

School of Occupational Therapy

**Meaning, Identity, and Wellness: The Experience of
Living and Working in Australian Nursing Homes.**

Anthea Eileen Kingsley

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DECLARATION

This thesis is my own work and no part of it has been submitted for a degree at this, or any other, university.

Name

14.12.98

Date

ABSTRACT

Meaning, Identity, and Wellness: The Experience of Living and Working in Australian Nursing Homes.

This exploratory study has two major aims. The first is to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in an Australian nursing home. The second is to interpret those experiences within the context of wellness.

The study utilises heuristic inquiry as the research method from an occupational science perspective. Occupational science is concerned with the ways in which humans realise their sense of meaning through both their daily occupations and their unique way of being in the world.

Heuristic inquiry is utilised for both the research design and the analysis of data. The primary source of data was my own experience of working in Australian nursing homes as a nurse, educator, and grief counsellor; and of having supported the six members of my family who have lived and died in Australian nursing homes. In addition multiple other sources of data were accessed: residents and staff from three suburban Australian nursing homes; personal and professional memoirs of life and work in Australian nursing homes; novels depicting characters faced with nursing home life; and research report on the needs of elderly Aboriginal people also faced with nursing home admission.

Data were collected using a diverse range of techniques: self dialogue, participant-observation, informal, semi-structured, and group

interviews, analysis of staff journal entries, and analysis of the textual material - memoirs, novels, and the research report.

The findings indicate that nursing home residents experience a sense of meaning when they are able to maintain a sense of connection with an enduring sense of self. Nursing home staff, on the other hand, experience a sense of meaning in association with their work when they are able to access their personally constructed vision of a professional self identity. Living and working with a sense of wellness, whilst possible, tends not to be an everyday experience for either residents or staff.

This study makes an important contribution to the understanding of the interior experiences of both nursing home residents and staff. It explores the notion of wellness within the nursing home context and puts forward suggestions for promoting wellness in the nursing home. The study also makes a significant contribution to the discipline of occupational science and the application of heuristic inquiry to social research.

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in whose memory this study is dedicated.

CHAPTER 1

Study Outline

Introduction

This heuristic study focuses on the world of the nursing home as a source of personal meaning. The study has two major aims. The first is to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in an Australian nursing home. The second is to examine those experiences within the context of wellness.

The study is situated within an interpretivist paradigm from an occupational science perspective using the heuristic inquiry method. A detailed discussion of these design components is presented in Chapter 4.

Personal Background to the Study

This research project is based on my own personal and professional experiences within nursing homes. Over the past twenty-five years I have had six members of my family live and die in nursing homes. During this time I quite often watched their experiences - often unpleasant and even distressing - with a demeanour of detached helplessness caught between my love for these family members and my highly trained professional persona.

On a professional level I have spent the major part of my career working with elderly people in a range of settings, including nursing homes. My professional roles within nursing homes have encompassed work as a nurse, an educator, and as a grief counsellor. In these roles I have also helped develop and

evaluate clinical and administrative policy changes. Despite my extensive involvement and intimate working knowledge of nursing homes I have always had mixed feelings about them. On one hand, I continue to have a deep affection and respect for older people generally and have been very concerned about supporting them in their struggles for autonomy. Yet, on the other hand, as one who worked in the system, I am also very aware of how I have distorted the reality of everyday life in residential aged care settings to avoid my own cognitive dissonance. In other words, my work has frequently been in conflict with my personal values and beliefs. This has affected me in a multitude of ways but what I have come to notice most clearly is a vacillating ambivalence where I either hate or love working in nursing homes.

Watching the changes that occur to someone when they enter a nursing home only increased my ambivalence. From personal and professional experience I have watched newly admitted residents "drop their bundle" and succumb to their despair. However, I have also seen those take on a "new lease on life"; perhaps in response to the security, care, and social contact provided by the nursing home. Clearly the experiences are vastly different - leading me to ask the question, "What meanings do residents create around their lives in nursing homes?"

I originally commenced my doctoral studies with the view to addressing a grief counselling issue: "How do staff deal with the deaths of people whom they have cared for and become attached to within the nursing home community?". Using a grounded theory method, my aim was to develop a substantive theory to explain the impact of a resident's dying and death on the surviving members of a nursing home.

During the early part of data collection, however, I became acutely aware of my recurring distress at being in a nursing home again. Often I left the nursing home early - not being able to tolerate the place or events any more. Sometimes,

sitting in my parked car in the nursing home grounds, I would cry at the injustice, futility, depressiveness, and sheer awfulness of my experiences of the place.

As a surrogate staff member I asked, "How can anyone face living or working here?", "Why is it that I am now having such difficulty coping with working here?", and "Is there any sense to my working here?". Looking at the residents made me question, "What sense of meaning do these people have now that this is their home?", and, "How can they cope with living here for the rest of their lives?".

In commencing my grounded theory study I experienced such overwhelming feelings of despair - about nursing homes, about the practice of caring for older people in nursing homes, and about my own identity and role in this area - that I frequently contemplated abandoning my doctoral studies entirely. I could see no satisfactory way out of the intense confusion and meaninglessness that I was experiencing in relation to the study. I prayed for some revelation or insight to shift me beyond this painfully difficult impasse. And then suddenly my focus shifted from self to other. It seemed that I had an obligation to examine these issues, not just for my own sake, but also for the sake of many others: perhaps my experience was not unique. As I began to speak openly about my feelings, first with family and close friends, and later with staff and residents, I realised that my feelings were not unique.

From that point I was able to embark on the journey of altering the orientation of my research and of becoming sincerely acquainted with my feelings - not with the former confusion but with a strong sense of intellectual and emotional curiosity. Hence this study has become as much a part of my own personal journey as it is a scholarly inquiry into meaning associated with the world of nursing homes.

Having reached these conclusions I realised that grounded theory was no longer the best method for me to explore what I had come to realise were deeply

personal experiences. Grounded theory, with its heavy reliance on the minutiae of codification, could not capture the fullness and intensity of my, or my co-researchers', experience. In coding each feeling, emotion, and experience, and then comparing each code with each other I felt that grounded theory risked oversimplifying the uniqueness and, perhaps, even an ineffableness of the experiences of meaning. Heuristic inquiry, however, has the ability to hold these multiple complexities of inter-subjectivity. Expanding the study to examine the issue of wellness has also assisted in broadening and deepening the vision of this study.

My examination of meaning, linked as closely as it was to daily activity, required a perspective that was sympathetic to the influence of occupations - from the most mundane to the most profound. Thus I elected to view this study from an occupational science perspective. Occupational science, with its concern for the ways humans realise their sense of meaning through both their occupations and their unique ways of being, thus allowed me to hold - simultaneously - myriad ways of being in the world: social, physical, economic, social, cultural, intrapsychic, and spiritual.

Research Questions

This study has two aims. The first, and major aim, is to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in Australian nursing homes. The second is to examine these experiences within the context of wellness.

These aims have given rise to three key research questions. Thus the

research questions guiding this study are:

- 1. What is the source and nature of meaning experienced by residents in relation to their lives within Australian nursing homes?**

- 2. What is the source and nature of meaning experienced by staff in relation to their work within Australian nursing homes?**

- 3. How can residents and staff of Australian nursing homes live and work with a sense of wellness?**

Personal Assumptions Underlying the Study

In addressing the research questions I have based my work, and my relationship with the study's participants, on certain personal assumptions. These assumptions are foundational to the study - directing my choice of research topic and method, and my role as researcher. These assumptions are:

- (i) That residents of nursing homes have a moral right to a quality of care that meets their physical, spiritual, emotional, social, and psychological needs.

- (ii) That families of residents of the nursing home have a right to expect the highest possible delivery of care to the residents and that they have a right to information and support from the nursing home staff.

- (iii) That staff working within the nursing home have the right to have their feelings acknowledged and the right to support services to assist in the delivery of high quality care to the residents.

(Continued over page)

- (iv) That all members of the nursing home have the right to be treated with respect, to be treated as individuals, and to be allowed the opportunity to pursue wellness as a state of health and wholeness as a way of being.
- (v) That meaning-making is an inherent, valued, and vital aspect of residents' and staff's experience.
- (vi) That each member of the nursing home has an unique experience and that differences of opinion are to be treated with equal respect.
- (vii) That as a researcher I am as much a part of this study as are each of my co-researchers.
- (viii) That those who participate in this study do so willingly; are treated with respect; are offered anonymity and confidentiality in regard to their contributions; are provided with emotional and spiritual support as required; and that their involvement in this study remains negotiable.

These assumptions overlap with those ethical principles that I have specifically applied to this study (discussed in Chapter 5).

Significance of this Study

This study will lead to a deeply insightful understanding of the day to day experience of life and work in a nursing home. This contribution to knowledge on the psychological, emotional, and spiritual experiences of older people in the final phases of their life will be valuable first and foremost to older people themselves - assisting them to understand the process of nursing home life from a personal perspective. Such knowledge will also be useful to those older people who wish to use this time of their lives to further personal inner development and transformation.

The study will contribute to existing knowledge on gero-transcendence (Tornstam, 1994) as a specific developmental stage of old age. With increasing awareness of the role of old age as a spiritual developmental stage, a direct examination of wellness will contribute substantially to this, until now, poorly understood process. Furthermore, the nature of wellness in relation to nursing home life and work will also be directly illuminated. Little is known about the experience of wellness within the nursing home: that which does exist has generally arisen as a result of findings secondary to other studies rather than from direct examination. Such studies have focused on illness and disability rather than from optimal states of being or the human capacity for wellness in different contexts (Ebersole & Hess, 1991; Fisher Robertson, 1991; Hirschfeld & Fleishman, 1990).

In analysing meaning in nursing home life this study describes the experiences of both residents and staff and also extends the theoretical conceptualisation of the terms meaning and wellness from within an occupational science perspective. This is an important contribution in view of occupational science's evolving conceptualisation of occupation: from the purely quantifiable aspects of human occupation (Singleton & Harvey, 1995), to accept the emotional and psychological interplay between person and occupation (Baum, 1995), and finally to occupation as a transcendent experience and way of being in the world (Hannam, 1997).

Health professionals working in the residential aged care field will have access to a clear report of the deep inner needs of their clients. This knowledge may mark the beginning of a re-visioning of aged nursing home residents: not solely as tragic victims of time but as people with the right to existential fulfilment in their day to day lives, and in their preparation for death.

On a personal level this study is significant in that it will provide me with the opportunity to explore fully my own issues, pain, frustration, and attachment

to nursing homes generally, and to nursing home work specifically. This too will be a source of shared learning for others to explore their own ambivalencies, fears, and joys. From such sharing enhanced awareness of the disadvantages (other than financial) of the present nursing home model may lead to a conscious choice to make positive changes.

In the region of Australasia, Australia is considered a leader in all aspects of aged care. With changing cultural patterns and demographics Asian countries are now looking to ways of implementing aged care services (McCallum, 1994). Whilst nursing homes are a low priority at present, it is projected that even those countries which have traditionally supported their elders will eventually require some form of residential aged care due to rapidly changing economic and social patterns. The knowledge gained from this study will be of value to such countries when examining prospective models for residential aged care services.

Numerous studies exist on the benefits of self disclosure to a healthy personality (Derlega & Berg, 1987; Hutchinson, Wilson & Wilson, 1994; Jourard, 1971; Taylor, 1996; Worden, 1991), although none have been conducted on self disclosure in a residential aged care setting. This study, therefore, extends the knowledge of the process and effects of self disclosure amongst institutionalised elderly people and their staff.

Heuristic inquiry is still a relatively unexplored form of social, health, and psychological research (Moustakas, 1990). This study, therefore, makes a contribution to the intellectual development of heuristic inquiry as a research strategy and offers insights on the practicalities of such a strategy. Furthermore, this study explores issues of methodology - particularly rigour, credibility, and trustworthiness - that arise specifically from the application of the heuristic approach.

For these reasons, it is my view that this is an important study with personal, social, and scholarly benefits. After all, living and working in a nursing

home is more than just a job or a place of residence - it is essentially a way of being and a place to prepare oneself, or others, for the ultimate phase of life, namely, death.

Research Design

Heuristic inquiry was selected as the most appropriate method to investigate the sources and nature of meaning associated with living and working in a nursing home. As a method of inquiry that begins with the researcher's own experiences, questions, reflections, and feelings, heuristic inquiry provides the structure necessary to explore deeply my own experiences, and the experiences of others, of meaning around nursing home life and work.

Heuristic inquiry begins with the exploration of an issue of personal importance to the researchers and then takes in the similar experiences of others to arrive as a final interpretation to explain the initial phenomenon of inquiry. Thus, heuristic inquiry focuses on the deep personal experiences of the researcher and co-researchers. (The term co-researcher is used to define each research participant.) Analysis of these experiences results in the development of individual depictions (or anecdotal summaries) of each co-researcher's experience. From the individual depictions the researcher is then able to discern common themes or patterns to describe the phenomenon. Once this is completed a final synthesis of these individual depictions provides an overall interpretation of the phenomenon. A detailed description of heuristic inquiry is given in Chapter 4. Discussion on the application of heuristic principles to the processes of data collection and analysis is presented in Chapter 5.

Defining Meaning

Since the focus of this study is to explore the meanings of those participating in the world of the nursing home a definition was required that would reflect a full range of meanings. Consequently the definition I have used takes into consideration this broad range: from the role of inanimate objects (Csikszentmihalyi & Rochberb-Hatton, 1987); to the role of projected feelings, desires, and ambitions (Frankl, 1946 & 1997); and to the role of deep spiritual practices in people's lives (Jung, 1961). Thus, for the purposes of this study, I have defined meaning as being:

Those personal expressions used by individuals to make sense of their experiences. Meanings are individually derived, may be based on personal beliefs or values, and are unique to each individual. Meanings may encompass activities, values, or beliefs outside the individual, or they may be located within the individual at a psychic level.

In this definition the premise is that meaning is not just interpretive, but also a direct experience of self and other, thus, meaning allows people to experience a sense of the transcendent and the transpersonal within their lives (do Rozario, 1998).

