THE NEEDS OF OLDER PEOPLE IN LATER LIFE

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Abstract

The aim of this report is to understand the actual needs of older people who live in a nursing home in Sweden. Qualitative method was applied in order to collect data from interviews of both older people and staffs of the nursing home. Data analysis was performed by using hermeneutical circle. The results revealed the basic needs, the psychological needs, the self-fulfillment and the ‘needs and wants’ of older people. The results showed that the needs of older people were varied as individuals are unique. In general, the basic needs are for survival, and the needs of families, communications, personalized activities, and encouragement which might have the conductive function for older people to live a happy later life.

Key words: older people, nursing home, needs, encouragement, families, health
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# Content

Abstract ................................................................................................................................. 1

1 Introduction ........................................................................................................................ 4  
   1.1 Aim ............................................................................................................................... 5
   1.2 Research questions ..................................................................................................... 5
   1.3 Connections to social work ........................................................................................ 5

2 Earlier studies ..................................................................................................................... 7
   2.1 What influence the older people’s quality of life ......................................................... 7
   2.2 Older people's needs in relation with caregivers and relatives ................................. 8
   2.3 Older people's needs based on community care services ........................................... 9

3 Theoretical perspectives .................................................................................................... 10
   3.1 Implement .................................................................................................................. 12

4 Method ................................................................................................................................ 13
   4.1 Philosophy of science ............................................................................................... 13
   4.2 Data-analysis ............................................................................................................ 14
   4.3 Sampling ................................................................................................................... 17
   4.4 Data-gathering and processing ................................................................................. 17
   4.5 Triangulation ............................................................................................................ 18
   4.6 Validity ..................................................................................................................... 19
   4.7 Reliability .................................................................................................................. 19
   4.8 Generalization .......................................................................................................... 19
   4.9 Ethical consideration ............................................................................................... 20
   4.10 Limitations .............................................................................................................. 21

5 Results ................................................................................................................................ 23
   5.1 Background information ......................................................................................... 23
   5.2 The basic needs for older people ............................................................................ 25
   5.3 The psychological needs for older people ............................................................... 30
   5.4 Self-fulfillment ........................................................................................................ 34
   5.5 Needs or wants ......................................................................................................... 36

6 Theoretical analysis ........................................................................................................... 39

7 Discussion ........................................................................................................................... 43
   7.1 Results discussion ..................................................................................................... 43
   7.2 Theory discussion ..................................................................................................... 46
   7.3 Methodology discussion .......................................................................................... 46
   7.4 Suggestions for further research ............................................................................. 47

References .............................................................................................................................. 48

Appendix ................................................................................................................................. 50
1 Introduction

With the improvement of the medical condition, the mortality is descending, which means that more and more people are walking into old age. Nowadays, the population of older people is of immense social concern. Discussions about older people’s later life, nursing home and their welfare are increasing. The words of ‘loneliness’ and ‘social isolation’ had been mentioned frequently to describe older people’s later life. However, Victor, Scambler and Bond (2009) indicated that loneliness, and social isolation can be experienced at all life stages. They highlighted the positive experience of later life can help older people to against the loneliness and social isolation (Victor, Scambler & Bond, 2009). As the same idea, the aim of this report is to understand not only the problems and negative experience of those people in old age, but also the factors that contribute to the positive experience to against loneliness and social isolation. It could help us to understand their actual needs in their later life.

Ginsburg (2001) demonstrated that Sweden is a welfare state which characterized with large expansion and redistribution on welfare, and can be defined as the social democratic model or welfare regime. Under the context of social democratic system, pension schemes in Sweden cover high percentage of workers with comparatively high level of earnings replacement (Ginsburg, 2001). On other words, older people in Sweden get support from pension schemes. This is the background of my study.

There are two ways of taking care of older people in Sweden. The first one is home help that someone provides help at older people’s home. This is for those older people who need extra help. If this extra help is not enough, they will choose the second way to get support, which is to move to a nursing home. Nursing home is a place where older people live in the same building with communal area that allows them to dine together (Elderly Services Administration, 2009).

Elderly care issue becomes a more and more hot debate topic in all newspapers to find good solutions for caring of older people. I performed the research in a private
nursing home by interviewing several older people and staffs of the nursing home. This report is to find out the actual needs of older people in order to provide them effective supports.

1.1 Aim

The aim is to understand the needs of older people in a nursing home in Sweden, in terms of their basic needs, psychological needs and self-fulfillment.

1.2 Research questions

1. What do older people have in their later life?
   - How would older people describe their daily life in the nursing home?
   - How would staffs describe the needs of older people while taking care of them?
2. What do they want for their later life?
3. What can be changed to make their later life better?

1.3 Connections to social work

IFSW (International Federation of Social Workers, 2012) defined social work as follow:

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work."

The population of older people was increasing in Sweden, and the needs of older people become larger (Socialstyrelsen, 1996). At the same time, the needs of staffing for the older people were exponentially increased, such as home help for easier daily living, special housing for older people, daytime care and activities. Furthermore, multiple responsibilities including finance, resources, medical services etc. are raised while taking care of older people (Ibid). At this point, the intervention of social workers can contribute to promote social change
by taking care of them and empowering them to enhance their well-being. Apart from the promotable role as social workers, they also help to solve problems. Today, many of older people may not have problems on housing or health care, but more commonly, the problems of their loneliness and social isolation which contributes negatively to their later life (Victor et al., 2009). What's more, a large proportion of the whole population is older people, and more people will get old and might live their later life in a nursing home. In this case, it is socially necessary to pay attention to this group of people. This is not only a specific social problem for one small part of the society or country, but also for the whole society and the world. Social workers’ intervention in older people and society could contribute to the well-being of older people’s later life. This could also balance the society by releasing the tension of people for their aged parents, and for themselves when they get old. Thus, taking care of older people is a social problem, and social workers need to interfere to those problems.
2 Earlier studies

In order to gather the actual needs of older people, I paid attention to find out the problems they have in their later life, and explore what can contribute to improve their well-being in nursing homes. The earlier studies showed several main factors that influence the quality of older people's later life such as health care and respect, and they also emphasized that care givers played a pivotal role in older people's life, no matter if they live alone at home or live at a nursing home. In connection to the aim, those researches are helpful to find out the needs of older people, and the factors that influence their individual needs.

2.1 What influence the older people's quality of life

Care givers and social workers need to consider the quality of older people’s later life as a significant matter, and decisions about them should be made by considering on the status of older people. However, it is exceedingly difficult to define the quality of life (O’Shea et al., 2008).

There are several emphases on the needs of older people in the earlier researches that influence the quality of their later life. In general, older people have a basic need of their lives, which is medical support for taking care of their physical health. Still, the matter of treating older people as an individual should not be ignored, because their needs are diverse considering their individual personalities, experience, vulnerability, culture background, etc. (McDonald, 2004). There should be an offering of flexibility on caring (O’Shea et al., 2008), such as female older people prefer to have female nurses (Randers and Mattiasson, 2000). Help and care are essential for older people. It is difficult to define what they need and want, therefore the support and needs may not conform to each other. Similarly, McDonald (2004) stated that there is a gap about life quality between the different goals of care agency and older people. So the care and support from caregivers need to be more flexible and personalized to meet the actual needs of older people.
The quality of older people’s later life is not only affected by their needs, but also their previous life experience. Dominelli’s (2004) used social construction theory to investigate how older people’s life is socially constructed in social work practice. In her interpretation, social construction theory could be well applied to study what and how older people's life is different according to their previous life style, culture, social class, etc.

2.2 Older people's needs in relation with caregivers and relatives

The relationship between older people and caregivers are subtle. The definitions of the relationships between older people and caregivers are different from various aspects. The idea of McGarry (2008) was “the relational aspects of the nurse-patient relationship hold the greatest significance for both nurses and older people” (McGarry, 2008, p.89). The nursing need is what the nurses describe their roles while taking care of older people. For older people, they take their relationship with nurses as friendship rather than professional caring relationship (McGarry, 2008).

The research of Häggström and Kihlgren (2007) described that caregivers could feel intensely stressful, lack of support, acknowledged and appreciation of managers or relatives. Those could make caregivers feel guilty to older people. On the other side, relatives feel that caregivers did not provide enough and appropriate care. It means there might be some trust weakness between older people, caregivers and managers. Randers and Mattiasson (2000) and McDonald (2004) illustrated that relatives play a prominent role, and older people need them to be involved in caring.

