Encounters in Nursing Homes -

Experiences from Nurses, Residents and Relatives

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ABSTRACT

The care of residents in nursing homes (special housing) is a major challenge for the nursing profession, especially as the population of older people has increased in recent decades. One important aim of this care is to promote the wellbeing and security of the residents. Encounters between residents, nurses and relatives are one important and frequent activity in the daily care of the residents. Available knowledge shows that the outcome of these encounters can affect the quality of care both in positive and negative ways. The meaning of these encounters is still a fairly unknown topic. The reason for conducting research on the meaning of encounters in nursing homes is mainly due to the lack of research with this focus and a need to improve understanding and knowledge about nursing home care with an emphasis on the meaning of encounters.

The aim of this thesis was to investigate the experiences of encounters between nurses, residents, their relatives and other significant persons in order to reach a deeper understanding of the meaning of these encounters in nursing homes. A hermeneutic method was used for all four studies in this thesis (I–IV). The hermeneutic method was inspired by Hans George Gadamer and his philosophical hermeneutics. The hermeneutic method provides opportunities to interpret the meaning of human language. All data from participants in this thesis were collected through open-ended interviews with nurses, residents and relatives in four nursing homes in a municipality in Western Sweden in 2004-2005. The interviews were tape-recorded and transcribed verbatim.

The main results of the original papers showed that the meaning of was interpreted and illuminated as the good encounter (I–IV) and the bad encounter (I–IV). In this thesis, encounters between people in nursing homes have been shown to be important for residents' everyday life in terms of being visible and confirmed but also for nurses' and relatives' need to be visible and confirmed as significant persons in the care for the resident. Nurses play an important role in encounters with residents and their relatives in order to make the residents visible and to maintain his/her respect and dignity as a human being in the nursing home. It is therefore important for nurses to establish intentions for being able to contribute to the good encounter. Being present, attentive and open in the encounter with residents and their relatives and listening to their thoughts is the start of a caring action that will result in making the residents visible and confirmed.

It is of great importance to realize that there are both good and bad encounters in a nursing home context, which makes certain demands on the nurses' competence to be able to meet the resident with an open mind as an effort to achieve the good encounter, which means to see the resident as someone belonging somewhere. Accordingly, it is an urgent matter to implement knowledge about the meaning of encounters in this caring context, knowledge that can probably be transferred to nurses working in other forms of long-term care. This thesis can be seen as a contribution to generating knowledge and providing new understanding that can facilitate the development of such nursing competence; knowledge in the art of caring that gives a deeper understanding of how fundamental each encounter can be for making residents and relatives visible and confirmed as an effort to maintain good quality in the care of residents in nursing homes.

Key words: Nursing Homes, Encounters, Nursing Home staff, Residents, Relatives, Nurses.

ORIGINAL PAPERS

The thesis is based on following papers, referenced in the text by Roman numerals I - IV.

I.   Westin L. & Danielson E. (2006) Nurses' experiences of caring encounters with people living in Swedish nursing homes. *International Journal of Older People Nursing* 1, 3-10.

II.   Westin L. & Danielson E. (2007) Encounters in Swedish nursing homes: A hermeneutic study about residents' experiences. *Journal of Advanced Nursing* 60, 172-180.

III.   Westin L., Öhrn I. & Danielson E. (2008) Visiting a nursing home - Relatives' experiences of encounters with nurses. (Submitted)

IV.   Westin L., Danielson E. & Öhrn I. (2008) Residents' experiences of encounters with relatives and other significant persons in nursing homes. (Submitted)

CONTENTS

INTRODUCTION

The focus of this thesis was to acquire a deeper understanding of the meaning of encounters between residents living in nursing homes, nurses, visiting relatives and other significant persons known by the residents. The term nurse includes both enrolled nurses (ENs) and registered nurses (RNs). In this thesis, relatives were family members and other significant persons were any other persons mentioned as significant by the resident. The term encounter is used to include all possible human contacts between the actual people, i.e. both planned and unplanned human contacts that take place between residents, nurses, relatives and other significant persons. The reason for conducting research on the meaning of encounters in nursing homes is mainly due to the lack of research with this focus and a need to improve understanding and knowledge of nursing home care with an emphasis on the meaning of encounters.

Meeting the needs of a growing population in the care for the elderly has been a great challenge in many societies around the world (Bauer & Nay 2003). Approximately 17% of the Swedish population was over 65 years of age in 2006 (Sveriges Kommuner och Landsting 2007). In October 2007, approximately 95,000 persons aged 65 or older lived permanently in special form of housing; this corresponds to 6% of the population in this age group (Socialstyrelsen 2008). The official ideology for elderly care in Sweden and many other societies strongly emphasises society's obligations to care for the elderly when they can no longer live independently in their own homes (Svidén, Wikström & Hjortsjö-Norberg 2002).

At the beginning of the 1990s, a new elderly strategy was implemented in Sweden, where all the municipalities were given the responsibility for providing places called "special housing" for elderly and dependent people which were as homelike as possible (SOU 1990:91, Johansson 1997, Socialstyrelsen 2001). In this thesis, the term "nursing homes" has been used instead of the term "special housing" or other comparable terms such as "residential home". The policy for elderly care in Sweden aims at enabling elderly persons to live as independently as possible with a high quality of care. Elderly persons should be able to be active, to age with security, to be met with respect and be able to influence issues affecting their daily lives (Socialdepartementet 2005).

According to Swedish health care legislation (SFS 1982:763), all care has to be given with respect and dignity to all individuals, including respect for their integrity. Andersson (1994) defines the meaning of integrity as respect for every person's experience of his or her own life situation. Edlund (2002) describes dignity of elderly persons as an experience of not being a burden to others and a wish to be confirmed and valued as a unique person. Being confirmed is about being seen and trusted by others (Nåden & Eriksson 2000), and is a fundamental human desire (Erikson 1988).

Life for many residents living in nursing homes can be characterised as an ongoing process of diminishing physical and mental resources often followed by fewer opportunities to have regular contact with other persons. In this thesis, a deeper understanding of experiences of encounters from the perspective of residents, nurses and relatives is thus assumed to be important in order to improve the care of residents in nursing homes.

BACKGROUND

The care of residents in nursing homes is a major challenge for the nursing profession. One important aim of this care is to promote the wellbeing of the residents. Both physiological and psychosocial needs of nursing home residents must be met if they are to experience optimal wellbeing (Bergland & Kirkevold 2001). Good communication in encounters with nurses is important in the care of residents (Berglund 2007). Talking is an important activity for many residents in their daily life and nurses' attention to residents need to talk with people during the day is of relevance in their care (Andersson, Pettersson & Sidenwall 2007) as well as attention to their own needs to reflect on their interaction with residents (Wadensten 2005). A review of the literature about experiences of encounters between nurses, residents and relatives in nursing homes was made based on research studies conducted in various countries between 1995 and 2008. However, few research reports have had a primary focus on experiences from encounters. The following headings are supposed to summarize considerable research of relevance to reflecting interesting aspects in regard to experiences of encounters in nursing homes; Residents in nursing homes, nurses in nursing homes and relatives in nursing homes.

Residents in nursing homes

A majority of the residents were found to be satisfied with living in a nursing home and few of the residents desired more activities, even if some of them longed for people to socialize with (Andersson *et al.* 2007). All the individuals who were content with their situation in the nursing home were also content with their earlier life (Wadensten 2007). Life in nursing home was shown to be acceptable for some residents, but constraining and dehumanizing for others (Fiveash 1998). Nursing home care has been found to be characterized by daily routines where little time and engagement was left for encounters with the residents (Liukkonen 1995, Tuckett 2007). Harper-Ice (2002) observed that residents spent their majority of time alone in their own rooms. Residents in nursing homes were also shown to have fewer opportunities for privacy in everyday life (Fiveash 1998, Hjaltadóttir & Gustavfsdóttir 2007, Hauge & Heggen 2008). In another study by DeVeer & Kerkstra (2001), sufficient privacy was related to experiences of feeling at home.

The quality of life in a nursing home was described in one study as feeling secure, being acknowledged and doing meaningful things but also having a place of their own (Hjaltasdóttir & Gustavfsdóttir 2007). Studies of the quality of care have shown that feeling secure and getting attention from nurses were the most important aspects for the residents (Mattiasson & Andersson 1997). Significantly low levels of residents' satisfaction with care and living conditions in nursing homes were found regarding influence on care, altered health rehabilitation and meaningful occupation (Berglund 2007). Appropriate care from kind caregivers made life easier for residents but contributed to thriving only for some (Bergland & Kirkevold 2005, Bergland & Kirkevold 2006). A personal relationship with peer residents was not essential for thriving peer residents. The relationships also had to be experienced as meaningful (Bergland & Kirkevold 2008). Maintaining friendship and meaningful relationships following the move to a nursing home was found having a positive impact on the residents' lives

(Cook 2006). In another study, it was shown that neither activity level nor friendships were associated with residents' experiences of wellbeing, some residents' seemed to seek and attain friendship while other residents sought solitude (McKee, Harrison & Lee 1999).

A distance distinguished the contact between staff and residents in a study exploring the general ethical nursing home environment (Ågren-Bolmsjö, Sandman & Anderson 2006). Earlier studies (Nyström & Segesten 1994, 1996) found the nursing home environment to be tender, loving and caring, yet patients complained about imprisonment, powerlessness and hopelessness. Upholding dignity in a nursing home context has been found to be a positive part of everyday life. Upholding the dignity of residents alleviated their need to be seen and respected for who they where (Franklin, Ternestedt & Nordenfelt 2006). Another study revealed the need for residents to talk about losses in life and the need to continue to feel worthy in the nursing home (Campbell 2003). Patterns of social interactions during mealtime have been explored. The response from nurses to the residents' social involvement varied, but in general they did not respond at all and seldom displayed a supportive behavior towards the residents (Stabell *et al.* 2004). High dependency in the performance of activities in daily life among nursing home residents increased social contacts between staff and residents (Drageset 2004).

Nurses in nursing homes

Several studies have shown that nurses mainly use eye gaze, head nodding and smiling to establish a good relation with the residents. The education level of nurses was related to the way nurses communicate. Highly educated nurses displayed more verbal communication while less educated nurses displayed more non-verbal communication (Caris-Verhallen, Kerkstra & Bensing 1999, Caris-Verhallen *et al.* 1999). The effects of communication skill training by nurses during care routines have been examined. Trained nurses talked more and used more positive statements. The emotional tone with residents was rated as less controlling and more respectful after training (Burgio *et al.* 2000, Williams, Kemper & Hummert 2003). In a study by Hewison (1995), it was found that the majority of nurses' interactions were superficial and related to tasks. It was mainly nurses who controlled the conversation agenda, which was seen as a barrier to open and meaningful communication. Wadensten (2005) found that it was often nursing home staff that initiated the conversation and chose the topic in morning conversations with residents. Tuckett (2005, 2006) explored caring behavior with an emphasis on the nursing home and found that nurses in this context gave priority to controlled communication in care encounters rather than acting in the resident's best interest.

