SELF CONSERVATION TRAJECTORY
IN NURSING HOMES

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ABSTRACT

Objectives: This article intends to present some of the results obtained during the research on the Promotion and Preservation of Dignity in the context of care in nursing homes, carried out in the context of the PhD in Nursing of the University of Lisbon.

Methodology: Within the interpretative paradigm, Grounded Theory (GT) was adopted as methodology. Data were collected through participant observation and interviews at an Nursing Home (IPSS) with about 350 residents distributed through three residential structures in the county of Castelo Branco for 21 months, with residents, nurses and direct acting helpers as participants. The constant comparative analysis of the data occurred simultaneously, using the software NVivo 10® and NVivo 11®. From the data analysis it was possible to construct a middle-range theory - Promotion and Preservation of Dignity in Nursing Homes: Self Conservation.

Results: A complex, unforeseen phenomenon, exposed to variability and multiple, constructed, deconstructed and reconstructed in the daily rhythms, in a continuous, systematic and dynamic manner. It follows a two-dimensional route that was called the Self Conservation Trajectory. On the one hand a personal, individual, although accompanied and promoted. On the other hand a profoundly social path. Is the first dimension of this route that will be presented in this article.

Descriptors: Dignity; self; nursing homes; nursing; grounded theory.

INTRODUCTION

The aging of the population is a global phenomenon and it is possible to observe a demographic transformation unprecedented in the history of mankind[1] and exponential increase of long-term care needs. It is estimated that there are nine million of elderly people with severe functional disability and dependence, 3% lives in Europe[2].

In recent years, research related to the elderly and long-term care has grown with the reflections abouth dignity assuming centrality in the quality of care. Although the increase in literature and the fact that Dignity constitute a pillar in Nursing, that is concretized according to what the Person conceives and interprets, there are still many gaps in our understanding of the phenomenon.

The reflections carried out in different fields of knowledge, in relation to the importance of relations in the promotion of humanization in the care for the elderly, do not prevent that in health services still occur situations that characterize a inhumane care or neglect[3], or a fragmented care, thath contradict the premise of integrality and humanized eldery care[4].

Dignity is a complex concept, difficult to define due to lack of clarification than the concept implies within the daily reality of care[5]. Being a vague and poorly defined concept, if its meaning is not clarified, may disappear below more tangible priorities(6) and respecting dignity may become a futile goal[7].

Goal

To know the process of Promotion and Preservation of Dignity in the Context of Care in Nursing Homes.

METHODOLOGY

Exploitation of dignity in nursing homes requires methods and means to discover a phenomenon that can be obscured by implicit assumptions. A complex, multifactorial and multidimensional phenomenon.

The GT offered me the way forward: a set of structured procedures, and a mean to generate theory, focusing on variation and elaborate complexity, trying to show the meaning of social processes and as the contextual conditions structure the social process.

The collection and analysis of the data is carried out simultaneously taking into account the method of comparison constant, theoretical coding procedures and theoretical sample[8]. The constant comparison is the heart of the methodological process, promoting the generation of theoru through systematic coding and analysis procedures.

The GT allows to generate theory based on the information provided by the social actors, who live or are closely related to the problem studied[9,10,11,12].

Self Conservation Trajectory

When questioned about dignity, participants provided a variety of answers divided into two main interrelated dimensions, personal dignity or *the one that comes from within* and dignity as the product of interaction with others, that is, being treated as a valued unique human being.

It was observed that the expression "I" appeared repeatedly in interviews with the elderly, as the "I that i´am", the "I that i was" and the "I that i´am still". James (1890, pp.291) describes Self as the "total sum of everything"[13], and dignity is an expression within the Self[14].

An anchor concept was identified: an attempt to conserve the Self and from this eidetic vision emerged the central category: Conservation of the Self. The culmination and foundation of the various processes that promotes and preserves the dignity in nursing homes.

From the initial analysis of the data it was noticed the existence of a trajectory[a], traversed by the elderly institutionalized that was called the Self Conservation Pathway. A complex, iterative process, constituted by stages and phases that, although interrelated, may not occur sequentially or linearly. It begins before the effective admission and ends when the elderly realizes that the nursing home is a place that can be thought as "home" (Figure 1).

(a) Concept introduced by Glaser and Strauss (1968) defined as a succession of transition states or passages[15].