Crawford and Walker (2004) pointed the importance of caregivers' education background and work experience. Work experience could make knowledge and perspectives become practical in work. On the other hand, knowledge and perspectives are useful to explain the reasons. For instance, similar culture background helps caretakers to comprehend people’s needs easier.

Häggström and Kihlgren (2007) also highlighted some laws that caregivers need to be aware of, such as the Health Care Law and the Social Services Law in Sweden.
Meanwhile, it is also the caregivers’ duty to respect older people’s rights.

2.3 Older people's needs based on community care services

Häggström and Kihlgren (2007) indicated that in Sweden, the age and the needs of the caring are two major conditions that will be considered for older people to enter a nursing home. This means that older people who live in a nursing home highly depend on caregivers. At the same time, there might be some difficulties to arrange resources to meet older people’s needs (Häggström and Kihlgren, 2007). In Sweden, Bihan and Martin (2006) explained that decision-makers would decide the assessment of older people to a nursing home by discussing with older people directly. This could help to get an overview of older people's situation and offer support that based on their needs. Here, the emphasis is on needs again.

McGarry (2008) also suggested that the community care services, which is also the living environment of older people, is essential. In the research of Manthorpe and Martineau (2010), they emphasized on advocacy of older people because they were defined as a group of powerless people, and social workers are advocates for older people. For instance, they need to represent older people’s needs and views to the “powerful” group such as decision- or policymakers.

The Irish research (O’Shea et al., 2008) showed a new thinking and conceptual model for understanding older people’s needs and experience. The model includes four zones that older people and their families will come across in the context of hospital and nursing home (Ibid). The four zones are living with losses, living and dying, dying and death, and bereavements (Ibid). When a person gets older, the person needs more fundamental needs in a complex level. This model can be made out by getting through the four essential elements which are “knowing and revealing needs; expressing values and preferences; interacting with others; and developing knowledge” (Ibid, p.171).
3 Theoretical perspectives

The best way to comprehend older people’s needs is to follow how their later life. The living situation of older people is affected by many factors in both direct and indirect way. It could be feasible to interpret older people’s later life by understanding the circumstance of them. Thus, systems theory is practical to interpret their later life in a structured way. On other words, systems theory could be applied to explain what and how each part constructs in older people’s later life.

Payne (2005) described that systems theory influenced social work profoundly in 1970s with the two principal forms of systems theory which are general systems theory and ecological systems theory. Ludwig von Bertalanffy is the earliest person who put systems theory into social work, and he was a representative of general system theory (Friedman and Allen, 2011). Bertalanffy (1968) represented that the aim of general systems theory is to understand the “wholeness” by understanding the parts and how they interact with each other. He pointed that general systems theory is a science of “wholeness”; the parts should not be isolated or interpreted solely, instead, the interaction between them is a key point, and the whole is larger than the aggregate of parts (Bertalanffy, 1968). Bertalanffy also introduced open system and closed system. In social work, open system is served as a functional system, which interplays dynamically with the larger environment (Ibid).

Uri Bronfenbrenner (in Friedman & Allen, 2011) emphasized the significance of environmental factors in the social system, which referred to ecological environment that is on the roots of Bertalanffy’s systems theory. Ecological systems theory is to study an individual by examining the person’s environment (Ibid). One of representatives is Carol Germain who applied this theory to social work. Germain illuminated that the interaction is not only exist within the systems, but also between individuals and environment, which is person-in-environment (PIE) (Ibid). Individuals could not only influence their environment, but also be effected by their
situations (Friedman & Allen, 2011).

Germain believed that the best way to analyze the PIE interaction is to divide the interaction into pieces to get clear information of individuals’ strengths, such as pieces of adaptation, life stress, coping, power and human relatedness, (in Friedman & Allen, 2011). Building up the fitness between people and their environment is the purpose of social workers (Payne, 2005). The adaption is “actions designed to achieve personal change, environmental change, or both in order to improve the level of person: environment fit” (Gitterman and Germain, 2008). Life stressors are something formal in reality such as physical harm and pain while internal stress is a more psychological or emotional consequence (Ibid). Life stressors and stress represent negative relationship between the person and environment (Ibid). While people meet life stressors and stress, they would move to appraise if the stressors and stress are serious, and then appraise if they are harm or loss, or life challenge (Payne, 2005; Gitterman and Germain, 2008).

In order to cope with the stressors and stress, people have relatedness, efficacy, competence, self-esteem, self-conception and self-direction as support instruments (Payne, 2005). On the other hand, social factors such as coercive power, habitat and life course should be considered as it may influence the coping (Ibid). Gitterman and Germain (2008) referred resilience and protective factors for coping, and the protective factors include temperament, family patterns, external supports, and environment resources. At last, the environment or physical and emotional signals will give feedback that if the coping worked or not (Ibid). So it is running a process starts from the life stress and ends when the feedback is received.

For information gathering, a general and logical context of person’s ecological environment could be drawn by using genogram, ecomap and social network map (Friedman & Allen, 2011). Genogram (in Friedman & Allen, 2011) indicated the historical ecology of individuals: ecomap draws the individuals’ current social context, and social network map is to connect individuals to social supports.

One easier way before analyzing is to demarcate the systems to micro-, mezzo- and macro level (Friedman & Allen, 2011). Micro systems refer to a smaller size
within social systems such as individuals; mezzo systems relate to, for example, groups, which are intermediate size; and the macro systems are mostly large systems, it can be communities, organizations or society, etc. (Ibid). The dissimilitude of size or focus of the systems could be distinct depending on different perspectives of social workers (Ibid).

In conclusion, the main idea of systems theory is to break down the context of individuals into parts, and then understand complex problems of individuals by analyzing the parts and the interactions. The interactions are between each part, and between individuals and environment (Friedman & Allen, 2011). As a characteristic, systems theory focuses more on environments rather than psychological perspectives (Payne, 2005).

3.1 Implement

In order to apply the systems theory, I drew a small ecomap to explain older people’s current social context. In the system, older people are located in the center of the society, in this angle, older people are at the micro level and the society is the macro level in the system. Nursing home is where older people spend most of time, and it is what in between older people and society, therefore the mezzo level is the nursing home. Furthermore, some concepts such as adaption, life stressors and stress, coping, protective factors, power, and human relatedness that Gitterman and Germain (2008) identified will be applied to comprehend the interactions within the system to get a clearer picture of older people's needs.
4 Method

Qualitative method was used in the study by collecting data from interviews. In order to understand the older people’s actual needs in their later life while they are living in a nursing home, I interviewed both the older people and the staffs who took care of the older people, which is also an application of triangulation of data sources. Thereupon, multiple data sources were used to get comprehensive information. Later, the hermeneutical circle was applied to analyze the data.

4.1 Philosophy of science

Hermeneutics is one of the philosophies that were focused in postmodern age, and it aims to get a valid understanding by interpreting text (Kvale and Brinkmann, 2009). The text here in the study is the interviews. The main theme of hermeneutics is to interpret the meaning of the text, and connect the part meaning to the whole understanding as in Figure 1(Kvale and Brinkmann, 2009; Alvesson and Sköldberg, 2009). The three approaches of hermeneutics are objectivist hermeneutics, phenomenology and alethic hermeneutics (Alvesson and Sköldberg, 2009).
Hermeneutic circle in basic version is to study in alternating between part and whole, and pre-understanding and understanding (Alvesson and Sköldberg, 2009). It asks us to study back and forth while interpreting the text. As a circle, it starts from pre-understanding at part of the text, and then get a better understanding of the part by referring it to the whole (Ibid). It does not stop there, in lieu it will recycle from the pre-understanding again. This shows that neither the whole text nor the part could be understood without referring to each other (Ibid). The relationship between pre-understanding and understanding, part and the whole is interdependent and inter-restricted, and the balance between them can be found during the analysis. In Figure 1, four steps in the hermeneutic circle were considered by Alvesson and Sköldberg (2009): pattern of interpretation, text, dialogue, and sub-interpretation. These steps are to get a general pattern that could lead us to interpret the text better (Breeman, 2012).