Factors that contributed to job satisfaction in long-term care of elderly people were found be related to workplace flexibility and contact with residents (Moyle *et al.* 2003). Significant correlations were also found between job satisfaction, commitment, stress and quality of care (Redfern *et al.* 2002). Nurses' experiences of having time to do their work were an important factor in the workplace and influenced nurses' experiences of meaning in the care of the elderly (Bowers, Lauring & Jacobson 2001, Secrest, Iorio & Martz 2004). The meaning of job satisfaction at a newly opened

nursing home showed that experiences of dissatisfaction overshadowed the experience of satisfaction. The feeling of failing others by not paying enough attention to the residents was connected to the nurses' own experiences of feeling betrayed. After supervision and educational preparation, a change towards dominance of satisfaction was found (Häggström *et al.* 2004a, b).

Unmet expectations, organizational work pressure, lack of encouragement and professional development were found to be reasons for nursing home staff considering finding other work (Fläckman, Sorlie & Kihlgren 2007). Work experiences were described by nursing homes staff while receiving education and clinical supervision, showing the value of a caring environment which was related to work activities and experiences related to relationships (Fläckman *et al.* 2007). Statistically significant associations were found between residents' care and nurses' educational preparation. The educational preparation of nursing staff was also associated with the degree of residents' autonomy (Davies *et al.* 1999).

Registered nurses and students who had worked with elderly people in clinical settings were compared in terms of ageist attitudes. Both group had ageist attitudes towards aging and stereotypical perceptions of the elderly. Students expressed most unfavorable attitudes (Lookinland & Anson 1995). A study by French and Moshler-Ashely (2000) found that students who had been affected by meeting the needs of an elderly relative were more open to residential care settings but that nursing homes were perceived in a more negative way than any other form of long-term care.

Relatives in nursing homes

It has been found that it was often relatives who took the initiative to interactions with staff (Hertzberg, Ekman & Axelsson 2001). Two other studies showed that there could be antagonistic relationships between staff and relatives. Relatives' experiences of their role in caring activities were sometimes contradictory compared to staff (Nolan & Dellasega 1999, Hertzberg & Ekman 2000). In a study by Ryan and Scullion (2000b), it was found that relatives perceive themselves as having a greater role in caring than do staff. Relatives perceived nurses as providing technical care and themselves as providing social and emotional care. The results indicate that relatives were undervalued as a resource in the care, which also was suggested in a study by Davies and Nolan (2006). In Weman, Kihlgren and Fagerberg (2004), all the nurses referred to the importance of co-operating with relatives. In another study by Weman and Fagerberg (2006) it was found that nurses mostly saw relatives as a resource for the resident. It has also been shown that staff exercises the need to control the relatives. Nurses sometimes developed a family orientation in nursing home care but sometimes also attitudes with a competitive role against relatives (Bauer 2006).

Several studies (Kellet 1998, 1999a, b) have shown that relatives desired continuous involvement in care after nursing home admission. Relatives felt guilt, sadness and relief simultaneously and sometimes a sense of failure in having to make decisions about nursing home placement. Family support during the transition period was found to be important in order to help relatives to reconstruct a positive identity in which new opportunities for meaningful caring could be realized. Being engaged in new

caring activities and relationships in the nursing home helped relatives to cope with changes in their life situation. Gaugler *et al.* (2004) found that experiences of stress and wellbeing among relatives posed by nursing home placement resulted in new sources of stress experienced by the relatives, but continued involvement in the care of the residents was also linked to greater wellbeing.

Both nurses and relatives were found to be dissatisfied with the preconditions in nursing homes to provide good care for the residents (Häggström & Kihlgren 2007). Relatives' expectations of involvement in the care and the way the nursing home could facilitate such involvement differed. A wide range of involvement patterns that promoted family connections was found in a study by Friedeman *et al.* (1997), showing that relatives desired various types of staff cooperation and were given such opportunities only in some nursing homes with a high family orientation. Essential factors for developing constructive staff-relatives relationships in the care of elderly people have been identified in a review by Haesler, Bauer and Nay (2007) as: upholding residents' uniqueness, addressing unique family needs, using effective communication skills, implementing a collaborative care process, understanding interpersonal power and providing organizational support.

RATIONALE

In summary, little research has had a main focus on experiences of encounters in nursing homes. Both positive and negative aspects of residents' experiences of daily life as well as residents' perceived quality of care are shown in the literature and are sometime related to experiences of encounters in nursing homes. The literature provides knowledge about how nurses communicate and use their language in encounters with residents and how this can affect the residents in various ways. Nurses' job satisfaction, professional development, organizational changes as well as attitudes towards the elderly influence the care and the way encounters are conducted in nursing homes. Relatives play an important role in the care of the residents. Co-operation between nurses and relatives is crucial in the care of residents and the support relatives are given in encounters with nurses is of importance for relatives' involvement in the care. No research with the aim of investigating the meaning of these encounters was found. This shows a lack of knowledge focusing on our understanding of the meaning of encounters in nursing homes. The reasons for carrying out research with this aim is therefore to generate a deeper understanding of the meaning of these encounters in nursing homes care as well as to augment nursing knowledge of this phenomenon in the broader context of long-term care.

THEORETICAL PERSPECTIVES

The theoretical starting point for this thesis rests on the philosophy of human science and of hermeneutics. From these perspectives, a human being can be seen as a unique and intentional person searching for meaning in life. It is also assumed that the meaning and intentions expressed by human beings can be understood and interpreted by other human beings through human language. Understanding provided by hermeneutics, as used in this thesis, is an attempt to recreate the meaning of human language in order to acquire a deeper understanding of the meaning of encounters in a nursing home context. This introduction of the theoretical perspectives will continue with a short presentation of hermeneutics, hermeneutics in caring science and encounters in a caring context.

Hermeneutics

The philosophy of hermeneutics has changed and developed over the years. According to Bleicher (1980), hermeneutics can be defined as a theory or philosophy of the interpretation of meaning. One way to define and concretise hermeneutics in a more contemporary way is as a textual interpretation or finding meaning in human language and in the written word. Two embedded assumptions of hermeneutics are that humans experience the world through language and that this language provides both understanding and new knowledge (Byrne 2001). Understanding and interpretation are, according to Geanellos (1998a), the primary concern of hermeneutics together with the concern about what understanding is and how it comes into being. The question and the phenomenon of what the meaning of being is have been investigated by Martin Heidegger who raised the question: Do we in our time have any answer to the question of what we really mean by the word being? Heidegger says that everybody understands the words "I am happy" because of the fact that we already live in an understanding of being, but the meaning of being may nevertheless be unclear to us and therefore it is important to ask the question of the meaning of being (Heidegger 1996/1953). In this thesis, a central issue has been to explore from interviews the meaning of being residents, nurses or relatives in encounters with each other. The overall intention in using hermeneutics in this investigation has been to seek understanding and agreement about the meaning that can be derived from the interviews. Agreement has been achieved in an attempt to create a dialogue with the participants and then later with the text from the interviews.

A central source of inspiration when working with hermeneutics in this study has been Hans George Gadamer and his philosophical hermeneutics. Gadamer (2004/1975) and Ricoeur (1991) both offer interesting and useful contemporary hermeneutics, but the choice of using Gadamer is due to the difference between them as regards to the text; while Ricoeur insists upon the reflective distance of the text as a linguistic object, Gadamer develops a dialogical model of interpretation described as a conversation in which the researcher is engaged. These engagements in the conversation provide conditions for establishing a fruitful dialogue in order to examine understanding about the meaning of the phenomenon that is of interest.

Philosophical hermeneutics by Gadamer (2004/1975) is about the use of our history in influencing the interpretation of meaning and the use of our pre-understanding in order to acquire an understanding in a dialogue with the human language. The dialogue in a hermeneutical investigation can thus be described as an ongoing process with questions and answers between different horizons; the researcher, the participants and the text that finally merges into a fusion of horizons bringing about a new understanding of the meaning of the phenomenon in focus. The hermeneutical process of interpretation consists of a dialogue in which both the voices of the text and the theoretically informed researcher can be heard (Draper 1996).

Reaching an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but also of being transformed into a communion in which we do not remain what we were (Gadamer 2004/1975). Hermeneutics is based on a polarity between familiarity and strangeness under the conditions where human language is expressed and in the way the tradition speaks to us. Understanding always occurs in the form of a fusion of horizons, and where tradition appears there is always a fusion with the contemporary. In this thesis, the aim of using hermeneutics has been to investigate, interpret and achieve understanding and agreement about the meaning of experiences expressed through transcribed interviews from encounters in a nursing home context.

Hermeneutics in caring science

Hermeneutics as a philosophy and method in caring science is the study of understanding, especially the task of understanding the meaning of written texts. The field of hermeneutics has developed in an effort to more specifically describe historical and humanistic modes of understanding (Palmer 1969). Caring science has been developed in order to acquire a deeper understanding of human experiences (Van der Zalm & Bergum 2000), but also a reorientation towards a more humanistic-oriented way of thinking where human language is given a central place in the formation of knowledge dealing with human life (Eriksson 2002). Caring science tends to view the person as one who is constantly interacting with the environment, interpreting impressions and ascribing personal meaning to his or her experiences (Wiklund, Lindholm & Lindström 2002). In this thesis, it is assumed that residents, nurses and relatives are interacting with each other in different encounters using human language and are able to describe a meaning from their experiences that can later be interpreted in interviews by the researcher.

Gadamerian hermeneutics has been used in caring science to articulate the process of understanding (Phillips 2007). Gadamer's view of understanding shows that we need to be aware that our understanding of other people is developed through a fusion of our own history. In the work on interpreting the meaning of encounters in this investigation, it has been important to be involved in a process of understanding that continuously raises questions about the relevance of the interpretation. This occurs through a hermeneutical dialogue in which the researcher places his/her own ideas and beliefs at risk. In this way, this work can increase understanding of our self as well as our ability to further understanding of others. Gadamer's hermeneutical philosophy is a valuable approach in caring science that allows nurses to explore and understand fundamental

phenomena in such way that they are not stripped of their human relevance, and also to deliver care related to what is unique to the patient (Pascoe 1996). Understanding another person as a human being is much more than being able to explain their experiences to a particularly model of health or illness, it is, rather, an issue of human dignity and respect (Phillips 2007). Philosophical hermeneutics used in caring science offers perspectives that are essential for describing and explaining nursing history, firstly because it is socially structured and meaning-generated and secondly because it can capture how nurses, patients and others in the health care arena can understand their own world (Allen 1995).