Data Sources

In keeping with heuristic principles, the primary sources of data are firstly my own reflections, thoughts, feelings, reactions, and experiences, associated with nursing home life and work; and secondly, the thoughts, feelings, reflections, and experiences of nursing home residents and staff. Additional sources of data are also used and include autobiographies, memoirs, novels, and other research. A full description of these forms of data, and my reasons for their selection, are given in Chapter 5.

Data Collection and Analysis

In applying the phases of heuristic inquiry data were collected first autobiographically - producing my own inner examination through self dialogue, reflection, meditation, and dream analysis; then by way of analysis of the textual data sources (novels, memoirs, and research report); and finally amongst residents and staff of three nursing homes.

Data are analysed according to the six phases of heuristic analysis described by Moustakas (1990). These phases, and the theoretical concepts underlying their application, are elaborated upon in Chapter 4.

Key Terms Defined

A list defining the key terms used in this study now follows:

Occupation: any activity in which human beings occupy themselves and is used to mean much more than employment. It is the mechanism humans use to engage and express themselves both in the world and everyday events.

Occupational being: encompasses both the human capacity for occupation and the state of being as the fundamental state of all people.

Doing: physical, social, intellectual, and spiritual participation in occupation

Being: that ineffable quality of life force that defines people as belonging to humanity. It is what directs and is expressed through occupation. Beingness is what remains when all capacity for active occupation is exhausted.

Meaning: those personal expressions used by individuals to make sense of their experiences. Meanings are individually derived, may be based on personal beliefs or values, and are unique to each individual. Meanings may encompass activities, values, and beliefs outside the individual or may be located within the individual at a psychic level.

Wellness: a process of being in which all the elements of human existence: the physical, psychological, socio-cultural, ecological and spiritual are in coherence and are expressed and lived out in life.

Overview of this Report

Chapter 2 contains an abridgment of my personal experiences associated with the world of nursing homes. This account traces my first personal acquaintance with a nursing home to my later experiences as a health professional.

Literature, both research and commentaries relevant to this study, are reviewed in Chapter 3.

A detailed description of the paradigm, perspective, and method applied to this study is given in Chapter 4. Review of the literature used as additional data is also included in that chapter.

Chapter 5 contains details of the data collection and analysis processes, and concludes with a discussion of the issues of methodological rigour and the ethical principles guiding this study.

The components of analysis - individual depictions, composite depictions, exemplary portraits, and creative syntheses - are identified and the findings presented in Chapters 6 and 7. In keeping with the parallel but separate explorations of nursing home residents and staff, Chapter 6 contains the findings for residents and Chapter 7 the findings for staff.

Finally, the findings for both residents and staff are summarised and discussed in relation to the existing literature and appear in Chapter 8. The findings are also interpreted in light of the three research questions guiding this study. A unifying creative synthesis (developed from the residents' and staff creative syntheses) is presented to capture the totality of meaning-making

associated with nursing home life. Finally, a discussion on the professional, educational, and future research implications of the findings concludes the chapter.

CHAPTER 2

Autobiographical Elements

This chapter provides an overview of my own experiences and feelings associated with life, work, and meaning in Australian nursing homes. This account, which has formed the foundation of the study, is a compilation of over twenty-five years of reflections and memories incorporating both my personal and professional experiences of nine different nursing homes. Also interwoven into this account are excerpts from my diary written during this study.

Portrait of Anthea

I feel as though I have been immersed in this project for the past twenty-five years. Two great aunts, both my grandmothers, my great-grandmother, and my grandfather have all lived and died in nursing homes; and I have worked in nursing homes for almost twenty of those years.

At fifteen I was terrified of the thought of visiting my great aunt in a "home". "She turned her face to the wall waiting to die", is what my mother told me, but why did it take two long years? My father would become agitated prior to visiting and would put it off for as long as possible. In the end it was only my mother's insistence that got him out of the house. They would come home - my father relieved, my mother upset. My father would declare, "I am never going into a place like that, I want you girls to just take me out and shoot me".

Sometimes my father would be angry at me for not saying anything. To be honest I didn't know what to say: what can a teenage girl say to ease the tragedy and indignity of old age? Somehow, "I hope she gets

better", is worse than ridiculous. My father would say, "Don't you want us to pass on your love to her?". But I wasn't sure I still loved her, I wasn't sure it was still her to be loved.

My aunt had always been a rather intimidating figure - stern, proper, highly educated, and very cultured. She'd been a founding member of the Fabian Society, a lifelong member of the Royal Academy of Arts, a music critic, and a member of the British Intelligence Service during the first World War. Was she still this woman of heroic stories and life adventures? Somehow I didn't think so.

For all my imagination I could not imagine what a nursing home was like except that somehow it was a place that could reduce a highly intelligent, independent, free spirited eighty year old to an object of pity. What on earth went on in these places? According to my parents it was an act of mercy when my aunt finally died.

Then my great-grandmother went into a "home" after being cared for by her daughter (my grandmother) for probably a decade. My grandmother was relieved but consumed with guilt. She'd catch two buses to visit and another two buses to get home. She did this at least twice a week - and this by a woman who had had two minor strokes.

I visited my great-grandmother only a few times. Being sixteen and more mature I was expected to cope with my feelings. The first thing that struck me was the smell of stale urine. With my senses still reeling from that onslaught I recall taking in the sight of six or more thin, pale, old ladies in faded, floral cotton nightdresses. They all sat up in bed with sad, lost expressions on their faces. I didn't recognise my great grandmother. As former matriarch of our family she was a formidable woman. Those who didn't hold her in awe were few. But where had she gone? I'd

watched her deteriorate at home but nothing prepared me for the sight that greeted me on that first visit.

My mother would bring my great-grandmother what ever fruit was in season - despite her being a diabetic. Great-grandmother just loved fruit and the stickier, sweeter, and juicier the better. We would sit peeling or slicing the fruit for her and then drop little morsels into her mouth - it felt like feeding a baby bird. On that first visit I could feel the eyes of the other women on our little gathering. Their expressions of hunger for food or fruit - or maybe love - have stayed with me to this day. Their neediness was overwhelming and all I wanted to do was to run away and cry. From then on I avoided looking at their faces.

"Are they still people?", my younger sister asked. My mother replied that of course they were they were just very old and sick. I wasn't convinced. Why did they just lie there, why were they so pale and ghostly, why didn't they look like grandmothers anymore - could anyone love them?

Both my grandmother and mother tried to convince me that my great-grandmother was still the same woman she had always been. For example, she still refused to be told what to do and continued to rebel - refusing to eat food she didn't like from nurses she didn't like. Using her good leg (the other was slowly necrosing) she'd kick at people she didn't like. Such wilfulness was absolutely characteristic of her: as a girl of eighteen she was banished from her home in New South Wales to live with her brother in Western Australia. Her crime, the family shame of an unwed pregnancy. How could such a woman live out her last days in such a demeaning environment?

When my grandfather was admitted into a nursing home, after the death of my grandmother, he described it as a "lifetime of hard labour".

Not only did he lose his life's companion of fifty-six years he also lost his home, neighbours, and community. Community was very important to him and having a sense of place was central to his identity - particularly so after losing everything in the Great Depression of the 1930s.

This time, however, I was far better prepared to take on a supportive role. I had experienced every aspect of nursing the elderly: I was a nurse educator in a hospital devoted to the rehabilitation and long term care of the elderly. Not only was I highly qualified and experienced in nursing, I had also been through the whole process of nursing home admission and the deaths of both my grandmothers.

Being involved in my grandfather's care was a totally different experience. I could see that despite the memory lapses, the infirmity, and disability that my grandfather remained the same man. And that is how I treated him. Weekly visits (with my husband whom grandfather adored) were a fantastic opportunity to get to know grandfather even better. We'd sit and drink scotch talking about cricket, politics, travel, and most of all his life. As an old fashioned raconteur my grandfather had a formidable source of stories - some real, others tremendous and often hilarious extensions of the truth. Lubricated with a little scotch his stories frequently took on mythical proportions.

Over those seven years I felt that we were all given a beautiful gift - the gift of time to really relate to one another on levels that were never so easily accessed in the bustle of domestic life. It is with great sadness that I look back on the experiences with my aunt, great-grandmother, and both grandmothers in realising how much I could have gained from their nursing home stays if it weren't for my fear and lack of realisation that love and suffering are indelibly united.

One of the most important things to my grandfather was the regular visits by his elder sister (my other great aunt). This aunt, an octogenarian, lived in a the retirement village (connected to the nursing home) and would walk the three kilometre round journey every second day. Since my grandfather had lived in the same retirement village prior to admission into the nursing home, my aunt's gossip about the village helped grandfather maintain a real contact with his community. He never felt as though he had given up membership of that community because every second day his connection with it was replenished. My aunt would keep him up to date with what was happening - new people into your old unit, Mrs X. has gone into hospital, the hall is being given a facelift... My aunt also acted as a vital go-between passing messages of goodwill from grandfather to others in the village. And so his connection with that world was kept alive.

Although extremely distressing, when my grandfather died I didn't hold the feelings of deep regret that I had experienced with the deaths of my other family members in nursing homes. I knew that we had no unfinished business, and that we had experienced so many wonderfully alive and affirming moments that I felt nothing but gratitude for the time that we had shared. Fortunately death came fairly quickly and with little discomfort. The staff - many of whom loved grandfather as much as I - made sure he was comfortable. They would take turns to sit with him holding his hand and simply be there for and with him. For this I am deeply appreciative.

Not long after my grandfather's death my great aunt also died in the same nursing home in a room opposite my grandfather's room. For her, life ceased to have meaning once her "little brother" died. Unfortunately I was overseas at this time so I was not there to witness her decline but

my family described it as "a snuffing out of a candle" - one day she was vital and active, the next she was gone.

My story doesn't end there, although my family connection with nursing home life does. Since the deaths of the old people in my life I have concentrated my work on nursing homes. I have worked as a clinical nurse, as an educator, and as a grief counsellor with nursing home residents. The regret I feel at the way I have not always been able to be truly present with most of my elderly residents in comparison with the way I was able to be present with my grandfather drives my own vision of what nursing home work must be for me.

Being present, being utterly authentic, and letting go into the invisible world that links me with other people is what matters most to me. All the medications, tidy beds, and well intentioned banter can never substitute for deep human contact. Letting go into that space can be frightening. I recall feeling scared that I would not be able to return to "normal". I shouldn't have been scared. I couldn't return to normal. Instead I discovered that deep, authentic intimacy - that reaching beyond into another person's soul - changed me forever. Having experienced that, and the emotional high that accompanies it, I could never go back to how I was before taking the plunge.

For many years, and for myriad reasons, I have sought to leave nursing. I did not want to stay in a profession that places so much emphasis on physical doing and so little on being. Certainly nursing home administrators and policy makers pay lip service to the notion of being. It is translated into the compromise of "being whilst doing" as though being was something incidental. My real reason for staying is for those experiences of deep connection with the residents. Without this all

nursing (not just nursing home work) is worse than meaningless - it is the antithesis of meaning.

Nursing home work, especially the clinical work, provides wonderful opportunities for making those connections. Sadly, opportunities are diminished by the culture of doing, the severe lack of time, and the staff and resource shortages. Deep connection must be fleeting - which is probably a contradiction in terms. Completing this research has also been a gift of time and has allowed me to indulge my vision frequently. I am so deeply indebted to so many residents and staff who have enabled my vision.

During this study I discovered formally what I had known all along and that is I am not alone in my disillusionment with nursing homes. The still unanswered question - shared with many others - as to whether or not I will remain in nursing home work has been both the impetus for this study.

CHAPTER 3

Review of Related Literature

Introduction to the Literature

As with many qualitative studies literature plays a twofold role. The first, is to situate the study within an intellectual context. The second, is to describe and review that research most relevant to the study, thus situating the study within a research context.

Hence, the first part of this chapter deals with the intellectual and psycho-spiritual ideas and theories that have guided me in my understanding and development of meaning and wellness as theoretical constructs. Initially I begin my examination of meaning by centring primarily on the contributions of two psychiatrists and pioneers in the field of psychological wellbeing: Jung and Frankl. This choice is essentially personal as both scholars have been of enormous importance in my own journey through life. Frankl has provided me with inspiration, humanism, humility, and above all a profound sense of hope for myself and our world. This was particularly important during my own meaning making journey through a life threatening illness and subsequent healing. Jung has given me a framework in which to pursue my inner psychological and spiritual journey. This framework has allowed me to create meaning around those moments of despair, sadness, and, at times, futility in my life by showing me the vastness of the collective unconscious. In this way Jung's work has allowed me to extend my vision of life beyond ego concerns to a wider dimension - the transpersonal domain of experience.

Following my review of literature pertaining to meaning I then conclude this first section of the chapter with a review of the literature focusing on the concept of wellness and its application to old age, work, and organisations.

The second, and major, part of this chapter deals with the three major sources of literature related to this study on the meanings associated with life and work in a nursing home: meaning in old age; meaning and nursing homes; and, meaning and work. A wealth of literature exists in connection with meaning and work, and meaning in old age. However, there is a dearth of literature directly related to the primary aim of this study - to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in Australian nursing homes. For this reason I have had to review literature from related and tangential studies.

Heuristic research in connection with nursing homes appears without precedent. Therefore this study offers a fresh perspective - the heuristic perspective - on the nature and sources of meaning in the world of the nursing home.

Meaning: Definitions and Sources

Meaning: A Definition

The word meaning within the context of human experience implies a sense of significance or value. The word is also used to describe significance in terms of symbols or concrete experiences of factors (Oxford, 1989). Meaning is derived from a complex range of human experiences. For many people meaning is not easily articulated: essentially meaning remains experiential. Different psychological, spiritual and philosophical traditions have argued that meaning is derived from a variety of sources. These range from belief in an omnipotent God,

to personal values, and to the acquisition of certain attributes or objects. In this study I hold to the definition presented initially in Chapter 1 and then again in this chapter.