### 4.2 Data-analysis

Hermeneutic circle was applied in the data-analysis. According to the hermeneutic circle, the data was analyzed by a spiral way. The basic version of the hermeneutic circle shows the process of analyzing data (Alvesson and Sköldberg, 2009). See Figure 1.

The interpretation of the data glides between the whole and the part (Alvesson and Sköldberg, 2009). The pre-understanding of scholars could be from researches, journals and theories. For example, my pre-understanding on older people is: after the retirement, older people get a lot of free time because they do not work. So they are willing to try new activities, especially those activities which they did not have a chance to do when they were working. They need some minimal help from nurses and doctors for extra events, but they can take care of themselves in daily life. However, while look at the part, it showed that older people could not do so much even though their spare time is abundant. ‘The spirit is willing, but the flesh is weak’ - their health
situation did not allow them to do so. The next, I will follow the four steps of the hermeneutic circle to construct a general pattern of the pyramid by older people's needs.

The first step is the pattern of interpretation. It is on the basis of pre-conceptions and partial theories to understand the fact. In this pattern, there should not be conflict between the pre-conception and fact, or the understanding should be adjusted for the fact (Breeman, 2012). This adjustment is made while the pre-conception and partial theories on parts are continuously reflected, discussed during analyzing process (Ibid). My earlier framework about the pattern of older people's needs was built upon the Maslow's hierarchy of needs (Maslow, 1943). Maslow interpreted different needs of people from the basic needs to senior needs (Ibid). It contains basic needs: physiological needs, safety and security; psychological needs: love and belonging; self-fulfillment: self-esteem, self-actualization (Ibid). Once the lower level of needs is fulfilled, the willing of needs will go up to the next level (Ibid). If one person lacks of some needs which were used to be fulfilled, then this person would rather prior refill the needs which he or she is short of than any other new needs (Ibid). By applying Maslow's hierarchy of needs on older people to my data, it shows that the needs of. However, the needs such as necessaries of life, nursing care are more or less obligatory in older people’s later life despite the needs of older people could be diverse depending on their social environment, life course, etc. Moreover, older people are more focused on basic needs, and psychological needs are more advanced, and self-fulfillment needs are least followed.

The next step is text. It aims to find out facts. It can be words or fraction to sustain or attenuate the pattern (Breeman, 2012). The words that sustain the pattern are 'health' and 'family'. Health belongs to the part of basic needs while family is in the part of psychological needs, and those different needs could influence each other. For instance, the family could contribute to reduce older people’s loneliness. On the other side, the pattern might be weakened. In Maslow's hierarchy of needs, it showed that one level will not be sought until the lower level is covered. However, older people's willing of love and belonging are intense, and the basic needs do not need to
be fulfilled in order to go up into the psychological needs. For example, older people have a strong will and needs of family (love and belonging), even though their needs of health (safe and security) might not fulfilled. Thus, to adjust the pattern, we must realize that older people always desire to be loved and belonging no matter their basic needs are fulfilled or not.

The third step is dialogue. It is a dialogue between the pre-understanding and new understanding of facts in the text. The dialogue started by asking questions to the text (Breeman, 2012). I tried to ask questions such as follows: what are the needs of older people for their later life according to Maslow's hierarchy of needs? Which kinds of needs are obligatory? What are the needs to their willing? What are the factors that influence their later life? How do the factors influence them? In the dialogue, I found that the extent of needs differed from each level of Maslow's hierarchy of needs. Besides, there was an emphasis on the needs of communication with other people, which was also the 'love and belonging' in Maslow's hierarchy of needs. Moreover, based on the model of Maslow's hierarchy of needs, I noticed that it is more practical to simplify the model from five to three hierarchies. The reason is that the factors in the hierarchies of older people's needs are fewer. For instance, some factors are not much connected to older people's later life such as employment.

The last step is sub-interpretation. The purpose of this step is to narrow down the relevant group and higher interpretative value of exploration by rich instances and numerous within the group (Alvesson and Sköldberg, 2009). During this step, I found that some of the needs are same to their willing, and some of them are obscure that even older people themselves did not realize about it. For example, elderly did not talk about the needs of self-actualization. However, they showed the deficiency of self-actualization through their words, and it could make them self-frustrated.

The pattern of hierarchy of needs for older people was built upon Maslow's hierarchy of needs. The pattern was simplified to three hierarchies of needs: basic needs, psychological needs and self-fulfillment. The diversity from Maslow's model is that the factors in each hierarchy could be different, and the emphasis is variable. This pattern helped to construct the daily life of older people based on their needs, and the
interpretations helped to draw a picture of their needs.

4.3 Sampling

The design of the study was done a couple of weeks before I physically entered the field. I’ve decided that I would interview both older people and staffs that take care of the older people to get a mixed and wider sampling. The nine interviews were taken in a private nursing home. It includes four older people, five staffs interviewed by getting the help from the president and staffs. The samples of older people were selected by the staffs according the requirements: those with stable health condition who can speak English and agree to attend the interview.

While selecting the samples of staff interviewees, I preferred to choose staffs with different responsibilities. I did interviews with nurse, assistant nurses, and practitioner, in which one assistant nurse took care of the older people with dementia. The interviewees contain two male and two female older people; three assistant nurses and one nurse in staffs’ interviews; and one female practitioner. In addition, I excluded the candidates with dementia in the interview list to ensure the interviewees’ ability of understanding and participating in the conversation.

4.4 Data-gathering and processing

The data was collected by applying the approach of semi-structured interviews. An interviewed guide (Appendix) was used in the processing of the interviews with several main questions and additional potential questions in the guide. I also paid attention on the responding of the interviewees to make up questions from their answers.

During the data gathering, the interviews with the staffs were more professional compare to the older people’s interviews. The pace of questioning and answering went faster and more information was gathered during the conversation. On the other hand, the interviews of the older people were exceedingly depending on their health condition. For instance, there was one lady that I interviewed had severe breathing
disease and my interview with her had to end in half way. Another interview was canceled because of the interviewee’s severe health problem.

In the processing, seven of eight interviews have been recorded includes one telephone interview. The records of the interviews were directly checked, and the interview transcriptions were done within a few days after the interviews to keep the accuracy. The transcription of the seven interviews was from the records which were listened several times to make sure each sentence were written exactly from interviewees’ words. One transcription of a staff was written from the notes of the interview and my memory because the staff did not want to be recorded.

The interview transcriptions were summarized first, and then generalized and abstracted by reading them many times. Besides, the quotations of interviewees were intact from the transcriptions. At last, the whole processing was founded on the data by considering not putting any personal addition.

4.5 Triangulation

According to Patton (2002), triangulation is used to reduce intrinsic bias by using multiple observers, theories, methods and data sources. The four types of triangulation are methods triangulation, triangulation of sources, analyst triangulation and theory or perspective triangulation (Ibid). I used triangulation of data sources for my qualitative research as I gathered the data sources from both interviews of older people and staffs. It can be used for comparing the perspectives of both older people and staffs (Ibid). The point of using this approach is to get a fuller view and source instead of one-side view, which might contribute to prejudice. What's more, this approach could be applied to understand reasons of appearance different results (Ibid).

It had been immensely helpful to collect data sources from both the older people and the staffs, so the data sources from older people and staffs can be complementary to each other. Moreover, the contradiction in different description might come up after gathering the data sources from both sides. As a result, it could enhance the reliability of the results.
4.6 Validity

Validity is an indispensable part of a research. It checks out if the practice is corresponding to the concepts. On other words, it tests if the results are valid to reach the aim. Validity is abstract, and it is rather premised knowledge than method (Kvale and Brinkmann, 2009). Validity was applied to the whole stages because it is necessary to penetrate validity to the whole research (Ibid). To test validity is to check and question the findings (Ibid). In methodological positivist approach, it tests the validity by asking “are you measuring what you think you are measuring” (Kvale & Brinkmann, 2009, p.246). Further, the interview guide was used to refresh myself the aim of the research so the results will keep to the point. I asked many questions in order to collect enough data, and I also tried to keep an open mind during the interviews, because with more data resources, more valid information could be extracted for the results.

