ORIGINAL ARTICLE

Changes in nursing home residents during an innovation based on the theory of gerotranscendence

Barbro Wadensten PhD, RN

Associate Professor, Senior Lecturer, Department of Public Health and Caring Sciences, Section of Caring Sciences, Uppsala University, Uppsala, Sweden

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Correspondence:
Barbro Wadensten
Department of Public Health and Caring Sciences
Section of Caring Sciences
Uppsala University
BMC, Box 564
SE-751 22 Uppsala
Sweden
Telephone: + 46 18 471 66 31
E-mail: Barbro.Wadensten@pubcare.uu.se


Aims and objectives. The aim of the present study was to investigate how residents were affected when an intervention based on the theory of gerotranscendence and guidelines derived from the theory was introduced in a nursing home.

Background. The notion that communication is essential in staff-resident interaction is widely accepted both in theory and practise, as is the notion that communicative behaviour influences patient outcomes. No studies as yet have focused on whether residents are influenced by staff use of guidelines derived from the theory of gerotranscendence.

Design. The study was explorative in nature and used a qualitative approach.

Methods. Data were collected through interviews with residents and participant observations; qualitative content analysis was performed. Sample size: six residents.

Results. The study shows that many residents reviewed and thought about their lives, and that this aspect changed during the study period. Some residents’ descriptions of their situation revealed that certain changes in social life on the ward had occurred. These changes could be an effect of the intervention.

Relevance to clinical practice. For nurses working in gerontological care, it is a challenge to get to know and provide the best nursing care and individual treatment for each resident; this involves a holistic view helping residents in their ageing process. The use of guidelines derived from the theory of gerotranscendence could help nurses promote positive ageing and constitute one way of treating residents in a more individualized manner.

Key words: communication, gerontological nursing, gerotranscendence, holistic nursing, nursing home care, older people

Introduction

In a literature review concerning the role of communication in nursing care for older people, Caris-Verhallen et al. (1997) argued that communicative behaviour affects how patients feel. Wadensten (2005) showed that most of the morning conversation in nursing homes focuses on residents’ health problems. Williams et al. (2003) considered that opportunities for social interaction and meaningful conversations for residents are lacking in today’s nursing homes. Roach (2001) states the importance of nurses supporting older people in their ageing process. Eliopoulos (2001) stated that one point of holistic gerontological care is to facilitate growth towards wholeness by guiding older people in understanding and finding meaning and purpose in life and supporting them in the ageing process. In their review, Lee et al. (2002)
concluded that there is a need for more research on residents’ adjustment to and experience of living in a nursing home, because most studies are conducted around the time of placement. The present explorative study investigated whether and how an intervention with guidelines aimed at nursing home staff affected residents who had lived at least 16 months in a nursing home by the time the study ended.

Theoretical framework and earlier studies

The theory of gerotranscendence (Tornstam, 2005) is a psychosocial theory of ageing stating that human development is a life-long process that continues into old age and that, when optimized, ends in a new perspective. The term ‘transcendence’ implies a shift in an older person’s meta-perspective and a new outlook on reality. The theory describes both the experience of growing old and the characteristics of a normal and positive old age. It embraces a dynamic developmental perspective. Not everyone will automatically reach a high degree of gerotranscendence. It is a process that, when optimized, ends in a new perspective. According to Tornstam, gerotranscendence is regarded as the final stage in a natural progression and achieving gerotranscendence implies achieving wisdom. An individual moving towards gerotranscendence may present a series of changes which, taken together, can be regarded as dimensions or signs of gerotranscendence.

The theory and its application to gerontological nursing were described by Wadensten (2007a). The present article presents a study of nursing home residents during the period in which an intervention, involving introduction of the theory of gerotranscendence (Tornstam, 2005) and guidelines derived from the theory (Wadensten & Carlsson, 2003), was introduced to the nursing home staff. The aim of the intervention was to introduce nursing staff to the theory of gerotranscendence and to show them how they could use the guidelines to facilitate, encourage and support older people in their development towards gerotranscendence as well as how they could treat people who have already attained a state of gerotranscendence. How well the staff adopted the intervention has been described elsewhere (Wadensten & Carlsson, 2007). The present study involved residents’ descriptions of care prior to and after the intervention period.

In a study, residents’ opinions about their life situation in the nursing home were investigated (Wadensten, 2007b). Even staff members’ understanding and use of the theory of gerotranscendence have been studied previously (Tornstam & Törnqvist, 2000; Wadensten & Carlsson, 2001).

