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Nurse assistants' experiences and knowledge of how they create a meaningful daily life for older persons receiving municipal home healthcare

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Abstract

Aims and Objectives: To explore nurse assistants' experiences and knowledge of how they create a meaningful daily life for older people receiving municipal home healthcare.

Design: A participatory appreciative action reflection approach.

Methods: Interviews, participant observations and informal conversations with 23 nurse assistants in municipal home healthcare generated the data. A thematic analysis was used.

Results: Two main themes were developed. The first main theme, building a reciprocal relationship, was structured by three subthemes: To strengthen the older person's self-esteem, to co-create care and to create equality. The second main theme, creating meaning, was structured by two subthemes: To create closeness and to receive appreciation. The two main themes are each other's prerequisite. Nursing assistants' building reciprocal relationships gives meaning; through the meaning, reciprocal relationships are achieved, and by that, meaningful daily lives for both the older people and the nurse assistants.

Conclusion: Nurse assistants built a reciprocal relationship both for the older people and for the nurse assistant. This contributes to create a meaningful daily life for the older people. The older person was the main character, and it seems that the nurse assistants apply person-centred care, which can represent a shared common vision that can be used in the encounter.

KEYWORDS

home healthcare, meaningful daily life, municipal home care, nurse assistants, older people, participatory appreciative action reflection, person-centred care

INTRODUCTION

As human beings, we have a desire to have a meaningful daily life; this also applies to people who are in need of home health care. Since 1992 the municipalities in Sweden have been responsible for the home healthcare and long-term care services provided to older persons [1, 2]. It is well known that older people have limited

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opportunities to influence the aspects of their care in Sweden [3, 4] and internationally [5, 6]. National guidelines with core values and local guarantees of dignity regarding their care have therefore been introduced. These guidelines give emphasis to the importance of dignity, well-being and the organisation of the older person's life, so they can perceive them to be as meaningful as possible [2, 7, 8]. Furthermore, older people should be seen as independent [9], whereas, traditionally, older persons who are chronically ill are seen as dependent, vulnerable and passive where the staff make the assessment [10].

Nurse assistants (NAs) work most closely with the older people and provide most of their direct care [9, 11]. Care must be based on the wishes of the individual's perspective [12].

This means that the NAs must assure that the care they perform follows the guidelines [12]. However, they have to perform their work in an elderly care system that faces several challenges, for example, an increasing number of older persons with multiple illnesses who live at home [13], an increasing number of personnel on sick leave and a strained economy in the municipality [12, 14]. In addition, demands for high quality and organisational changes raise new requirements such as the implementation of person-centred care (PCC) and create a meaningful life for the person [15, 16]. According to the goals of PCC, it is important to know what constitutes a meaningful daily life for the older person [17].

For older people, physiological changes could make it difficult to perform duties they have done earlier in life such as cleaning, laundering, or shopping. The dependency on help from NAs was perceived as limiting in everyday life [18]. However, they accepted the help to be able to do things they did before [16]. By receiving home healthcare in their own homes, a meaningful daily life can be achieved by attempting to live as close to normal as possible, through the maintenance of routines and habits. From the older person's perspective, the collaboration between themselves, the staff, relatives and, in some cases, using technology is important for achieving a meaningful daily life [19]. NAs who worked in nursing homes have described how, by being perceptive about how the older persons felt and by responding accordingly, they adapted to the older persons' daily lives. They also shared their own life with them to create meaningful daily lives for the older people [11, 20]. Leaders in municipal elderly care described the importance of agreeing on what a meaningful daily life is for the older persons and working together to find a common attitude. According to them, future success depends on the vision that exists for elderly care [21, 22].

To succeed with the implementation of the guidelines, there is a need for a shared common vision among all stakeholders involved [23] regarding what constitutes a meaningful daily life for older people in municipal care. What constitutes a meaningful daily life for older persons in municipal care has been studied among older people [24, 25], relatives [26], NAs working in nursing homes [11] and leaders [21, 22]. However, there is lack of knowledge regarding the NAs' perspectives when working in the older person's own home. This is essential to gain the whole picture and to create a common vision of how to create a meaningful daily life for the older person in need of municipal home health care.

AIM

The aim of the study was to explore nurse assistants' experiences and knowledge of how they create meaningful daily life for older people receiving municipal home health care.