4.7 Reliability

Reliability involves checking if the findings are consistent and trustworthy (Kvale and Brinkmann, 2009). During the interviews, I asked a few similar questions to the same interviewee in order to check the consistency. On the other hand, same questions can be asked in different interviews to bring out similarities and differences between the answers of the interviewees. The triangulation of data source which was applied in the research also increased the integrality and reliability of the results. The data sources were from different groups, and it tested the consonance of perspectives of older people and staffs. In addition, I checked my ideas in categorization of data in different days and analysis after analyzing. It tested reliability from a researcher's perspectives.

4.8 Generalization

There are three forms of generalization: naturalistic generalization, statistical generalization and analytical generalization (Kvale and Brinkmann, 2009). Analytical
generalization can be applied to the study. On the basis of analyzing the similarities and differences of older people’s situation, it can be generalized by “a reasoned judgment about the extent to which the findings of one study can be used as a guide to what might occur in another situation” (Kvale and Brinkmann, 2009, p.262). Even though the samples might be too few to be generalized for the results, there are some similarities of the interviewed older people that might be useful for another situation. Nine persons were interviewed in the research, and the content could be generalized and concluded by some similar descriptions of older people. For example, similar feeling of older people in their later life such as loneliness, limits on activity and pain. Though every older person is unique and the later life is different from each other, their similar experience and feelings were generalizable for other situations of older people.

4.9 Ethical consideration

According to Kvale and Brinkmann (2009), ethical consideration was regarded during the whole stages of the study, and the researchers need to prepare for potential ethical concern even before the study. Following to ethical issues at seven research stages from Kvale and Brinkmann (2009), ethical problems were concerned before the research to the end of it. In order to follow the ethical guidelines, I considered four requirements in the research which are informed consent, confidentiality, consequences and the role of the researcher (Kvale and Brinkmann, 2009). The president of the nursing home had got the information about the content and the purpose of the study from me while I was contacting her. She helped me to find interviewees, because she knew the situation of the older people. Before each interview, every interviewee was informed about the same information. In advance, the records of the interviews were only used for study, and no one else would get the records.

For the consideration of confidentiality, some pivotal information, which were marked to identify interviewees or the nursing home, were not provided. For example,
the names of interviewees and the nursing home, and the location were not mentioned in this report. Further, in order to balance in between the requirements of confidentiality and basic principles of a scientific research, the results were self-checked and reorganized (Kvale and Brinkmann, 2009). For example, though the name and the location of the nursing home were not given in the report, I mentioned the nursing home was a private nursing home, because the results could be remarkably different from a public nursing home.

As considering consequences of the research, I tried to lessen the possibilities and risk of harm to the participants according to Kvale and Brinkmann (2009). It was open in the interviews. Interviewees could decide themselves what they want to say. During the interview, I tried not to interrupt their narrating, and I also paid attention to the reflection of their narrating. If they showed that they were uncomfortable or got hurt from what they were saying, I would change the subject. The older people could break off the interviews if they wanted. As a role of the researcher, it is not enough to have knowledge of ethical consideration, but also act as professional. For example, the president of the nursing home and the interviewees had an oral agreement with me about the purpose of the study and anonymity etc. Moreover, I also kept distance from being a friend to them because it might leave me away from a role as a researcher. These four requirements were used as a framework during the study, and it was a reminder for me to take notice of ethical items because ethical issue should be considered through the whole work.

4.10 Limitations

There is one limitation on the selection of a nursing home and older people. It was extraordinarily hard to get access to a nursing home. Many presidents of nursing homes reject the visiting of students for research purpose. The nursing home that accepted me is a private nursing home. However, the results might be more representative if I did the research in a public nursing home because public nursing homes were more universal in Sweden. Therefore, the results of my research might be
narrowed down because of this. For example, this private nursing home was more expensive to live in compared with public nursing homes, and older people there were well cared. So there might be some distinctions between the situation of older people in this nursing home and many other nursing homes in Sweden.

The limitation of selecting samples of older people also narrowed down the results. First of all, only a few older people could and wanted to participate to the interviews. Secondly, less of them could speak English. To this generation of older people, only a few of them could speak English as English was not well popularized at that time. Those who can speak English might have higher educational background or better financial situation. Thus, they might not represent the majority of older people in a nursing home considering this limitation. Furthermore, the samples were chosen under the help of the staffs. I could not know if they picked 'anyone' or 'specific someone'. Altogether, the samples’ selection might not fully representative older people in nursing homes in Sweden, which means that the results might lack some of the prevalent meaning.

For the consideration of older people's health condition, some of the interviews were canceled or interrupted halfway. Thus, the results could be not totally integrated, and this might influence the conclusion of the research.
5 Results

Interviewees of older people: M1 (Male 1), F1 (Female 1), M2 (Male 2), and F2 (Female 2).

Interviewees of staffs: one nurse, three assistant nurses, and one practitioner.

The results are from interviews of four older people and five staffs, and the results are enriched as it contains both perspectives of older people and staffs. At the beginning of this section, a brief introduction of the nursing home and the interviewees was put as background information which is helpful to get a better understanding in posterior results.

Older people’s needs are different in each part of their lives, and supports for the needs cannot be substituted for each other. The main results were divided into four parts: basic needs for older people, psychological needs for older people, self-fulfillment, and comparison between their needs and wants.

5.1 Background information

The nursing home

The nursing home was a newly-built private nursing home. There were eight floors with eight older people on each floor. Older people who had dementia were living in three of the eight floors. Those older people lived separately from the physically sick older people who suffered from stroke physiological disease, or are physically too weak to take care of themselves. One staff described that most of the older people came in the nursing home when they were around 86 years old.

There were four nurses in the nursing home, and each nurse was responsible for sixteen older people. One of the staffs I interviewed was a nurse with eleven years working experience. According to her, nurses offer medical care and health care for older people, and assistant nurses would help older people with daily care such as preparing breakfast, helping them put on their clothes, taking shower, going to toilet,
walking outside, etc. From morning to evening, there were two assistant nurses in each floor, and, one staff would stay for overnight care. The other healthcare staffs include one doctor who worked one day a week, and one physiotherapist who took care of the exercise and physical therapy, and one staff that helped the patients with facilities such as wheelchairs.

According to the staffs, the older people who live in this nursing home had high satisfaction of their daily life there. This matches with what older people had described about the nursing home.

The older people interviewees

Sample one was an older man who was almost ninety (for the secrecy I named him as M1). M1 used to be a doctor in a hospital. Listening to music was one of his favorite hobbies in his life. He was one of the oldest but strongest pensions in the nursing home. He could manage most of daily activities by himself.

Sample two was a ninety years old woman (F1) who was also strong and capable of managing her own life. Her hobby was reading.

Unlike the two samples mentioned above, the other older people had more difficulties in their daily lives. They could not move themselves and they lie on bed most of the time. Sample three was a musician (M2), and he played the oboe before. He suffered from Parkinson disease since ten years ago and he had to stop playing the oboe. He had limitations on activities, and he needed lots of help and support from staffs.

Sample four, a ninety-one years old woman (F2), had been sick for a few years. She had problems with her breathing, and she needed medical instrument to help her. She had difficulties on talking and moving, and she needed the help of the staffs frequently.

There was another older person would be interviewed, but it did not work. Because he got pain, and he could hardly talk. The president mentioned that situations of many older people in the nursing home were similar to him including M2 and F2.
5.2 The basic needs for older people

Some people may claim that older people’s daily life is monotonous and not as varied as young people. But the nurse who worked in the nursing home described the older people as follow:

“They are like us, but they are old, some of them are sick as well. They have a normal life here/…/we take care of them, and make sure that they are on a good health, have a good or a happy time. So they are not here waiting for the death, we want them to live a good life, until death comes.”

According to her description, older people’s daily life style was actually similar to others. The aim of the staffs was to help older people live a happy life in the nursing home. From the nurse's perspective, older people were like anyone else except that they were old. However, in my perspective, the “old” could make an enormous difference to older people, and make the needs of them different from the others.

According to the interviews, some of the basic needs of older people such as food, shelter and resources, were fulfilled. Their meals were prepared by nursing house every day, so they did not need to worry about food, so was clothing. The shelter was the nursing home, in where they lived and spent most of the time. The facility of the nursing home, medical care support, and staffs that took care of them would be seen as resources. Those needs were well fulfilled for older people by the nursing home in general. Some other needs such as breathing, sleep, physical activity and health were diversified to different older people. In the next section, I will describe the basic needs for older people separately, and I will also emphasize on the perspectives of staffs that how they think about the basic needs of older people.