Encounters in a caring context

The term encounter plays a central role in this thesis and relates to the terms meeting, appointment or relationship, but differs in the sense that encounter often means more personal contacts that occur either planned or unplanned between a few people who come across and get in touch with each other. The term relationship relates more to a specific relation or connection that can arise between two people. Encounters between persons in general can have several meanings because of the ability for human beings to be conscious and aware of self and others in the encounter. The encounter in this thesis is seen as the primary tool through which human beings experience their own world. Encounters with other human beings are also seen as a possibility for bringing meaning and personal growth as a human being. Buber (1970/1937, 2002/1947) illuminates this human capacity when he says that the concentration and fusion into a whole being can never be accomplished by one person alone. Man can become whole not by virtue of a relation to himself but only by virtue of a relation to another self.

The encounter is of specific relevance in this thesis because this is a study that investigates a nursing home context where the primary reason is to care for residents in need of care. If encounters can have caring dimensions as assumed here it is of special interest to draw attention to the expressed meaning of these encounters. The term caring is connected to both the terms encounter and relationship and is also sometimes used as caring encounters or caring relationships. The term caring means having concern for, to feel interested in, to provide for and it is the essence of a helping relationship (Travelbee 1966, Gaut 1983). Caring for another person is to help him grow and actualize himself (Mayeroff 1971). Caring for patients is about being present, taking part in and being with the patient (Eriksson 1987) and has an interpersonal relationship (Morse *et al.* 1990). Caring relationships between the patients and the nurses can contribute to a personal relationship (Danielson 1992), which brings about conditions for upholding the patient's dignity and making trust possible (Kasén 2002, Berg 2006). Respect, trust and mutuality are essential elements for bringing about a responsive relationship between nurses and patients (Tarlier 2004).

The encounter between nurses and patients is the core of caring for patients and can appear authentic with human presence here and now, like a dialogue with calls and recalls aimed at nurturing well-being for the patient (Paterson & Zderad 1988). Mutuality, acceptance and confirmation are crucial and fundamental conditions for authentic encounters and patients' wellbeing (Snellman 2001). The encounter is a fundamental category in caring for patients described as two persons being on the same

wavelength with solidarity and closeness to each other (Nåden & Eriksson 2002). Caring encounters from the nurses' perspective is, according to Ford (1990), like being attentively present and sensing the patients' vulnerability. The essential structure of caring encounters has been identified by Halldorsdóttir (1991, 1996) as different modes of being with the patient conceptualized on a continuum, going from experiences of life destroying to experiences of life giving. In this thesis, these theoretical perspectives above described are central as fundamental ontological and epistemological standpoints for coming closer to human beings' experiences of encounters in a nursing home context in order to acquire new understanding of the meaning of these encounters.

AIMS

The aim of this thesis was to investigate the experiences of encounters between nurses, residents, their relatives and other significant persons in order to reach a deeper understanding about the meaning of these encounters in nursing homes.

The specific aims were;

- To describe and interpret the meaning of nurses' experiences of caring encounters with residents in nursing homes (**I**).

- To illuminate and interpret the meaning of residents' experiences of encounters with nurses in nursing homes (**II**).

- To explore and interpret the meaning of relatives´ experiences of encounters with nurses when visiting residents in nursing homes (**III**).

- To explore and interpret the meaning of residents´ experiences of encounters with their relatives and other significant persons in nursing homes (**IV**).

METHOD

A hermeneutic method was used for all four studies in this thesis (**I–IV**). The herme-neutic method was as earlier mentioned inspired by Gadamer (2004/1975) and his philosophical hermeneutics, which focus on the meaning of the human language as a way to acquire new knowledge and to better understand human beings' experiences. The hermeneutic method was used in this thesis with interviews and by means of hermeneutical text analysis (**I-IV**) of transcribed interviews with nurses, residents and their relatives in nursing homes.

Hermeneutic text analysis is about interpreting a written text with the purpose of ac-quiring a valid understanding of the meaning of text (Kvale 2002). Working with her-meneutical text analysis, Gadamer (2004/1975) stresses, is the same as asking what the text says about real life. The purpose of interpretation in hermeneutic text analysis is not to find explanations about a phenomenon; it is instead to create a deeper under-standing about the meaning of the text (von Post & Eriksson 1999). Understanding is possible in a dialogue characterised as being open to another opinion. The notion of a dialogue does not only mean a conversation between two people. As Gadamer (2004/1975) point out, it is also possible to have a dialogue with the text that mean such dialogue with the text that leads to a fusion of two different horizons; the text and the reader. The reality of the text becomes a part of the reader and a new understand-ing will appear.

Participants and setting

All participants included in this thesis were nurses from two nursing homes (**I**) and residents and their relatives from three nursing homes (**II-IV**) in a municipality in Western Sweden. Four different nursing homes, A-D, were used for this research (**I–IV**). Three of the nursing homes, A-C, were located near the centre of the municipal-ity, the fourth nursing home D was situated in a small community outside the centre of the municipality. One of the nursing homes, A, had a mixture of RNs and ENs working with daily care. The three other nursing homes, B-D, had RNs mostly work-ing with administration of the care.

All nursing homes had single rooms for each resident with a common kitchen and meeting room. Nursing home A offered 45 rooms divided into three units and had been refurbished fairly recently. It was run by the municipality via a foundation. The aesthetic environment seemed planned for both privacy and places for meeting each other. The staff frequency was also a little higher compared to the other nursing homes. Nursing home B offered 38 rooms divided into four units and was a bit older and seemed a little worn down with dark corridors and there were no plans for refur-bishment. Nursing home C had 103 rooms divided into 11 units and was the largest nursing home. Parts of the nursing home were being refurbished and, as a result, it was often noisy. The refurbished parts where the residents had moved to were nicely planned with a light atmosphere. Nursing home D offered 39 rooms divided into two units and located placed outside the municipality in the countryside, which seemed to have an impact on the caring environment because the encounters between nurses,

residents and relatives were influenced by the fact that the nurses often knew the residents and their relatives from the past. The interpersonal environment could therefore be described as friendly and relaxed. The nursing home was not new but the interior environment had been renovated and was well planned in terms of a caring environment. The exterior environment was characterized by beautiful countryside. All four nursing homes had separate units for lucid and demented residents (Table 1).

Table 1. Overview of participants and setting

Paper	Participants	(N)	Setting
I	Enrolled nurses	11	Nursing home
	Registered nurses	3	A-B
II	Residents	12	Nursing home B-D
III	Relatives	13	Nursing home B-D
IV	Residents	12	Nursing home B-D

The nurses consisted of 14 women between 26 and 63 years of age, all working between 50-100% in the daytime in nursing homes in units with lucid residents. Three of the participants were RNs the other 11 were ENs. All the participating nurses had experience of at least one year of working in nursing homes (**I**). The residents consisted of 12 lucid residents, five men and seven women aged between 78 and 99 years who had been living in the nursing home for at least 6 months (**II, IV**). Relatives consisted of 13 relatives – nine women (six daughters, one sister, one sister in law and one niece) and four men (three sons and one son in law), between the ages of 51 and 83 years. All the relatives were relatives of participating residents from this study and had been visiting the nursing home at least every second week for the last six months (**III**).

Selection of participants

Initially, a responsible manager of the elderly care in the municipality in question was contacted with a request for the researcher to use some of the nursing homes for this investigation. After a positive response, an ethical application was sent in to the Ethical Committee, University of Gothenburg. After having been given ethical permission to conduct the study, some of the nursing homes were contacted by phone. After the first visit, and later after an information meeting in those nursing homes that were interested in cooperating, the process of selecting participants started. A contact nurse

was recruited to help to collect participants for the study. The participants were contacted individually via a personal letter with a request about participation in the study together with information about the study and about their rights as participants if they should decide to participate. Each participant was contacted again a week later asking whether he/she interested in participating or not.

Nurses and relatives were contacted by phone and the residents were contacted personally in their own room after they had first been asked by the contact nurse if they wanted to have a "information visit" from the researcher. In conjunction with these phone contacts with staff and relatives and personal contacts with residents, a date and place was set up for an interview with those who were willing to participate as informants. Nurses gave informal consent, but residents and their relatives also gave their written formal consent. Everyone who was contacted was willing to participate apart from two of the nursing home staff, one resident and one relative.

Criteria's for being included in the study was that nurses should consist of RNs or ENs working 50-100 % in the daytime at least one year in nursing home care (**I**). Residents should have been living at the nursing home for at least the last six months and be able to conduct a conversation (**II, IV**). Relatives should be a family member of one of the residents in the study and have regularly visited the nursing home at least twice a month (**III**).

Data collection

All data from participants in this thesis were collected through open-ended interviews conducted in 2004-2005. Interviews with nursing home staff were conducted in two different nursing homes in a suitable room for interviewing connected to the nursing home. All the interviews with residents were conducted in three different nursing homes in the residents' own room. Interviews with relatives were hold in their own home with the exception of two interviews, which were conducted in a suitable room for interviewing connected to a nursing home.

Interviews

Interviews were used for data collection in all four studies (**I–IV**). All interviews were performed as open-ended research interviews, which in line with Kvale (2002), is to describe and illuminate the meaning in a text. The character of the interviews can be described as an open conversation between two persons with the difference that the interviewer had set up some questions which guided and directed the conversation both initially and in different parts of the interview. The aim of the conversation was then in-between parts of directed interviewing; to hold a dialogue with the participant being interviewed. To create a conversation in a form of a dialogue, the interviewer's intention was to be open to the participant's perspective, seeking as much understanding as possible in all the answers and questions.