MATERIALS AND METHODS

Design

This study is a part of an interdisciplinary action research project performed within a municipality in the central of Sweden [27]. The aim of the project was to investigate how meaningful daily life could be developed for older persons receiving care within nursing homes, day care centres and home healthcare. This study represents home healthcare. We chose a participatory appreciative action reflection (PAAR) approach, since working together with the entire elderly care team that included the older persons and their relatives would allow us to learn from their knowledge and experiences, which can be a key for success [28].

Participants

A strategic sample of six units was chosen based on results from a local user survey that reported on the quality of care for older people in the actual municipality. All units were divided into three groups, which had received good, moderately good or less favourable results and two groups were randomly selected from each group. Three home healthcare units agreed to participate in the study, one from each group. The selection process was designed to encompass and reflect different experiences and knowledge [29]. We attended regular workplace meetings, where we invited the NAs to participate. They were informed that, if they agreed, a researcher would accompany them and participate in their work to learn from them. Altogether,

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there were 13 NAs, aged 24–60 years, who agreed to participate in individual interviews and who were included in the observations. There were an additional 10 NAs who participated in the group discussions held to discuss the findings.

Data collection

Open qualitative interviews ($n = 13$) were carried out and tape-recorded [30]. The researchers actively participated in the NAs' daily work through participant observations and compiled field notes. They assisted the NAs in care activities such as assisting at mealtimes, making coffee, washing and drying dishes or removing trash. Informal conversations in the form of reflective conversations like open qualitative interviews [30] were conducted with the NAs during these activities. The focus was on the different care activities and what, how and why they were performed. Questions were asked that focused on how a meaningful daily life could be created as well as what needed to be changed, how it should be changed and by whom. Additional questions were raised about the opportunities and obstacles that contribute or not to a meaningful daily life. During the conversations, various ways of understanding were explored to clarify and formulate the NAs' knowledge and experiences; therefore, the researcher went back to the field several times to gain a deeper understanding by building a trusting relationship. Group discussions with NAs were also held several times to get a deeper understanding. The data collection with the NAs, in accordance with PAAR [28], resulted in 24 interviews, of which nine were repeated, and the participant observations with informal conversations occurred over 180 hours.

Data analysis

All data were analysed in two phases. In the first phase, a professional secretary transcribed the tape-recorded interviews verbatim. The field notes from the observations and informal conversations were documented chronologically and compiled on an ongoing basis. Furthermore, edits and modifications were made when the interviews and compilations were taken back to the NAs to reflect on and analyse the content. In the second phase, due to the comprehensive and detailed data, we used thematic inductive analysis [31]. In the first step of the second phase, a reading and rereading of the data compiled from the interviews, informal conversations and field notes were conducted by the first author relative to the research question. In the second step, features from the dataset were given initial codes, which were collated according to their relevancy and marked out, looking for similarities and differences in patterns that emerged, which formed the codes. In the third step, potential themes that formed subthemes and main themes were developed by the first author by further collating the codes. In this step, two of the authors analysed the relationship between codes, potential themes and different levels of potential themes, which we tested, that is, reviewing and refining the themes in a candidate thematic map. In the fourth step, to check the trustworthiness, the themes were checked to see if they would work in relation to the coded extracts and to the dataset as a whole. In step five, all the authors defined and refined the characteristics of each theme and checked to ensure the themes described the meaning of the dataset as a whole. To achieve credibility, we tried applying different names to the themes, strived to bring clarity to them and worked to capture the essence of each one. Everything was deliberated and discussed in this step until a consensus was reached, and we formed the final thematic map (Figure 1).