The basic needs of M1

As I mentioned above, M1 was one of the eldest but strongest one in the nursing home. He could take care of himself in paramount of things, and he was proud of it.

“They helped with quite a lot of things, but I can manage myself. But most of those who are here must be helped. I’m older than they are, I can make it/…/I get up around nine or nine thirty, and I dress myself and take a shower. Many of the patients who are here, they must have helped to be treated at this moment. Still, I can do my all things. That's
very important also that you go on what you can, you are not pleased if you can’t.”

He looked glad and positive, and he treated his life in the nursing home with his enthusiastic mood. He suggested that older people need to try to manage themselves as much as they can and persist. His positive attitude might contribute to his better health condition compared to other senior citizens in that nursing house. He used his self-control in order to “force” himself to manage his daily life as much as he can. He said that if always ask the staffs for help, he could lose his self-manage ability faster.

Though M1 could manage himself for majority, he was still affected by the old age. M1 got sleeping problems after his wife died three years ago, and he got pain in his back for a long time. Moreover, the old age could also affect older people's brain such as memory lost. During the interview with M1, he sometimes gave irrelevant answers or forgot what he had said. In a conclusion, it could be the basic needs that M1 wanted to alleviate those problems, such as sleeping disorder, pain and memory lost.

However, M1 was still happy with his health condition, and he was satisfied with life in this nursing home. M1 used to live in another nursing home before he came into this one. “It was terrible”, he commented, and “people walked in and out when I was sleeping”. He told me that, once, he was standing by the window, and almost jumped out. He disliked the first nursing home. Compare to that, he was immensely satisfied with the present one. He said many times that he was well treated, and it could not be better. This shows the importance and necessary of a nursing home that can offer sufficient and the right service. On the other side, his idea was to avoid just lying on the bed, “we should stand up and do something”.

The basic needs for M1 were well fulfilled. His health condition was the best among the older people who I have interviewed. He may be the one who was the most satisfied on basic needs he had. In order to make his life better based on basic needs, it might do help to improve his sleeping quality and reduce the pain by the support of medical care.

The basic needs of F1
Similar to M1, F1 was positive and easy to speak with. She also had some ability to take care of herself, but her health condition was not always stable. When she was in a stable health condition, she liked to read, take a walk or participate in some activities. However, more help would be needed if she got pain. She mentioned that older people were getting more and more tired. It seemed unavoidable that older people get worse.

According to her explanation, her situation was analogous to M1. First, both of them could mainly manage themselves of their daily life. Because of this, they could also make appropriate use of their free time. Further, they became happier when they could rely more on themselves rather than on assistant nurses. Thus, the basic needs for F1 and M1 were alike.

M1 and F1 might be the stronger and invigorate ones in the nursing home. Not many older people's situations were as stable as M1 or F1. The general situation of older people was more similar to M2 and F2.

The basic needs of M2
After getting Parkinson, M2 needed lots of help for daily life such as to get up, move, walk, etc. He could not walk without support, so he spent a lot of time on sitting in the wheelchair or lying on the bed. During the interview, he talked slowly, and he made several long breaks while he was talking. Sometimes when he was answering my questions, he forgot the answer after a long break. Furthermore, he also showed that his sense of time was insufficient, and his memory and logic seemed not particularly clear. For example, he did not remember when he started to live in this nursing home; he sometimes forgot to answer my question or started talking about something else; his words were inexplicit while he was talking.

During the interview with M2, I watched how a staff helped him to get up from the bed and sit on the wheelchair. This movement took him about ten minutes, which might only take ten seconds for a healthy person. He showed his frustration because his daily life was majorly depending on the help of others and support of facilities in the nursing home. The facilities could be wheelchair, medical instrument or a bed rail. There was a bed rail at the side of the bed which protected him from falling down, but
this also made him feel locked.

“Everything is very good, but I can’t use. Nothing (he’s lapping on the side of the bed) I was very satisfied, but I can’t make my own way. It’s not the same.”

As M2 said, he could not manage himself, and he needed help for almost all the physical activity. He was satisfied with the help and support in the nursing home, but he still could not do something for himself on his own way.

Thus, the weak parts on basic needs for M2 will be health. The disease had caused problems for him such as physical activity, pain and breath. Compare to M1 and F1, the health condition of M2 was worse. The help and support in the nursing home alleviated his distress. On other words, he was highly dependent on the services of the nursing home, but he wanted to be independent and live his own way.

The basic needs of F2

It was a particularly short interview with F2, because it was difficult for her to talk after she got problems with her breathing and she had to use a medical instrument to help her breathing. Her life became tough after she got sick in the respiratory tract four years ago as she used to smoke a lot. The same with many other older people in the nursing home, she felt tired, and she could not take care of herself in daily life just like M2. Besides, F2 was sensitive to smell because of her breathing problems. Therefore, she needed numerous of help from assistant nurse.

F2 was also satisfied with the help of the nursing home. She had food, clothes, and medical care to remain the life, even though it was still distressed. From the perspectives of basic needs, the effective way to fulfill her basic needs could be sufficient supports of staffs and medical care.

Staffs’ perspectives

The practitioner that I interviewed was doing her internship in the nursing home. She told me that she realized the older people’s situation were worse than she expected, and it was difficult for a healthy person to imagine how they look like in later life, in a nursing home. One nurse mentioned that the disease hugely disturbed older people’s
daily life. It made them painful and caused other problems and difficulties, and older people could easily get tired. The nurse described their situation as follows:

“There (older people) come in, and they are very sick, so they died after 2 days, and then another one comes /.../ I mean when you are 86 you can die this fast, you don’t know how long you’re gonna stay here.”

The nurse mentioned that older people had various diseases. The general problems of older people were heart problems such as poor circulation and leaks; brain problems such as dementia and strokes. The diseases cause pain and some other problems. “We try to help them with pain killers, (when) they have pain”, she said. Pain was another general problem as many older people were suffering it. In addition, pain could also cause other problems such as feeling worried. Apart from those, older people had problems of falling asleep at night. Alternatively, they slept in the day, because they needed more naps. Thus, they might barely awake in the daytime, and they could not fall asleep at night. In this way, the natural sleeping routine of them will be disturbed and a negative feedback loop is formed to make the sleeping disorder even worse. Another problem that some older people could get is eating disorder, and it happened mostly among older people with dementia.

From the staffs’ perspectives, they tried to refill the basic needs of the older people by solving or reducing their health problems, so the older people could live the later life in a better environment.

In conclusion, elderly’s basic needs are to be feed well and dressed every day. However, they still lack of health which is also a part of the basic needs. This is the same as what the staffs described: the biggest problem for older people is healthy problem. Firstly, the older people showed their willing to have these needs fulfilled. They wanted to sleep well, move like a healthy person or live a life without pain. The older people were happier if they were satisfied with their life by the help of nursing house staffs. Moreover, in order to make improvement to older people’s later life according to the basic needs, better medical care will certainly contribute to older people’s health. Furthermore, if older people can try to take care of themselves in a possible level, it will also help to improve their health condition.
5.3 The psychological needs for older people

Psychological needs are in the higher hierarchy of needs for older people. This is based on basic needs, and in relation to love, belonging and interaction. In this section, I will first introduce how older people described for their psychological needs, and then demonstrate the perspectives of staffs.

The psychological needs of M1

As I mentioned above, M1 was strong and positive as an older person. However, he still relied much on his daughter. He used to feel terribly sad when his daughter arranged the nursing home for him, because he thought she would leave him alone. His daughter explained the reason to him that she had to work, and she could not let him stay home alone, and then he accepted it. From this point, it showed that M1 lean on his daughter, and he was sensitive to the behavior of his daughter. Besides, he described that his daughter arranged everything for him, and “it means so much for me”.