According to Kvale (2002), a conversation is a specific form of human interaction in which knowledge evolves through a dialogue in which we get to know other people, get to learn about their experiences and the world they live in. Fleming *et al*. (2003)

say that a conversation between the researcher and the participant is a suitable method for achieving understanding of a phenomenon of interest. Gadamer (2004/1975) points out that understanding may only be possible through a dialogue between two people where the researcher is open to the other person. Therefore, in this thesis considerable effort has been put into being open in the conversation with the participants (nurses, relatives and residents). Each interview was conducted by the first author by means of a conversation guided by a number of open-ended questions. The first question asked in each study was as follows:

- Can you tell me about your experiences from encounters with residents? (**I**).
- Can you tell me about your experiences from encounters with nurses? (**II**).
- Can you tell me about your experiences from encounters with nurses? (**III**).
- Can you tell me about your experiences from encounters with relatives?
  and other significant persons? (**IV**).

The different perspectives of interviews with nurses, residents and there relatives are shown in Figure 1.
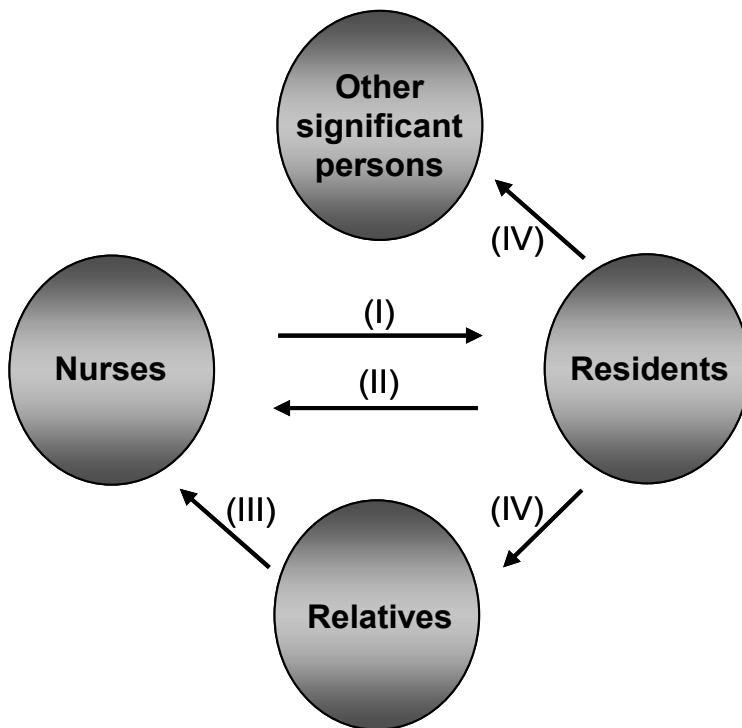

Figure 1. Perspectives studied regarding encounters in separate papers (**I–IV**).

The first initial question in each study was followed up by the question: what do these encounters mean for you? Finally, the following question was asked: can you describe a negative or positive experience connected to encounters? All these questions were used with follow-up questions that focused on the answers from the participants. The interviews were conducted over a period of eight months. Nurses were interviewed first followed by residents and finally relatives. Interview questions concerning both two studies **II** and **IV** were asked on the same interview occasion. The interviews lasted 45-75 minutes (residents md=55 min, nurses md=65 min, relatives md=60 min) and were recorded on a tape recorder and subsequently transcribed verbatim.

Data analysis

Hermeneutic text analyses were used for all four studies (**I–IV**) in this thesis. The hermeneutic text analysis in this thesis was performed on transcribed interviews of nursing home staff, residents and their relatives in nursing homes. The procedure of hermeneutical text analysis was inspired by Gadamer (2004/1975), von Post and Eriksson (1999), Geanellos (1998b) and Lindwall *et al.* (2003). The text in these analyses was first seen as a whole from a general and intuitive perspective. Different parts in the text, which were of relevance to the purpose were thereafter identified and interpreted. These interpretations were carefully and critically examined in an ongoing dialogue with questions and preliminary answers about how the interpretations should be understood and how the upcoming interpretation should be named.

The different parts of the text interpreted were then related to other parts in the text and again viewed as a whole, which made it possible to reach a deeper understanding of the phenomenon of interest. The textual interpretation was influenced by the first and other authors' (**I–IV**) pre-understanding, which arose from professional experience based on theoretical and clinical experiences of nursing within various contexts including working in a nursing home. According to Geanellos (1998a), it is of importance as an interpreter to bring one's own fore structures into consciousness that means to be aware of one's own pre-understanding. Therefore, the process of hermeneutical analysis began with reading the text several times to enlighten own pre-understanding about the subject in order to acquire a general sense of the participants experiences of encounters.

The following procedure of interpretation in the hermeneutical analysis was conducted by interpreting the text in a dialogue with questions alternating between the author's/authors' pre-understanding and answers from the text. Examples of questions were: Where in the text do informants talk about experiences of encounters? What does the text say about them? Why is the text expressed in this way? How is the meaning expressed in the text? What meaning is the text trying to mediate? Why is it this meaning and why is it not something else? What speaks for and what speaks against what the text really means? Finally, is this meaning something understandable for the researchers and for other readers?

The first stage in the analysis comprised a spontaneous interpretation of the text as a whole in order to integrate the text with the researcher. In the second stage, a question

relating to the text was presented: what does the text tell us about the participants' experiences of encounters? Subsequently, this question led to answers in various parts of the text dealing with the informants' experiences of encounters. These answers formed a new text. In the third stage, a new question was presented: what is the meaning of the text taking into account the participant's experiences of encounters? This text was interpreted in different sub-themes, which described various meanings from the text. In the fourth stage, the sub-themes were compared with previous parts of the text and then interpreted in a number of overall themes, which described the meaning of the participants' experiences of encounters from the text more as a whole. Finally, a comprehensive interpretation was made of the overall themes in order to reveal a new understanding.

Ethics

All four studies in the thesis were approved by the Medical Ethical Committee, University of Göteborg (No: Ö 446-03). The participants were personally informed about the study. Both written and verbal information was given, including the purpose and procedure of the study, voluntary participation and the opportunity to withdraw at any time without giving a reason. The participants were guaranteed confidentiality. All the nurses submitted informal consent, whereas all the residents and relatives submitted both informal and formal consent. The interviews with nurses, residents and relatives were conducted without any problems of an ethical nature. All the participants seemed to be prepared for a long conversation that would be tape-recorded. One resident had forgotten that the conversation would be recorded, but was not disturbed about it. Another resident was a little surprised that the interviewer asked almost the same question several times and on one occasion the resident seemed to be a little frustrated about it. But after some discussion about why similar questions were asked, the resident seemed to understand the reason.

Interviews with residents went well, but these interviews were perhaps more personal for each participant. One resident was almost blind, several residents did not hear very well and some resident did not speak very clearly. However, this was not considered to be ethical dilemma and the interviews could be conducted as planned. Overall, the interviewer (first author) did not feel that any residents had a problem with the interviewer talking about the subject in question. Sometimes, there was a feeling that residents perhaps did not always try to find the most negative encounters. But for the most part, after a while in the interviews, all the residents seemed to talk freely about their experiences of encounters. It is possible that the residents felt dependant on receiving good care in the future, which might have caused some of the residents to talk less freely. However, there was never a sense of them doing something against their own will. My intention as a researcher was to always see to their needs first and foremost and considerable effort was made to adjust to their suggestions. The overall impression was that I came to visit them in their own room. Many interviews ended up in an interesting conversation that seemed to be of mutual interest.

RESULTS

The results from the original papers (**I–IV**) are presented below and the main findings are interpreted and illuminated under the following two subheadings: The good encounter and the bad encounter.

The good encounter

The results showed that the meaning of good encounters was for nurses to be present and attentive and have the ability to see each resident as a unique human being. It was also important that they were seen by residents. To confirm the residents and to be confirmed by residents seemed to be a mutual desire. Being confirmed as a nurse was to receive responses from residents as being a significant nurse and in its most profound sense responses that the residents liked them personally, not only in their role as nurse (**I**). From residents perspective to be seen and confirmed by nurses in a personal manner meant being somebody. Just being seen and hearing someone saying hello seemed important for residents' wellbeing. Being somebody was further to be respected and valued for who they were even if the residents sometimes experienced bad days. The residents saw that the nurses planned each day individually according to the residents' specific wishes, which gave them a sense of being cared for (**II**).

Residents' encounters with relatives made the residents happy for being someone. It was shown in encounters with relatives that the residents wanted to be confirmed as being someone important in present times as well as in their former life. The residents were keen on going back in life and talked about old memories such as giving an account of their lives. It was also meaningful for residents to be someone and to get to know someone else they did not have had a history with. Encounters with other significant persons other than relatives were shown as a way of discovering new perspectives in life. Significant others could be fellow residents in the nursing home with whom they had found a special contact with. Encounters with other significant persons that came for visit helped the residents in not finding themselves alone. These encounters prevented from loneliness and provided them with a sense of being someone together in a community which made the residents feel that they not were forgotten (**IV**).

Being paid attention to was for relatives to be seen and to be welcome when visiting the nursing home. The nurses were open and were according to relatives happy to meet them. To be seen was to be noticed by nurses. The nurses saw when the relatives came and obviously this showed for the relative that they had noticed their presence (**III**).

Being aware of opportunities was for nurses to have good intentions in encounters with residents. Being aware of residents needs and being aware of opportunities to care for the residents provided the nurses with meaning in caring for residents. Each encounter was seen as a new encounter with new possibilities. Being a part of resident's experiences of life gave nurses new knowledge that stimulated and provided them with meaning in their work (**I**). Residents' encounters with nurses gave meaning to the

residents' life and contributed to a sense of community and belonging. The residents felt a sense of community with nurses and saw the opportunity to share their lives with someone. To be together and sharing thoughts in encounters with nurses also contributed to care by restricting the time for brooding as well as helping residents to put up with physical pain. To live in a meaningful way was related to residents' encounters with nurses. The encounters with nurses gave meaning to the residents' life and contributed to making life a little more joyful and pleasant (**II**).

For relatives, being involved in the care was to get in touch and talk with the nurses. Through the encounters relatives could get new and relevant information about the situation for the resident. According to relatives, nurses were open in sharing their experiences about the care given to residents and consequently, relatives found that they were offered adequate time and became more involved in the care. Being invited by nurses and being involved in care was to be confirmed as a relative of significance (**III**). The residents felt pleased in encounters with their relatives because they had someone in the family looking after them, but also pleased for having a chance to make their relatives happy and because they were someone worth visiting. The resident could see that their relative was happy to make a visit and it was of great importance for the resident to have a chance to give something back instead of only receiving (**IV**).

Relatives' encounters with nurses made them feel familiar with the nursing home, which provided them with feelings of being safe and secure. Being safe and secure was to feel consideration in really been taken care of. Relatives felt welcome to share the time for talking with the nurses. In such situations relatives felt that the nurses really cared about their situation of being a relative visiting the nursing home and about their family member. It was important for the relatives to feel this sense of community and see that the resident really was being cared for (**III**).