Self Conservation Trajectory

| Realize the need for care Make a decision to enter the nursing home | Know the institution Observes others Pass the time | Create territory Creates own routines Dedicates to meaningful activities Establish social relationships | Accepts and integrates rules Establishes networks of solidarity Enjoy collective activities Enjoy Comfort Prepares the future |

| Phase One Preparing for entry into the nursing | Phase two The earliest times in no man's land | Phase Three Traveling through daily life routes | Phase four The nursing home as a safe refuge |

Entry into the nursing home: A farewell and a beginning
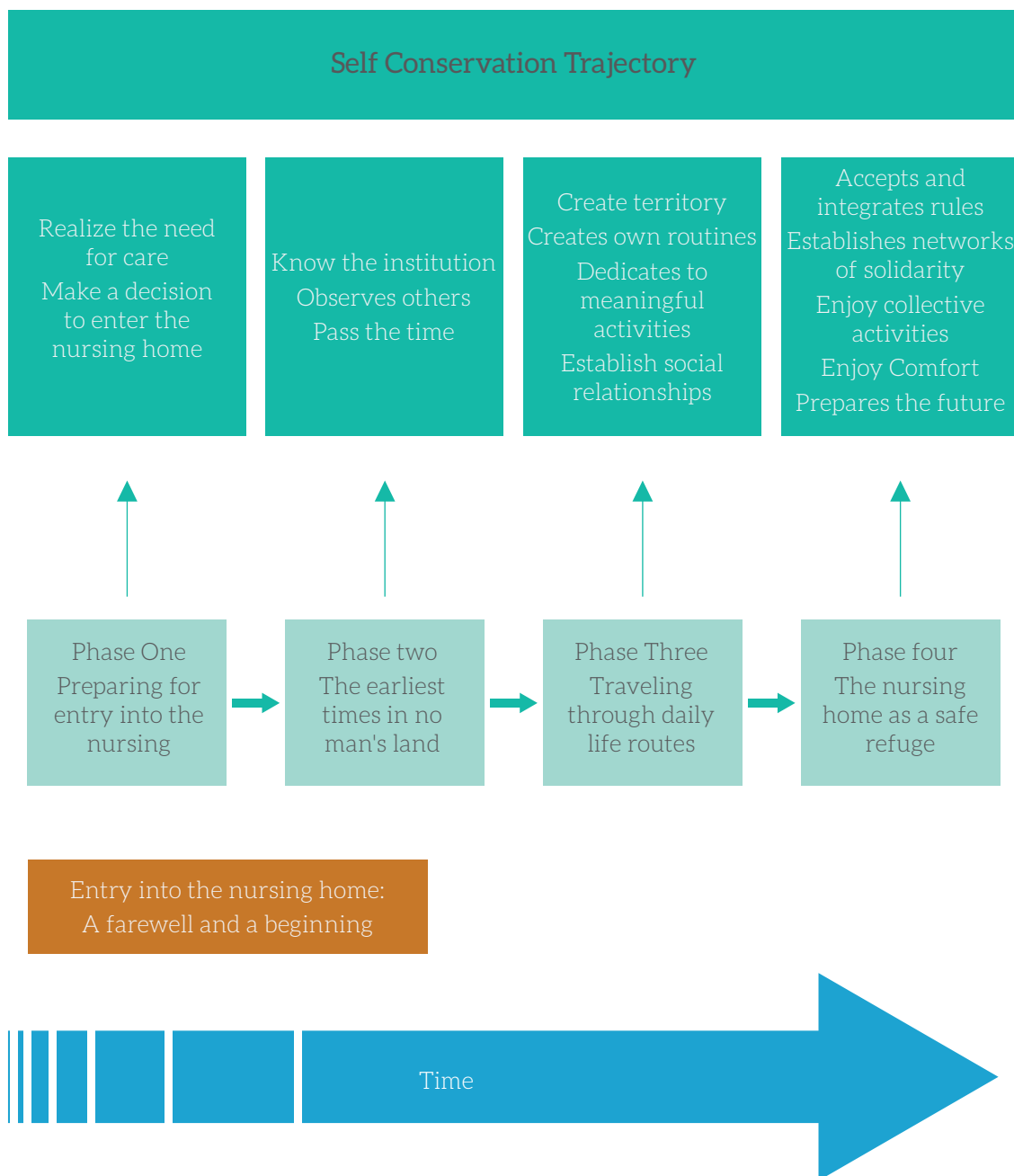
Time

Figure 1 – Self Conservation Trajectory phases and stages.

The trajectory of the elderly in the home that leads to the Conservation of the Self or the loss of their psychological integrity and the mortification of the Self[b], through strategies conscious or unconscious, carried out by the elderly or others in their place.

(b) Concept introduced by Goffman in 1961 that defines the process by which the individual can pass when arrives at a total institution which suppresses the "conception of itself" and the "apparent culture"[16].