Meaning as a Continuum of Experience

With such a range of experiences contributing to a sense of personal meaning I have sought to define meaning as a continuum. This continuum of meaning ranges from the attainment of meaning through everyday events (such as a resident showering independently) to the meanings gained through transcendental experiences of the spirit (such as a staff member's experience of meditation). Therefore, as was discussed in Chapter 1, this study uses a broad definition of the term meaning as being:

Those personal expressions used by individuals to make sense of their experiences. Meanings are individually derived, may be based on personal beliefs or values, and are unique to each individual. Meanings may encompass activities, values, and beliefs outside the individual, or meanings may be located within the individual at a psychic level.

As explained in the introduction to this chapter, I have selected two fields of psychological inquiry - analytical psychology and existentialism - to provide the context for exploring meaning. Three important scholars from these humanistic and transpersonal traditions - Jung, Frankl, and Csikszentmihalyi - provide valuable contributions to understanding the nature, source, and need for meaning; and most clearly represent different points along the meaning continuum.

Along this continuum lie various conscious and unconscious processes for experiencing meaning. This is particularly evident in the writing of both Jung and Frankl who recognised the deep inner need for life to be meaningful. Although both men devoted their professional lives to the exploration of human meaning, their contributions to this subject are quite divergent.

Meaning, according to Jung, springs from the individual's need for psychic wholeness, and particularly from co-operation between the conscious and unconscious. Without meaning human life becomes empty; but with meaning, Jung believes that a great many things become endurable - perhaps everything (Jung, 1961, p. 373). In exploring meaning Jung posited that myth enables an individual to derive a sense of significance of human existence within the context of the cosmos. In this way meaning lies beyond the needs of the ego. These sentiments are echoed by Frankl's experiences as an inmate of Auschwitz - a combination of self observation buttressed by observation of, and discussion with, others in similar situations (Frankl, 1946).

Analytical Psychology

Analytical psychology developed as a result of Jung's intellectual departure on the nature of the unconscious from his teacher, mentor, and friend Sigmund Freud. Analytical psychology (or depth psychology as it is sometimes referred to) is concerned with the inner world and the making conscious of the processes and contents of that world (O'Connor, 1985).

Inherent in this description is the paradoxical nature of both human and cosmic experience - the tension of opposites and the subsequent drive to balance or harmonise these opposites. This balancing can be seen in all aspects of life: health-illness; birth-death; material-spiritual; male-female; night-day; summer-winter.

In humans, this drive leads the person to strive for self awareness and an intimate understanding of, "Who I am". This process is said to be constellated by the Self, which Jung described as an archetype of the unconscious. Jung distinguishes the Self, in this sense, from the ego-centred concept of the self. In analytical psychology the Self is frequently associated with the notion of God or the Divine principle (Jung, 1968a). Thus analytical psychology, although

interested practically in the unsatisfactoriness of every day personal life, is particularly interested in the broader spiritual picture of human existence. A basic tenet of analytical psychology is that people hold an innate tendency to move towards that which is Divine and that which fills their lives with meaning. Individuation, then, is the conscious realisation and integration of all the possibilities immanent in the individual that allows them to move closer to the divine principle (Singer, 1972, p. 158). This process can be compared with Maslow's principle of self transcendence where a person is so absorbed in something outside her or his own psychic realm that all sense of self-consciousness or self-awareness is lost (1968).

C.G. Jung.

As a psychiatrist and analytical psychologist, Jung was fascinated by his patients' psychological descent to the underworld of spiritual emptiness, despair, and meaninglessness. To further his knowledge of the foundation of this process Jung embarked on a similar descent to his own unconscious. During these periods, and despite frequently thinking he would go mad, Jung stayed with his explorations and experiences.

Jung's famous "Dialogues with Job", in which Jung encounters figures from the Old Testament, provided the breakthrough that he had long sought (Jung, 1961, p. 243). Studying these dialogues led Jung to understand that his own psychological distress and spiritual searching were mirrors of Job's experience two millennia previously. Thus, Jung began to see that deep meaning was to be found within the unconscious - manifest through images, dreams, symbols, and myths. This breakthrough subsequently formed the foundation for Jung's theory of a collective unconscious and the role of archetypes (Jung, 1961). In this way Jung's explorations resemble the heuristic process of discovery.

Empty meaninglessness is encountered when people find that the outer existence of everyday activities, that which has previously been associated with

meaningful existence, no longer provide that meaning. Jung referred to this process as the "dark night of the soul" - first coined by the Spanish medieval mystic St John of the Cross (Moore, 1992). This period of meaninglessness, according to Jung, appears as a period of restlessness, dissatisfaction, longing, and irritability when the person no longer finds pleasure in the old, but is unsure as to what is needed to replace those old meanings. Thus, what is required is a deep examination of the psyche or soul for a source of meaning beyond the ego - a transcendental source. The transcendent in this sense refers to:

the very highest and most inclusive or holistic of human consciousness, behaving and relating, as ends rather than means, to oneself, to significant others, to human beings in general, to other species, to nature, and to the cosmos (Maslow, 1968, p. 66).

In exploring the transcendent, the individual journeys with, through, and to the Self thus allowing the person to experience directly that energy synonymous with the Divine, God, the Unknowable, or Unspeakable One. In terms of analytical psychology, therefore, meaning-making becomes more than just symbolic - meaning becomes a transpersonal experience of the Self, God, or the Divine.

Existentialism

Kierkegaard, as founder of existential philosophy, believed that it was imperative that philosophy address the concrete existence of the individual and attempt to elucidate the fundamental themes of human existence (Valle & Halling, 1989). Fundamental to this philosophy is the concept of co-constitutionality which holds that the individual is irrevocably related to the world - thereby contextualising the person's existence. "A person is viewed as having no existence apart from the world and the world as having no existence apart from the person's" (Valle & Harding, 1989, p. 7). Therefore, individuals and their worlds are said to co-constitute one another.

The meaning of existence can be known through the world in which one lives. Likewise it is also true that a person's existence gives meaning to the personal world. Heidegger (1962) describes this as "being-in-the-world". In this way a person is said to have situated freedom - the freedom and obligation to make choices based on their given situation in the world. For example, nursing home residents have certain limitations based on the nursing home as their world and also on their own capacities as individuals. Such choices may be radically different from those they may have held if nursing home admission had not become a necessity. In this way personal meaning is very much influenced by their way of being-in-the-world.

V.E. Frankl.

Frankl, an Austrian psychiatrist, was an inmate of the infamous Nazi concentration camp at Auschwitz. Through his terrifying and frequently horrific experiences Frankl came to believe that the differences between surviving and succumbing to the suffering imposed on camp life was based on the degree of personal meaning guiding an inmate's life. His detailed accounts of day to day life in the camp coupled with his personal reflections, observations, and conversations with others shows the importance of meaning in human life (1946). His work has also highlighted the significance of personal choice in constructing that meaning.

Frankl's background in existentialism provided the framework from which he viewed meaning. Frankl believed that as human life evolved, and as people became less animal and more human, the security of instinctive behaviour was lost. Consequently, people are forced to make choices as to how they live (1946). Moreover, when faced with choices, and without a tradition to tell them how to behave, people frequently do not even know what they want. This being so, according to Frankl, people indulge in conformism (what other people do) or what others want them to do (totalitarianism). In such situations they experience an

Thus, flow refers to the subjective experience of being absorbed by, or feeling at one with, an activity. Flow, therefore, can be used equally to describe an active experience (for example, mountaineering) or a process of being (for example, the experience of happiness in listening to beautiful music). The characteristic dimensions of the flow experience include:

- (i) Clear goals: an objective experience is distinctly defined; immediate feedback; one knows instantly how well one is doing.
- (ii) The opportunities for acting decisively are relatively high, and they are matched by one's perceived ability to act. In other words, personal skills are well suited to given challenges.
- (iii) Action and awareness merge; one pointedness of mind.
- (iv) Concentration on the task at hand; irrelevant stimuli disappear from consciousness, worries and concerns are temporarily suspended.
- (v) A sense of potential control.
- (vi) Loss of self consciousness, transcendence of ego boundaries, a sense of growth and of being part of some greater entity.
- (vii) Altered sense of time, which usually seems to pass faster.
- (viii) Experience becomes autoletic or worth doing for its own sake: If several of the previous conditions are present, what one does becomes autoletic (Csikszentmihalyi, 1993c, pp. 178 - 179).

Thus, in this study I use Csikszentmihalyi's experience of flow as a way of identifying a source of meaning. In such cases the self or "me" disappears and the "I" takes over, thus enabling that sense of "unself-consciousness" (Csikszentmihalyi, 1988, p. 33).

The Self as Way to Meaning

Any discussion on the sources of meaning must also include a discussion on the nature of self. An enormous amount has been written on the nature of the self. As with meaning, I have deliberately chosen approaches to the self that reflect my own particular explorations. Therefore, for the sake of this review, I have limited my discussion to three domains: the psycho-philosophical as

explicated by James; the archetypal perspective based on the writing of Jung; and the transpersonal perennial-philosophy perspective exemplified by Huxley.

The empirical view.

At the beginning of the twentieth century James, writing from a psycho-philosophical perspective, described the self as a dichotomy between the *me* and the *not-me*; existing at the same time as the *I* who is aware of this dichotomy. James further divided the self into *I* the knower and *me* the known. In this sense the *me* is an object which the all knowing *I* observes (Martindale, 1960). One of the difficulties with this conceptualisation is that the *I* that knows its own ideas cannot itself be one of those ideas (Miller, 1962, p. 91). James, as an empiricist, did not place human consciousness into a broader cosmic or metaphysical dimension. Indeed he believed that, "Everything real must be experienceable somewhere, and every kind of thing experienced must somewhere be real".

The transpersonal view.

James' lack of metaphysical dimension and difficulty with the I-as-knower was overcome by Jung, who was very much aware of James work. Jung viewed the Self as emanating from the unconscious. The Self, wrote Jung, "is the principle and archetype of orientation and meaning", thus the Self is "greater than great" (1961, p. 224). For Jung the goal of psychic development is the Self, yet the Self cannot be known through any linear evolution, instead "there is only circumambulation of the Self" (1961, p. 222).

The perennial view.

The perennial philosophy espoused by Huxley (1945) also views the Self as equating with something beyond the ego. Where Jung was primarily concerned with the Self as source of healing for the psychological difficulties of the individual, Huxley's interest is purely spiritual. The Self, according to Huxley, is analogous with the Kingdom of God: to know the Self is to be as one with God.

Eckhardt expresses this union thus:

The knower and the known are one. Simple people imagine that they should see God, as if He stood there and they here. This is not so. God and I, we are one in knowledge (cited in Huxley, 1945, p. 14).

Self knowledge, then, is at the heart of the perennial philosophy.

On the surface each of these definitions appear very different, however, what they hold in common is perhaps greater than that which separates them. Each implies the value of self knowledge and the possibility of transcendence. Even James began, later in life, to distinguish between mystical states and psychiatric states mimicking the mystical, thus moving beyond his original empirical confines.

Russell, in commenting on the perennial philosophy, decries the difficulty of attaining union with the Godhead. Zen Buddhists claim, "You are already enlightened; all you have to do is wake up to the fact" (Russell, 1982, p. 130). As will be seen from the following discussions, waking up to enlightenment can be initiated through many processes all of which offer an experience of ego transcendence - dreams, myths, personal tragedy, immanent death, religious practice, and love.

Wellness: Cohesion of Being

Wellness: Definitions

Early definitions tend to view wellness in terms of the health of the individual. This is evidenced in the definition reported in Mosby's medical and nursing dictionary (1986) in which wellness is defined as a dynamic state of health in which the individual progresses toward a higher level of functioning, achieving an optimum balance between internal and external environments.

Koff extends this definition of wellness from beyond the individual to incorporate social and community awareness and action:

...wellness need not connote only the absence of illness or disability. It can also mean the ability of the individual to function despite disability, of families to function in support of their members, and of communities to offer the most appropriate services to maintain and improve levels of wellness among their citizens (1986, p. 119).

This definition echoes the earlier work of Jaffe (1980) who described the seeds of disease as being sown when people lose their sense of purpose and also lose meaningful contact with others and their community. The ecological and transformational model of communities, proposed by do Rozario (1994c), addresses directly these issues in aiming to promote both individual and community wellness.

In discussing the need for meaning, the analytical psychologist Jaffe reports on Jung's description of meaninglessness as inhibiting the fullness of life and, therefore, equating with illness (Jaffe, 1971). Furthermore, Jaffe reports that Jung described the suffering of a soul as being a function of meaninglessness, thus in this way meaning has inherent curative powers (Jaffe, 1971, p. 146).

Johnson (1986) views wellness as a context for living, as a state of being, and as a context that provides the necessary environment for people to create new options and solutions to their problems of living. This is particularly relevant in this study where nursing homes provide a context for both occupational being and wellness.

Do Rozario's study (1992) into the spiritual nature of disability identified five core wellness factors. These factors are qualities or processes within people's lives that support and facilitate their ability to take charge of their lives and develop optimal health and wellbeing. These factors include: the power of hope; power of personal control; positive social supports; meaningful occupation; and a

sense of spiritual engagement. Approaching the concept of wellness from a transpersonal perspective, do Rozario also posits that wellness is seen as a resource for everyday life and a capacity for wholeness (do Rozario, 1994b; 1994c). Wholeness, as explicated by Jung's theory of individuation, moves the process of wellness beyond the individual experience to an integration of wellness encompassing individual, community, environment, and cosmos. Thus, in this study I have applied do Rozario's definition of wellness

as a process of being in which all the elements of human existence: the physical, psychological, socio-cultural, and spiritual are in coherence (1994a).

In this definition coherence refers to the creation, re-creation, and holding together of the fabric of life that is consistent with a person's sense of being in the world.

Wellness in Old Age

Literature on wellness in old age is sparse. Of the existing literature most writers focus on wellness from a health promotion perspective emphasising the need to prevent illness (Fisher-Robertson, 1991; Kane, Evans & Macfayden, 1990; Schorr, Farnham & Ervin, 1991; Wilner, 1988). The distinction between wellness and health promotion is important. Health promotion is proactive - aiming to prevent illness by encouraging people to live lifestyles epidemiologically associated with health. Wellness, although it may include acts of health promotion, transcends notions of being free of illness or disability to encompass spiritual, and even cosmological, concepts of wellbeing.