The bad encounter

The meaning of residents' experiences of bad encounters with nurses was shown as being nobody in terms of not being confirmed by not being seen and respected from nurses. Not being respected by nurses could be illuminated in various situations where nurses acted against the resident's will or where the resident was not seen and listened to and was left out of things, which gave residents feelings of being alone. Sometimes the residents felt that nurses were thinking more of themselves in their approach to residents. This led to sadness and suffering and was related with a sense of being nobody (**II**). For relatives being ignored in encounters with nurses was about not being seen and being someone difficult. Relatives were ignored by nurses when they came to the nursing home and none of the nurses have noticed that they had arrived. This way of being ignored could also appear if two relatives were visiting the nursing home and one of them felt ignored by a nurse who only spoke to one of them (**III**).

The mutual desire for nurses to be confirmed by the residents and to confirm the residents could not always be accomplished in encounters with residents. This was shown in situations where nurses not were respected by residents. Being treated with disrespect and sometimes treated in an offensive way by residents made the nurses

being inadequate as well as not being confirmed as worthy nurses. The nurses were sometimes aware of residents' needs in encounters with residents but were incapable of doing anything about it. Routine work and repeated actions together with high workload were one reason for not being able to meet the residents' needs. Being inadequate was for nurses to work without intention and being aware of their shortcoming in encounters with residents which sometimes forced them to shut off their feelings in order to be capable of meeting the residents. This led to a bad conscience and job dissatisfaction (**I**).

The results showed that residents could be distanced in encounters with relatives when they could not come to an agreement in conversations. There could be situations when relatives talked about other relatives of the resident in a negative way. Being distanced also appeared in situations where the residents did not agree with their relatives about different issues and when the residents felt that they were not on speaking terms with each other. It was also shown that the residents where happy to have a visit, but at the same time they felt that they were a burden on their relatives. The residents thought they were bothering their relatives more if they were sick or just did not feel good. All this showed up for the residents as being a burden on their relatives and having a bad conscience at being in a nursing home. Being a burden appeared to be a question of guilt; residents took valuable time from their relatives, which gave them a bad conscience (**IV**).

DISCUSSION

The results show that encounters are important and meaningful events for residents, nurses and visiting relatives. The encounters were a significant human activity for being confirmed and made visible by others, which appeared to be essential for the caring environment in the nursing homes in question. The encounters were found as fundamental for providing positive or negative experiences shown as good and bad encounters, but probably also for building relationships that in a longer and deeper way, affect the outcome of future encounters. Good relationships can contribute to a personal relation that according to Kasén (2002) and Berg (2006) provides conditions for upholding dignity and trust between people in a caring environment. Characteristic of a good encounter to a personal relation is how the encounter has been conducted. The good encounter found in this thesis was characterized by presence connected with attention and openness to the other person. The bad encounter was characterized by a lack of these attributes.

Presence understood as "caring presence" is described in a research synthesis by Fredriksson (1999) as both being there for the patient and being with the patient by listening and using caring and connective touch in caring conversations. Being with and being there requires the nurse's active presence and awareness of being open to the shared situation here and now, which in a fuller sense requires nurses attention to the patient (Paterson & Zderad 1988). Caring presence among nurse practitioners and patients has been described as a relationship between two people who share themselves through their ways of being, behaving and feeling (Covington 2005). To be present in caring for older people includes respectfulness and to be open in a dialogue that is shaped by the older person's perspective and supports the older person's whishes and priorities (Bernick 2004). The basis for openness in forming a caring relationship among patients suffering from long term illness was found by Berg, Scott & Danielson (2007), as to be large degree of engagement and a will to be involved. In this present thesis the nurses displayed a will to be involved and open in encounters with residents and relatives although different kind of influences was apparently an obstacle to achieving good encounters. The nurses was sometimes aware of their presence in encounters with residents and sometimes not. However, nurses' awareness of their way of being in encounters seemed to be an important key for nurses to develop their caring competence with an emphasis on the meaning of encounters. In this thesis, the meaning of encounters from nurses, residents and relatives perspective has been found as good or bad encounters shown as; being visible and confirmed or being invisible and not confirmed.

Being visible and being confirmed

Nurse's experiences of encounters with residents showed that they wanted to be present and someone significant in the care of the residents. They worked with a clear intention to provide encounters which was oriented towards an awarereness of the importance of meeting the residents as unique individuals. The nurses seemed to work with awareness over how the life situation was for residents in nursing homes and what their needs could be. They were also aware of the opportunity to provide the

resident with a good encounter. Fagerberg and Kihlgren (2000) found that the meaning in caring for elderly was to provide a sense of trust and to choose to be there, they also described caring for elderly as a both complicated but joyful activity whereas the staff needed to be involved in a supportive context. However, it seems that the nurses in this thesis also were dependant on being visible and confirmed by residents to be able to provide good encounters, which is in line with Karlsson (2007), who found that nurses who experienced themselves as appreciated and valued, confirmed their autonomy in nursing home care. Nurses' experiences of being significant and confirmed in our study gave a meaning to their work, except in some cases when nurses felt too distressed and focused on things that had to be done when their workload was too high or if they not were confirmed as professionals by the residents. Several studies have pointed out the importance for empowering and supporting nurses' work with elderly (Ellis 1999, Campbell 2003, Clarke, Hanson & Ross 2003). This shows that nurses need to be visible and confirmed and to be supported in developing their work situation in a positive way for being able to be present in encounters with residents.

In this thesis, residents were shown to be vulnerable persons who are dependant on nurses' attention, due to the life in the nursing home. The residents were also dependant on the nurses' intentions in the encounter and could not escape from the daily encounters with them. Residents' encounters with nurses showed a need for the resident to be somebody, a person with needs like everybody else and not an outsider in the nursing home. For some residents the nursing home was their only place and their only contact with other people. Andersson *et al*. (2007) found that few residents in nursing homes desired more activities but some of them longed for other people to socialize with. Therefore, in the present thesis, it was not surprising to find that residents' experiences of good encounters with nurses were important when it came to being visible and confirmed as a worthy person belonging somewhere. Campbell (2003) also shed light on the importance of residents feeling worthy in the nursing home. Being visible and confirmed as a resident was further to be seen by the nurses and being part of a community. The residents felt a sense of community in encounters with nurses and saw the opportunity to share their lives with someone. Just being seen and hearing someone saying hello was important, it gave meaning to the residents' life and contributed to sense of belonging somewhere. This point out the importance of each encounter between nurses and residents in terms of nurses ability to be present and making the residents visible and confirmed as belonging somewhere.

Residents' experiences of encounters with relatives were about existential matter such as having a good relation with their relative, often connected to their life history. Being visible and confirmed by their relatives also meant that these encounters had a positive meaning that increased their well-being. Encounters with relatives made the residents pleased and happy for being someone worth visiting and for been given the chance to make their relatives happy. Frequent contacts with family were also found by Gladstone and Wexler (2000) to contribute to the psychosocial well-being of residents. In this thesis, the meaning of residents' encounters with relatives was to be seen and met with dignity and a confirmation of how they had acted towards to their relatives in their earlier life. It was like the resident wanted to make an account over his/her life. The residents were in a special stage of their lives, which was focusing to large degree on existential concerns, including awareness about these circumstances,

knowing they were at the end of their life. This situation for residents, of being at the end of life probably increased their need to be visible and met with respect and dignity. Good life among old people in the end of life was found by Andersson *et al.* (2008) to be met with dignity and to be in a context of family and friends. In Dwyer (2008), dignity was closely linked to residents' own self-image and identity. Maintaining a sense of dignity for residents in nursing homes was described in Franklin *et al.* (2006) as alleviating the resident's need to be seen and respected for who they were and the attributes of preserving dignity in caring for older people has been identified by Anderberg, Lepp and Berglund (2007) as individualized care, restoring control, advocacy and sensitive listening. This shows the importance for nurses to be attentive in encounters with relatives in order to support them in the care for their family member.

Residents' encounters with other residents were important for being visible and confirmed as not being alone in the nursing home. If a fellow resident suddenly came for a visit, only sitting and watch television was something good for the resident and prevented feelings of loneliness and provided a sense of community. Residents who move into nursing homes sometimes construct familiarity with different people, which enables them to make a strange world less strange (Reed & Payton 1996). Cook (2006) also highlights the importance of residents maintaining relationship with other people following the move to a nursing home. It is also possible that unexpected visits from fellow residents can end up in frustrations if the resident wants to be alone and have some privacy. Differences in feeling at home by residents were found by deVeer and Kerkstra (2001) to be related to privacy especially to the perceived attitudes of nurses and perceived disturbance caused by other residents.

Residents' encounters with other significant persons such as a new resident had a positive meaning for their need to be visible and confirmed, especially in situations where they suddenly became interested to communicate with someone else about things that were of mutual interest. The residents became involved in speaking about their own life experiences and to listen to someone else's life experiences. These encounters were highly valued and can be described as transcendental, where new perspectives of their life appeared, which created and contributed to experiences of meaning in their life. The character of such conversation seemed to be built up on a dialogue between two persons (Buber 1970/1937, 2002/1947, Paterson & Zderad 1988, Nåden & Eriksson 2002). Such dialogues are based on the need of two persons to talk about their inner thoughts and how they experience meaning in their life situation. This can be compared to Dwyer, Nordenfelt and Ternestedt (2008), who showed that meaning for residents was created through an inner dialogue, communication and relationships with others. Human relationships have earlier been found as closely related to experience of meaning in life of old people and residents in nursing homes (DePaola & Ebersole 1995, Takkinen & Ruoppila 2001) and Van't Leven and Jonsson (2002) showed that the opportunity to have contact and conversations with others was important for the residents' need to manifest themselves as a part of a community.