No study as yet has investigated whether nursing home residents change their behaviour or descriptions of their situation following introduction of the theory of gerotranscendence and guidelines in a nursing home.

Aim and objectives

The aim of the present study was to investigate how residents were affected when an intervention based on the theory of gerotranscendence and guidelines derived from the theory was introduced in the nursing home.

Method

Design

The study was explorative in nature and used a qualitative approach.

Setting, informants and procedure

The study was performed in a nursing home in a large Swedish city (population 180,000). Before the study began, the director of care of older people in the municipality and the director of the nursing home were asked about the possibility of conducting the study. The staff introduced the first Author to the residents, and each resident was informed individually about the study. The sample was chosen based on convenience. This is because the wards in which the study took place were chosen by the nursing home manager, based on her knowledge of which wards had no residents with dementia. At a nursing home consisting of eight wards, two wards were selected. Eighteen staff worked and 26 residents lived on these two wards. When the study began, the informant group included 16 residents. The health of some of the residents deteriorated and some died. Therefore, it was not possible to follow all 16 residents. In the end, the group consisted of six residents, four women and two men, 68 to 96 years old, who had lived in the nursing home during the whole intervention period, at least 16 months. They were in varying states of health, suffering from physical disabilities or diseases, but they showed no signs of dementia.

The innovation – the intervention with theory and guidelines

The aim of the intervention was to instruct staff in using the theory (Tornstam, 2005) and guidelines (Wadensten & Carlsson, 2003) in practical care. The theory was introduced to the staff through lectures and discussion groups on eight occasions, where the aim was to describe the theory and discuss how it differs from other perspectives on ageing. The
guidelines describe different ways to support older people in their process towards gerotranscendence. They include ways to reduce preoccupation with the body, ideas about conversations that stimulate personal growth and different ways to use reminiscence. In the perspective of gerotranscendence, it is important to encourage and support older people, and this involves putting focus on facilitating and furthering personal growth. Thereafter, instructions were given on how to use the guidelines in relation to the residents, for example to stimulate the residents to reflect more over their lives. In further conversations with and guidance of staff, discussions were carried out for two reasons: to provide an opportunity for reflection on the part of the staff and to create a forum in which staff members could influence one another. Conversation topics included staff’s feelings and opinions about use of the guidelines. The staff also received guidance about how to behave in relation to the residents. The aim of this guidance was to encourage staff members to think more about how they behave towards the residents. The intervention period was 15 months (Wadensten & Carlsson, 2007).

Data collection and analysis procedures

Data were collected through interviews with residents and participant observations. The intervention period started with staff and resident interviews and participant observation and ended with an observation period and another round of staff and resident interviews, which will be described in more detail below. Data collection was also described in the study focused on the staff (Wadensten & Carlsson, 2007).

Interviews

Interviews with residents were performed in the nursing home, before and after the intervention period. The residents were encouraged to speak about activities, health, social contacts, life satisfaction and opinions about the nursing home and staff. The interview questions were open-ended, covering topics specified in the question guide, see Table 1. The questions concerned both their life at present and their thoughts about earlier parts of life. One intention was to investigate whether they had started to perform more life reviews and whether they had changed their views. The theoretical basis used to design the interview questions was the theory of gerotranscendence (Tornstam, 2005). The questions for each topic were designed to stimulate and encourage informants to narrate about the topics, and each topic had a number of accompanying questions, which were used when necessary. An informal interview technique was used that involved focusing the conversation on the informant (Kvale, 1996). The informants were encouraged to discuss the topics.