M1 mentioned the general situation for older people – feeling lonely. “When you are alone, and you have the whole day, it is so gratifying to going to bed”, he said. Older people live alone in the nursing home, and it contributed to make them feel lonely. The feeling can become intense when they had lots of free time but not had many things to do. It could be helpful to reduce the lonely feeling by increasing the communication among older people in the nursing house, because older people saw their housemates every day besides their families and staffs. For example, M1 had a close friend in the same corridor, and they spent much time together to talk or listen to the music, etc. Because of his medical doctor background, he sometimes communicated with other older people by helping them with their health issues, and he earns fully trust from others. He described that the whole nursing home was like a big family, even though some problems appeared now and then.

In the case of M1, he was glad that not only his daughter constantly supports him, but also the staffs paid attention to him. He liked the nursing home, and it contributed
to his happy mood while living in the nursing home. This close connection between older people and relatives should be concerned.

The psychological needs of F1

F1 and M1 have similarities in their psychological needs. F1 adapted well in living in the nursing home. She told me “I think it is very well, because they let us do in our own ways.” For example, she could sleep as long as she wanted in the morning. The same to M1, she liked to live in the nursing home:

“I’m so old, so I’m also very lazy. And all the staff are very kind, are very understanding/…/and helpful and, everything you want them to be. So I’m really happy to be here/…/and my daughter, who lives in England with her family, is also very happy, because she doesn’t have to worry so much.”

Although her daughter lived abroad and could not visit her frequently, she did not nagging for that. Instead, she kept calm and active during the interview, despite I was a stranger to her. In a word, her emotion was stable and positive even though she had pain.

The psychological needs of M2 and F2

The same to M1 and F1, M2 and F2 were satisfied with the service of the nursing home. Nevertheless, as I mentioned above, they could not use multiple resources in the nursing home. Both M2 and F2 used the phrases such as “boring”, “always need help”, and “couldn’t do so much” to describe their situations. For instance, F2 said:

“I have nothing to do, they feed me, and they do everything for me. It’s boring/…/when you’re not ok, it’s hard time”

The same with F2, the physically disability of M2 made him suffered both physically and mentally. The difficulties on moving and self-care worried him all the time, as he said:

“Everything is very good, but I can’t use. Nothing (he’s lapping on the side of the bed) I was very satisfied, but I can’t make my own way. It’s not the same.”

He showed that he was particularly upset and frustrated about his health condition. He could not move freely or do things himself because of the disease. He always needed
the help of assistant nurses if he wanted to do some movements such as to get up from the bed, to sit down and stand up. His poor health condition leaded to his negative emotion. Most of the time he lied on the bed for his daily life and it could be the reason why he got bored, and it also explained why he was continued asking help to sit, stand and move without any purpose.

In relation to families, F2 was extremely proud while she was talking about her grandchild. However, when I asked her if her grandchild comes often, she answered “visit me? No, they have always things to do.” It seemed that F2 needs her grandchildren to visit her more. If they did not, she looked for reasons for them.

Both M2 and F2 relied on their families emotionally. In conclusion, older people’s families influence their emotion. Even though their families might not visit them so often, the family was still in an essential position in older people’s lives.

In the end, family was the older people’s primary psychological needs, and they played a pivotal role in their psychological part. The nursing home and staffs offered physical supporting, and they also influence older people’s emotion. Neither of family nor staffs can be dispensed.

The perspectives of staffs

According to the staffs, older people were anxious. Quotes from one of the assistant nurses:

“They worry, they want help, but they don’t know why, they say ‘come and help me’, but they don’t know why”.

They asked for help many times without any purpose. For example, one older person could ask help to move to the balcony, and after ten minutes they asked to move back, and later, they asked to move out again. It went again and again, but the older people did not realize this. To make things worse, they became upset if the staffs did not help them immediately. However, the staffs did not feel stress from that. Conversely, they communicated with the elderly, as one assistant nurse mentioned:

“But you cannot do same time. It’s not possible. You have to talk to them, they understand this”.

32
Older people always have endless requests and the staffs felt short of time while
taking care of the older people, because the staffs wanted to have more time to sit and
talk with the older people. In other words, communicating and contacting with each
other are an indispensable part of nursing. One staff described:

“but you have your work you have to do, you have to help a lot of people, and
times just won’t (be enough)/.../you have to do what you can, you cannot go to
everybody’s (claim)”

Another example is F2. The assistant nurse who took care of F2 described that she
was sensitive and thinking too much. Because of her difficulties on breath, she always
thought or felt that she was dying now but the fact was she was still alive.

Apart from the problems of worrying and nervous, loneliness was another general
problem of older people. The assistant nurse gave an example, that staffs would know
if someone’s families had come and visited because the staffs noticed their anxious
and nervous afterwards. For instance, one older person could not calm down after his
family’s visit, and they called the staff constantly. The staff described:

“You know his mind is afraid, he knows that he cannot go anyway, then he will be angry,
and a little bit sad that they (his families) go and, they have their life, but he haven’t, so
that’s most his problem, and that he’ll be more stressed.”

The assistant nurse told me that after the visit of their families (especially their kids)
or friends, they felt sad after their family left. As a matter of fact, almost all of the
older people that I interviewed mentioned or showed their solitude during the
interview. Another assistant nurse said that the older people feel lonely, but they
accepted it because they knew that their kids had their own lives, family and work,
and their kids came when they could do so. In my perspective, older people
understood and accepted it rationally, but they still wanted to be with their families
emotionally.

To summarize, families are the spiritual substance of older people. Most of the older
people had their families or friends visit them occasionally, and some of them might
make friends or have contact with other older people in the nursing home. However,
they still got the problems such as feeling worried, sad and lonely which was attributed as negative emotions that made older people in anxious mental state. Those negative emotions could be seen from two aspects: healthy problems, and the love and belonging problems.

Medicine treatment is a way to against the problems of worrying, nervousness, stress or agitation, but the effect is temporary. To calm them down in a better respect, they should feel be loved and belonging. The emotional support comes from closer and more frequent activities with the families of the older people. For instance, their family members should come and visit them more frequent and organize attractive activities for them. It is also necessary to increase the interpersonal contact among older people, their family members and staffs in the same nursing home. For example, there's a “link” between the older people and their families called the contact person. Everyone who is currently living in this nursing home had one staff as a contact person. To improve communications between the contact person and families of older people could be conductive to have a better understanding of what older people want and need.

Furthermore, what I realized in the research is that, older people might like to communicate with others, but they prefer to be with their families instead of someone they don’t know well. In addition, the communication depended on their health condition. If they had much pain, they could not do anything else.

5.4 Self-fulfillment

Self-fulfillment is one element that can be simply neglected. One reason might be that when people get old, they do not work. It seems like it is the only way to realize self-value by work. Some older people may have been through the self-fulfillment when they were younger, but they might rarely achieve the self-value again after getting old. This could make them have a sense of loss. Besides, another reason could be that the emphasis is changed to basic needs. Older people focused more on taking care of themselves and being with their families rather than self-fulfillment.
In the interviews with M2 and F2, both of them showed that they could not do so much themselves in their later life. On the other side, M1 and F1 shared their ideas of older people's later life with me. F1 appreciated the staffs to take care of her, and she showed her positive attitude to life:

“If you are 90, you must decide what if you doing with the rest of your life, because it’s not long, and for every day, you feel more and more tired, so you know you’re are on your way out. And then you’ll be very thankful that you can get help. And I think I am thankful, very much, and try to be kind./…/they come in and ask for if you want this and that, and they get by the daily paper, and they are so caring for us, or fossil. I’m old fossil.”

M1 described that his dream house was just like the house here, and he felt like he was at home.

“We don’t feel dead day, instead we feel like we are close to heaven/…/I would say as a doctor myself, it’s perfect/…/ it feels like we are a family, and we are close to heaven”.

Their words represented an attitude that they realized the problems that the old age gave them. However, they accept it, and they still enjoyed in later life in the nursing home. In short, positive attitude to life might contribute to the quality of the later life.

The nursing home served some activities that might help them to enjoy the lives in the nursing home. There were many activities that offered by both the nursing home and some social contacts. In the nursing home, there was one person in charge of activities. On each floor, the assistant nurses would arrange some activities for the floor. There were about two activities in one day, and older people would get activities list for the day to choose what they want to do. According to the description of M1, there were varieties of activities in the nursing home:

“Man have to try to do things, and there are some many possibilities. You have many things that are done here, you have musicians coming here, and so and so, you can discuss things. It’s always something. And then we go out and walk in streets.”