Phase One - Preparing for entry into the nursing home

Preparing for change began well before the effective admission to the nursing home and involves two stages: realizes the need for care and makes the decision to enter the nursing home.

Realize the need for care

Aggravation of health status and limitation in the home environment to accommodate their needs were strong factors in perceiving the need for care, but also the inability to care for themselves or their spouse and the concerns expressed in being *a burden* to the family. For some elderly people, the decision was based on the need to a different kind of care related to loneliness and lack of social interaction.

Make a decision to enter the nursing home

Realizing that admission was necessary and the decision itself, are moments that did not happen simultaneously. For most the decision was difficult and time-consuming. Many resisted.

"I still held on for 6 years ... I spent years. Not days, years..." E3

It was possible to verify that, similar to what Guedes (2012) found in his study, the elderly seek to convey an idea of their own decision as a way of preserving their integrity[17].

"To tell you the truth ... i didi t, almost, to please my children, they do not know it, Gid keep them from knowing it, for God's sake never say anything ... but it was not much to my liking" E7

Others admitted that their family was the one who made the decision to home admission but even in situations of family conflict, the nursing home is seen as the last option:

"But what can I do?, I do not have children, I went to live in a room at my goddaughter's house, and she took everything from me, my retirement money... the food she gave me was worse than which was given to a dog, was very difficult, but it still cost me to come here ... they always treated me well, but you know ... it's going to a nursing home, it costs us a lot, it seems we are some wretches with no family, who have nowhere to go" (DC 52).

Entry into the home: A farewell and a beginning

Although it does not appear as a phase of the trajectory, needs to be mentioned such symbolism it presents. All residents interviewed speak of this day as a living memory. Entry into a nursing home can be understood as a status passage because there is a prolonged transition to reach an adjustment[18]. It means, in the majority of cases, that the resident

feels the loss of his good health that is associated to the multiple losses incurred prior to admission. This condition prevents then from being able to take care of themselves, they lose status, economic ability, friendship, freedom, property, support network, amenities, and, quite referred the loss of "home".

The "home" encompasses affective, cognitive, behavioral aspects and manifest social ties through processes of symbolic representation, familiarity and routines[19].

These losses, being invisible, become a hidden pain that will accompany them

on the whole trajectory, often lived in deep subjectivism and solitude.

However, this change in life is not only referred to in a negative way. *"There is a lot of talk about what is lost when you come to these places, I do not feel that I have lost anything, strictly anything. I just won. I won a lot, really"* E2. They earn help with daily tasks; Differentiated care, Less worries, New experiences, Surveillance and security; Having company.

After admission, the elderly gradually try to appropriate the norms and routines of the institution and develop their own strategies in the attempt to preserve the Self.

Phase two- The earliest times in no man's land[c]

Participants reported a variety of feelings about admission that varied between relief and happiness, nervousness and fear, but the predominant feelings were sadness and loneliness. The first stage in the second phase involves adaptation to the environment of the nursing home.

Know the institution
The physical environment of the home was considered extremely important. However, it was noticed in the interviews, that despite the valuation of cleanliness, space, silence, Comfort and safety, room temperature, odors and noise, personal dignity goes beyond the physical amenities available. Other aspects are as relevant as the details in the space that reflect their own identity:

(c) Non-places are no-man's land. The anthropological place should be an identity, relational and historical place [20]. In the nursing home the resident is not in his house, but is also not in the house of others and so they find theirself in nobody's place.

"... my room is small ... bu still i prefer my little one with the window to the street ...now it does not make a big difference to me ... but in a while I do not know if I can go there... to the street ... and if i can not walk and go to the street... I go to the window and I see the cars and things on the street ... So the window to the street is so important." E3

They say that it has been difficult to get used to the space and territories of the nursing home in a space-time structure. Existing territories to be shaping and available territories to be appropriate.

Watch the others

Residents watched closely as other residents behave and in the early days copy them. The mental image of the nursing home is formed when they feel they understand the written and "unwritten" rules and regulations. The "unwritten rules" are cultural codes established and known only to residents.

The hierarchy between residents influences the flow of conversation and occupation of territory and sometimes it is a source of conflict:

"That one thinks she's bigger because she has a lot of stuff that her daughter brings her, a lot of folk sweaters with embroidery and shiny things ... and it's also very authoritative. One day ... you should see, he turns to me and says: look at the doctor, he came two days ago and wants to boss around ... You know, because they are the ones who have been here for a long time, they think they have us, but with me are very much mistaken...I really don´t like that one..." E5

Pass the time

The scheduling of the main activities is felt as important but creates the sensation of "empty time". Limited access to the outside, especially in winter, also contributes to a feeling of confinement.