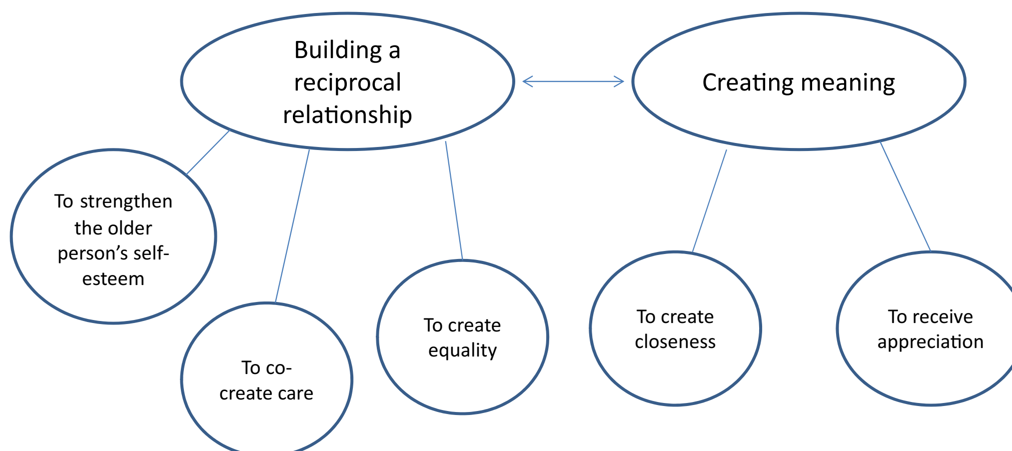

FIGURE 1 Building reciprocal relationships with older people and creating meaning gives meaningful daily lives. Relationship between main themes and subthemes.

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In the sixth step, a final analysis was made, using convincing quotations and feedback from the research aim. Finally, we produced the analytical report [31].

Ethical Considerations

The study was approved by the Regional Ethical Review Board in Uppsala (Reg. No. 2011/009). All participants received written information regarding the study. Before collecting the data, we repeated the information orally and obtained written informed consent from the participants. Participation in the study was voluntary, and the participants had the right to withdraw from the study at any time. Confidentiality was assured. Additionally, consideration was given to the possibility that the NAs might see the study as questioning their work, so it was clearly emphasised that the focus was to learn from them.

Findings

NAs' experience and knowledge regarding how to create meaningful daily lives for the older persons could be described by three subthemes that gave structure to main theme one and two subthemes to main theme two (see Figure 1). The two main themes are each other's prerequisite. NAs describe the importance of building a reciprocal relationship together with the older person. This could create closeness and appreciation, which gives meaning in daily life, and they emphasised that through having meaning in daily life, a reciprocal relationship can be built. The findings are described below, with the characteristic of each theme together with quotations representing the NAs' experience and knowledge.

Building A Reciprocal Relationship

To create a meaningful daily life, the NAs described that they strived to build a reciprocal relationship together with the older person. The NAs emphasised that they saw the older person as the main character and that they performed the person's habits and daily routines, as he/she wanted, in which every detail was important. They described that they responded to the individual and gave compliments to strengthen the older person's self-esteem. The NAs strived to know the older person in order to co-create care together. The life history, the personality and the person's way of being were important for creating interactions in the caregiving and receiving. NAs emphasised that they created equality by sitting down and respecting the older person's integrity and adapting to the person's mood.

To strengthen the older person's self-esteem

The NAs explained that they needed to strengthen the older person's self-esteem in order to create a meaningful daily life. Among the obstacles to a meaningful daily life was the older persons' declining health, which resulted in a need of help from others. Older persons could have difficulties in moving and performing the tasks they were previously able to do. However, the NAs emphasised that they saw the older person as the main character, the one who should decide, and they strengthened, supported and helped the older person to maintain their habits and routines.

> "It's the dependency that causes the person to have a bad day, to have to ask for things. The staff has to do what the person can't".

The NAs stressed it was important that the care and assistance should be provided according to the way the older person preferred it, in accordance with the person's way of being. If an older person had been rather orderly with their things, the NAs explained how it was best to maintain orderliness when they assisted them.

> "Yes it's probably a need. She has probably always been like that. Just think if you were used to having the sink clean and tidy and someone came and left it in a mess".

The NAs described that little details were important, such as how they helped the older person to dress and undress. Some older people wanted to be dressed in a specific order, which might be not be convenient for the NAs.

Furthermore, being alone and living a daily life in isolation where nothing happened was described as a threat to the older person's self-esteem and identity, and was seen as an obstacle to a meaningful daily life.

> "I think you lose self-esteem when you just stay at home all day. Nothing happens and you lose your identity a little bit I think... A person can perhaps feel they're not worth as much".