The activities can be inside or outside. Inside the house, sometimes musicians would perform for the elderly; Qigong course was hold once per week and memory training course was arranged on Fridays; older people could go to the massage institute for a facial or a massage for their back and neck; there were gym training and question
games, etc. Periodically, some people would come to the nursing home and talk in different absorbing subjects. For instance, it could be information of some important news, so the older people would be more aware of what is happening in Sweden and the world. This talking could be about some news in health care, which might be useful information for older people. Those activities connected the communication between older people and society.

Some activities would be outside. For example, the older people could go to Salvation Army and singing. The activity that older people did most frequently was to take a walk.

In conclusion, older people might lose sight of needs on self-fulfillment because of the old age. The multiple activities in the nursing home might be a way to refill the needs of self-fulfillment, but the problem was that many of the older people could not take part in the activities because the health condition limited them to participate in. The improvements in this part could be: making activities more unique and attractive for older people by considering their diverse needs; taking the elderly for a walk more frequently so they can feel that they have more contact with the society; and encouraging them so they could have more confidence to life.

5.5 Needs or wants

According to the staffs, the main idea of this nursing home was to help the older people of what they want to do. However, there were routines and guidelines that staffs had to follow, for example, how much they should weight. Hence, the daily life of older people was free as far as their activities followed the regulations. It could happen that something what the older people’s willing is against what they need. This may bring some difficulties and problems to the staffs. For example, it could be in the situation as one staff described:

“There is one lady who wants go out, she can go here, she cannot go far, and she don’t care, she go far. And then she come back she has fell and hurt her feet, but she don’t want to accept it. So you cannot do anything, you can only say all the time ‘don’t go far, don’t go far’, but she wants go out. She don’t want to stay here all the time, she want to
go out. Maybe 15 minutes, then she go out. Sometimes they are very difficult”.

Normally, there would be some assistant nurses following the older people out for a walk. However, it could happen as the example. The staffs mentioned that no one would be forced to do something, and according to the law, the staffs are not allowed to force the older people to stay inside if they want to go out alone, even for the older people with dementia. The staffs would try to convince them to have one staff’s accompany. Usually, they would feel safer to have someone following. Otherwise, it could also happen that an older person wanted to go out alone and got hurt after they come back. When it was in this situation, the staffs would try to follow them, and call their relatives and police. However, it was still difficult for the staffs to be in this kind of situations. Thus, to make choice between needs and wants of older people can be in a dilemma

There is another thing about it. During the time I had my interview with M2, I was surprised that he got ice-cream and beers from his families and staffs if he wanted. When I showed my query to this, the assistant nurse explained that, in Sweden, when people get old, it is the latter years to live well, so they do what they want. They eat and drink what they want even though those might against what they need for their health. I will discuss the relation between them in later section.

In conclusion, in older people's later life, the basic needs and psychological needs were the two main parts. The basic needs include, for example, food, sleep, health, etc. The majority of this part was fulfilled except health factor, which was also the biggest emphasis of older people's needs. One helpful support to refill this factor was from staffs of the nursing home. Because of this, the daily life of older people could run better. The other helpful support was medical care. Besides, it might be a possible way to make older people feel better if older people try to manage themselves.

The interviews showed that the older people were satisfied with support of the staffs. However, some of the older people could not do things their own ways, because they relied on staffs support even though they wanted to do it on their own. So this emotion could contribute to their anxious. In order to reduce this problem, it is
considerable to invite their families visit them more often. Because family is an essential part to older people, and family could make them have a sense of love. Improving communications and contacts of the older people, and designing personal course of activities that tailored to different needs of the older people might be two other helps. The interviews showed that older people would like to express themselves if there is a chance. The one that they wanted to have conversation with can be families, staffs or friends, and the priority is their relatives, especially their children and grandchildren because older people were sensitive with relations to their children and grandchildren. The mood of the older people could be highly influenced by their families. The mood could also be affected by self-recognition as they may not as confident as when they were younger. So encouragement would be necessary for them to build their confidence and positive attitude to life. Those needs fulfillment might also contribute to older people to enjoy in their later life.

The results showed a general picture of older people’s later life in the nursing home. It was from perspectives of both older people and staffs. It described the content of what older people need, want, and what could be improved to make their lives better in the nursing home. The next section will continue with analyzing the results by applying the systems theory.
6 Theoretical analysis

In order to get a general picture of older people’s needs, their needs will be broken down into several components. According to the systems theory, I draw an ecomap of the older people (Figure 2). Older people are in the micro system of the ecomap, and in the respect that the aim is to get an overview of older people, the focus will not be put on individuals. The mezzo system is the nursing home. To comprehend older people’s actual needs, the analysis will concentrate on the mezzo system as the following aspects: basic needs, psychological needs, and self-fulfillment. The society is in the macro system. The person-in-environment (PIE) will be also applied in the analysis.

Figure 2: Ecomap of Older People

In Figure 2, the mezzo level includes three levels of needs for older people. The basic needs are the needs for surviving. The psychological needs are for older people to feel love and belonging. Last, the self-fulfillment is about self-esteem and
self-actualization. The factors in these three kinds of needs are not exactly classified. For instance, staffs support older people both physiologically (basic needs) and psychologically (psychological needs). Another example is that activities contribute to delight older people’s later life, and at the same time, their body is exercised.

There are several emphases in different needs of older people. The medical care and staffs’ support are emphasized in basic needs as health part is vital and serious in older people's later life. In the part of psychological needs, the emphasis is on communication and contacts between older people and their families and society. In the third part, it can be difficult for older people to find out their self-fulfillment in their later life because of the limitations of old age. Therefore, encouragement and design personal course of activities for older people could be two ways to build up older people’s confidence and positive attitude for life. Those three needs are not isolated as independent parts. Instead, they are influenced by each other and depend on each other.

**Interactions in between each part and system**

According to Germain’s life model, adaption, life stressors and stress, coping and human relatedness will be applied. First of all, the adaption could be the balance of the relationships between older people and society, and to keep the balance between them the environment is changed for people while they get old suffer health problems. The nursing home is the changed environment for older people. Secondly, while living in the nursing home, older people can get life stressors and stress. In particular, the stressors and stress could be, for example, health problems, loneliness and negative attitude to life.

Then it comes to the third part of appraisal. The first appraisal of older people is that many of them might take stressors seriously because their lives were disturbed by diseases. When it moves to the second appraisal, many of older people would not take it as a challenge or resource. Instead, they would be stuck by the harm and loss from the stressors. In order to cope with the life stressors and stress, protective factors could be useful. In the protective factors contains external supports, family patterns,
temperament, etc. The external supports include the support in a nursing home and the neighborhood; the family patterns refer to older people's families; the temperament includes activities and self-esteem etc. Those factors belong to different hierarchies of needs for older people, and they interact with each other.

For example, neighborhood is the external support to cope life stress. The neighborhood could be in the nursing home. Most of the older people eat together, and some of them do some activities together. Moreover, they can build up friendships with each other and spend time together while living in the same nursing home. The interpersonal contact of older people in the neighborhood can contribute to their psychological joy, and it also can be a pleasure for them to be and talk with some people who have the same background or situation. Thus, this is a way to cope with life stress of loneliness.

Lots of the protective factors can be used to cope with life stressors and stress. However, there are limitations of coping, for example, the limitations on health. Therefore, they still cannot participate much in activities or make potent use of the facilities in the nursing home, in spite of the help from staffs. It makes older people feel frustrated and bored. That is also why “boring” is the word that many older people labeled to their later life in the nursing home. Furthermore, the interactions between those protective factors could be complex. For example, families of older people could contribute to their glad emotion, and at the same time, families may also cause the mood of anxious, nerves and worry of older people, because their families’ occasionally visiting can contribute to the undulate mood of older people.

Power of dominant groups could be abused. Policies on older people can be seen as the power. The affection of the policies to the form and quality of older people’s lives can be positive or negative. Furthermore, the nursing home can be another power. This nursing home is an open place that older people are free to go out and decide for themselves. They have initiative instead of passiveness on decisions. In this case, this meets the ethical need of older people according to respect and freedom, and it avoids abuse of the nursing home’s power. In the last part of human relatedness, the ability to develop attachments may become faintness if older people have large health problems.
However, it is helpful to have the staffs that cater to their needs.