In the context of old age, wellness is also linked with quality of life literature. This literature, like that of health promotion, tends to focus exclusively on the individual response rather than extending the concept beyond the individual (Aller & Coeling, 1995; Daly, Mitchell & Jonas-Simpson, 1996; Parse, 1996).

Quality of life as wellness.

Given do Rozario's (1994a) definition of wellness, described in the previous section, quality of life can be regarded as a precursor of wellness. Whilst quality of life refers exclusively to the personal realm of experience, wellness extends beyond the individual. Quality of life, according to do Rozario (1992), is dependent on the subjective experience of wellbeing - a highly complex interaction of factors. Successful ageing, according to Baltes and Baltes (1988), includes biological health, psychological efficacy, issues of personal control, and life satisfaction. Central to these issues is the inclusion of personal experience, perception, value, and meaning.

Baltes and Baltes (1988) are supported by the nursing theorist Parse who, in describing her human becoming theory, writes: "Only the person - *there* - living the life can describe its quality. This is true of all persons - even those who have been designated [as having] some cognitive impairment" (1996, p 126). In keeping with the tenor of Baltes and Baltes work (1988) Parse concludes that the quality of life, in the case of a person living with Alzheimer's disease, is a deeply subjective experience:

Quality of life is the meaning one gives to one's life at the moment in co-creation with the universe...The meaning is what one chooses to attend to in the process of co-creating a personal identity (Parse, 1996, p. 127).

From a health care perspective this definition takes the focus of resident care away from the objective physical aspects of care into the existential realm of subjective experience. Thus, the resident is not viewed as an object to be assessed, measured, or managed on any level, but is viewed uncompromisingly as an experiencing, choosing, living entity (Daly, Mitchell & Jonas-Simpson, 1996).

Aller and Coeling (1995) also take the view that quality of life is, despite myriad definitions, ultimately a subjective perception. Using content analysis of open ended interview transcripts, Aller and Coeling found that of the three

components of quality of life identified as important to long term care residents - physical environment, recreational activities, and social environment - only social interaction with others was considered important in defining quality of life. These findings support those of Kayser-Jones (1990) who concluded that whilst structural and environmental issues are important to long term care residents, human relationships and the nature of interaction between staff and residents is what residents value most highly.

Wellness perspectives on old age and residential care.

Use of the term wellness can be traced back to the 1950s when Dunn defined wellness as "an integrated method of functioning which is oriented toward maximising potential to which the individual is capable, within the environment where he is functioning" (1959). Unlike the definitions described earlier (Baltes & Baltes, 1988; do Rozario; 1994a), this definition is individually focused and fails to locate wellness within a broader context. In an ethnographic study of wellness in old age Miller (1991) applies Dunn's definition of wellness. Thus, Miller asserts, a high level wellness programme for older people should emphasise learning how to remain healthy, and that wellness is the end product of health promotion behaviours.

A chapter devoted to analysing the chronic problems of ageing from a wellness perspective points out the difficulties facing older people in attaining wellness (Ebersole & Hess, 1990). This chapter applies the pyramidal model of Maslow's hierarchy of needs - a model that does not take into consideration individual's personal preferences and priorities in defining wellness as a unique expression of individuality. In discussing the insidious, and often contagious, nature of negativity surrounding chronic illness and old age, Ebersole and Hess (1990) assert that because there is no cure for chronic problems it does not follow that an individual with chronic illness cannot be well.

Recognition of the inherent links between individual, community, and environment with wellness assumes that self responsibility for wellness is dependent upon wellness within the metasystem of society (Ebersole & Hess, 1990). For example, a person wishing to eat a diet free of toxins and additives can only do so when toxin and additive free foods are produced by society. In this way it can be seen that wellness also has a political face.

Koff aims at dispelling myths and stereotypes that view ageing as a downward spiral of illness and disability, and denounces the traditional model of health for the elderly - where wellness is equated with the absence of illness (1986). Instead, Koff offers a view of how wellness can be achieved for older people living in long term care. He suggests that the continuum of long term care services - based on the traditional model of curative health - shows a linear progression from home to nursing home. Figure 1 illustrates Koff's view of the linear progression from home to nursing home. (I have adapted the language to reflect the Australian experience, for example describing Adult Day Health as Day Centres.)

Figure 1. Continuum of long term care services

• Home • Home Help • Day Centres • Hostels • Nursing Homes

(Adapted from Koff, 1986, p 120.)

Koff views life span development as arising from a matrix of influences, and as occurring from conception throughout life to death. Thus, in developing his five means for incorporating wellness into long term care, Koff focuses on the capabilities and capacities of the person rather than emphasising disabilities and frailties (1986, p. 121). These five approaches to wellness encompass promotion of lifetime preventative health care; seeing the older person as a whole; promotion

of family involvement and social supports; a sensory and social environment that is supportive of the needs of the older person; and maintenance of a sense of self determination.

Wellness as an evolving concept.

It appears that the notion of wellness is gradually evolving from the early individual centred perspective demonstrated by Dunn (1959). Subsequently, wellness has evolved to encompass a focus on quality of life with its emphasis on subjective experience (Aller & Coeling, 1995; Daly, Mitchell & Jonas-Simpson, 1996; Parse, 1996) to the more transpersonal view of wellness as being inextricably linked with community and cosmos (do Rozario, 1994a, & 1994b; Johnson, 1986; Koff, 1986). These calls for alternative ways of viewing old age and for also viewing concepts of wellness are discussed extensively by Friedan (1993). Friedan's work challenges the traditional perjorative stereotypes of old age and makes the quest for social acceptability in old age a key platform for wellness in a global context. Likewise do Rozario, in promoting the ecological and transformational model of practice for community work, contends that wellness within the community must be the heart of wellness for the individual (1994c).

Wellness and organisations.

As a consequence of several decades of research into personal wellness, concern for wellness in connection with organisations is gradually emerging (Cairnes, 1998; Campbell, 1995; Dyck, 1998; Fox, 1994; McKenna, 1997; Schumaker, 1980). In summarising survey results, Dyck (1998) comments that organisational wellness refers to a work environment that promotes physical, social, psychological, emotional and spiritual wellbeing - a definition that mirrors do Rozario's (1994a). Despite this emerging awareness for organisational wellness commentators have generally focused on corporate environments. Nursing homes, as organisations, have unfortunately attracted little wellness research beyond the perspective of occupational health and safety (Johnson, 1994; Peck, 1997).

In providing an overview of the notion of organisational wellness I have reviewed the work of three writers: Cairnes (1998), Fox (1994), and McKenna (1997). Each presents the concept of, or at least the potential for, organisational wellness from different but nonetheless creative perspectives. Fox, well known for his extensive writing on creation spirituality, bases his work on Thomas Aquinas' maxim that, "To live well is to work well" (Fox, 1994, p. 1). Cairnes, a leading Australian educator in the field of leadership and management, believes that the ills of organisational life can be ameliorated when workers are permitted "to follow a journey of the heart" (1998, p. 10). McKenna's work focuses exclusively on women and work - of particular relevance to nursing homes where women comprise the majority of employees (in this study women have represented 90% of nursing home staff). By examining why women are dissatisfied with corporate life McKenna surmises that work, in failing to provide women with opportunities for personally meaningful identities, has failed its women workers (1997).

Each of these commentators put forward possibilities for overcoming these overt examples of organisational un-wellness. In a period before the move to corporate downsizing of the last decade, the late Thomas Greenfield, an education administration scholar, lamented the lack of accountability amongst administrators. Administrators, he believed, had particularly failed their staff by failing to recognise the deeply human needs of their workers (1986). One of the major problems identified by Greenfield was the apparent conflict of values between administrators and workers. Greenfield believed that conflict arose when administrators made decisions based on values that are rational and utilitarian but which affect workers whose values are based on personal ideology (1990). In other words, what may create a meaningful environment for workers and what administrators view as being corporately meaningful may be highly conflicted.

Cairnes, Fox, and McKenna all recognise this dilemma and each is concerned with the impact that working in such an environment causes. Cairnes writes:

At work we have tended to regard ourselves and each other as intelligent machines, denying our human strengths of heart, soul, and emotion, thus undermining all the creativity, energy, and potential for transforming systems inherent in our humanity (1997, p. 107).

McKenna's interviews with women searching for workplace change highlights these women's shifts from conventionality to authenticity (1997). An authentic life, according to McKenna, is one of balance and meaning. Furthermore, a consequence of living and working authentically is the wellness that comes from having a sense of purpose. This notion of wellness is echoed by Fox in viewing work as a spiritual process necessary to the task of reclaiming one's soul (1994, p. 92).

Concern with soul is not just the province of spiritualists like Fox - the economist Schumaker is equally concerned with soul. In Schumaker's view, protecting the health of staff - the centre of occupational health and safety legislation and policies - attends only to the mechanics of yet another form of resource maintenance. As Schumaker writes:

The modern world takes a lot of care that the worker's body [is not] damaged. If it is damaged, the worker may claim compensation. But his soul and his spirit? If his work damages him, by reducing him to a robot - that is just too bad (1980, p. 120).

All these writers are in agreement that for the wellbeing of staff and administrators alike organisations must move beyond the positivist paradigm that has dominated Western business structures to a paradigm that assumes and respects the deeply subjective experiences of humankind.

Meaning and Old Age

Introduction

Research examining sources of meaning amongst nursing home residents is very limited. The existing research tends to focus on loss of meaning rather than identifying actual sources of meaning. Therefore, to develop some understanding of the ways in which meaning is constructed amongst the institutionalised elderly I have reviewed that literature which examines meaning in old age generally. Within this literature there is a growing body of knowledge that views old age as a distinct social-psychological developmental stage: the primary task of this stage is spiritual realisation and a natural inclination towards wholeness (do Rozario, 1998; Thomas & Eisenhandler, 1994). This review also includes related studies on the psychological stage of gero-transcendence and the role of fairy tales in depicting archetypal meanings in old age.

Disengagement Theory

Psychological and social theories of ageing abound: despite this the theory of disengagement has predominated in modern gerontology. Rather than viewing old age as a distinct psychological stage in itself, the theory of disengagement (Cumming & Henry, 1961) assumed old age as an extension of middle age. This theory has had such an impact on the way old age is viewed in our society that the theory's tenets of social withdrawal and inactivity have become entrenched not only in the common view but also in nursing home organisational policies.

As a consequence of its universal acceptance, disengagement theory supported the prescription for withdrawn, introverted, or inactive older people to be "activated" as opposed to viewing these behaviours as being part of a "positive development towards new perspectives and wisdom" (Tornstam, 1994, p. 204). Meaning in old age - according to disengagement theory - is directly linked to

physical and social activity. Thus assisting older people - institutionalised or not - to find meaning is synonymous with the promotion of activity. Accordingly, sentiments reflecting positive attitudes to old age are conditional on the older person behaving in keeping with the expectations of middle age.

One of the long term repercussions of disengagement theory has been that older people who simply prefer their own company have been assessed as having (or at risk of having) social and emotional problems. Alternative theories of old age are now emerging- theories that view old age as a distinct developmental stage with its own set of development stages and tasks. One such theory is the theory of gero-transcendence: a theory that accepts, amongst other things, that quiet reflection and a desire to explore questions of a spiritual nature are natural (Tornstam, 1994).

Gero-transcendence as a Way to Meaning

The impact of the disengagement theory is gradually being eroded by work focusing on a "meta-perspective" of old age. The theory of gero-transcendence, developed by Tornstam (1994), provides a shift in meta-perspective: from a materialistic and rational vision to a more cosmic and transcendent one. Such a shift, according to Tornstam (1994), is normally followed by an increase in life satisfaction for the individual.

The theory of gero-transcendence - whilst having similarities with Gutmann's concept of "passive and magical mastery" (1976) and Schachter-Shalomi and Miller's "sageing" (1995) - is closely aligned to Jung's theory of individuation. This movement towards the cosmic also closely resembles the Zen Buddhist "cosmic world paradigm" where many borders are diffuse and permeable (Tornstam, 1994, p. 207). Figure 2 provides a summary of the components of individual examples of gero-transcendence.

Figure 2. Components of the experience of gero-transcendence.

- an increasing feeling of a cosmic communion with the spirit of the universe;
- a redefinition of the perception of time, space, and objects;
- a redefinition of the perception of life and death, and a decrease in the fear of death;
- generativity: an increased feeling of affinity with past and coming generations
- a decrease in the interest in superfluous social interaction;
- a decreased interest in material things;
- a decrease in self centredness; and,
- an increase in the time spent in meditation, contemplation, or prayer (Tornstam, 1994, p. 208 -209).

Gero-transcendence echoes Jung's theory of the collective unconscious. Both theories hold that there are no borders separating individuals, generations, or places. Although the ultimate goal of gero-transcendence is an experience of the transcendent self, Tornstam (1994) acknowledges that not all older people have either the inclination or ability to reach this goal. Meaning can be found at any point along the way to transcendence. This view is also similar to that of analytical psychology where it is recognised that not all people have a propensity to individuation.

Past Identity as Meaning

A number of authors have focused on the wealth of experience that older people carry as part of their identity. Through the use of reminiscence, fantasy, autobiography, and life review many are able to re-invent present day meaning out of the past - despite disability and dependence. As Taylor indicates: "A fuller understanding of the ultimate meaning of our [own] story comes only through living it" (1996, p.73).

Life review.

Friedan (1993), in reviewing the contribution of gerontologists Butler, Birrin, Hately and Buturain, describes the process of creative autobiography as a way of allowing older people to find the meaning of one's life as one has lived it. This life review process, so named by Butler, is not just a process of recording family history for the sake of future generations but a psychological and spiritual task of old age itself. Wholihans' review of the application of this process within the hospice setting provides further support to the suitability of this process for meaning making for those at the end of their lives (1992). In reviewing the life lived, people are in a position to identify central themes, metaphors, or patterns unique in describing their story. For some this process is akin to observing a tapestry or work of art where individual segments are unified into a whole (Taylor, 1996).