Relatives' experiences of encounters with nurses showed that relatives understood the importance of establish good contacts with the nurses. It was important for relatives to be visible and feel that nurses paid attention to their presence when visiting

the nursing home. Encounters with nurses made them feel familiar with the nursing home which brought them a feeling of being safe and secure. Relatives felt welcome to share time with talking to nurses for being confirmed that their family member was being cared for. The experience of these good encounters in the case of relatives to be confirmed was as an important person in the care of the resident and was also shown to have a positive effect on a relative's involvement in the care of the resident. Davies (2005) highlighted the importance of recognising the contribution made by relatives themselves to positive outcomes. Ryan and Scullion (2000b) noted that relatives were more willing to be involved in the care compared to the nurses' opinions and were therefore undervalued as resource in the care. Relatives' encounters with nurses in this thesis also revealed that relatives mostly felt welcome to visit the nursing home at any time and ask questions about the care, which made them more involved in the caring process. Being visible and involved in the caring process as a relative was important for relatives and most likely also for the residents. This is in line with findings by Kellet (1998, 1999a, b), which show that relatives have need and a desire to be in-volved in providing care for the residents. Other studies indicate that family involve-ment after admission to a nursing home had positive influences for both residents and relatives (Rowles & High 1996, Ross *et al*. 1997, Kellet 1999a, Hertzberg & Ekman 2000). Relatives' perceptions of quality of care and family involvement have also been found to be strong (Voutilainen *et al*. 2006). According to Kellet (2007), fami-lies, can through experiences of caregiving learn to be more active and seizing a more positive picture of family care giving. The results of this thesis confirm earlier find-ings about the quality of care in relation to family involvement and further point out the importance of encounters between nurses and relatives, where nurses can make relatives visible and more involved in the care.

Being invisible and not being confirmed

In most cases the residents were confirmed and visible in good encounters with nurses which gave them a sense of being somebody and belonging somewhere, but some-times residents became invisible like being nobody and not confirmed in encounters by nurses who did not pay them adequate attention. This is in line with several other studies, for example Liukkonen (1995) found that residents felt that staff members were always pressed for time and did not want to talk with them and Fiveash (1998) showed how residents regarded themselves as being useless and not belonging in the nursing home. Tuckett (2007) revealed similar descriptions in terms of residents' experiences of the nursing home as a waiting house far from home and a staff starved of time for attention to and engagement for the residents. Mattiasson and Andersson (1997) found that nurses' attention was an important aspect for residents' perceptions of quality of care. Mayeroff (1971) stresses the basic patterns of caring is to help an-other human being to grow and actualize him, the other human being is primary and must therefore be at the center of nurses' attention. Apparently this basic patterns of caring was not always achieved in this thesis as also bad encounters were experienced by residents and their relatives shown as being invisible and not confirmed.

Residents' experiences of bad encounters with nurses took the form of being left outside, where residents were somebody living in the nursing home, yet not being somebody for someone else, which contributed to already existing feelings of being

invisible and not confirmed. This shows the importance of taking care of residents in a more professional way and of being aware that nurses' and residents' perceptions of residents needs sometimes differ between nurses and residents (Natan 2008); the most significant need as perceived by the residents, was skilled mental and emotional support whereas nurses perceived personal outlook and the provision of skilled physical care as being most important. The nurse has to meet the challenge of putting her self at stake in the encounter (Schuster 2006); there are no given methods and a possible way for nurses to orient themselves in encounters with patients is to provide room for reciprocity, which means being personally involved in the professional encounter. Nurses have to approach the residents with an open mind to be able to ensure good encounters with residents: "When we walk our way and encounter a man who comes towards us, walking his way, we know our way only and not his; for his comes to life for us only in the encounter" (Buber 1970/1937 p.124). Encounters in this description placed in a nursing home context take place as good encounters by nurses acting of presence and openness in order to better understand the caring needs from the resident's perspective. In this thesis, residents caring needs of being respected and being somebody was not always met when bad encounters appeared, which was related to residents experiences of being invisible and not being confirmed including a sense of being nobody.

Residents had mixed feeling about meeting their relatives. Sometimes a distance appeared in the encounter, being distanced in conversations with relatives' made the encounters bad for the residents. How these encounters between residents and relatives affects the resident can be crucial for nurses to understand more about in encounters with the residents. The residents' were mostly glad to see their relatives but at the same time they felt that they were in the way, being a burden to them. This took the form of small signs from relatives that they were busy, which gave residents a bad conscience about taking up their relatives valuable time. For the residents in this thesis the bad encounter was as not being confirmed meant as not being seen, which, according to Nådén and Eriksson (2000) undermines a person's dignity. Dignity for elderly persons is, according to Edlund (2002), the experience of not being a burden to others and a wish to be confirmed and valued as a unique person. The meaning of these encounters was a bad experience for the residents which not made them confirmed as worthy residents. Some residents also expressed worries about getting more ill and more dependent on their relatives in the future. This is in line with Svidén *et al*. (2002) who found that the move to a nursing home meant that their self image was changed from being self-reliant and independent to becoming more dependent and perceiving themselves and their care as more or less a burden to their relatives.

Relatives usually felt welcome to visit the nursing home and were often met with respect, but sometimes they were ignored by nurses, which resulted in a bad encounter where relatives became invisible and not confirmed. In other studies it has been found that many family carers felt ambiguous about placing their relative in nursing homes, and were distressed for a long time after the admission to the nursing home (Ryan & Scullion 2000a). With this in mind, it would seem very important to use relatives as a resource in the care process instead of neglecting them when they visit the nursing home. Sometimes relatives stated that they were not invited and confirmed by the nurses when they visited the nursing home and this had a negative meaning for the relatives. Situations like this appeared when several relatives were visiting the nurs-

ing home and one of the relatives felt that he/she was not being noticed by the nurses. These findings are in line with several studies (Kellett 1998; Hertzberg *et al*. 2001; Marziali *et al*. 2006) which showed that relatives often felt that they were ignored by nurses. A study by Bauer (2006) found that staff activities in nursing homes are still primarily geared towards the provision of physical care and that family needs become secondary to getting the work done. It must be an important issue for nursing home staff to create an environment that also supports the need of families' to be visible and confirmed as relatives. The collaboration between nurses and relatives' in nursing homes is, according to Haesler *et al*. (2007) crucial in the care of residents and it is thus very important to promote education and supervision which can bring about a new understanding in nurses that can develop the relationship between nurses and relatives.

In this thesis, the meaning of nurses' experiences of encounters with residents has been shown as an awareness of residents' need to be visible and confirmed. This awareness was intentional and helped nurses to find a positive meaning in their work. However, the nurses' intention was also the cause of a bad conscience, especially in situations where they not could live up to their intentions to meet and confirm the residents with respect and dignity, which ended up in bad encounters with feelings of being inadequate and not being confirmed. A bad conscience made nurses dissatisfied and did not bring any positive meaning to their work, which is in line with Juthberg *et al*. (2008) showing that suppressing conscience may result in a profound loss of wholeness, integrity and harmony in the self. Probably, a bad conscience had a negative effect on the next encounter with a resident, relative or colleague. A gap was found between nursing home staff's personal ideals of upholding dignity and what they were able to provide in reality (Dwyer 2008) as well as nurses experiences of failing others, when they felt they did not pay enough attention to the residents (Häggström *et al*. 2004a). Low job satisfaction among nurses in long-term care has been found by Häggstöm *et al*. (2004a) and Berglund (2007) and therefore it seems important for nurses to have structured tools for reflection (Ågren-Bolmsjö *et al*. 2006) and discuss experiences of bad encounters with residents in order to have an opportunity to develop their personal knowledge about how to handle different encounters with residents. Similar strategies were suggested by Häggstöm *et al*. (2004b) and Fläckman *et al*. (2007) showing increasing satisfaction among nursing staff while being supported with supervision and education.

Ventuarato, Kellet and Windsor (2006) found that nurses simultaneously identified personal and professional satisfaction in working with older people, while also internalizing socially and politically constructed negative images in relation to ageing and care of the aged. Nurses' attitudes towards older people in general need to be changed and knowledge developed about what it is like to grow old and live in a nursing home. Many nurses employed in nursing homes have their base of education and work experiences from hospital care. Joy, Carter and Smith (2000) state in a review that there is a need to evolve knowledge in caring for older adults in particularly in nursing homes, where ageist attitudes must be discarded and awareness should be focused on concepts such as dignity and respect. Both nurses in long-term care (Lookinland & Anson 1995, Jervis 2002) and students (Lookinland & Anson 1995, Ring & Danielson 1999, Söderhamn *et al*. 2001) were found to hold negative attitudes towards the

elderly. The nursing home environment is intended to provide a homelike atmosphere in which residents can maintain their integrity. This means having respect for every person's experience of his/her own life situation (Andersson 1994). Accordingly, how the nursing home environment is planned and how the nurses working in nursing homes are prepared and educated for working in nursing homes are important. In this thesis, most of the nurses involved in the daily care were ENs and only a few were RNs. Maybe a more balanced distribution of ENs and RNs should have improved the quality of encounters. Higher education levels for nurses working with residents in nursing homes are probably crucial for increasing nurses' ability to make residents visible and confirm them as unique individuals in their special life situation with various needs.

Encounters between residents, relatives and nurses have a mutual dependency where residents and their relatives also influence the outcome of the encounters. Nurses, however, have a professional responsibility for the outcome of the encounters. Nurses working in a nursing home context need to increase knowledge that brings focus on how they perceive the meaning of encounters with both residents and their relatives and develop a deeper understanding of what good and bad encounters can bring for the resident in terms of being visible or invisible, confirmed or not confirmed in the nursing home.

METHODOLOGICAL CONCIDERATIONS

As the aim for this study was to investigate the meaning of encounters in nursing homes it was naturally to choose a qualitative design. The idea from the beginning was to study the meaning of encounters in a deeper way trying to extend our understanding them, especially as these encounters had not previously been explored to any great extent in caring science. The idea was also to give a comprehensive picture of encounters in a nursing home context, which is why nurses, residents and relatives were chosen as participants. It was a conscious choice to use the same method for all four studies as this would cover different perspectives with the same questions given to nurses, residents and relatives, thus satisfying the strategy of obtaining a more comprehensive view. If there is a need for generating more knowledge and understanding about human experiences in caring sciences then it must be important to find ways for interpreting human language. The tradition of hermeneutic philosophy describes human being as intentional searching for meaning in life. Consequently, one way to reach answers and understanding from human beings' lived experiences is through human language itself. Philosophical hermeneutics was considered as a relevant and useful method for attaining all mentioned criteria's and was therefore chosen as a method for all four studies in this thesis.

The selection of participants was conducted at four nursing homes with the aim of reflecting experiences of nurses, residents and their relatives' perspective. The selection resulted in a mix of different participants who, on the whole, covered the perspectives well. One possible weakness in this investigation was that no male nurses participated. Unfortunately, no male nurses were found in the nursing homes studied. Another weakness was that no spouses of the residents were found either. Maybe the results could have shown some other dimensions if male participants and spouses had been included.