The times and rhythms in the nursing home tend to be repetitive, uniform. In institutional everyday life there is another logic of time, a deceleration, a specific rhythm in the slow steps of residents[21]. Daily life is characterized by slowness[22]. The inalterability of routines and standardization of the way of life implies absence of time, space and the others[23]. The day to day is, in spite of everything, interspersed with some activities that for its novelty and interest, mobilize the elderly.

They begin to set realistic limits of what is permitted and mentally construct a new daily life, molded to the standards of the institution that marks the end of the second phase.

Phase Three - Traveling through daily life routes

The elderly begin to use the knowledge acquired in previous phases to plan and implement strategies in an attempt to normalize their lives within the new house. This means that they will try to keep a daily life close to the one before the admission, molding it to the existing rules and norms, with the creation of territory and its own routines, dedication to meaningful activities and establishment of social relations.

Residents establish a relation of use with time and space, and in this relation the appropriation of social experiences emerges and the daily life is built. When this new normality is accepted, this new place of residence can then be seen as a home.

Create territory

This stage involves creating and enhancing the environment. The room was considered a "safe refuge" and seen as a place where they can find "solitude","peace", "a sanctuary", a place of shelter and recovery "where memories are kept" since it is allowed to furnish and decorate it with photographs, furniture and personal and familiar objects that represent their unique universe. The presence of these personal objects seems to contribute

to support identity, the continuation of the Self, and increase the sense of "be at home" and its absence an indication of difficulties in the trajectory:

As we walk the corridors, me and the nurse on duty, we are called by a resident and we go into your room (...) when we leave, she comment with me: "I do not know if you noticed the room of this gentleman, is empty. He do not have photos, personal items, nothing, even clothes are still in the suitcase next to the bed. This means that for him the nursing home is not yet definitive. Is not yet become fully aware of being here, of starting to make her life here ... sometimes it happens". I wonder if he will do it. She shrugs and replies "Eventually ... but we have to help" (smile) (DC 5).

Personal territory, within the nursing home, can be reduced to the point of being no more than a bag, from which the resident never separates. In addition, practically all the elderly women take possession of a particular chair or highchair in the social living room, specially those who share a bedroom. The boundaries in physical space are symbolic and according to the "unwritten rules" should be treated with respect by other people.

Creates own routines

The elderly people appreciate having hours to wake up, take a shower, eat, wear and lie down but even living in an institution that develops collective activities, some find ways of expressing their individuality. These new individual activities when created within the established time, quickly become routine.

To the meaning of everyday life it is possible to associate the idea of what happens every day and which involves routine and repetition that relates to the idea of path, route. Having a daily routine usually offers a sense of coherence and a sense of structure and familiarity.

Dedicates to meaningful activities
Participants accentuate the importance of keeping themselves busy. Many activities were postponed during adulthood, due to lack of time, and their recovery is felt as satisfactory and a source of pleasure.

Establish social relationships
Among the relationships they create with others, the connection to other residents in the nursing home assumes an undeniable centrality. It was observed that mainly the independent elderly, tend to isolate themselves and establish superficial relationships within the nursing home. Acting this way they hope to preserve his individuality and defend himself from an imposed intimacy[24].

Living in a nursing home is equivalent to having their all life and intimacy exposed to the looks and comments of others. This relation of proximity, of promiscuity[16], implies a reinforcement of self-protection. This exacerbates the isolation of the elderly and the superficiality of relationships.

But not all relationships in the nursing home are marked by indifference. Moments were reported in which a sense of community is established.

The completion of this phase marks the beginning of a new standard of living in a place which begins to be accepted.

Phase four - The nursing home as a safe refuge

Most residents begin to formally connect with nursinf home life as a result of a reestablished normality and the passage of time. Nursing home becomes a Place.

At a more complex level, places are foci that bring together objects, activities and meanings which give it a particular quality, and it is this meeting, carried out through authentic attitudes, which confer an indeterminate space somo degree of "place"[25]. Understanding the nursing home as a safe refuge resulted from being in a enviroment where there needs were meet quickly.

Accepts and integrates rules

At this stage the participants had the opportunity to experience, during a long period, the many routines that are part of the life of a nursing home and know how life is organized in this scenario. Acceptance of the rules accentuates the sense of security and avoid the sense of loss of freedom.

Establishes networks of solidarity

Positive and reciprocal interactions are labeled as friendly. Physical proximity opens the path to interaction and, later, to the formation of relationships, mainly with those who share the dining table and with those who live together in the same bedrooms or in bedrooms next to wich other. The establishment of relationships is not the result of deliberate efforts to develop them, but as a consequence of the processo of maintaining normalcy.