This searching back over life for a sense of meaning is a common process also used in grief work. Worden states that this process brings the person to a progressive return to consciousness of past experiences and that such a process serves an adaptational function in reworking the past (1991, p. 129). As Frankl notes, "We cannot, after all, judge a biography by its length ... we must judge it by the richness of its contents" (1967, p.14). Therefore, as Frankl again notes, "The meaning of human existence is based on its irreversible quality" (1967, p. 52).

Adaptive strategies.

Jackson's grounded theory study, conducted within an occupational science perspective, examines the adaptive strategies used by disabled older people living successfully in the community (1996). Adaptive strategies are defined as a complex system of methods or plans used by individuals to overcome obstacles to live satisfying, meaningful lives (Jackson, 1996, p. 340). This study identifies categories of adaptive strategies that include personal themes of meaning as motifs for occupation. These themes provide a sense of symbolic coherency to

life experiences unifying the older individual's self identity with stories of the past.

The symbolic themes of meaning identified in Jackson's study include religion, productivity, generosity, generativity, creative expression, caregiving, affective familial bonds, and independence. Objects of symbolic meaning are also identified as contributing to the disabled older person's sense of identity by again linking the past with the present. Jackson's work is also important for its exploration of the role of reminiscence and fantasy for older people. These processes assist the disabled older person in maintaining and sustaining symbolic meaning and participation in life despite physical and emotional upheavals.

Existential grief and self transcendence.

That old age brings with it a large slice of physical, social, and emotional upheaval is well established (Worden, 1991). Stephens and Murphy (1986) use the term existential grief to describe the vast feelings of loss experienced by people with chronic illness. The resultant grief reaction is an attempt at relocating meaning to their changed lives. This process also results in increased spiritual well-being characterised by a sense of inner peace and contentment with one's life - past and present (Stephens & Murphy, 1986).

Spirituality is frequently considered a means of resolving such grief reactions. In Jackson's study (1996), described earlier, religion was the dominant motif of symbolic meaning in her sample of disabled elderly. Young's ethnographic study of spirituality and chronic illness amongst elderly Christians indicates the benefits associated with the presence of religious beliefs (1993). Although Young's study focuses exclusively on Christian religious beliefs and practices, rather than spirituality in general, it is clear that her informants found strength from both their beliefs and their spiritual practices (Bible reading, prayer, and church attendance). The end result was an increased sense of meaning in their daily activities. As Young reports: "Christian spirituality provided a way to

conceptualise the human spirit surviving beyond the suffering experienced throughout a lifetime" (1993, p. 301). Hence informants gained day to day meaning from their practice, thus providing the possibility for transcendence of the self.

This notion of transcendence is very similar to that described by Tornstam (1994). Reed (1991) explains self transcendence as a resource of later life whereby people may expand their boundaries of self. As a consequence there is a broadening of life perspectives and purposes through creative work, children, religious beliefs, an identification with nature, and mystical experiences. Reed's theory echoes Tornstam's (1994), Young's (1993), Wholihans (1992), and Jackson's (1996) conclusions in positing that self transcendence is positively correlated with well-being in people facing end of life issues.

In attempting to understand the nature of self transcendence, Jung wrote that it was impossible to know this process from a purely intellectual perspective (Jung, 1961). What is required is an alternative vehicle to understanding the transcendent process of meaning making. Thus, one of Jung's greatest contributions was his identification of myths and fairytales as concrete sources of archetypal (transcendent) meaning that arise from the collective unconscious (Singer, 1972). For this reason analytical psychology devotes much of its energy to the symbolic analysis of motifs occurring in myths, fairytales, and dreams as a means for understanding that which cannot be intellectually known.

Fairytales of old age.

Fairy tales represent the archetypal activities of the collective unconscious and therefore symbolise psychic meaning (Dieckmann, 1986; Gutmann, 1987; Jung, 1968a; Von Franz, 1980).

Dieckmann (1986) describes how fairy tale motifs continue to play important roles in both the conscious and unconscious worlds of adults. As an analytical psychologist, Dieckmann observes that very often in therapy people

live out a particular fairy tale as an unconscious meaning of their conscious life (1986). Thus, it is as though the fairytale constellates the ingredients of the individual personality (Dieckmann, 1986).

Chinen (1994), writing from a transpersonal perspective, notes the dearth of Western fairy tales involving older people. Eastern and Slavic fairy tales, on the other hand, offer many examples of older people as central protagonists. In these tales social, religious, and psychological transcendence are the dominant themes. These differences between Western and Eastern tales also mirror the general differences in cultural attitudes towards ageing. Jung (1961) comments that the tragedy of youth devotion in our society may be a consequence of having insufficient mythic motifs of old age. Moreover, such a dearth of age specific motifs has created an environment where Western elders do not have adequate archetypes to guide them through their final stage of life (Jung, 1961).

In defending his research using fairy tales, Chinen describes fairy tales as distilling the values and experiences of countless individuals across different cultures as analogous to large scale international survey studies (1994). Fairy tales offer a rich, if unorthodox, source of data on common human experiences, including that of ageing and spirituality. As data, Chinen believes that these tales provide information similar to that derived from in depth interviews, clinical case studies, and projective psychological testing (1994, p. 86).

From a study involving the analysis of 5000 fairy tales, Chinen (1994) identified two important themes of symbolic meaning to older people. These symbolic meanings included self transcendence and experience of the Divine and, more importantly, the application of that transcendent wisdom for the benefit of the following generations (generativity). This sacred role of the elder, whilst comparatively absent in modern Western society, is still very much evident in traditional, tribal, and indigenous societies (Gutmann, 1987). Chinen's findings are

also reflected in Tornstam's (1994) components of the process of gerotranscendence.

Interconnectedness as meaning.

Holding a sense of connection with other generations is a common theme in all these writings. Whilst Chinen (1994) and Jung (1961) focus on the collective interconnectedness between people, Tornstam focuses on the sense of interconnectedness derived from self transcendence (1994).

Archetypal accounts of spiritual and psychological meaning are also located in the Bible, although it is acknowledged that these are not fairy tales. However, according to Harris (1994), biographical sketches of Biblical characters indicate recognition of, and the need for, spiritual maturity and well-being in old age. Spiritual maturity, according to the biographical narratives analysed by Harris, is centred on courage, confidence, and an open minded attitude to spiritual matters. As with Tornstam's comments on Zen Buddhism, Harris' study indicates that wholeness in old age (including spiritual well-being and meaning in life) is found through a sense of interconnectedness with others, with future generations, and the world around them (Harris, 1994).

Such examples are not limited to Christianity. Buddhist teachings offer parallel stories of transcendence and the realisation of the interconnectedness of all beings (Sogyal Rinpoche, 1992). Shenks' work with elderly Jewish women also indicates the importance of interconnectedness especially between generations of women in relation to the flow of traditional religious and spiritual practices (1994).

Meaning and the Nursing Home

Introduction

To provide a social context in which this study may be situated I begin this section of the literature review with a historical overview of nursing homes.

Few studies explore the meanings nursing home residents hold in relation to their lives. Most of the research focuses on the loss of meaning associated with the advent of ill health, conjugal bereavement, or admission into the nursing home (Dimond, 1981; Gass, 1987; Kelly, 1991; Lund, Caserta & Dimond, 1986).

Socio-historical Model of Australian Nursing Homes

Residents admitted into a nursing home generally die in the nursing home. This is because admission criteria (into Australian nursing homes) deliberately preclude those people in whom there is a reasonable expectation of rehabilitation resulting in functional independence commensurate with being discharged (Commonwealth Department of Community Services, 1988). Furthermore, many elderly people and their families view admission into a nursing home as synonymous with death (Hare & Pratt, 1989). This view is sustained by research conducted by the Australian Institute of Health and Welfare (1997) which found that just under fifty percent of residents died within twelve months of being admitted into a nursing home, and that thirty-one percent died within six months of admission into a nursing home.

The influence of the European workhouse model.

Historically, Australian nursing homes developed out of the institutions created in 18th and 19th century Britain and Europe for those people whose behaviour or circumstances were regarded as "socially unsatisfactory" (Shaw, 1991). Such institutions were designed as a means of imposing uniformity and containment of those unsatisfactory members of society. Consequently, these

institutions maintained an attitude of disapproval towards the inmates. Examples of these types of institutions included work houses, asylums, prisons, and hospitals: all of which received very little resources and relied heavily on charity. Not surprisingly institutions became identified in the eyes of the public as places to be feared and avoided (Gubrium, 1975).

The British workhouses, as archetypes of institutional life, were commonly referred to as the "Bastilles of the poor" (Picton, 1991). In colonial Australia this concept of the workhouse was soon adopted providing places where the poor, ill, frail, and destitute elderly could be cared for by charitable organisations. Thus, this situation of minimal government intervention and assistance set the scene for the development of present day Australian nursing homes where most are managed by either private or charitable organisations. Picton (1991) attributes most of society's condemnation of nursing homes to this original model. Notwithstanding, Picton also believes that these fears are frequently justified since institutions have traditionally failed to differentiate the needs of individuals. "Too often the needs of the individual have been sacrificed to other imperatives, staff rosters, nursing routines, payment of subsidies for certain categories of care, or outright profit" (Picton, 1991, p. 19).

Warehouse model of residential care.

Concerns about the lack of individualised care and respect for the disabled person, as an individual, are highlighted by Miller and Gwynne (1972) in their discussion of the "warehousing" model of institutional care. In this model the focus is on meeting specific needs associated with a disability or diagnosis. Therefore, the primary task of staff is to prolong physical life and provide specific medical or nursing care. It is a model of complete objectivity - a literal model of Galbraithian efficiency:

To the extent that effective performance of the warehousing task requires the inmate to remain dependent and depersonalised, any attempts by the inmate to assert himself, or to display individual

needs other than those arising from his specific disability, are in the warehousing model constraints on task performance. They are therefore to be discouraged (Shaw, 1991, p. 20).

Ways of addressing some of these concerns became the focus of nurses in aged care. Gradually nurses in aged care began to view themselves as specialists and sought out training programmes to assist in invigorating the field and increasing awareness of the special needs of nursing home residents (Matteson & McConnell, 1988). In keeping with modern nursing trends, they adopted a problem orientated model of assessing, planning, and implementing care. This process, regarded as standard practice throughout North America and Australia, focused specifically on resident problems and treatment outcomes.

The identification of residents' problems and the means of treating those problems then became the main criteria for the government funding of nursing homes in Australia (Commonwealth Department of Community Services, 1988). With such a limited focus on the total needs of nursing home residents these resident classification systems - albeit subtly - have contributed to the reinforcement of the warehouse model.

Despite these problems, Australian nursing homes have made significant attempts to move beyond the warehouse model. A charter of rights for nursing home residents has been an early attempt at not only empowering residents but has also focused on residents' care needs from a more social and emotional perspective (Minichiello, Alexander & Jones, 1992).

Total institutions and normalisation.

Goffman's ethnographic study (1961) of total institutions provides a classical analysis of institutional life. In this study Goffman points out the rigidity of life for both inmates and staff where behaviours are carefully delineated and transgressions - by inmates and residents - are treated and condemned (1961). Like Sumaya-Smith's identification of the potential for the Stockholm Syndrome

in nursing homes (discussed later in this chapter), Goffman reports that staff become as institutionalised and dependent as the inmates.

Although nursing homes are not total institutions in the strict sense of the term, they can be seen to approach that definition. Life in the nursing home, for many residents, is perhaps not much different from that of a total institution. The philosophy of normalisation - a direct attempt at reducing the effects identified by Goffman - aims at encouraging residents to maintain normal life activities within the nursing home. Although the underlying objective of normalisation is sound, in practical terms it is often difficult to implement. As a consequence of the disabilities necessitating nursing home admission, many nursing residents no longer have the ability, motivation, or resources to pursue normal life activities outside the nursing home.

In recognition of this difficulty in implementation, nursing homes have brought a number of normal services into the nursing home. For example, a resident who had regularly attended the local hairdresser and who would wish to continue using that service, but for whom it may not be possible to attend the hairdresser, would be able to use the one contracted into the nursing home itself. Such activities, therefore, can be seen as an alternative means of implementing the policy of normalisation.

Loss and Nursing Home Life

Studies of loss and grief in old age provide additional insight into some of the inner resources that older people call upon in difficult times. Kelly's (1991) ethnographic biography of bereavement in an elderly woman living in a nursing home provides a valuable portrait of the grief process and its effects on the bereaved elderly. In exploring the woman's grieving process, Kelly identifies that holding onto past memories, symbolic objects, the support of friends, and spiritual beliefs help the bereaved find meaning in their pain.

Place and loss of place.

Places, whilst attracting little research, have always held personal significance in the lives of older people. This is particularly evident amongst those who, suffering disorientation due to dementia type illnesses, constantly seek out familiar places. In a phenomenological study on the importance of place to human wellbeing Relph writes that:

...distinct and diverse places are manifestations of a deeply felt involvement with those places by the people who live in them, and that for many such people a profound attachment to place is as necessary and significant as a close relationship with other people (1976, p. 1).

In this way place acts as a container for being, thus the essence of place is a source of both individual and cultural identity (Relph, 1976). Placelessness, on the other hand, is viewed by Relph as an attitude. In other words, what may appear to an outsider as placelessness, or inauthenticity of place, may not be the case for those living within a situation of institutional "placement". Thus, for researchers examining issues such as the effects of relocation in old age objective measures such as health status may miss the lived, personal experiences of the research subjects (Relph, 1976, p. 80).

The literature on relocation and old age is extensive (Borup, 1983; Coffman, 1983; Nay, 1995; Tesch, Nehoke & Whitbourne, 1989). Despite the debate as to the extent of damage associated with relocation, little has been reported on the meaning of place to older people. Rowles and Ohta's edited collection of research provides an overview of some of the key issues (1983). Howell's explorations of the psychological and spiritual meanings associated with place in later life is of particular relevance to this study (1983).

Howell describes place as a "continuous reweaving process" and as being highly fluid (1983, p. 99). Her research indicates that "meaning-of-self" changes over time, and that it is dynamic and contextual (1983, p. 100). She suggests, in explanation, that when confronted with change (such as nursing home admission)

older people will adapt if they are able to remould or transfer pieces of the past into the new habitat. In this way the presence of familiar objects continues to remind the person of who they have been and how this connects with their present circumstances. When changes occur rapidly this process of adaptation is retarded. Howell posits that whilst survival is still likely it may be at major intrapsychic costs and not without fear of personal disintegration (1983).

