



Places to Flourish

A pattern-based approach to foster change in residential care

Social Milieu

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Introduction

“*I want to invite you in. The door has not house,
It stands in a field, with a mirror hanging from the sky.
Birds fly in from nowhere.
You can see a mirage of song dance,
You can hear their wings, Quench the seven starts
As dawn begins*”

Monaghan, 2000

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Improving the quality of life for older people is a central objective of long-term care services. While debates about what constitutes ‘quality of life’ for residents in long-term care continue, the general consensus is that quality of life is shaped by factors to do with the physical environment, health and socioeconomic status, as well as subjective factors to do with psychological well-being, autonomy, independence, purposeful activity, meaningful social relationships, spirituality and identity/ sense of self (Murphy et al., 2007). Of these, engaging in meaningful social relationship has been identified as having a significant impact on the older person’s self-perceived quality of life, their life satisfaction and well-being.

As human beings we are social creatures with emotional needs for companionship and positive connections to others. We are not meant to live in isolation from others. We crave company—even when we are old and our eyesight or hearing is failing or we can no longer walk, most (but not all) want to enjoy the company. Within long-term care settings, positive social interactions between residents and with staff underpin the development of meaningful positive relationships (Cook et al., 2009), adding quality of life to years lived.

In this section we explore patterns associated with the social milieu within and around long-term care settings (the social interactions and relationships) which are the ‘essence of ageing well because they can meet older people’s needs for intimacy, comfort, support, companionship and fun’ (Godfrey et al., 2004).

Social Milieu: A Typical Example

Consider the following story retold by a resident in a nursing home which provides care based on the household model and where operational approaches have been realigned to provide relationship-based assistance and support in an empowering and nurturing home environment:

“Every night I visit my friend Kathleen in her room to have a chat about the day’s events and what’s going on in the county. She likes to talk about politics . . . I enjoy it too. They [staff] leave the paper in Kathleen’s room you know, they leave it there every afternoon come rain or shine, and Kathleen reads it out to me. Only for her, I couldn’t see it and I wouldn’t know what’s going on – the wireless is not the same as the paper, you can’t beat the news from the paper. That’s how we finish the day, catching up on the events – it keeps you in touch with what’s going on, you know that’s important”

Maggie, resident

Consider how friendships between residents are identified and supported in your care home and the social activities which residents engage in. What quality of life activities are available for residents?



But Think ...

The Challenges: The capacity of older people to engage meaningfully in social activities can be affected by a range of impairments, for example, hearing and visual impairments, speech problems, restricted mobility and diminished cognitive ability. Participating in social activities can be very difficult for someone who has a degenerative disease such as Alzheimer's, or Parkinson's. They have reduced opportunities to mix with other residents and engage in group activities, but they may want to be involved and may, understandably, become frustrated when their needs go unmet. So when it comes to communication, the challenge for staff is to find imaginative ways to engage with residents, particularly those with communication problems, to help them, to help staff understand their wants and needs and to help them communicate with other residents. This can serve to avoid vulnerable residents spending much of their time in social isolation – this applies to both those with communication difficulties as well as others who withdraw from social situations because they find the behaviour of residents with communication difficulties disturbing.

From the staff perspective, workers can feel constrained by a lack of resources to meet the personal care needs of residents. As a result, they may concentrate on the task of care to enable them to get the job done and limit the time that they socialise with residents (Cook et al., 2009). This in turn limits the opportunities for staff to get to know the residents on a personal level.

The challenges of working in a long-term care environment require the development of meaningful relationships between staff and residents in order to create a social milieu which fosters and supports a sense of purpose and well-being for residents as well as good morale among staff.



Reflective Activity

Long-term care settings are home to older people with a range of health and social care needs, people who have not chosen to live together but have typically been thrown together out of their need for care rather than a desire for new friendships in later-life (Cook et al., 2009). Reflect on the ways residents interact with each other, both positively and negatively.

Identify the factors which contributed to positive interactions. Identify the factors which contributed to negative interactions. What specifically are the main barriers for developing and sustaining a social milieu which supports such activities as painting, listening to music, walking, the development of IT skills etc) in a typical long-term care setting? What kinds of changes (to work practices, relationships, activities, communications etc or physical changes to the environment) might lead to an increase in these activities?



Meanings of Social Milieu: Patterns of Activity

In creating the social milieu for long-term care settings, meaning social relationship between staff and residents are fundamental. Vulnerable older people with physical or health related decline cannot readily interact with others and they often cannot readily adapt to their new environment. The social milieu, including interdependent relationships is important in encouraging proactive social behaviour.