<table>
<thead>
<tr>
<th>Table 1 Interview guide</th>
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<tbody>
<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>What does a normal day look like?</td>
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<tr>
<td>What is your opinion about that?</td>
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<tr>
<td><strong>Health – physical/mental</strong></td>
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<tr>
<td>Are you satisfied with your health?</td>
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<tr>
<td>What is your mood like? (happy – positive or sad – angry)</td>
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<td><strong>Social contacts</strong></td>
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<td>Do you think you can visit with other people to the extent you wish?</td>
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<td><strong>Self-esteem</strong></td>
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<tr>
<td>Do other people respect and understand you?</td>
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<tr>
<td><strong>Satisfaction with the nursing home, including the staff</strong></td>
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<tr>
<td>Can you describe what it is like to live in this nursing home? How are the staff?</td>
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<tr>
<td><strong>Life satisfaction right now</strong></td>
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<tr>
<td>What do the staff people talk to you about?</td>
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<td><strong>Life review</strong></td>
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<tr>
<td>When you think back – has your life had coherence and meaning or has it been chaotic and divided?</td>
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<tr>
<td><strong>Accompanying questions</strong></td>
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<tr>
<td>What things are a cause for rejoicing in life right now?</td>
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<tr>
<td>What makes you happy on a day like this? (a normal day)</td>
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<tr>
<td>What makes you sad?</td>
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<tr>
<td>How do you look at your life as a whole?</td>
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<tr>
<td>Do you live your life over again? – Does it happen that you reformulate your life events? That is, have another view now?</td>
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Interviews were conducted in the nursing home in the residents’ own rooms and by the author. The interviews began with the first topic; the remaining topics were introduced into the conversation at occasions that seemed natural. The last interview also included a question about whether the resident had recognized any changes in staff members’ behaviour. The interviews lasted from 30 to 70 minutes. All interviews were tape-recorded with the participants’ permission and transcribed. During the intervention period, data were also collected at different times and in situations reflecting daily work at the nursing home as well as in conversations and discussions with staff and residents during the whole intervention period; the aim was to follow the entire process.

Participant observations

The initial observations were aimed at discovering how care was accomplished at that time, and the observer’s role was to participate passively in daily care, sometimes lending a helping hand. Thereafter, observations were made during the intervention period at an average 2 or 3 days every
week. In connection with the observations, conversations, sometimes including questions, took place with both staff and residents. Here, the observer’s role – that of staff supervisor – was more active, but still involved passive participation in daily care. Observation units comprised staff and residents in their daily contact with one another. The observations began after the first interview and continued during the intervention period. Grinnell’s (2001) description of the procedure used for making field notes was followed. Some of the observation results are presented under the heading ‘Changes in social life on the ward’ in the present article; other results are presented in another publication (Wadensten & Carlsson, 2007).

Data analysis
The analysis began by carefully reading the verbatim transcriptions of the interviews several times. A qualitative content analysis was carried out (Cavanagh, 1997). The interview analyses were aimed at discovering whether the residents’ descriptions of their situation and of the care provided differed prior to and after the intervention period. The comparisons were summarized in notes in which each resident’s changes were sorted into themes. The interviews and field notes for each resident were combined and compared, the aim being to recognize changes in descriptions, feelings and behaviour. Quotations were selected from the interviews to illustrate and establish conformability in the study, as described by Kvale (1996).

Ethical considerations
The residents were informed that participation in the study was voluntary and that they had the right to discontinue at any time. The information was given both orally and in written form. Some days after they received the information, they were asked whether they were willing to participate; all residents accepted. The participating residents were asked to give their informed consent. All information was treated confidentially. This procedure was in line with the ethical rules for research (Codex, 2009) in Sweden.

Result
All of the interviewed residents said they were satisfied with the facilities at the nursing home. Most residents were generally satisfied with staff and their treatments. Residents felt that staff respected them, but some also felt that staff should talk with them more privately. One was dissatisfied with most of the conditions at the nursing home. In the following, the outcomes of each of the six residents and their changes during the intervention period are described, there- after follows a section describing changes in social life on the ward as seen by the residents.

Changes in residents’ behaviour and descriptions of their situation
Each of the residents is described below. Assumed names are used and their age is provided in parentheses.

Anna (96) had lived in the nursing home three years when the study began. The reason for moving to the nursing home was that she was not able to take care of herself after her daughter died. She felt that life was of little value. She reported feeling that life was no longer worth living. Her description of her life situation can be summarized in a quotation from her, given both in the first and second interview:

Life is meaningless now. (Anna)

Anna spent most of her time in her room, and she stated that she wanted to be alone. She ate her meals in the dining room, but engaged in almost no conversation with others sharing the same dining table. Furthermore, she seldom participated in activities in the day-room. All her nearest relatives were dead, and she said that she had no one of interest who could visit her. However, she had two grandchildren and was always happy when they visited her. She reported being in poor health and felt she had survived too long. Anna talked a great deal about her illness and problems related to it. She suffered from rheumatic pain and often had a cold. When Anna talked about her life, she often mentioned bad memories. She reported that she tried to repress all bad memories from her life, such as the war, the loss of her home and the loss of both her children, who died in adult age. Anna consistently reported that her adult life has been bad. She clearly represents a person highly dissatisfied with life.