Multiple losses in old age.

A sense of personal disintegration may also be associated with the many other losses older people may experience simply by living a long time. Studies on multiple losses in old age and the problem of bereavement overload indicate the pervasive sense of meaninglessness that many older people face in general (Conway, 1988; Gass, 1987; Herth, 1990; Rigden, Clayton & Dimond, 1987) and in nursing homes specifically (Garrett, 1987).

A hermeneutic study of bereaved older people found that being an individual and doing what was necessary "in your own way" was regarded as highly important to successful grieving (Rigden, Clayton & Dimond, 1987). This indicates that the role of individual meaning as a means for bereavement recovery allows the bereaved "to accept an invitation to a new life" (Rigden, Clayton & Dimond, 1987, p. 41).

Another hermeneutic study (Nay, 1995) focused on nursing home residents' perceptions of relocation and associated losses. Based on the four main themes arising from this study it is possible to elucidate themes of meaning important to newly admitted residents - albeit negatively. Nay found that no choice; everything was lost; devalued self; and end of life were the main problems. Thus it is possible to extrapolate that being able to make decisions about what happens in one's life; having a future or something to live for; being valued as a person with a history and life experiences; and being seen to have an identity of

enduring status would appear to be viewed as significant sources of meaning to newly admitted nursing home residents.

On this problem of lack of choice, Minichiello (1989) found that whereas newly admitted residents were upset and hurt by their families' decisions about admission into the nursing home, after a few months they came to accept the point of view of others - that they required nursing home care. This shift in the perception of control - from denial of personal control by families to total acceptance of the families' decision - was a characteristic of Minichiello's study (1989). Thus it appears that admission into a nursing home is as much an experience of loss as it is a source of passive resignation.

Existential loneliness.

Casey and Holmes (1995), in a phenomenological-existential study, focused on the feelings of existential loneliness faced by nursing home residents who, on admission to a nursing home, are left without meaningful roles. Pertinent to the elderly and especially those in residential care is Rokach's model of the experience of loneliness (cited in Casey & Holmes, 1995). This model of the experience of loneliness has four major elements: self alienation, interpersonal isolation, agony, and distressed reactions.

The category of self alienation conveys feelings of inner emptiness, and an alienation from the identity of the self. Interpersonal isolation is found when there is an absence or lack of intimacy, a sense of being socially unwanted, and a sense of abandonment or betrayal. The factors contributing to interpersonal isolation are very much found in the care of elderly people admitted into nursing homes, as demonstrated by Nay's (1995) research. The other two categories - agony and distress reaction - focus on the emotional experience of loneliness. In depicting this experience agony represents inner turmoil, vulnerability, and anger, whilst distressed reaction refers to the tumultuous and even overwhelming feelings of hurt, fear, pain, and unhappiness. As Casey and Holmes (1995) indicate, their

descriptions of existential loneliness are all too familiar to those of us who have worked in, or had close associations with, nursing homes.

The act of reverie, report Casey and Holmes (1995), is the antidote to the problem of loneliness within nursing homes. This process involves the shifting and transferring of temporal landscapes allowing the elderly to escape to a time when their lives were meaningful and significant (Casey & Holmes, 1995). This process of reverie, and its outcomes, are very similar to the adaptive strategies (Jackson, 1996) and creative autobiographies (Friedan, 1993) described earlier in this chapter. Another important antidote to existential loneliness amongst the elderly, according to Andryscio (1982) is that of companionship with domestic pets. Pet therapy facilitates the alleviation of loneliness, depression, helplessness, and social withdrawal (Andryscio, 1982). Whilst recognising that animals are not inanimate objects, this research can also be viewed in light of research on the importance of domestic and other familiar objects as sources of symbolic meaning (Csikszentmihalyi & Rochberb-Hatton, 1987).

Nursing home relationships and meaning.

Loss of meaning, and the subsequent loneliness, are often associated with admission to a nursing home. Nevertheless, friendship and other forms of positive social contact provide alternative sources of meaning for many nursing home residents.

Powers (1991), whilst acknowledging that fraternity within nursing homes occurs infrequently, found that four themes of friendship exist in nursing homes: intimacy, social support, reciprocity, and companionship. Despite evidence as to the function of close relationships, Powers also found that residents limited intimacy with other residents through antagonism, avoidance, the selective use of acquaintanceship, and the formation of cliques. Frequently residents referred to other residents as unwanted ties rather than friends, and deemed the other residents as less fortunate. Such behaviour may be an attempt at sustaining a

sense of self sufficiency, and hence meaning, through the maintenance of an identity separate from the collective.

Hutchinson and Bahr's grounded theory study (1991), however, contradicts Powers (1991) findings in identifying that caring amongst and towards other nursing home residents is found to be an important means for maintaining residents' self esteem. The nature of nursing home and nursing home resident is very much different in Hutchinson and Bahr's study (1991) from Australian nursing homes. The nursing home of Hutchinson and Bahr's study (1991) resembles more closely an Australian aged care hostel (for semi-dependent older people) rather than an Australian nursing home for highly dependent frail elderly. Thus, these findings may not be pertinent to Australian nursing homes.

In summarising her research, Powers (1991) comments that the need to maintain personal integrity is closely associated with residents' patterns of relationships with others, mostly whom are strangers. Self esteem can be bolstered when one sees oneself as a survivor and finds ways of coping with changes that are not of their choosing. Thus, Powers' findings reflect Frankl's view of the important effect that taking charge of one's life has on a person's sense of inner meaning (Frankl, 1946).

Other researchers have examined life and relationships in nursing homes by applying metaphors of family life (Nystrom & Segesten, 1996; Sumaya-Smith, 1995). In applying the metaphor of family life - of nursing home life as analogous to family life where a family is seen as "a genuine human institution, intended to protect the members and help them mature and to live a good healthy life" - Nystrom and Segesten found that many factors combine to disturb the self-esteem of nursing home residents (1996, p. 238). Moreover, this metaphor of nursing home as family life may also actively prevent psychological maturation of the residents. Nystrom and Segesten conclude by describing factors pertaining to the inability to achieve a "good healthy life" as including environmental issues, the

collectivisation of life and routines, damage of continuity of former self, and lack of opportunities for individuation. These findings parallel those already identified as hallmarks of institutional life (Goffman, 1961).

Sumaya-Smith (1995), in a quantitative study of surrogate family bonds between nursing home staff and residents, identified an important aspect of power implicit in surrogate family and resident bonds: nursing homes provide peak conditions for the appearance of the Stockholm syndrome. This syndrome - of the victim identifying with the captor - was first described following the discovery that hostages taken in a Stockholm bank robbery viewed their captors as innocent of wrong doing (Sumaya-Smith, 1995). The equivalent roles of victim/captor in the nursing home, according to Sumaya-Smith, are blurred with both staff and residents taking on either role depending on the nature of the individuals and their interaction (1995, p. 448). Thus, in some circumstances the residents are seen as victims at the mercy of their captors (the staff), and in other situations the staff feel that they are the victims at the mercy of the residents. Sumaya-Smith found that these dual/paradoxical roles, and the meanings inherent within them, may be taken on by either staff or residents either consciously or unconsciously.

Langner's (1995) research into meaning and the caring for elderly relations reported similar instances of co-dependency. Positive benefits were associated with the role of caring for elderly relations. The dominant themes to emerge from this study included confronting a new reality of role (as a family caregiver), and rediscovering and redefining the sense of self. Thus taking on the role of carer, despite the burdens, offered many opportunities for personal growth and increased meaning. In confronting a new reality a change in the relationship between the carer and the dependent relation entailed mutual acknowledgment of that change (Langner, 1995). Although awareness and discomfort were initially heightened, caregivers eventually relinquished old roles to make way for new definitions of the relationship and their roles. In doing so they rediscovered and

redefined themselves (Langner, 1995, p. 80). Such experiences caused the caregivers to find new meanings, forcing them to access every available inner resource. Positive outcomes such as increased self knowledge, increased inner strength and resilience, were described, as was the recognition for self care if this role was to be sustained (Langner, 1995, p. 81). As will be elaborated upon later, these findings by Langner can be viewed in terms of occupation - both work and being occupied - as a source of meaning.

Meaning and Work

Introduction

In the post industrial culture work is frequently regarded as a means of achieving such ends as status, power, or financial gain. Despite this prevailing attitude other meanings have been attributed to work throughout history. These meanings range from the monastic traditions of medieval Europe (Fox, 1994; Moore, 1992) to Marxist philosophy and principles of labour and capital (Lancaster, 1959). Given that this study focuses on work as a symbolic activity I have not looked to literature on labour based models in relation to work and meaning. Instead, I have traced some of the spiritual and psychological aspects of meaning associated with work. With nurses and occupational therapists representing the professions most commonly associated with institutional aged care I have selected those studies that focus on their experiences of work and meaning.

Associated with the role of work as a source of meaning is the growing body of literature on work as a symbolic activity (Fox, 1994; McKenna, 1997; Tulku, 1994). Thus, this section of the review investigates the nature of occupation as a way of being. Furthermore the conception of work as spiritual

practice and of work as being divinely ordained is also reviewed in this section. With so little written on meaning and work focusing specifically on the nursing home I have broadened my search to include tangential studies and related material.

Working in Aged Care

Attracting staff to work in aged care facilities has always been difficult. My personal experience, and discussions with directors of nursing in Western Australian nursing homes, reveal the extent of the problem. A common lament is frequently heard, "Why can't we find staff who are genuinely interested in and motivated to work in aged care?" Attracting registered and enrolled nurses as well as allied health professionals is particularly difficult.

Nurses, it appears, do not want to work in nursing homes with highly dependent frail aged people. Nursing literature has identified negative attitudes held by nurses in response to working in aged care (Carr & Kazanowski, 1994; Pursey & Luker, 1995). Furthermore, Sharpe (1995) highlights the extent of research and discussion on the twin problems of sexism and stereotyping in health care in general.

Strumpf's study (1995) of nurses indicates that intrinsic ageism may not be the only source of dissatisfaction with aged care. Nurses' dissatisfaction with aged care, according to Strumpf, is related to conditions where levels of autonomy, peer identification, professional challenge and positive feedback are low. Furthermore, Butler (1985) found that the insensitivity of nursing home administrators to nurses' professional values and motivation was a major source of dissatisfaction. Moreover, Carr and Kazanowski's study (1994) showed that organisational issues were the main source of dissatisfaction including: heavy workloads, reduced staff cohesiveness, poor staffing, and poor working relations with administrators. Thus, dissatisfaction with nursing home work is more often

connected to managerial and environmental issues than to the aged clients themselves (Carr and Kazanowski, 1994).

Frustration with the system rather than the actual work is also evident in Pursey and Luke's work (1995). This study focused on nurses' attitudes towards work with older people in general, and on the nurses' attitudes toward individual older people as patients. The results revealed that, despite negative attitudes to older people in general, individual relationships with older patients were found to be a source of satisfaction (Pursey & Luke, 1995). Frequently, however, these relationships were tinged with ambivalence based on the nurses' frustration at not being able to provide dignified care. Again there are indicators that negativity towards aged care is not always linked with negative attitudes towards the aged clients themselves. Such findings support those of Davitz and Davitz (1975) whose qualitative study found that despite the emotional defenses effected by nurses they continue to suffer with their patients.

Clearly the literature on nurses' attitudes to older people and work with older people reveals a complexity of interwoven elements: ageism; low levels of professional esteem, challenge, and recognition; administration, managerial, and environmental conflicts; and frustration arising from conflict between personal values and actual practice. It would seem, then, that it is possible for nurses to attach meaning to nursing home care despite the apparent obstacles described above.

Work and Flow

Csikszentmihalyi's extensive writing on the psychological concept of flow holds the common thesis that when an individual experiences a sense of flow in any activity there is a resultant experience of self transcendence (1993a, b, & c; with Csikszentmihalyi, 1987; with Rochberb-Hatton, 1988) Any activity associated with this experience of flow frequently, then, is imbued with a sense of

meaning. For Csikszentmihalyi, therefore, this concept of flow can be applied to all human activity.

Lefevre's study of flow and the quality of experience during work and leisure is of particular interest (1988). In analysing a series of self reports Lefevre found that flow is an optimal experience for adults in everyday activities. Furthermore, research participants reported that as the time spent in flow increased the quality of daily life experiences also increased. In other words, not only is the experience of being-in-flow inherently enjoyable, but it also confers additional benefits in enhancing the perception of quality in everyday activities. This suggests that there is a carry over effect of the flow experience to the rest of life (Lefevre, 1988). Of relevance to both individuals and organisations, this finding has important implications for staff motivation, prevention of burnout, and access to personal creativity. In explaining the carry over effects, such as those arising from flow, Goleman writes that:

In flow the emotions are not just contained and channelled but positive energised, and aligned with the task at hand [that by] paying undivided attention to the task [the person's] awareness is merged with action (Goleman, 1996, p. 90).

This description is very similar to that of mystics in describing their labours as being at one with the Divine - a point that will be explored later in this section of the chapter.

Work and the Spiritual Dimension

Finding meaning in work is a common theme within religious communities and for those whom religion or spirituality is central to their being. Such meanings displace the emphasis on work as a means of survival with work as spiritual practice.

Work as spiritual transcendence.

There are many motivating factors that influence people to work at a particular job. Many nurses cite caring as the essence of their work and their reason for choosing nursing as a profession. Yet, as Montgomery indicates, nurses live with a paradox:

We are supposed to care deeply about our clients, yet our professional socialisation warns us not to get 'too involved'. Such a paradox complicates the nursing experience of, and therefore meaning associated with, deep caring (1992, p. 40).

Montgomery's focus on the depths of caring found that not only do nurses know how to become deeply involved without succumbing to destructive forms of over involvement. Moreover, they also know how to care in a way that reinforces their own professional satisfaction and enjoyment (1992).