It has been realized, however, that they can tolerate and even accommodate themselves to have, when necessary, a roommate but if they have the opportunity to live in a private room is what they prefer. The need to share room is often economic (a particular room is more expensive) leads them to prefer to live, usually with more dependent colleagues, with whom the minimum relationship is established, as expressed in this passage of the field diary:

"… my roommate is an unbearable person … I've asked to change, I do not care to be close of that person in the wheelchairs, it was even better … I liked to be close to L. that was very much my friend, poor thing, now she's bedridden, but there's the X., in the same room, that never dies …was already looking defunct and everything but they gave him blood and look, resurrected … I am very practical, humble, I get along well with everyone. I am a woman of the people. My roommate is rich, she never did nothing in life, live for the vanities. Sorry for this outburst, my child, but I have days I can not stand to see her." (DC 9)

Although they develop relationships, does not necessarily imply friendship or intimacy, and a shared environment does not necessarily imply shared interests.

The establishment of *networks of solidarity and concern* (E2) will take time to and the deepest relations built gradually, but only between people who share common interests.

"There are people with whom I talk. Yes there is. People with conversations, I do not know … of normal things. We talk about the day, look, now we talk a lot about politics, sometimes we do not even talk about anything. But I like these people. They have the same conversations I used to had with friends and the children before I come here." E2

"I am polite with anyone, yes sir, but I do not get along with many. I like to talk to X because she's from the countryside, like me … because I was harvesting bread, I was pounding corn, I

was putting vegetable gardens, sown potatoes ... that was all. My joy was that service ... and I'm going to talk about it with the ladies of the city? They only talk about shops and dressmakers and things like that. That's why I only talk with X, she is simple as I am." E7

Enjoy collective activities

The events organized by the nursing home are referred as important, since they represented occasions to receive additional attention and enjoy the company of each other outsider the institution.

They also express enthusiasm for the activities for the purpose of holding national events, birthdays, holidays or other occasions such as Christmas and Easter because they bring with them a characteristic atmosphere of family life and strengthens the bond between residents.

Enjoy the comfort

In general, feelings of comfort predominated in the discourses of the elderly.

For some participants there seems to have been an immediate sense of comfort, while for others, it took a long time.

The idea of feeling comfortable is a state of general well-being, not referring exclusively to to physical comfort, but not discarding it as well. Progressively refer to a new feeling of "being comfortable at home".

Prepares the future

The need to prepare for the future, as a time of uncertainty, even if it is associated only physical, mental and social vulnerability, it distances itself from a which makes aging a normal stage of life, inserted in the cycle of life.

The discourse also conceals hidden meanings of a relationship built in time:

"... I'm not afraid to get more dependent here because they know me, everyone knows my name, and they treat me by my name ... they know my life course ... It's like I tell you I'm respected here for being me and I know it will always be so. I respect everyone as well." E2

The use of the word "old" is used to designate the others (very old) that are invoked as an external category, even if they share the same age group. The attitude distancing is built by the association that is made from the category of very old to a stereotyped negative attributions (disability, dependency, illness, solitude), as belonging to others, anonymous social category.

All phases of the trajectory contributed to the residents conserving their Self. In fact, to recover the normality is mainly maintenance of a *"sense of biography, of Self and belonging"* (Nolan et al., 1996, p.271)[26].

Although most of the residents reach important phases in the Self Conservation Trajectory, not all achieve it harmoniously. Nurses relate it with the past before coming to the nursing home.

"... there are people here who have a perfectly calm air, who are content with their lives, are always ... with good air ... and others not, every day is a complaint, every day there is a new problem, or the food, or the clothes, or because it's cold, or because it's hot, and that I think which has a lot to do with what lies behind." E9

This idea is share by the residents:

"... but it seems to me that these complaints come from people who are not satisfied with anything in their life ... I do not know if it is because they are angry to be here, or angry with their children, or angry I do not know with what... they complain about everything ... and look, those are the people who sit around all day without doing anything, and not interested in doing anything." E2

CONCLUSIONS

It was evident, from the data, that the Self Conservation Trajectory represents the elderly ability to conserve her Self. A complex, iterative and phased process that may not occur sequentially or linearly. The phases that integrate the Trajectory are a way to describe certain emotional, cognitive and behavioral patterns and momentarily upwards.

Despite the above, risk exposure to potentially degrading situations is not completely avoided. Nurses are an active part in supporting and accompaniment residents, during this process in order to maintain standards that are as close as possible to those prior to admission to the institution. This implies adopting a biographical approach for needs assessment and care planning.

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