She felt that nobody was able to understand her needs and nobody paid attention to her. Some staff did try to ask questions about her life and posed reflective questions to her, which caused her to narrate, but she did not change anything in her life review. Anna was highly dissatisfied with her life, both now in the nursing home and most of her earlier life. Her description of her situation was nearly the same in the first and the last interview. Thus, it was not possible to see any change in how Anna apprehended her situation or in her life review. Given her displeasure with her life and her current situation, Anna can be viewed as a person who has not come a long way in reflecting over her life, and thereby has not made much progress in her development towards gerotranscendence.
B. Wadensten

Bert (79) had lived in the nursing home six months when the first interview was performed. He was blind and suffered from impaired hearing and complications following a stroke, which made it difficult for him to move and walk without assistance. He spent most of his time in his room, but he explained in the first interview that staff tried to take him out to the day-room, not listening to his wish to stay in his room. In the last interview, he talked about the staff in another way, and meant that they listened to what he said, and also respected his choice to spend most of his time in his room.

His health status was constant throughout the study period. He had not accepted his health status and impairments. He found it particularly hard to accept help from the staff in many situations. Bert felt he had little need for social contacts, but he had three sons and loved it when they came to visit him. He reported that he had nothing to talk about with people he had become acquainted with at the nursing home.

When someone asked him about his childhood or his life as a farmer, he loved to narrate about these things. In his life reviews he always described being satisfied with the life he had lived. He felt he had had a good life. If he were given the chance to live his life again, he would not change anything. In the last interview, he described spending more and more time doing life reviews. He said that getting lost in what he called dreams about earlier life was a way of putting up with the meaningless life he lived now:

Life was better then – I have to think back to have the strength to live now. (Bert)

Bert, then, could be regarded as a person who began his life review during the study period, and this may well facilitate his process towards gerotranscendence.

Chrissie (82) had moved to the nursing home one month before the first interview was performed. She felt that too little happened at the nursing home. Chrissie read the newspaper every day; she followed what was happening both in the world and in the neighbourhood. She spent a great deal of time in her room resting. She felt she needed more activities and more people to talk with. She said she tried to participate in arranged activities and that she interacted with other residents in the day-room, because she liked being with other people. During the months the study was in progress, she made new friends both on her ward and at the day-centre where activities were offered. She was very happy about finding one women friend on the same ward with whom she could spend some time.

Chrissie described her health status as decrepit; she often had a headache and was dizzy. She was confined to a wheelchair after a stroke some months ago. The stroke was the reason for her move to the nursing home. She felt she could not complain about her health situation at her age, and she was happy to be free from dementia, which many of her old friends had. She was satisfied with the staff and their treatment of her. At the last interview, she mentioned liking some staff members more than others. The staff she liked most was those who had made an effort to be personal with her and took time to talk with her about her life experiences. She also appreciated staff that had a sense of humour and tried to joke with her.

Chrissie described how her life had become better and better the longer she lived at the nursing home. This was because she was growing closer to some staff members and making new friends to spend time with. Thus, at the last interview, she said she could not complain about her life situation at the nursing home, but she longed to see her daughter and loved it when she came to visit her or called her. When talking about her childhood and life, she said that it had been both good and bad. At the last interview, she reported spending a great deal of time thinking about her life. She said she became more satisfied with the life she had lived the more she thought about it. This was also true of the life she lived today in the nursing home:

Life's getting better and better. (Chrissie)

She said that one reason for this was that growing old entailed becoming wiser and gaining more self-esteem. The changes observed between the interviews were that she performed more life reviews and that she had found friends. She was also an active participant in a spontaneous activity that started on the ward and that will be described later on. Chrissie, then, could also be regarded as a person who began her life review during the study period, which will probably help her develop towards gerotranscendence.

Dave (74) had lived for seven years in the nursing home when the first interview was performed. He had moved into the nursing home when his wife died; they had no children. Dave’s brother lived in the same town and visited him about twice a week. Dave suffered from a chronic disease that required hospital treatment for a few hours every week; he also had to follow diet restrictions. However, he felt his health situation was nothing to complain about. He was the most mobile of the residents, he often went out for walks or took the bus to go to shops or visit friends, so he was often outside the ward. He appreciated his social life. When on the ward, he was mostly in his room. His activities in his room involved thinking back on his life, and he felt this was an important activity. At the first interview, he said that staff only talked with him about practical duties, and that they coddled him and did too many practical things for him. He
was disappointed with the timetable at the nursing home and thought it was difficult to adapt to the meal times.

