A look from the inside

Exploring residents' social interactions and sense of control in an Alzheimer care home unit

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Background

Dementia is an age-related disease that seriously impacts not only elderly health, but also global healthcare systems. According to the World Alzheimer Report (2016), dementia is rising and is expected to reach 131.5 million people worldwide in 2050. As dementia is a progressive and degenerative disease, the affected person needs increasing assistance, and most of the time institutionalisation (MacDonald & Cooper, 2006). Therefore, studying the possible areas of improvements to enhance dementia people quality of life is compelling.

The research starts from the following premises:

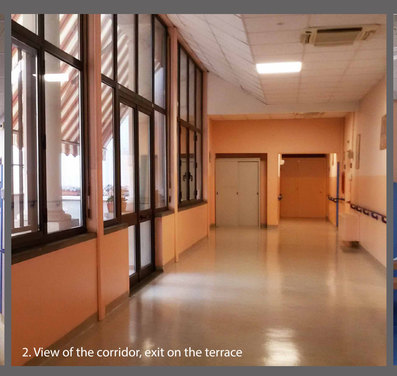
- The environment could be seen as a non-pharmacological treatment to improve dementia residents' quality of life (Zeisel and Raia, 2000)
- Social interaction is an essential aspect for elderly living in care homes in enhancing wellbeing, quality of life, and maintaining identity and self-esteem (Hutchinson & Bahr, 1991; Kutner et al., 2000; Lawton, 1994)
- Studies show how behavioural symptoms appearance and development are influenced by the type of activity and social interaction existing in their environment (Cohen-Mansfield & Werner, 1995; Duxbury, 2002; Keene et al., 1999; Kolanowski & Litaker, 2006; Kutner et al., 2000; Pulsford & Duxbury, 2006; Sabat & Lee, 2011; Somboontanont et al., 2004).
- Environmental situations and physical settings influence interactions, attitudes and behaviours (Adams & Gardiner, 2005; Calkins, 2002; Marshall, 2000)
- Sense of control seems to be particularly important in nursing homes, as it influences wellbeing and behaviours (Langer, 1983; Langer & Rodin, 1976; Lee, Simpson, & Froggatt, 2013; Mallers, Claver, & Lares, 2013) and is a core aspect for dementia residents' quality of life (Hoe et al., 2009; Innes, Kelly, & Dincarslan, 2011; Torrington, 2006)
- Dementia people are able to build meaningful relationships characterized by closeness, preferences, sense of belonging (Moore, 1999; Harris, 2013; Saunders et al., 2012) and they can verabally and non verbally interacting meaningfully also in severe stages of the disease (Kelley, 1997)

Aim

The research aims to investigate social interaction and sense of control in dementia residents, focusing on the mediator role of the physical and social environment in an institutional setting. The objective is to reach a deeper investigation about quality and nature of social interaction between people with dementia (Mabire et al., 2016) and with their carers (Talbot & Brewer, 2016).
Categories such as physical constraints, privacy, responsiveness, spatial syntax, flexibility, symbolic elements, and defensible space (Evans & McCoy, 1998) are used to analyse the physical setting, its responsiveness and how it affects behaviours, sense of control and social interactions.
The study adopts a holistic approach, analysing the different aspects involved in the dynamic relationship between environment and behaviour in a practical case study.