One important aspect when it comes to increasing trustworthiness is how the interview question was related to the aim of the investigation and how the results were related to the aim. As the interview questions were clearly designed to inspire talk about encounters, it is most likely that the phenomenon of interest has been captured in this investigation. Quality criteria of importance for qualitative research have been identified by Guba and Lincoln (1989) as trustworthiness, where the researcher's investigation is given credibility for having captured, described and interpreted the phenomenon investigated, and conformability where the researcher shows how the interpretation has been arrived at during the inquiry.

In this thesis, much effort has been put into describing how the interpretation has been arrived at during the inquiry in order to strengthen the credibility and conformability. It is crucial to describe this process clearly in a hermeneutical inquiry. Maybe more effort could have been focused on this issue. It could have been useful for the reader to see examples of the analysis process describing the discussions about the interpretation and formulation of central themes. This might have strengthened trustworthiness by giving the reader more information about the process of interpretation. Something that can have strengthened credibility was that all interviews were analyzed through

decision trail, where all data were handled through a structured table on a computer, which made it possible to continuously move back and forth between raw data and interpreted themes.

Working with hermeneutics places certain demands on the researcher to be open to different perspectives. It was therefore necessary to be engaged in a dialogue with the text. A dialogue was established by asking questions about the text, receiving answers after more reading and adding new questions. In the analysis of the text, it was also considered important to continuously and critically ask why the message should be interpreted in the first suggested way. However, as Gadamer (2004/1975) says the horizon or prejudices that each researcher brings to a study influences the research process and requires reflection. Critical reflection on the text and discussions about the meaning of the text were therefore taken seriously by the author and also supported by the co-authors. Still, there is always a risk that the interpretation process is guided too much by an early understanding with the result that the interpreter loses important dimensions that would have generated a deeper and perhaps more interesting understanding. I am convinced that interesting dimensions have been lost in the interpretation of the text, but I am also convinced that important dimensions have been found that increase our understanding.

One quality criterion for trustworthiness in hermeneutical research is if readers other than the researcher can follow and understand the results of the investigation. Readers as interpreters themselves participate in the process of interpretation by applying their own horizons to the work, although readers may not always share the researcher's interpretation but should be able to follow the path that led to the interpretation that has been given. Also Rolfe (2006) discusses trustworthiness in qualitative research and argues in favor of judgments about the quality in qualitative research entailing a subjective reading of the research text. Consequently, one difficulty when working with hermeneutics is how to be sure when to stop the interpretation and how to be sure that the interpretation is significant.

In this inquiry, this kind of assurance was arrived at by means of many reflections and discussions throughout the text analysis process, where finally the question appeared: is this interpretation possible? Before closing the analysis phase, the first author and co-authors reached agreement on the accuracy of the interpretation. Porter (2007) claims that qualitative research on something will make sense first when the researcher and the readers have ensured that this something is as accurate as possible. There are also general aspects of weakness when working with philosophical hermeneutics that can be discussed. The way of asking questions and interpreting what people want to say and later interpreting the meaning of the written text cannot be captured as one and only one ongoing true meaning.

The hermeneutic circle is like a metaphor for describing the hermeneutically analytic movement between the whole and the parts where each gives the other meaning. Whitehead (2004) stresses that hermeneutical analysis involves a prolonged period of reflection on both parts of the data and the whole in order to situate the meaning arrived at. Researchers involved in this process will soon recognize that this stage must come to an end, but further analysis might yield changes in interpretation. Each person's

interpretation of a text can also change over time as the horizon evolves. However, on the whole, with the above-mentioned critical aspects in mind, my opinion is that this thesis is able to present a possible and significant interpretation of the meaning of encounters revealed in the interviews with nurses, residents and relatives.

CONCLUSIONS

In this thesis, encounters between people in nursing homes have been shown to be important for residents' everyday life in terms of being visible and confirmed but also for nurses' and relatives' need to be visible and confirmed as significant persons in the care for the resident. Nurses play an important role in encounters with residents and their relatives in order to make the residents visible and to maintain his/her respect and dignity as a human being in the nursing home. It is therefore important for nurses to establish intentions for being able to contribute to the good encounter. Being present, attentive and open in the encounter with residents and their relatives and listening to their thoughts is the start of a caring action that will result in making the residents visible and confirmed. Relatives play an important role in the care process as a link for the residents' history, which means that the encounters and co-operation between nurses and relatives are crucial also for the resident. It is of great importance to realize that there are both good and bad encounters in a nursing home context, which place specific demands on the nurses' competence to be able to meet the resident with an open mind as an effort to achieve the good encounter, which means to see the resident as someone belonging somewhere. Accordingly, it is an urgent matter to implement knowledge about the meaning of encounters in this caring context, knowledge that can probably be transferred to nurses working in other forms of long-term care. This thesis can be seen as a contribution to generating knowledge and providing new understanding that can facilitate the development of such nursing competence; knowledge in the art of caring that gives a deeper understanding of how fundamental each encounter can be for making residents and relatives visible and confirmed as an effort to maintain good quality in the care of residents in nursing homes.

IMPLICATIONS AND FURTHER RESEARCH

The results from this thesis provide a deeper understanding of how fundamental encounters can be regarded making residents visible and confirmed in nursing homes. The overall meaning of experiences from encounters concerned mutuality, revealed as a need for nurses, residents and relatives to be visible and confirmed. The nurses wanted to be visible and confirmed as worthy nurses while the relatives wanted to be visible and confirmed as worthy relatives. Residents in nursing homes, however, are in a specific life situation, exposed and vulnerable, and therefore also more dependent than others on being visible and confirmed as worthy persons. The meaning of nurses' encounters was to be aware of the residents' situation of being exposed and vulnerable as residents, which made the nurses want to invite and confirm the resident as a worthy person. Sometimes the residents were visible and confirmed as worthy persons and sometimes not. The intentions that made it possible for nurses to act for the residents' good also caused frustration when they not could fulfil their intentions. Sometimes the nurse had good intentions but was not confirmed by the resident. The nurses, however, have a professional responsibility to ensure and uphold the quality of care of the residents even if they are not always made visible and or confirmed by residents. Accordingly, nurses need to develop a deeper understanding on what the encounters with residents and relatives in nursing homes can imply in the care for the residents.

Nurses working in this context have to realize that there are good and bad encounters, which they are responsible for, and they should therefore be supported in trying to learn more about those caring actions that can contribute to the good encounter. It is obvious that many residents are vulnerable and therefore in need of being visible and confirmed as worthy persons in the nursing home. Nurses have to develop more knowledge and understanding of these circumstances through further education, supervision and their own reflections on experiences of encounters with residents and their relatives. It is also crucial for nurses to increase their competence by learning to establish a dialogue with residents and their relatives in order to bring about the best conditions possible for providing residents with comfort in their everyday life. It is suggested that further research focus on observations of how encounters are conducted in nursing homes with an emphasis on nurses' presence and openness in the encounter. Secondly, on conducting interventions in nursing homes with the aim to explore effects on the care for residents where nurses are educated through systematic reflections over own actions with focus on encounters with residents and relatives.

SWEDISH SUMMARY

Möten på särskilt boende – Erfarenheter från vårdpersonal, boende och anhöriga

Bakgrund

Fokus för denna avhandling har varit att få en djupare förståelse för vilken betydelse möten på särskilt boende har för vårdpersonal, anhöriga och de människor som bor på särskilt boende. Antalet äldre människor ökar i befolkningen i många länder, däribland Sverige. Det har därför varit en utmaning för framtiden att kunna erbjuda en god vård för alla i en åldrande befolkning. En ny reform för vården av äldre genomfördes i Sverige i början på 1990-talet. Reformen innebar att Sveriges kommuner övertog ansvaret för all vård och omsorg av äldre. Alla kommuninnevånare skulle i mån av behov erbjudas hemhjälp samt kunna vårdas i hemmet. Vid stora behov skulle också särskilt boende kunna erbjudas i form av servicelägenheter, gruppboende och särskilt boende för äldre. Namnet på den sistnämnda vårdformen ersatte tidigare benämningar som ålderdomshem och sjukhem. Vårdformen, särskilt boende för äldre, inriktade sig på att de boende skulle kunna få vård dygnet runt i eget rum och i en så hemlik miljö som möjligt. År 2006 utgjorde den svenska populationen av människor över 65 år en cirka 17 %. I oktober 2007 bodde i Sverige ungefär 95 000 personer över 65 år permanent i särskilt boende, vilket motsvarar ungefär 6 % av populationen i motsvarande åldersgrupp. Livet för flertalet människor i särskilt boende kan karaktäriseras av en fortgående livsprocess, som ofta innebär minskade fysiska resurser följt av minskade möjligheter till sociala kontakter med andra människor.

Aktuell forskning inom området visar att de boendes erfarenheter av vardagslivet och upplevd vårdkvalitet är varierande och kan relateras till möten mellan vårdpersonal, boende och deras anhöriga. Forskning visar också att vårdpersonalens sätt att kommunicera har betydelse för de boende. Även vårdpersonalens arbetstillfredsställelse, utbildningsnivå och inställning till vård av äldre människor påverkar vårdkvaliteten och kan relateras till olika möten i vården på särskilt boende. Även samarbetet mellan vårdpersonal och anhöriga har visat sig betyda mycket för vården av den boende. En mycket liten del av forskningen visade sig vara inriktad på erfarenheter av möten i vården på särskilt boende och ingen forskning visade sig syfta till att undersöka vilken mening möten har mellan vårdpersonal, anhöriga och människor som bor på särskilt boende. Den främsta anledningen till att genomföra denna avhandling var därför att genomföra sådan forskning, som kan öka förståelsen för vilken betydelse dessa möten har för vården på särskilt boende. Detta för att kunna utveckla vården för de boende i denna miljö samt att utöka kunskapen inom omvårdnadsämnet om vad möten kan ha för betydelse i vården av särskilt boende.

Syfte

Syftet med denna avhandling har varit undersöka och beskriva erfarenheter av möten mellan vårdpersonal och människor som bor på särskilt boende samt möten mellan de boendes anhöriga och andra viktiga människor för de boende. Detta för att nå en djupare förståelse för innebörden och betydelsen av dessa möten.

Avhandlingen bygger på fyra olika delstudier med olika perspektiv:

1. Vårdpersonalens erfarenheter av möten med de boende.
2. De boendes erfarenheter av möten med vårdpersonalen.
3. Anhörigas erfarenheter av möten med vårdpersonalen.
4. De boendes erfarenheter av möten med anhöriga och andra viktiga människor.