In this grounded theory study, Montgomery found that spiritual transcendence provides the nurse with a way of being in a relationship that challenges conventional understanding of the helping relationship. In spiritual transcendence the energy required for caring originates from a source beyond the self and therefore serves as a resource for the caregiver. In the face of the human tragedies and suffering that nurses face on a daily basis, spiritual transcendence "lends itself to a deeper acceptance of what may appear to others as senseless, meaningless tragedies" (Montgomery, 1992, p. 47). Caring, writes Montgomery, can be understood as gestalt or total form and, as such, is symbolic of the essential unity of all life. Such sharing of consciousness, as indicated by Montgomery's study, is an example whereby transcendence of one's own ego boundaries may occur (1992, p. 49).

This sense of the sacredness of deep human connection is also found in other professions. Rosa and Hasselkus (1996) focused on the importance of personal contexts to occupational therapists in their experience of meaning and work. For occupational therapists, connectedness with patients - including

"helping" and "working with patients" - was a major source of meaning in their work. As with Montgomery's study, Rosa and Hasselkus found that caring is the essence and foundation of connectedness or deep concern (Rosa & Hasselkus, 1996, p. 256).

Unfortunately, the secular nature of our society may preclude conscious experiences of this sense of sacredness of work. In a society where work is closely linked with identity, security, status, and power, work is frequently judged according to those criteria rather than regarding it as an opportunity for spiritual transcendence.

Work as religious practice.

Davidson and Caddells's study (1994) of almost 2000 Protestants and Catholics found that religion, religious commitment, and social justice benefits had significant effects on a person's orientation towards work. As Kolden (1994) points out, the theological significance of work is more than just the Protestant work ethic: work plays a central role in maintaining people's identity and esteem. Consequently, retirement can be viewed as a time of confusion and loss of meaning, especially amongst those who have excessively identified with their work (Harris, 1990). Work can also be viewed as being a way of serving God the Creator - the one who continually creates. A view such as this enables people to serve God as much as they would themselves and their neighbours. Gill affirms this, commenting that in the Catholic tradition "work is done for the purpose of holiness or wholeness, to serve the contemplative life" (1996, p. 25).

Eckhardt, the medieval Christian mystic, believed that work should be approached by seeing the presence of God in all things (Eckhardt, 1996 version). These reflections are uttered by other Christian contemplatives:

... all work is a vocation, a calling from a place that is the source of meaning and identity, the roots of which lie beyond human intention and interpretation (Moore, 1992, p. 181).

Such reflections on the spiritual significance of work are also found in other religious traditions. Within the Catholic tradition, as expressed by Gill (1994), work is viewed as experiencing and being with the Divine, Buber views work as being in the service of the Divine. Buber, in his commentary on the Hasidic sayings (texts from a mystical Jewish sect), again describes work as a form of service to God: "performed by man to give form to matter or to bring light into darkness" (Buber, 1996 version, p 41).

Buddhists use the term "mindfulness" to describe a conscious attitude to everyday activities - an attitude that keeps one's consciousness exquisitely alive to the present moment. Zen master Thich Nhat Hanh's example of mindfulness in washing dishes echoes Csikszentmihalyi's description of flow:

While washing the dishes one should only be washing the dishes, which means that while washing the dishes one should be completely aware of the fact that one is washing the dishes. At first glance, that may seem a little silly: why put so much stress on a simple thing? But that's precisely the point...I'm being completely myself, following my breath, conscious of my presence, and conscious of my thoughts and actions (Thich, 1974, p. 3).

In this way the Buddhist attitude to work is very much a practice of flow as indeed are the other examples of spiritual and religious dimensions of work. Seeing within work the essence of spiritual calling need not be explored only within a religious/spiritual context. This mindfulness or flow - found in work or any other human occupation - also provides the central focus of occupational science's elucidation of the significance of occupation to people.

Summary of Reviewed Literature

The main aim of this review has been to identify and discuss some of the major intellectual forces influencing this study and my definition of meaning. A

further aim has been to identify and analyse the various philosophical, theoretical, and research writings associated specifically with meaning associated with old age; nursing homes; and work as a form of human occupation. Such a review provides a beginning context for viewing this study on life, work, and meaning within nursing homes. As Strauss and Corbin explain, this review acts as an initial prompt in my investigation into meaning within nursing home life by offering possible questions, stimulating potential lines of inquiry, or identifying gaps in existing knowledge (1990).

Much research has been conducted on the extensive loss of meaning experienced by older people upon entering a nursing home. However, no equivalent research has been conducted on meaning making or reconstruction whilst living in a nursing home. Occupational science provides a valuable means for exploring the sources of meaning to both nursing home residents and staff. Although being occupied is a universal activity, being a resident or a staff member in a nursing home is more than a matter of occupation: it is an integration of occupation with a sense of both being in the world and in holding meaning about that world. For nursing home residents entry into the nursing home may provide the resident with the potential to explore a new set of meanings around their new way of being.

CHAPTER 4

Theoretical Foundations

Introduction

Since the objective of this study is to answer both my own questions and explore the responses of others who ask similar questions, it was necessary to identify a method, perspective, and paradigm that would acknowledge subjective experience and provide a means of interpreting and analysing those experiences. Thus, I elected to work with an interpretive paradigm using heuristic inquiry as the research method. Furthermore, given that the nature of meaning is essentially symbolic I required a theoretical perspective that would allow me to examine the subjective experiences of research participants. To this end I chose to situate this study within an occupational science perspective. This particular constellation of paradigmatic and methodological choice is also congruent with my own personal world view.

A detailed description of the methodology is included later in this chapter. Descriptions of the research setting, data sources, data collection processes, and analyses are also included. Finally the chapter concludes with an examination of the methodological and ethical issues inherent in the study.

Research Aims and Questions

In this section of the chapter I review the aims and research questions that guide this study. A discussion of the significance of the research questions is also given.

Research Aims

As noted in Chapter 1 this study has two major aims. The first is to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in an Australian nursing home. The second is to examine these experiences within the context of wellness.

Research Questions

As identified in Chapter 1 three questions (stemming directly from the research aims described above) are central to this study. The research questions are:

- 1. What is the source and nature of meaning experienced by residents in relation to their lives within Australian nursing homes?**

- 2. What is the source and nature of meaning experienced by staff in relation to their work within Australian nursing homes?**

- 3. How can residents and staff of Australian nursing homes live and work with a sense of wellness?**

Research Question 1

This question is derived from over twenty years experience of supporting not only six elderly relatives but countless residents in their living and dying in nursing homes. The focus of this question is, therefore, to understand deeply the subjective experiences of nursing home residents. Using an occupational science perspective this question assumes that the stories of residents, as occupational beings, are richly imbued with a lifetime of occupation. This includes residents' stories of their experiences of adapting to nursing home life; how they view

themselves as occupational beings, as individuals, and as residents; how they live and make sense of their lives; and how they prepare for their next occupation - dying and death.

Research Question 2

This question has arisen from my experiences and ambivalence of work within nursing home environments. Thus, this research question begins with my own question: "How do people create meaning around their work within a nursing home?" The focus of this question is to investigate how staff, as occupational beings too, view their work in the context of the nursing home as a specific occupational setting; what motivates them to perform this work; and what rewards they derive from doing this work.

Research Question 3

This question is founded on my belief that the pursuit of wellness is intrinsic to human nature. (As discussed in the previous chapter, I use do Rozario's definition of wellness [1994a] which refers to a state of being in which all the elements of human existence - the physical, psychological, socio-cultural, and spiritual - are in coherence.)

This question is also guided by the central objective of occupational science: to develop a body of knowledge on occupation from a holistic perspective that will be of profound relevance to issues of health and daily living (Clark, Wood, & Larson, 1998, p.14). Moreover, this question reflects an aspect of my own exploration of personal wellness. Life threatening illness and other personal experiences have caused me to consider deeply my role in nursing home work and my own personal truth around this work. My work with the aged, the ill, the dying; and my work as a grief counsellor has given me first hand experience of the

way that others, in reaching out to personal meaning, have journeyed toward wellness.

Paradigm and Perspective

Generation of Knowledge

Knowledge is generated by complex processes of reasoning that have their bases in philosophy. To create a framework to assist in the application of these philosophies models of the processes of reasoning are constructed. Within each model there exists a set of assumptions, derived from the underlying philosophy, that drives the model's application. In the intellectual tradition of Western society two fundamental models of reasoning are generally accepted - deductive and inductive (Flew, 1979; Greenfield, 1975).

A paradigm can be described as a humanly constructed set of beliefs that guide action by dealing with first principles and foundational assumptions (Ziman, 1991). Denzin and Lincoln (1994, p. 99) define paradigms as encompassing three elements: ontologically (What is reality?); epistemologically (How do I know the world?); and, methodologically (What do I do to know?). In contrast, the foundational assumptions of a perspective are less unified and more open to interpretation than those of a paradigm.

Thus, the relationship between paradigm, perspective, and method can be considered as analogous to a complex oil painting where each aspect is separate but also subtly assumed in the other. In such an analogy the paradigm is represented by the frame and canvas that holds the shape, acting as the structural parameters and thus determining the dimensions of the work itself. The perspective, although bound by the paradigm, is found in the oils themselves. The layers and colours create contours, texture, and a contextual dimension. Finally

the method is to be found in the subject matter of the work; by the depiction of symbols, the artist's choice of colour and texture, and hence the artist's message.

It was important to me that my own personal assumptions and beliefs would be upheld in my methodological choices. These assumptions include a value for all beings; that the rights and integrity of those involved in research would be upheld and honoured; and that the intention of the research itself would in some way incorporate, or aim at, social improvement.

Interpretive Paradigm

Inherent in this study is my belief that knowledge is humanly invented, not existing as an external entity - particularly in regard to my focus on deep subjective experience. The analysis of my own experiences, and the experiences of others as they choose to share them with me, requires a high degree of subjective interpretation on my behalf as key researcher. To this end a model or paradigm of interpretivist inductive thought was required. For this reason I have chosen to place this study within the parameters of the interpretivist paradigm.

The interpretivist paradigm is based on the assumption that choice or free will is the most basic aspect of human action (Aroni & Minichiello, 1992). Thus, human social behaviour is best understood through communication with behaviour being negotiated by perception, interpretation, and interaction mediated through the use of symbols.

The philosophical traditions of existentialism and phenomenology emanating from German Idealism form the intellectual basis of the interpretivist paradigm (Flew, 1979). German Idealism, as a school of philosophical thought, holds that external reality can not exist independently of the everyday interactions and subjective experiences of the individual. Furthermore, the external world, and therefore social reality, are creations of the mind (Flew, 1979). Thus, the nursing home, as an organisation, is an invented social reality, having its boundaries and

limitations defined only by the images of the mind. Consequently, these images are the reflections of the way people view themselves, the world in which they live, and the ways by which they believe they can conduct their lives. This view is also congruent with the occupational science view that humans are created by the occupations in which they participate (Yerxa, 1993).

Table 1 highlights the major elements of the interpretivist paradigm adapted from Denzin and Lincoln, (1994); Greenfield, (1975 & 1986); and Piele, (1994). (The term paradigm element is taken from Denzin and Lincoln, 1994.)

Table 1
Elements of the Interpretivist Paradigm.

Paradigm Element	Applied to Interpretivist Paradigm
<i>Ontology</i>	<ul style="list-style-type: none"> • Reality exists but is humanly and socially constructed and is multifaceted.
<i>Epistemology</i>	<ul style="list-style-type: none"> • Knowledge is created by the integration of subjective meanings and symbols including values and the search for meaningful relationships.
<i>Methodology</i>	<ul style="list-style-type: none"> • Analysis of language and subjective meaning as experienced by the individual, where insight and intuition are used as legitimate research tools.

Occupational Science Perspective

Introduction

Occupational science is the systematic study of the human as an occupational being and centres on how human beings realise their sense of meaning through occupation (Clark, Wood, & Larson, 1998). Occupational science is used as a generic term to encompass any study that aims to contribute to the

knowledge base of human occupation. The focus of occupational science is a holistic rather than reductionist approach to human occupation.

Occupational science, according to its founder Elizabeth Yerxa, is a new interdisciplinary synthesis of basic knowledge concerning the human as an occupational being (Yerxa, 1993). To ensure that occupational science is to address the occupational substrates of form, function, meaning, socio-cultural, and historical contexts of occupation a multidimensional perspective is considered essential (Clark, Carlson, Jackson, Parnham, Frank, Pierces, Wolfe, & Zemke, 1991). As an occupational science scholar, Clark describes occupational science as belonging within the domain of social science rather than the humanities (Clark, Wood, & Larson, 1998, p. 13).

Scholars anticipate that the knowledge derived from occupational science, although conceived as a basic science, will also be applied to the professional practice of occupational therapy (Clark, Wood, & Larson, 1998). Such knowledge may also provide direction in a wider sphere including social, health, and economic policy and research.

Defining Occupation

Occupation can be defined as any activity in which human beings occupy themselves and is used to mean much more than paid employment. Indeed Wilcock writes that occupation is the mechanism humans use to engage with the world (1993, p. 7).

Occupational science uses the word occupation to include a purposeful use of time, energy, interest, and attention in work, leisure, family, cultural, self care, or rest activities. Occupations are natural human phenomena that form the fabric of everyday living. Occupation, when culturally sanctioned, may be seen as a primary organiser of time and resources enabling humans to survive, control, and adapt to their world, be economically self sufficient, and to experience social

relationships and approval as well as personal growth (Wilcock, 1993). Occupational science's role, therefore, is to define and investigate the complex and dynamic interaction of variables surrounding human occupation.

In this way occupation is viewed as fundamental to human existence. Csikszentmihalyi (1993a & b) considers a fully meaningful life depends on the ability to find occupations that are challenging, yet within the scope of our abilities. Furthermore, boredom is a negative outcome of the failure to be meaningfully occupied. This is particularly evident in the case of prisoners forced to endure solitary confinement. Survivors of solitary confinement - especially long term survivors - describe the imaginative alternative activities they develop to keep themselves occupied, and therefore sane. In his memoirs, Brian Keenan - a former political hostage in Lebanon - describes the many activities, including memorising each movement of an orchestral symphony, that he used to keep himself occupied, during his five years of solitary confinement (1992).