The Environment


1. View of the corridor


2. View of the corridor, exit on the terrace

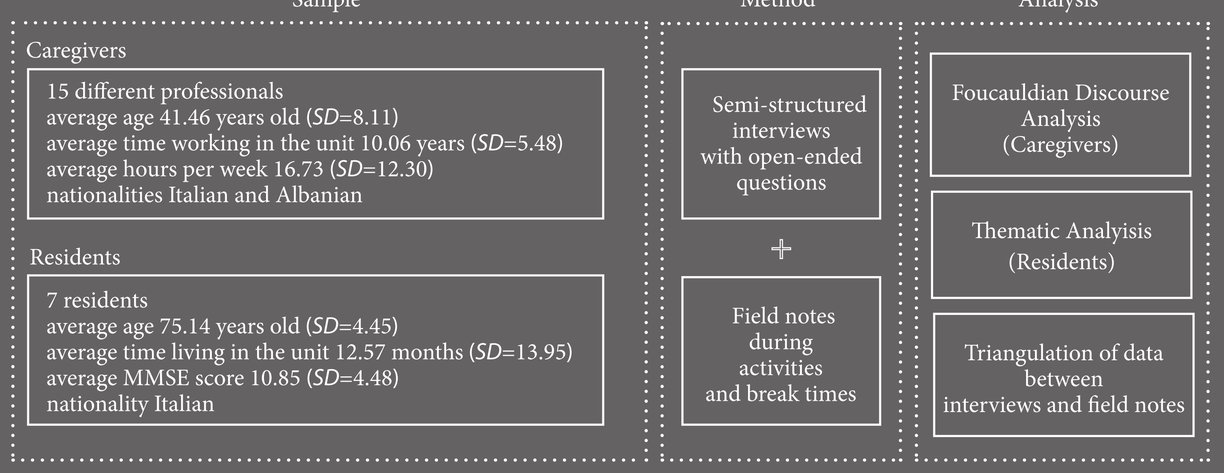

3. View of the seating area in the corridor


4. View of the dining room

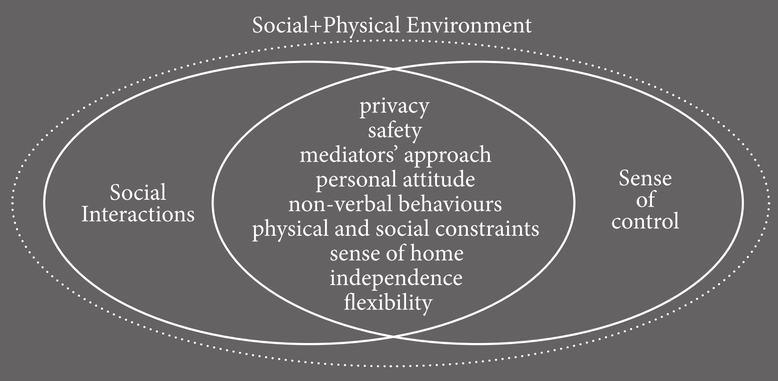

4. View of a typical bedroom

Method

The research follows a qualitative approach and adopts a constructionist epistemological position. In fact, understanding how residents experience the space and how the environment supports key aspects of their lives seems to require an explorative method that allows participants to express their points of view, to make free associations and to give practical examples to enrich their statements.



Results

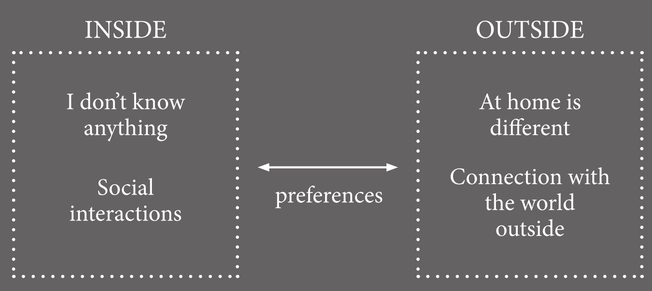


Results from caregivers' interviews and field notes:

- Relationship with caregivers is the main source of residents' social interaction. Although caregivers job is driven by the need to provide residents with the best healthcare assistance, their personal resources and attitudes seem to play an essential role. Their approach is characterised by presence, affect and closeness, always using a calm and polite attitude, a low tone of voice, trying to indulge residents' requests whenever possible and not to oppose their delirium, but listening to their reasons
- Caregivers try always to promote residence independence especially in care activities. They describe everything they do to the residents in order to enhance their sense of control in potentially threatening situations such as the invasion of privacy and personal space
- Relationships between residents are characterized mostly by non-verbal behaviours, physical closeness and contact, even though caregivers describe them as meaningless, non sensical and difficult. Conflicts are observed in the corridor, where in circumstances of agitation, some residents throw objects and yell at the others
- Some environmental conditions appear to facilitate or prevent social interactions (i.e. educators prefer to conduct their activities in small, quiet and cosy spaces to facilitate attention and prevent agitation; agitation seems to be more frequent in the corridor which is always crowded of people and functions; agitated residents calm down when taken to their bedroom). Safety and cleaness stimulate residents' personal initiative and exploration of the environment
- Physical constraints (i.e. soft seat belts, locked and alarmed doors) and social rules (i.e. institution schedules) are described by caregivers as tools to "contain" misbehaviours or health threatening behaviours in terms of safety and hygiene, but residents don't tolerate them. Residents' reactions in front of a restricted behaviour may vary from increased agitation, attempts to escape or remove the constraint, moaning, desire to stand up, and aggressive behaviour towards the non-responsive stimulus. Caregivers try to find strategies to make them more acceptable
- Residents are attracted by changeable objects such as plants, the TV or new stimuli. The lack of stimuli in the corridor and in general in the space for health and safety reasons seems to affect their interaction with the environment and their personal initiative.
- The private space of the bedrooms is perceived as home, despite the fact that they are allowed to keep only a few personal belongings. Caregivers try to promote a sense of community to enhance the feeling of home and suggest that a wider choice of environments and stimuli would help. Sense of home is prevented by distance from family, friends and belongings, institutional routine, feelings and memories related to the first approach with the care home.
- While healthcare pratictioners (i.e. doctors, nurses, physiotherapists etc.) language implies them to be the actions drivers (i.e. using verbs such as "we make them..."), educators and entertainers use more tentative words talking about residents (i.e. "we try to", "in my opinion", "we try to propose them"). Next to their professional point of view, caregivers always report an emphatetic attitude related to their own subjectivity.

Results from residents' interviews and field notes:

Residents' experiences are categorized in four main themes, linked as shown in the following diagram:



Residents' preferences seem to connect the institution and the world outside. When asked about the care home life, residents say they do not undertake any activity, whereas caregivers confirm they do. Nevertheless, they seem to like activities related to past experiences or habits such as going to the church or gardening. Residents appear to care about interactions with other residents and staff, reporting about activities and conflicts. Feeling at home seems to be associated to a sense of freedom and belonging, to a sense of control towards their lives, to identity and personal space.
When asked about their preferred place in the unit, some residents mention elements related to the external world and somehow to their past lives (i.e. looking at houses, trees, the church through the window).

Conclusions

The results are discussed in light of the Environment-Behaviour Model applied to Alzheimer units (Zeisel et al., 1994) with which the current study shares the underlying concept of dynamic relationship between the physical environment and the people experiencing it. In particular it analyses social and physical environment reciprocal roles and influences in order to understand their nature and their impact on residents' social interaction and sense of control, which are essential for their wellbeing.

The research highlights the importance of non-verbal communication in dementia relationships with peers and caregivers. Despite the disease and their apparent indifference towards their surroundings, the sensitivity for emotional stimuli remains until the latest stages (i.e. reactions observed during the music therapy).
Privacy emerges as a core aspect involving social and environmental issues.
Safety enhances caregivers' sense of control towards the environment while the absence of stimuli is detrimental for residents' personal initiative, privacy, sense of control and efficacy of positive distractions. Lack of stimuli affects the environmental responsiveness, leading to a sense of helplessness in users.
The interactions observed in the corridor, the imposed organisational routine, the environmental constraints, and the impossibility to modulate exposure to environmental stressors and regulate their level of privacy provoke a loss of control in residents, leading to increased agitated behaviours.

Suggestions for the case study improvements include the creation of other seating areas along the corridor, to offer possibility to be apart from the crowding of the armchairs area. Positive or emotional stimulations, such as interactive surfaces with different materials and pictures representing nature or landscapes could be placed along the wandering paths to capture the attention and reduce symptoms, offering opportunities for positive distractions.

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