Metod

Hermeneutik har använts som metod i all fyra delstudier. Den hermeneutiska metoden är närmast inspirerad av den filosofiska hermeneutiken, vilken fokuserar på innebörden av det som uttrycks i mänskliga språket som ett sätt att få en ökad förståelse för innebörden av mänskliga erfarenheter.

Fyra äldreboenden användes i undersökningen, varav intervjuer genomfördes med fjorton personer ur vårdpersonalen, tolv av de boende samt tretton anhöriga. För att få medverka i undersökningen skulle vårdpersonalen ha arbetat minst sex månader mellan 50-100 % tjänstgöringstid. De boende skulle ha bott minst ett halvår på särskilt boende och kunna genomföra ett samtal på svenska. Anhöriga skulle vara en medlem av familjen och besöka sin anhörig minst var fjortonde dag. Intervjuerna varade mellan 40 och 80 minuter och spelades in på band.

Intervjuerna kan beskrivas som en form av samtal som inleddes med en fråga som efterfrågade deltagarnas erfarenheter av möten samt om de hade några positiva eller negativa erfarenheter av dessa möten. Intervjuerna transkriberades sedan ordagrant till text som senare analyserades med hjälp av hermeneutisk texttolkning. Denna analys startade med en tolkning av texten i syfte att få en första förståelse av textens betydelse som helhet för att i nästa steg brytas ner i delar beskrivande olika betydelser som kunnat uttolkas från deltagarnas erfarenheter av möten. Detta beskrivs genom några olika centrala teman. Avslutningsvis så genomfördes en helhetstolkning som beskriver några centrala innebörder av dessa möten för deltagarna.

Resultat

Resultatet från de fyra olika delstudierna visade att innebörden av erfarenheter från möten med vårdpersonal, boende och anhöriga handlade om det goda mötet och det dåliga mötet.

Det goda mötet
Vårdpersonalens erfarenheter av goda möten med de boende var att vara närvarande och kunna synliggöra och bekräfta de boende men också att själv bli synliggjord och bekräftad av de boende. Att vara synliggjord och bekräftad var för de boende att vara någon och att bli sedd på ett personligt sätt av vårdpersonalen. Att bli synliggjord och bekräftad var för anhöriga att känna sig välkomna vid besök och bli betraktade som viktiga personer och därmed bli mer involverade i vården. De boende ville också bli bekräftade av sina anhöriga att de varit betydelsefulla personer för de anhöriga genom livet. De boende ville göra ett slags bokslut över sina liv. Att vara synliggjord av vårdpersonalen innebar också för de boende att de kände en samhörighet med vårdperso-

nalen att de hörde hemma någonstans. För anhöriga betydde detta att bli synliggjord också att bli en del av en gemenskap som gjorde att de kände sig trygga att ha sina släktingar på särskilt boende. De boende blev glada när de fick besök av sina anhöriga och kände sig trygga för att ha någon som regelbundet kom på besök. De boende träffade också personer som var viktiga och skapade en mening i deras liv. Dessa möten var inriktade på att upptäcka nya perspektiv i livet och att upptäcka nya sidor hos sig själv i dialog med andra människor.

Det dåliga mötet

Resultatet visar också att fenomenet med att bli synliggjord och bekräftad inte alltid kunde uppfyllas i dåliga möten med varandra. Vårdpersonalen kunde ibland uppleva att de inte blev respekterade och positivt värdesatta av de boende och detta medförde att de kände sig osynliga och inte bekräftade av de boende. De boende kunde exempelvis ibland uttrycka en önskan att få hjälp av någon annan. De boende kunde känna sig osynliga och inte bekräftade genom att de inte fick någon uppmärksamhet av vårdpersonalen, vilket gjorde att de inte kände sig respekterade med samma värde som andra människor. Detta fick en negativ betydelse som gjorde att de boende kände att de inte var någon och att de inte existerade. De anhöriga kunde känna sig osynliga genom att de blev ignorerade av vårdpersonalen och att ingen noterade att de kom på besök. Om två anhöriga besökte äldreboendet så kunde ibland en av de anhöriga känna sig utanför då de upplevde att vårdpersonalen endast vände sig till en av de anhöriga.

Att vara distanserade från varandra i möten, var för de boende, att känna att de blev bemötta på ett sätt som de inte förstod. Det kunde vara i situationer när de anhöriga pratade om andra anhöriga på ett negativt sätt eller om de upplevde att det var väldigt oense om vissa saker med sina anhöriga. Vårdpersonalen kunde ha en förståelse för de boendes existentiella behov av att bli sedda men känna sig oförmögen att klara av att möta de boende på det sätt som dessa egentligen skulle önska. Detta gjorde att de kände sig oförmögna att bekräfta de boende, vilket ledde till ett dåligt samvete. De boende var glada över att få besök men kände på samma gång att de var en belastning för sina anhöriga. Känslan att vara i vägen var negativ och gjorde att de boende fick dåligt samvete över att bo på särskilt boende. De boende kände sig skyldiga till att de tog värdefull tid från sina anhöriga.

Diskussion

Resultatet visar att möten är viktiga och meningsfulla händelser för både boende, vårdpersonal och anhöriga. Möten är betydelsefulla för att bli synliggjord och bekräftad av andra, vilket också visade sig vara essentiellt för den vårdande miljön på särskilt boende. Möten på särskilt boende var grundläggande för att skapa positiva eller negativa erfarenheter, i form av goda eller dåliga möten, men sannolikt också för att bygga relationer mellan människor som på sikt kan ha betydelse för kommande möten med varandra. Goda relationer kan skapa personliga relationer vilket utgör grunden för att upprätthålla värdighet och tillit mellan människor i en vårdande miljö. Det som karaktäriserade det goda mötet i denna undersökning var närvaro, uppmärksamhet och öppenhet för den andra personen i mötet. Miljön på särskilt boende har som mål att vara så hemlik som möjligt, där den boende respekteras på samma sätt kan förväntas i vanligt boende och att den boende kan upprätthålla värdighet och respekt. Därför är

det viktigt att vårdpersonal som arbetar på särskilt boende är utbildad för att arbeta där.

I denna undersökning var det mest undersköterskor ur vårdpersonalen som arbetade in den nära vården med den boende. Det vore önskvärt att fler sjuksköterskor arbetade med den nära vården för att höja kvaliteten och statusen för arbetet med äldre i denna vårdform. Det är viktigt att vårdpersonalen har kunskap och medvetenhet om de boendes livsvärld och en medvetenhet om sin egen roll i vårdandet. Det är också viktigt att vårdpersonalen har intentioner att skapa goda möten med de boende, inte minst för att de boende är utsatta och sårbara i sin livssituation och i hög grad beroende av vårdpersonalens intentioner i dagliga mötet, möten som de boende inte kan välja bort. Resultatet visar att det var en ömsesidig vilja bland de boende, vårdpersonal och anhöriga att vara synlig och bli bekräftad. De boendes erfarenheter av möten med vårdpersonalen var att vilja vara någon, en människa med behov som andra och att inte känna utanförskap. Vårdpersonalens erfarenheter av möten med de boende visade sig som en intention att vara närvarande och vilja synliggöra och bekräfta de boende, vilket skapade mening och arbetstillfredsställelse i arbetet. Ibland kunde inte dessa intentioner uppfyllas och detta gav upphov till ett dåligt samvete som ledde till en dålig arbetstillfredställelse. Anhöriga kände sig ofta välkomna att besöka äldreboendet, men ibland kände de sig negligerade av vårdpersonalen. Anhöriga är för många av de boende den enda kontakten med människor utanför boendet och den enda länken till deras historia och därför en nyckelperson i vårdandet. Samarbetet mellan vårdpersonal och anhöriga är därför av stor betydelse i vården. Utbildning och handledning av vårdpersonal är viktig för att utveckla kontakten mellan vårdpersonal och anhöriga.

De boendes erfarenheter av möten med anhöriga var också viktiga som en del i vetskapen att de inte hade så lång kvar att leva. Att få prata om gamla tider var därför ett sätt att bli bekräftad på. För vårdpersonalen är detta viktigt att uppmärksamma, speciellt om de boende inte har några anhöriga som kommer på besök. Möten med anhöriga kunde också innebära att de boende fick dåligt samvete för att de var tvungna att bo på särskilt boende att de kände sig vara en börda för sina anhöriga. Denna känsla av dåligt samvete kanske kunde avdramatiseras om de boende fick möjlighet diskutera detta med vårdpersonalen. Möten med andra personer än anhöriga kunde också vara viktiga och kunde exempelvis vara andra boende som de boende fick en speciell kontakt med. Denna kontakt engagerade de boende i att upptäcka nya saker hos sig själv. Dessa möten var viktiga och meningsfulla för de boende och visar att människor på särskilt boende fortfarande har kvar intentionen att vilja utvecklas och upptäcka nya dimensioner i livet.

Konklusion

Möten mellan människor på särskilt boende har i denna undersökning visat sig vara viktig för hur livssituationen och vardagslivet gestaltar sig för de boende, men också för hur vårdpersonalen och anhöriga kan känna sig värdefulla i kontakten med den boende. Vårdpersonalen spelar en viktig roll i de dagliga kontakterna med de boende i syfte att få dem att upprätthålla värdighet, respekt och i många fall en känsla av mening och tillhörighet. Anhöriga spelar också en viktig roll som en länk till de boendes historia. Därför är också kontakten och samarbetet mellan vårdpersonal och

anhöriga viktig för de boende. Denna avhandling visar att möten mellan människor på särskilt boende kan både vara bra eller dåliga. Det är viktigt för vårdpersonalen att ha goda intentioner för att kunna skapa det goda mötet. Att vara uppmärksam, närvarande och öppen i mötet med de boende och deras anhöriga samt att kunna ta del av deras budskap är starten på en vårdande handling som leder till att de boende blir synliggjorda och bekräftade av vårdpersonalen. Arbetet med att vårda äldre på särskilt boende ställer höga krav på vårdpersonalen vad gäller deras kompetens att alltid kunna möta de boende på ett värdigt och respektfullt sätt. Därför är det särskilt viktigt för vårdpersonal och blivande personal inom särskilt boende eller inom andra former av äldrevård att utveckla denna kunskap och kompetens. Denna avhandling kan ses som ett bidrag för att kunna möjliggöra denna kunskap och kompetensutveckling; en kunskap i konsten att vårda som ger en djupare förståelse för hur grundläggande varje möte kan vara för att synliggöra och bekräfta de boende och deras anhöriga för att därigenom upprätthålla en god kvalitet i vården av människor på särskilt boende.

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