In the last interview, Dave described how some staff members now often asked him about his life and encouraged him to narrate about his life, and he really liked this. He described being dissatisfied with some aspects of his life. He regretted not moving to the US as two of his brothers had carried out. But he also said that he has always gone his own way in life, and that he has had an interesting life. He reported that he was taking things in life easier now. Looking back on his life, he felt he could see it in another perspective and that he was generally satisfied with the life he had lived:

There are things I regret not doing in life, but I don’t regret anything I’ve done. (Dave)

Dave seemed to have been developing towards gerotranscendence, in that he described looking back a great deal on his life and he also described such a development by himself.

Eliza (86) had lived in the nursing home for one and half years at the first interview. She described herself as deeply religious. With regard to her health status, she reported having hearing problems, even when she used her hearing aids, and no energy. But she was glad to be as healthy as she was. Some year ago she had had a stroke. In both interviews, she said she lived a good life at the nursing home. She felt it was a great thing to enjoy the visits of good friends, telephone calls and that the staff took good care of her. Because she had little energy, she explained that she often stayed in her room, but participated in some arranged activities at the day-care centre every week. Eliza described her days saying that there was no variation, but she also felt she did not need variation.

The difference in her description of her situation during the study period was that she had made a good friend in Chrissie, who she felt was very nice. She also thought much more about her childhood and the life she had lived, and explained that she now understands her parents much better. She felt that her life has been purposeful and rich, and that she does not wish she had lived her life differently. She had also started talking much more with some other ladies living on the same ward. Furthermore, she now said that a new joy for her was looking forward to a life after death. She mentioned that she thought a lot about that, and she was not afraid of dying. Instead she derives pleasure from looking forward to it:

I look forward to seeing my beloved parents when I die. (Eliza)

It seemed that Eliza was undergoing a development towards gerotranscendence, which had already started years ago.

Fanny (79) had lived in the nursing home about two years. The first interview. Her husband lived on another ward for residents with dementia, so she visited him everyday, which required a great deal of energy and also affected her mood. But sometimes she participated in activities at the day-centre, and she always made conversation with other residents at mealtimes. She felt her life had been meaningful and that her husband had been wonderful. She was satisfied with her life, but could find no pleasure in her daily life in the nursing home.

Fanny’s description of her situation was nearly the same at the first and last interview. Thus, it was not possible to see any change in how she apprehended her situation or in her life review:

There’s nothing to rejoice about, I’m just waiting to die. (Fanny)

But she also described how she offers resistance in some way. However, she reported that she did not often think of her life situation or make life reviews. It is difficult to conclude whether Fanny was developing towards gerotranscendence, because she did not talk a great deal about her view of life.

Changes in social life on the ward

When the study started, the residents usually ate their meals at the same time in the dining room. After eating, they went to their rooms or to some activity at the day-centre. Some, especially those who could not walk by themselves, stayed in the dining room for a time. Some engaged in short conversations with each other.

When the staff started using the guidelines (Wadensten & Carlsson, 2003), they changed the topic of conversations with the residents, to varying extents. Some staff changed their conversations. They encouraged residents to talk about their childhood and used reflective questions in response to the residents’ narratives. This led to more reflective discussions between staff and residents, which could be seen as a change in their joint social life. Some staff even changed their morning conversation with residents, and asked about whether they had dreamt something. This influenced the conversations residents had among themselves during breakfast. Some residents felt that asking about their dreams was not the business of nursing staff, while others liked it. After some weeks, a spontaneous dream-work group started at one table after breakfast. Some residents sat down and discussed their dreams together. Chrissie was the most active in the group, together with Eliza. But many other residents participated. As mentioned earlier, interviews were performed with those who lived the whole study period, but different residents participated in this group during the weeks. Some weeks they sat down nearly every day, and sometimes a week or two passed between their discussions. They seemed to have
a good time and a lot of laughs, and sometimes they called out for staff members and described a dream.

Some residents even discussed among themselves the fact that certain staff members had changed their behaviour, for instance that they had started talking about more private matters and asked about the residents’ life. Thus, the intervention also became a topic of conversation among some residents.

Another change was that some residents sometimes ate meals in their rooms, which could be a sign that staff encouraged and helped residents to have quite and peaceful times. This may have given some residents more time for reflective moments.