The NAs emphasised that they could overcome the obstacles by giving confirmation to the older persons and by responding to them about everyday things. It was important to notice changes and give compliments when

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there was something new in the home, or if they were dressed nicely. It was important that NAs recognised and confirmed the changes to strengthen the older person's self- esteem.

> "I think compliments are a confirmation and also something that can strengthen a person's self-esteem. I think a person can lose self-esteem by just staying home all day".

To co-create care in daily life

The NAs strived to get to know the older person in order to co-create the care. An obstacle was that they did not always know the older person and their medical history. NAs did not always have access to patient records, and the older people might not know or want to talk about their illnesses. This could result in the NAs becoming unsure of what they could do and how to co-create care needed for a meaningful daily life for the older person.

> "When you work in home healthcare you don't know much. There isn't a patient record like in the hospital that you can read. And you don't have access to their history if they don't tell you themselves. I can give an example of how ridiculous it gets, for example, you can send someone to the hospital because you do not know and the nurse doesn't know. We know, for example, only what's documented in the system and it's certainly not everything".

The NAs described that opportunities can occur if they got to know the older persons and could ask them about their health and well-being and their needs. Through this, obstacles could be overcome and care could be co-created. Knowing the older person's life story was also important for the NAs.

> "The life story can contain tragedies. Talking about things like that can make the older people sad and can revive a lot. The older people can become uneasy and stressed".

NAs saw an opportunity to create meaningful daily lives for older people when they could start with the older person's personality and way of being. A starting point or basis for interaction and co-creating care was to adapt to the person's way of being, not to become angry, even if the older person seemed angry with them. The NAs explained that they understood that the older people also needed to express their anger and frustrations, and they should not get upset when they showed their anger.

The NAs described the importance of encouraging the older people to participate in co-creating care and to do what they wanted and were able to do. The NAs would also transfer the decisions regarding what would be done during the time that was planned for the visit in the person's home.

> "[It's important] that the older people can choose for themselves what they want to do during the allocated time".

To create equality

The NAs described that another opportunity to create meaningful daily lives was by establishing equality in the encounters with the older people. This could reduce the power the NAs had. It was important not to be authoritative. The NAs explained how they should create equality and respect to show that they and the older people were equal. For example, the NAs sat squatting or on a chair to create an equal encounter with the older persons.

> "Because if you stand and look over from above, you're saying, "I'm the authority figure…." There might not be a chair, but usually there is something, so you do not have to stand. To avoid standing you can squat down a bit…. They have built up the society, and they have done a lot, and they deserve respect like everyone else".

The NAs explained that they needed to be mindful of the mood and be tactful in the encounters with the older persons in their homes. They needed to be careful and not be intrusive when, for example, they were looking for things to use in wound care or to prepare meals. The NAs emphasised that it was important to be able to perform the care without violating anyone's integrity. The type, timing and tone of any questions needed to be considered. Judging the mood and the atmosphere in the home was important to achieve balance. The NAs described that they were careful in trying to adapt to the mood they found in older persons' homes.

> "You can tell right away from her voice if she is happy or depressed. If she's depressed, I try to not be too happy. No, if I'm too happy, then it becomes the complete opposite, so you have to find some appropriate level that is a little happy but not too happy".

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CREATING MEANING

The NAs described that they were striving to create closeness through vital conversations, which gave meaning in daily life. The conversations about joyful things that happened in life, and the fact that NAs told the older people about their own everyday lives, could create closeness. The NAs also explained that they liked and appreciated the older people, and they were appreciated by the older people, which created meaning in their work and a meaningful daily life for both of them.

To create closeness

NAs had the experience and knowledge to show that closeness was important for a meaningful daily life for the older people. However, there were obstacles to the creation of closeness. The NAs were stressed, and they did not always have enough time to talk with the older people. This not only became an obstacle to the older people's meaningful daily life, but to the NAs as well.

> "If it's stressful, I think it's my fault. It must not be stressful for those with dementia or anyone else, because then you feel it in your gut".

The NAs emphasised that it was vital to have enough time for conversations. However, to overcome the obstacles they told us that they used various kinds of conversation in their encounters with the older people, and one was to talk about things that gave the person joy, to create closeness. It was considered important to know what gave the older persons joy in their daily lives, what they liked to do, read, talk about or look at.

> "It is important to try to capture even the small things that can bring joy to the older persons".