There are a variety of factors that can impact on the social milieu of long-term care settings and consequently on the quality of the life of residents. These factors include:

- hearing / visual impairment
- speech problems
- restricted mobility
- diminished cognitive ability
- environmental issues, such as lack of communal areas, lack of private spaces, excessive background noise etc
- inadequate staffing levels
- inadequate training and support for staff
- staff attitudes
- absence of proactive policies designed to engage families and communities

Long-term care settings make constraints on normal patterns of social interaction. Some residents live alongside each other without engaging in any meaningful interaction (Cook et al., 2009). Others develop warm friendships, such as Maggie and Kathleen. Equally, you may have conflicts, dislike and even animosity between some residents. These very different types of interactions provide the most challenging social

problems for staff in long-term care settings. Without lots of positive social interaction, including in group settings, such as dining with the other people in the nursing home, and in task related activities, such as artistic task-related stimuli, e.g. flower arranging, residents can become withdrawn and depressed, having no real 'sense of identity' or 'sense of purpose' to their life.

People generally want to retain their independence, and at the heart of older people's sense of independence is their capacity to make choices and to exercise control over their lives. Choice and control are fundamental to our sense of identity and our quality of life. This is not something which changes with old age or with the move to a long-term care facility, but it is something which needs to be facilitated by those who provide care when we are old. So when thinking about how to manage interactions between residents, with family and the wider community, in order to create positive social relationships, we should think about the following issues:

Autonomy / Independence

Residents in long-term care facilities value the connection to their family, friends and community. Think about the setting where you work? How do residents keep in touch with their relatives and friends? Think about how you can help residents to maintain social roles e.g. grandparent sending birthday card to grandchild. Consider how long-term friendships are supported and how visits from family and friends are made special. Are visitors welcomed at any time? Is there more than one room where residents can sit or where they can be quiet or see visitors? Are there quiet areas where relatives can spend time with residents? Are children made to feel at home? Are visitors encouraged to take residents out or join them for a meal?

Social relationships between residents can be fostered and developed by getting to know residents and the mutual interests some residents share. For example, Maggie and Kathleen's interest in current affairs and politics was recognised by staff and facilitated by ensuring the newspaper was left in Kathleen's room each evening.

Person-Centred Social Support

Staff in long-term care settings can build up a rich picture of how residents would like to live their lives using approaches such as the use of photo albums, life-story or life-review to compile information about individuals that can be used as a focus for interaction. Has a life-story or life-review been developed with residents and their families in the setting where you work and does this also include compiling information on any activities that residents like doing as well as those they have expressed an interest in? Are activities available each day or are residents left to sit in front of the TV? How do people with no verbal communication choose activities? How do you make information accessible to all residents? Are trips and outings organised and special events celebrated? Have you a dedicated activities coordinator to promote and facilitate social interactions? What links do you have with the local community which could widen the scope of activities?

Relationships Between Residents and Staff

The main thing is to build a relationship with the resident and for the resident to know someone has expectations for them. Older people in long-term care settings can withdraw from the social environment out of personal preference (Cook et al., 2009). However, some may be apathetic and many may have sensory impairments, such as hearing and vision loss, speech and mobility problems, or limited cognitive abilities, all of which make interacting with others challenging.

The key message is to ensure that you establish a relationship with the resident, that you know how the resident would like to live their life and the activities they are interested in. In this way, staff are aware and can recognise the underlying factors which inhibit interaction or prompt the resident to isolate themselves (Cook et al., 2009).

Relationships Between Residents

Conversation is our most basic verbal interaction. The everyday conversations we engage in help us to fulfil a human need to interact and connect with others. Evidence suggests that residents in long-term care settings actively seek opportunities to talk to other people and gain much satisfaction from such interactions (Cook et al., 2009). Think about how you support residents to connect to each other and how something as simple as the seating arrangements can make a real difference to interactions. For example, placing a comfortable assortment of chairs in groups encourages small group interactions – chairs should never be placed in a circle around the outside of the room. A reminiscence box with artefacts, books and other materials can help stimulate discussion in a group setting.

Barriers to Social Interaction

Sensory decline, such as hearing problems are associated with low levels of social engagement and participation in social activities. For example, hearing impairment hampers residents' ability to join in activities and to engage in conversations, especially in rooms where there is a lot of background noise (Cook et al., 2009). Think about the residents where you work. How many have hearing problems? Is there a TV or radio left on when no one is watching or listening? Are residents given regular hearing tests? What other sensory impairments have you noticed in your residents? How did you become aware of these problems in your residents? What did you do about it?

Empowerment

The key issue is to put policies in place to ensure residents are not unnecessarily being prevented from engaging in meaningful social interactions. Consider how residents can be empowered to have more choice and control in their lives. For example, think about how effectively staff communicate with residents. Chronic conditions, such as hearing and speech impairment, dementia and the effects

of medication can make it difficult for some residents to communicate and make their feelings known to others. This can be frustrating not just for the person but also for those with whom they come into contact.

Advocacy

What techniques does the facility where you work employ to help facilitate interaction with residents and to create a communication-friendly environment?

What communication methods does the facility where you work employ to create a communication-friendly environment for residents and their families?