In relation to the macro level, older people might not have as many contacts as others to the society. However, developing the communication and contacts of older people to the society can contribute to self-esteem, which is also a way to cope life stress.

At length, these Germain’s concepts in the systems theory conduce to interpret how older people’s lives and needs are constructed and to comprehend the interactions inside the system. Older people have various needs for their later life, and the systems theory set different systems into orders. It supported not only explain what their needs constitute, but also how those factors interact in relation to PIE. By using the systems theory, it showed that older people’s needs consist by boxes within boxes, and each part could be both cause and effect by itself. As such, the systems theory helped to look at the different systems in multiple ways, therefore the connections within older people's needs are clearer.
7 Discussion

In order to understand the actual needs of older people, qualitative method was used. So the results were from interviews of the older people and staffs. In the discussion, three parts will be discussed which are results, theory and methodology. Moreover, some suggestions for further studies would be given at the last of this section.

7.1 Results discussion

A brief summary of results

The aim of the study is to understand the actual needs of older people while they are living in a nursing home. The structure of the results was based on different hierarchies of older people’s needs. It contains basic and psychological needs, and self-fulfillment of older people, and the relationship between the needs and wants.

In the part of the basic needs, what older people had already had were the needs for living, supports of staffs and facilities of the nursing home, while the most weakness part was health problems, which older people wanted to refill. Improving the medical care and encourage them to manage themselves might be a practical way to cope with this problem.

The psychological needs could be more complex for older people compare to the basic needs, because this is the internal needs. The older people were exceedingly relying on their families, especially their children and grandchildren. It would be better if families of older people could visit them more. In addition, making friends in the neighborhood and participating more in activities might also contribute to their psychological needs.

Self-fulfillment is on the top hierarchy of needs for older people. The nursing home offered activities for older people to color their later life. Taking walk outside and discussions about current events were possible ways to increase contacts to the society. Having difficulties on managing themselves made them feel bored and
frustrated. Besides, older people might have been through the self-actualization before, and it could be terribly difficult for them to refill now. So they needed encouragement, and this could help to bring about positive attitude to life. Further, to design personal course of activities would make the activities more attractive and fit for older people's particular needs.

In summary, the needs for older people are different as they are unique individuals. However, except the needs what they had already had such as medical care and staffs' support, the actual needs for them in general could be better interactions and contacts with families and society, personalized activities, and encouragement for later life.

**When needs against wants**

According to the results, older people have the rights and freedom to do what they want to do, so they decide for themselves. Sometimes it can happen what they need is against what they want. Then, shall we follow the needs or wants?

The case in the results part is an example. The older person wanted to go out for a walk by herself. She did not want to have anyone accompanied, and then she came back with injury. In her case, if someone followed her, it would against her want. If no one followed her, she could be injured easily. What should the staff do?

First of all, older people are human beings, and they are adults. So they have the human rights to decide for themselves. On the other side, they are older age group of adults. Most of the older people have more or less problems on health, and it makes them less controlled of their body compare to a healthy person. In these kinds of cases, what might be useful is to have certain rules that staffs could follow with older people if they need it. It does not mean to restrict older people, but to support them by considering their security while they are out. It might not be a suitable metaphor if I compare older people to youth, but the staffs have some similar responsibilities to patents of youth. Anyhow, it would be difficult to know if it will be practical.

There are some further comments relate to culture differences. As I mentioned above, older people are free to do what they want to do in the nursing home, and the
staffs could not force them to do or not to do something. In Sweden, the ideas about older people can be like the follows. When people get old, they do what they like to: they eat and drink what they want to. In the nursing home, the older people eat ice-cream, drink beers when they like to do so.

Different from Sweden, people in China would consider more about older people's needs in those kinds of cases. Older people's wants are respected, but it depends more on what is better for their health. The idea is that health is the foundation of older people’s lives, and they would have longer, happier and better later life if they had better health condition. Thus, many people in China will not let their aged parents eat ice-cream and drink beers as much as they want, because surfeit of sugar and beers could bring health problems for older people, and they can feel worse from it. Eating ice-cream or drinking beers might make them happy and enjoyable momentarily, but they need to pay the bills afterwards. So the needs of older people are prior rather than their wants in China.

**Manpower**
The results described that two assistant nurses took care of eight older people in each floor in the nursing home, and the assistant nurse could be too busy to attend to all the needs of older people. In the results, older people have psychological needs such as communicate with people. However, staffs did not have much time to sit down and have a free talk with older people despite they would like to. Therefore, the short of manpower could be a resource gap for taking care of older people. As such, heightening manpower of nursing homes might contribute to improve the quality of older people’s later life. Besides, this could also be helpful to reduce the stress of staffs.

**Compare to earlier research**
In relation to earlier research, much information in earlier research is verified in my research results. For example, both showed the complexity and variability of older people’s need; both emphasized the importance of health care; both pointed out that
older people are stressful and anxiety in general.

The earlier researches focused more on the influence by caregivers and older people's families, and the relationships among them and older people. Different from this, my results went into details of older people’s needs. Moreover, some of the needs were emphasized to improve the quality of the later life of older people. I also put some attention to internal needs for older people, for example, encouragement.

### 7.2 Theory discussion

In relation to earlier research, social construction theory could be applied. However, there are some limitations compare to the application of systems theory. One limitation is that social construction theory is to study the previous life of older people, and how previous life influences the present life. It means that the direction of interviews of older people needed to be changed into get much deeper information about their previous life, which is not for my study of older people’s present life. The other limitation is that emphasis of the theory is on society. As social construction is to be used to investigate how they are socially constructed, so the environment and systems around older people would be studied rather than older people self. Therefore, the application of social construction theory might get away from the aim.

Systems theory was used to categorize their daily life into different parts to understand and analyze the needs for older people. The advantage of system theory is that it is not only to study the parts, but also the interactions between them.

### 7.3 Methodology discussion

In this qualitative research, semi-structured interview was used as a guide. The interviews represent older people’s later life with large data. In addition, some information which was not expected came out from interviews, because the interviews let people talk freely in a controlled way. Compare to qualitative research, if I applied quantitative research, the answer would be from a different aspect. Firstly, the range of data is limited from the beginning, because the questions of quantitative research
are fixed, and most of the questions would be multiple-choice test. Besides, one characteristic of the quantitative research is that the results are based on evidence of quantitative data. Therefore, the results can be within the expected choices instead of new unexpected answers. Moreover, the results may not show the reasons that caused the results. In conclusion, if quantitative research method was applied in this research, it might only show the different needs that they had, and the potential needs might be ignored.

At the part of data gathering, the triangulation of data source was applied. The sources are not only about how older people described themselves, but also the description of staffs in the nursing home. Therefore, the results could be more convincing. On the contrary, if I only interviewed older people or staffs, the results might be limited and prejudiced.

### 7.4 Suggestions for further research

As this research is about to understand actual needs of older people in a nursing home in Sweden, further study could be either to investigate the differences between private and public nursing homes, or to look further and deeper research to older people with dementia. There are two reasons why I choose to suggest those two directions. One is that the older people showed their abundant satisfaction in living in the nursing home. So it might be interesting to compare private nursing homes to public nursing homes. The other reason is that dementia is one of the greatest problems of older people in Sweden, and it could be worthwhile to do a research in this direction.
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Appendix

Interview guide for older people

Background questions:
— Gender
— Age
— Members of family
— Occupations before retired

1. How does one day look like for you here?
2. How do you like to live here? What do you like and/or dislike here?
3. What do you like to do here?
4. How do you feel about your health?
5. How often do you go out for a walk?
6. What activities do you have here? And what kinds of activities do you like?
7. How will you describe your dream house (or nursing home)?

Interview guide for staffs

Background questions:
— Gender
— Age
— Educational background
— Work experience and age
— Structure of the nursing home

1. How would you describe the daily life of older people here? And how is their situation?
2. What are the general problems they have? How about health? And how to deal with
the problems?
3. How do you feel to work for older people here?
4. What and how are the activities here?
5. Do you have guidelines here?
6. What are the factors that are important for older people?

Remark: I had agreements with the nursing home orally. So there is no written agreement.