NAs explained that they performed different types of care, like putting on stockings, making the bed or washing dishes, they also engaged the older persons in conversations about everyday life, such as the weather. The NAs also emphasised the importance of talking about things that interested the older person. They often used humour in the conversations, where both staff and the older people laughed. They also told us that they shared their own personal everyday lives with the older people. In the conversations, the NAs talked about things in their lives that were of a personal, but not private, nature, which could create closeness.

> "Yes, I think you become involved, yes, as a meaningful daily life".

When the NAs came to the older people's homes, they continued conversations from previous visits. The conversations could be in that way a "red" thread that linked the individuals and the staff together and created a sense of affinity and belonging.

> "A person gets a little flock-like feeling; I'd guess you'd say we were sort of like a flock....".

To receive appreciation

The NAs explained that they liked and appreciated the older people and their work, which went along with their drive to help others. They also received appreciation from the older people, which gave meaning to their work. NAs felt they were doing something good for another person, which gave them energy. They and the older people created an affinity for each other, and an appreciation was developed that gave them both meaning in daily life.

> "It is fun to talk with the older people, to feel an affinity with them, to get something good out of the ordinary in everyday life".

The NAs described how the appreciation they received from the older persons gave them the confirmation that their work was good. This is what created and sustained their commitment and drive at work. It helped them find meaning in their work.

> "Most of the older people are kind and very thankful for what we do. That's good, because that gives you the desire to keep up the good fight. It's the older people that give you the desire to continue on and work".

Some NAs explained that when the staff felt their work was meaningful and they enjoyed their work, this sense of well-being could be transferred to the older people to create a meaningful daily life for them.

DISCUSSION

NAs' experience and knowledge regarding how to create a meaningful daily life for the older people can be characterised by the themes Building a reciprocal relationship and Creating meaning. The relationships between themes and subthemes could be described as follows: Building a reciprocal relationship could be done by strengthening the older person's self-esteem, co-creating care together

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and creating equality. The NAs striving to create meaning in daily life by nurturing closeness through vital conversations and mutual appreciation between the older people and the NAs. This could create a meaningful daily life for both the NAs and the older person. Through creating meaning in daily life, a reciprocal relationship could be built, and by that, a meaningful daily life for both the older person and the NAs.

Reciprocity is important and it is something that is built together, because as humans we exist only in relation to other people, and it is through reciprocity that we can understand what it means to be human [32, 33]. The creation of the reciprocal relationship for a meaningful daily life also runs as a red thread through the studies in the project [11, 21, 22, 24–26] as well as in other studies [18, 19, 34, 35]. It can be seen as a partnership between older people and healthcare professionals, where they are working together to manage everyday life [35] to co-create care.

There were shared values and perspectives in all the studies of the project about the importance of a meaningful daily life for older people, in which the older person is the main character, who can make decisions to get a meaningful life [11, 21, 22, 24–26]. This is also in line with guidelines [9] and legislation for healthcare in Sweden, which stress the importance of self-determination for the individual [1, 2, 36].

In this study, we learned from the NAs about the importance of the conversation between the NAs and the older people. They discussed what gives them joy and they talked about their everyday lives, which could create closeness. In the different visits, they had ongoing conversations, and this was also was common in the other studies in the project [11, 21, 22, 24–26]. It is by remembering what was and considering where we will be through conversations and our life stories that we as human beings find our existence [37]. It seems that the NAs in this study endeavoured to apply PCC in their encounters with the older people, and this can represent a shared common vision [23].

In PCC the person, and the person's life situation and condition, are put before the illness and diagnosis. It is the story of the person that builds the foundation of the reciprocated relationship, which means that conversations, information and decisions are shared [15, 35]. The life story can be seen as therapeutic and should be used and seen as a contrast to the reported biological disease [15]. However, in this study the NAs also needed or missed the older person's medical history. The question is whether it is possible to separate medical history and the life story, that is, body and soul. They ought to be intertwined in caring for older people. In this study, the NAs created equality and closeness through conversations where the older people and NAs were "linked" together. The NAs sensed affinity, belonging and mutual appreciation. This kind of commitment/engagement is also consistent with other studies in the project. To work in PCC requires a commitment and compassion to help and do something about someone else's adversity [38] compassion can hold the caring relationship together [39].