Are residents, families, friends and the general public encouraged to provide feedback about any social activities the home organises? Do residents have easy access to advocacy services and if so, how can you be sure that they remain aware of this? An independent advocate can work with the resident and be there as a supporter, a listener, and encourager. However, while independent advocacy is also important, it is important for staff to see themselves as advocates and to speak up for those in their care when necessary.

Therapeutic Relationships

Some people find it easier to bond with an animal than with people. Most pet owners are aware of the joy and comfort that an animal can provide. In many families, pets are considered part of the family. The therapeutic use of pets as companions has gained increasing attention in recent years, providing a constant source of comfort and focus for attention for many older people in long-term care settings. Can your residents keep pets in their rooms, or in other areas of the home? If not, have you considered using volunteers to bring in pets or access to Peata and similar organisations?

Environment and Quality of Life

Good design directly impacts quality of life (Callaghan et al 2009) and it is likely that the design of long-term care facilities will have an effect on the well-being of residents through its effect on social aspects of living. For example, a facility that has communal areas which are welcoming and accessible by all encourages social interaction; people can meet or have group activities. Equally, quiet spaces are an important component of quality of life, providing for reflection and stillness. A room with a calming atmosphere, using music, lighting, and soft furnishings, facilitates reading or reflection. The key point to remember is that for residents it is not just a long-term care facility, but indeed their 'home'. Most residents are frail, but are not bedridden and they can get around using walking frames or wheelchairs if the environment is accessible and inviting. The challenge is to ensure facilities are sensitive and responsive to well-being, both physical and emotional.

Well designed external environments can also have a positive impact on levels of social interaction and quality of life. Being outdoors can increase physical activity and appetite as well as enhancing mental health and inducing a good night's sleep. Consider the outdoor facilities where you work. Do residents typically make use of outdoor facilities? Are they encouraged to take exercise or is there a reluctance to encourage trips outdoors due to time constraints or for safety reasons, such as fear of the person falling?

Way-finding

The main issues to consider are: residents should have access to a garden in which they can move around, and feel comfortable. They should be able to find their way around using environmental cues such as flowering plants or garden ornaments. Seating areas should be spaced along a walking path to provide opportunities for rest, quiet contemplation or conversations between residents or with friends and family.

Purposeful Activities

All residents should be encouraged to be as independent as possible and to take part in daily life of the home. This can take a variety of forms from group activities and social outings to assisting with activities, such as watering plants, which provide opportunities for meaningful social interactions for residents with different support needs.

Suggested areas for Place and Practice Improvement

Social connections and communications with others fulfil our basic human need for companionship. In considering the patterns in the previous section, you may have identified some aspects of the care environment that could be improved/changed. So you may want to consider these as some potential areas to address in order to promote a social milieu in your place of work. These ideas are in no way exhaustive, but they may provide you with some options for consideration:

- Undertake a full care review of residents using the life-review or life story approach. Identify hobbies and social interests as well as things which each resident dislikes
- Identify similar interests among residents and develop social activities around these.
- Undertake an observation of practice activity and focus specifically on the ways residents interact with each other, both positive and negative.
- Present your findings from the observations and identify changes which will facilitate positive interactions.
- Can some of these changes be introduced relatively easily and with minimum resources?
- Set up a meeting with other care team members to discuss how different changes would affect residents. Consider ways in which you can adjust the way care and practice is organised to take account of these patterns.
- How do you 'see' residents?
- How do you 'talk' to residents?
- How do you enable residents with communication difficulties to 'talk' to you and others?
- Is your information accessible? Use of photos/images/flash cards/talking mats/technology made.

References

Audit Commission (2004) Older People-independence and well-being: The challenge for public services, London: Audit Commission

Bowers, H., Clark, A., Crosby, G., Easterbrook, L., Macadam,A., MacDonald, R., Macfarlane, A., Maclean, M., Patel, M., Runnicles, D., Oshinaike, T., and Smith,C (2009) Older people's vision for long-term Care, York: Joseph Rowntree Foundation.

Callaghan, L., Netten, A. and Darton, R. (2009) *The Development of Social Well-Being in New Extra Care Housing Schemes*, Joseph Rowntree Foundation, York

Cook, G., Clarke, B., Cowie, B (2009). Maintaining and developing social interaction in care homes: a workbook for care home, health and social care staff [available from] www.connectforcare.com/Maintaining.pdf [Retrieved on 21st January 2011].

Godfrey, M., Townsend, J. and Denby, T. (2004) Building a Good Life for Older People in Communities: The Experience of Ageing in Time and Place. York: Joseph Rowntree Foundation

McCormack, B and McCance, T (2010) Person-centre Nuring: Theory, Models and methods. Wiley-Blackwell . ISBN 978-1405171137

Monaghan, N (2000). The Funeral Game. Cliff of Moher, County Clare: Salmon Publishing.

Murphy, K., O'Shea, E., Cooney, A. (2007) Quality of life for older people in long-stay settings in Ireland. *Journal of Clinical Nursing*. 2167 – 2177



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