**Discussion**

Naturally, it is very difficult to summarize in one article six persons’ opinions on their life and life situation in the nursing home during an intervention. Furthermore, there are many methodological problems associated with conducting a study such as this. Getting the entire staff to follow and implement the guidelines was a problem; this is described elsewhere (Wadensten & Carlsson, 2007). Another methodological problem was in following the residents on the wards over a longer period, as many were in poor health, which deteriorated during the period, and some died. Therefore, in the present study, it was only possible to follow six residents. But it is important to remember that the residents were followed for 15 months. It would have been difficult to conduct a larger study under controlled conditions and to implement the guidelines on many wards, which would be necessary if one were to use a quantitative approach and questionnaires. This study shows some changes in certain residents’ descriptions of how they apprehended their life: these residents became more reflective. However, it is impossible to conclude that any changes in the residents’ more reflective behaviour or descriptions of their situation are dependent only on the intervention. Yet despite this, it is interesting to discuss the changes that occurred. This is carried out below.

Residents offered very different opinions both on their life in the nursing home and on their view of the life they had lived. This shows that apprehensions of the situation may differ and may depend, to varying extents, on residents’ views on their earlier life, as described by Wadensten (2007b). Some were relatively pleased with most things; others were dissatisfied with many things.

Some of the residents, such as Chrissie, Dave and Eliza, became more reflective when they thought back on their life. They also took an interest in making life reviews. And making life reviews should be considered normal behaviour for older people. The fact that older people reflected on and discussed their lives and changed their opinions shows that personal development is still occurring. The fact that some staff asked questions and encouraged residents to talk about their lives could have promoted these reflections.

The fact that some of the residents started discussing their dreams together was probably an effect of staff changing the content of their morning conversations with residents. These discussions could also have had a positive effect on the atmosphere on the ward because they gave some residents a topic to discuss. This result is in line with that of Caris-Verhallen *et al.* (1997), who argued that communicative behaviour affects patient outcomes. The notion that communication is essential in staff-resident interaction is widely accepted both in theory and practice. It is important to consider what the conversational subject matter in a nursing home should be about. What should be the most important focus of the conversation? According to Bottorff and Morse (1994), communication must include an ambition to establish a relationship and focus on the resident as a person. Therefore, in communication, it must be important to treat the older person as a unique individual. The dialogue carried on by the staff should, therefore, be emotional and supportive with regard to the resident. This puts great demands on the staff. They must be able to adapt to each resident. They must read and interpret each person’s needs – yet it is precisely this that constitutes individual treatment. Travelbee (1971) stated that some factors could disturb communication, for example the inability to recognize the patient as a separate individual.

In the perspective of gerotranscendence, it is essential to encourage and support older people, and this involves putting the main focus on facilitating and furthering personal growth. The process of gerotranscendence is in principle universal. However, elements in the culture can facilitate or impede the process, just as elements in the caring climate can obstruct or accelerate the process towards gerotranscendence (Tornstam, 1996). The present intervention was intended to affect the caring climate such that it facilitates the process of gerotranscendence. Based on the present study, it is not possible to conclude that this has in fact occurred – but the intervention may have helped some residents become more reflective when thinking back on their lives. And this, at best, could facilitate a process towards gerotranscendence.

Presumably, many of the staff in nursing homes provides treatment without thinking about or reflecting on why they behave in a certain manner. Staff members behave differently, and this variation in behaviour may depend on each individual’s particular attitudes and development. It is important to increase staff members’ awareness of the important role they have in relation to residents. It is the
staff who often guide the conversation and who thereby create the climate on the wards. They must become more aware of the vital role they play in relation to residents.

Conclusions and relevance to practice

The present study shows that some residents performed life reviews and thought about their lives, and that this could be further stimulated by staff behaviour. The use of guidelines derived from the theory of gerotranscendence could be one way of treating residents in a more holistic and individualized manner and of helping them in their ageing process, which, at best, could be seen as a development towards gerotranscendence.

Implications for practice

• The theory of gerotranscendence states that human ageing is a process continuing into old age, and that this process, when optimized, ends in a new and qualitatively different perspective on life,
• The caring climate can obstruct or accelerate the developmental process towards gerotranscendence,
• If nursing home residents performed life reviews and thought about their lives, it is important that staff have a holistic view and help residents in this process, which should be seen as part of healthy ageing,
• The use of guidelines derived from the theory of gerotranscendence could help nurses promote positive ageing and constitute one way of treating residents in a more individualized manner.

References


Wadensten B. (2007b) Life situation and daily life in a nursing home as described by nursing home residents in Sweden. *International Journal of Older People Nursing* 2, 180–188.


