of others and that all caring is formed in the relationship between patient and caregiver. The patient must be seen as a unique human being an entity of body, soul and spirit.

Every person wishes to be confirmed in what they are and can become. To get confirmed a genuine relationship is presupposed, in which both parts feel that they can reveal themselves and be just as they are (Zingmark et.al, 2002). The nurses declared that the physical activities lead to more social interaction and that it must be enjoyable. Palo-Bengtsson & Ekman (2000), also give prominence to the fact that activities such as dance events in the ward lead to other activities, which offered opportunities for communication and interaction.

In the findings, it came up how important the nurses thought it was for the elderly to feel involved in their families and to bring different generations together. Without a family the elderly’s conditions for being a part of a communion decreases and the nurses’ role becomes of greater importance. According to a Swedish study made by Hertzberg, Ekman & Axelsson (2003), the relatives were seen as a resource for the elderly’s psychosocial well-being. Even though the nurses saw the relatives as a part of their work they also found them demanding and sometimes time consuming with low priority.

The researchers think the differences on the nurses’ view on relatives might be both cultural and socio-economical. In South Africa the family seems to be of higher priority and the nurses have low salaries just to create more work opportunities. The result of this is quite a great number of employed nurses and nursing staff at the old age home, which in turn gives them more time for activities with the elderly and their families.

We found some research contradictive to our result, for example Jönson & Magnusson (2001) states that inactive living may be natural for elderly people. They also mention Thornstam’s disengagement theory that was able to explain that some people were satisfied with life even though they did not perform according to the norms of activity theory. They furthermore mention that activity programs at old age homes have been a debated topic and that it may conflict with the natural process of gerotranscendence. We think that this theory is more suitable in the western cultures, were we have a more individual approach and individuals are
put together into groups. In the South-African cultures, both blacks and whites, altruism is of great importance and the individual does not "exist" if you do not understand the ethnical structure. In their cultures there are a spiritual, ethical and social interdependence. To belong to a specific group implies that you follow that group’s ideas and norms, why many of the blacks experience a resistance towards old age homes.

**Method**
The researchers found the chosen method suitable for the study, since they wanted to explore lived experiences of the phenomenon activity. The reason for using a group interview was that the researchers were of the opinion that the interaction between the participants would create a wider perspective on the subject than individual studies would have done. On the other hand there are lots of factors that might change the findings compared to those generated from individual interviews. According to Carey (in Morse, 1994) the interaction in a group interview has both positive and negative aspects. The major positive aspects are the opportunity to collect rich, experiential information by using group interactions. The negative aspects arise from psychosocial factors that potentially limit the quality of the data.

By having a group interview there is always a risk that the respondents will restrain each other if there is a sensitive subject. The subject for this study is not considered sensitive by the researchers. The researchers have been aware of the fact that the respondents can influence each other, which can affect the result. It is of great importance that the researchers have good interview technique and are able to lead the interview and make the respondents participate equally.

It is important to have in mind that the result of this study could be different if the research for example was made in another part of South Africa, or if the interview was made with an other social group. According to Carey (in Morse, 1994) a group has chemistry and a dynamic that are greater than the sum of the members. In a different mix of members, the data collected could, and likely would, be different.

The researchers thought it was an advantage that they were two. So that one could lead the interview and the other one could take field notes. The reliability becomes greater since there are two persons that are analysing the interview text. Since the researchers and respondents are from different cultures and have English as a second language, the researchers chose to make use of a moderator. The researchers are aware of the fact that a moderator can affect the result, for example by, subconsciously interpret when translating.

The material from the actual study is not totally filled up, why it cannot be used as a ground for generalisable conclusions and more research need to be done.

**CONCLUSIVE ASSUMPTIONS**

All activities aim to improve the elderly's quality of life by getting the elderly implicated in a communion. Meeting the elderly’s needs and reduce obstacles are important conditions for wellbeing. The nurses have to be open-minded and confidence inspiring as well as use playfulness and humor to encourage the elderly to be active. When the elderly feel that they achieved something it builds their self-esteem, which makes them more outgoing and social. To be able to feel wellbeing the elderly person has to feel that he/she is someone, that he/she is confirmed, why caring must involve interactive group activities that will create an
experience among the elderly of being an important part of a communion. Existence, physical and social as well as psychological and spiritual, is strongly grounded in individuals belonging to and interdependence in the communion. Ethical beliefs and moral roles have a strong impact on family and individual levels and the Lord and the belonging to different churches is a strong gathering part in different communions. Caring activities are for communion by communion in communion. Communion is important in South African culture and it is the culture in itself that will create communions.
REFERENCES


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Appendix 1

Participant information leaflet and informed consent (interview)

Nurses’ view of activity in their interaction with elderly patients

Introduction

You are invited to volunteer as a participant in this research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the researchers. You should not agree to take part unless you are completely happy about what is expected of you.

The purpose of this part of the study is to describe nurses’ view of the concept of activity in their interaction with elderly patients, in a South African context.

You are requested to participate in an interview of approximately 45 minutes. To be able to analyze the interview, it will be recorded on tape. The tape and the transcription thereof will be kept in a safe place and will be destroyed after analysis of the data.

The following questions will form the structure of the interview:

- How do you define the concept of “activity” in nursing of elderly people?
- What is the importance of activity in nursing of elderly people?
- What are the obstacles for activity in nursing of elderly?

This study protocol was submitted to the Research Ethics Committee of the University of Pretoria, faculty of Health Sciences. The committee has granted written approval (S 182/2001). The study supervisor is Dr SJC van der Walt (354-1784). You are welcome to contact her if you should need any more information.

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not be held against you. Please do not use names by which you or any other person or institution can be identified. All information obtained during the course of the interview is strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study. Debriefing is available at any stage, if you should need it.
Appendix 2

INFORMED CONSENT

I hereby confirm that the researchers, Erica Brännström and Sofia Fors, have informed me about the nature and conduct of the study. I have also received, read and understood the above written information (Participant Information Leaflet and Informed Consent) regarding this study. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study. I am aware that I may request debriefing if traumatic experiences should arise during the interview.

Participant’s name: ____________________________ (Please print)

Participant’s signature: ________________________ Date: __________

Witness’s name: _____________________________

Witness’s signature: __________________________ Date: __________

We, Erica Brännström and Sofia Fors, herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

__________________________________________    ______________________________
Erica Brännström                                    Sofia Fors

Date: __________                                    Date: __________