The NAs accommodated the older people's anger and frustration and adapted to the mood in the older persons' homes where they had a motivation to help, which could be exhausting. However, they told us that they got appreciation from the older persons, which could be seen as a "receipt" for doing a good job. A question is whether the older persons felt that it was a requirement to express gratitude for having their needs met. The NAs found meaning in their work and could then create a reciprocal relationship together with the older person. They could experience themselves as good care giver and the relationship could be strengthened, thereby bringing well-being for both parties [40].

In this study, NAs not knowing the older person became an obstacle to a meaningful daily life. An additional obstacle was the NAs lacking time to talk or create a relationship, which is found in the other studies within the project [11, 21, 22, 24–26] as well as in others, where lack of time entails insufficient care [41]. However, discussing lack of time can often create a defence or continue a tradition and culture about lack of time. This can mean instrumental care and care where the tasks are in focus [42], and it can obscure the view of what the nurses are actually creating; a reciprocal relationship. The NAs felt stress, and they did not always have enough time to talk with the older people. This becomes an obstacle for both the older people and the NAs who could feel it in the gut. This could weigh heavily on the conscience of the NAs and lead to emotional stress [43]. When NAs are fully able to implement PCC, there could be positive outcomes as staff ability to take control over complex situations and adopt a preventive and/or promotional attitude in their work [44]. With this in mind, it is apparent that using PCC to attain the goal of a meaningful daily life becomes even more important. The use of PCC should not be limited to the encounters between the older people and NAs. It should be implemented throughout the entire organisation. However, the organisation must work to overcome the obstacles. There needs to be continuity to enable a relationship between the older person and NAs. Furthermore, time is needed for the opportunity to talk and get to know each other, and access to medical record needs to be created. This is to enable a meaningful daily life for both the older person and the NAs and to implement PCC. How care is designed is described in a so- called Patient Contract, that is a written agreement between the older person, the first- line manager and the nurse assistant [45] which also should be used in home health care.

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PCC guides structures, social relationships and attitudes throughout the care context [35]. To implement PCC, a change is necessary, with dialogue and consensus throughout the organisation. Only then, can it be possible [21, 22, 46, 47]. Those at the top of the hierarchy, who are ultimately responsible for the care, need to understand what PCC really entails. Those in management need to learn from the NAs and the older persons how PCC can be used to create a meaningful daily life for older persons. The development of a PCC culture is complex; it must be firmly rooted within the organisation from the micro to the macro level [48].

METHODOLOGICAL CONSIDERATIONS AND CONCLUSION

During the PAAR process we strived to be open and to learn from the NAs and not let our pre-understanding stand in the way of seeing something new. To accomplish this, we wrote down our preunderstandings [49]. The PAAR process involved repeated cycles of data being collected and taken back to the NAs. This created an action by asking new questions. We learned more each time this process was repeated, which brings trustworthiness to the study [50].

A difficulty was creating field notes during the observations and the detailed informal conversations were conducted during the trips between the older persons' homes. Sufficient detail in these field notes may have been missed, which could be a weakness in the study.

In PAAR, appreciative intelligence is used, which can create a close relationship and may have made the NAs felt empowered, helping them to open up and speak freely (51). This in turn made it possible to ask questions about the different care activities and what, how and why they were performed.

In conclusion, this study found that NAs building a reciprocal relationship and creating meaning contributes to a meaningful daily life, both for the older people and the NAs. The NAs saw the older person as the main character, took the older person's personality and way of being as a starting point from which they co-created care. It seems that the NAs apply PCC, which can represent a shared common vision that can be used in the encounter, because it is only the person, the individual, who knows what a meaningful daily life is for him or her. To implement PCC, a change is necessary, with dialogue and consensus throughout the organisation and by developing a Patient Contract for municipal home health care.

AUTHOR CONTRIBUTIONS

IJ and AK planned the study. IJ conducted the interviews. IJ MNP and AK had the responsibility for the analyticalsis process and writing the manuscript. All authors contributed to the writing of the final version of the manuscript and agree with the content of the manuscript.

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CONFLICT OF INTEREST STATEMENT

None to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in [repository name] at https://doi.org/10.1111/SCS.13219, reference number [reference number].

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