If occupation is fundamental to human existence then so too are ritual and meaning (do Rozario, 1994b). Accordingly, do Rozario also claims that one of the negative consequences of the industrialised world is that "product", "performance" and a capacity of "doing" are valued over less active, process focused activities and principles. Thus, the protestant work ethic has delivered an ethos whereby "doing is synonymous with being". Beingness, on the other hand, is a state where life and all occupation are imbued with meaning and ritualistic significance (do Rozario, 1994b). Occupational science, in its broadest sense, also views occupation as more than activity, or a means of engagement, to include occupation as a way of being, which in combination constitute the art of living (do Rozario, 1998). Doing and being are not mutually exclusive. Instead the concept of doing is a subset of being. In this sense being - as the very essence of humanity - is the bedrock from which all human occupation arises. Thus a person who ceases to be able to "do" (for example someone in a coma) remains an occupational being. The

definition and foundational assumptions of occupational science are gradually broadening to incorporate a transpersonal notion of human occupation.

Historical Development

Occupational science arose from the practice profession of occupational therapy. Lunt defines occupational therapy as the healthcare profession which uses purposeful activity as treatment (1997, p. 56). The main domain of concern is the assessment and treatment of problems associated with occupational deficits so that people can live productive and meaningful lives (Lunt, 1997).

Occupational therapy's origins date back to the rehabilitation processes first used extensively during World War I. Although initially focused on more holistic concerns, the key influence on the current profession of occupational therapy has been medicine. Consequently, the mind/body split of traditional medicine has ensured that occupational therapy considers function solely in this environment thereby limiting the potential for making an optimal difference in peoples lives (Yerxa, 1993, p. 3).

Given the lack of existent disciplines to provide the knowledge base fundamental to understanding humans as occupational beings, occupational science was established as a separate science - one developed from a synthesis of interdisciplinary knowledge (Yerxa, 1993, p.6). An interdisciplinary approach best supports occupational science in addressing the important questions confronting society. Such questions might include: "What is the relationship between human engagement in a daily round of activity and the quality of life experience including healthfulness?" or, "How do human beings learn to be competent, participating makers of their environments including obtaining joy and satisfaction from their own actions?" (Yerxa, 1993).

The Journal of Occupational Science, as the first international scholarly journal devoted to occupational science, was established in 1993. In commenting

on the journal's resounding themes Clark applauds contributors' attempts to address serious social questions. Examples include concern for the plight of the structurally unemployed, worries about the decoupling of biological needs and occupation in the post-industrial age, and attempts to systematically study the relationship of time investment in occupation on health and happiness (1997, p. 86). Clark concedes that the progress of occupational science since its inception in 1990 has surpassed her expectations. The shape, substance, direction, and character of occupational science have been influenced by the scholars and the unique cultural contexts in which they work (Clark, 1997). In many ways, therefore, the doing of occupational science can also be seen as a culturally sanctioned occupation.

Aims of Occupational Science

The objective of occupational science is to develop a body of knowledge on occupation from a holistic perspective that will be of profound relevance to issues of health and daily living in the 21st century (Clark, Wood, & Larson, 1998, p. 14). To meet this objective occupational science has identified three fundamental aims. These are to define and investigate the form, function, and meaning of occupation (Clark, Woods, & Larson, 1998). These three aims are described separately in the proceeding sections.

Form of occupation.

Form of occupation refers to those aspects of occupation that are directly observable. According to Clark, Wood, and Larson (1998) studies of occupational form include the activities people engage in, the circumstances under which they perform it, and how they perform it in terms of time, space, and performance. Furthermore, occupations must be situated both culturally and historically. In this way the occupations of one generation, although appearing similar to those of

another generation (for example, parenting), will be defined and influenced by history and the prevailing cultural and societal norms.

Function of occupation.

Function of occupation is concerned with the ways by which occupation serves adaptation. (In this context adaptation refers to a person's ability to resume competent and meaningful occupation in the face of altered or compromised ability.) Some occupations and patterns of occupation are seen to be health promoting whilst others are regarded as detrimental to health. Cultural context is also a key factor in the examination of the function of occupation. Thus, the occupational scientist is engaged in analysing function of occupation by investigating the relation of occupation to health, subjective well being, daily functioning, stress management, the development of mastery and competence, and the quality of life (Clark, Woods, Larson, 1998).

The meaning of occupation.

When an occupation is valued in a person's life then that occupation is imbued with meaning. As individuals attempt to make sense of their occupations the personal interpretations they give to their occupations are inevitably infused with the cultural meanings they absorb (Bruner, 1990).

Meaning of occupation, moreover, may be symbolic and may subtly point to the maintenance of cultural or social norms. Although meanings are personal, they may also be influenced by overarching cultural myths and narratives (Clark, Wood, & Larson, 1997). Thus, frequently taken for granted occupations may be imbued with symbolic meanings. Hannam's study of the everyday occupation of tea drinking amongst elderly women, for example, found that tea drinking conveyed strong, emotive memories that located the participants in their own personal history. Tea making and tea drinking provided meaningful bridges between past experience and the present context (1997, p. 74).

Assumptions Underlying Occupational Science

Every discipline has a set of underlying assumptions that act as a foundation for the building of knowledge: the identification of researchable issues, the modes of inquiry, and the dissemination of findings. In consideration of the fact that occupational science is still an emerging discipline some of these assumptions are still being negotiated (Zemke & Clark, 1996). This is evident in Yerxa's description of the key assumptions that reflect occupational science's professional background in occupational therapy (1993). Recent developments in this area, however, indicate a broader perspective on occupational science's underlying assumptions (do Rozario, 1987; Jackson, 1996). This gradual evolution of the constitutes of occupational science is to be expected in such a young discipline. Indeed such developments were anticipated by its original proponents (Clark, 1997).

In this study, focusing as it does on the self and meaning, I have chosen to integrate assumptions from both do Rozario (1997) and Jackson (1996). Thus, Figure 3 provides a synthesis of these assumptions.

Figure 3. Assumptions underlying occupational science.

1. Human occupation involves the art of being, of celebrating a sense of personal inner fulfilment whilst participating in the rituals, traditions, and ceremonies that link present, past, and future. Occupation is the art of living - a way of being that acknowledges the interdependence of all matter.
2. Occupational science is grounded in the notion that the human is an occupational being and that the drive to be occupied has evolutionary, psychological, social, and symbolic roots.

(Continued over page)

3. Occupational science honours the human as an author of his or her life story. People create themselves as occupational beings. People engage in an ongoing negotiation between their personal vision for an occupational life and the enabling and constraining forces of their particular social situation.
4. In engaging in daily occupations people also create narratives of meaning about what they actually do and the symbolic significance of their occupations, thus humans live by and for symbolic causes.
5. Humans have the capacity to respond to the challenges presented in life and the potential to create a life that is meaningful to themselves and society. This is based on the belief that the evolutionary roots of humankind ensure an ongoing drive for exploration and competence as one interacts with his her environment.
6. Human occupation is carried out in a particular physical, social, political and historical environment. Humans interact with their environment and in so doing may bring about transformation just as the human may also be transformed.

Central to the identification of these assumptions is the influence of the professional practice of occupational therapy. Occupational therapy has an optimistic view of human nature in that the focus is on assisting people to locate and access new possibilities and strengths in the face of disability rather than view them as deficient (Yerxa, 1993). Thus, the assumptions listed above reflect this optimistic view of humans as beings capable of adapting to change.

Methods of Inquiry

Yerxa believes that disciplines that view human beings in terms of their strengths and potential are best suited in providing a basis for occupational science investigations (1993). In view of the move away from the reductionist view of occupation and the mind-body dualism of the medical influences on occupational therapy, the subjective and interpretive methods of qualitative inquiry are

congruent with the aims and philosophy of occupational science. Zemke and Clark report, however, that traditional quantitative methods of inquiry should not be completely precluded, indeed some research may best be examined using quantitative investigation (1996).

Investigations into occupation already utilise a range of research approaches. Examples of this include a survey of activity levels with large sample (Singleton & Harvey, 1995); a narrative analysis of women's experience of self (Gattuso, 1996); a phenomenological study of the effects of specific disability (Pearson, 1996); and a quasi-experimental investigation of occupational function (Baum, 1995). Heuristic inquiry - as applied in this study - has not yet been reported in the occupational science literature. Heuristic inquiry's suitability to occupational science investigation will be discussed later in this chapter.

Occupational Science and this Study

This study applies occupational science from the perspective of occupation as symbolic activity and of people as occupational beings. In this way my study contributes to knowledge about the meaning of occupation.

Occupational science is particularly suited to questions that uncover the sources of symbolic meaning inherent in human occupation. Given the major aim of this study - to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in Australian nursing homes - I considered occupational science to provide the best lens for examining nursing home life, work, and meaning.

In keeping with the assumptions underlying occupational science (do Rozario, 1997; Jackson, 1996) my choice of heuristic inquiry is highly compatible. Occupational science allows me to discover the deep meanings and richness of experience associated with the personal inner examination required by heuristic inquiry (Moustakas, 1994). My approach to data and data collection, whilst

essentially determined by the heuristic process, also follows the occupational science ethos in focusing on occupational (rather than artificial or contrived) settings, interactions, and activities.

The contribution of occupational science to this study is to provide a framework to increase understanding of nursing home life as occupation, of nursing home work as occupation, and of the ways that these occupations assist, or have the potential to assist, both residents and staff to experience wellness. The context of this study - the nursing home - represents an area that, until the advent of this study, has not been examined previously within occupational science.

With the Australian population steadily ageing it is indeed timely to pursue the questions, "How can nursing home residents experience wellness?" and, "To what extent is the wellness of nursing home residents connected with that of the nursing home staff?". The quest for balancing work roles with aspects of personal life is increasingly sought. Many people are refusing to accept the long held notion that sacrifice to work is a noble cause. As McKenna (1997) points out, women in particular are no longer willing to accept jobs at any price. Given this, it is equally timely to examine how nursing home staff (who are predominantly women) experience meaning and wellness in their work.

Finally, as a heuristic researcher I am also aware of how heuristic research as occupation is equally imbued with symbolic meaning. This issue is discussed later in Chapter 8.

Heuristic Inquiry

Introduction

As noted in Chapter 1, heuristic inquiry was selected as the research method for this study. This section of the chapter provides an overview of the fundamental concepts of heuristic inquiry as applied to this study.

Overview

Clark Moustakas - humanistic psychologist, psychotherapist, and scholar - is credited with the development of heuristic inquiry as a qualitative research method (Patton, 1990). In keeping with Moustakas' interests in personal growth and self awareness, heuristic inquiry brings to the fore the personal experience and insights of the researcher. Two essential elements form the basis of heuristic inquiry: that the researcher must have personal experience with the phenomenon, and that participants (who are described as co-researchers) must share an intensity of experience with the phenomenon. Thus, it is the combination of intensity and first hand experience that yields an appreciation of the essence of the phenomenon under investigation. For this reason heuristic inquiry provides more than academic knowledge, it also provides personal discoveries, insights, and revelations for researcher and co-researcher alike (Patton, 1990, p. 71).

Heuristic inquiry can be viewed as both an approach to research and as a research method. In this study, I have applied the principles of heuristic inquiry as a way of approaching the study as well as the method by which the research is conducted. By research approach, I refer to heuristic inquiry's emphasis on the connectedness of researcher and co-researcher, and the personal meaningfulness of the research topic to both researcher and co-researcher. Like co-operative inquiry's insistence on the "promotion of human welfare" (Reason, 1988, p. 3), heuristic inquiry's demand for intensity of personal commitment to the research

phenomenon forms the major tenet of the approach. By method, I refer to a set of steps defining the research process - these steps will be discussed in detail later in this chapter.

Heuristic inquiry is an internal search through which one discovers the nature and meaning of experience. The self of the researcher is always present throughout the process with understanding developing about both the experience under investigation and the self. Heuristic inquiry, therefore, is appropriate to those studies where exploration of deeply significant issues or phenomena is required.

Historical Development of Heuristic Inquiry

The term heuristic comes from the Greek *heuritikos* meaning "discovery" or "I find" (Douglass & Moustakas, 1985). Discovery is achieved when the researcher becomes deeply immersed in the phenomenon - an immersion based on a question of genuine personal interest, value, concern, and significance to the researcher. Therefore, the researcher begins by asking, "What is my experience of this phenomenon and how does the experience of others with this phenomenon assist me to further my understanding?"

In some respects heuristic inquiry resembles autoethnography in sharing an emphasis on the researcher's experience. Unlike autoethnography, however, heuristic research is less concerned with focusing on the cultural context of individual biography. Instead, heuristic inquiry is more interested in particular phenomena within that biography. Thus, heuristic inquiry could be said to apply a narrow focus to the specific whilst autoethnography broadens perspective by placing the researcher's life into a cultural context.

Moustakas' development of heuristic inquiry was not a deliberate intellectual exercise but a process of personal exploration:

My interest in loneliness began at a critical time in my life when I was faced with the problem of whether or not to agree to major heart surgery that might restore my daughter to health or result in her death. I did not consciously set out to study loneliness. I had no research design or hypotheses or assumptions...The entire process of facing the terror and potential consequence of this life or death decision initiated a search of my own self, an engagement of disturbing inner contact in which I tried to be fully aware and discover the right way to proceed (Moustakas, 1975, p.13).

Based on his overwhelming feelings of despair and isolation Moustakas began to explore the whole world of loneliness within himself and then others in similar situations. This eventually extended to explorations of loneliness within broader contexts, although still centred on his own experiences. What began as a personally meaningful project grew into a broad, in-depth, and insightful examination of the phenomenon of loneliness. Moustakas' contribution to the understanding of the subjective experience of loneliness is now recognised as one of the most sensitive (Casey & Holmes, 1995).

Role of Self

Heuristic inquiry is a process of self inquiry - through both inner dialogue and dialogue with others - to discover the underlying meanings of a particular human experience. Although fundamentally autobiographical, there is always a social and perhaps universal significance attached to the project (Moustakas, 1990). Indeed the process of heuristic inquiry demands exhaustive reflection, contemplation, and self disclosure from both the researcher and co-researchers. Frequently these disclosures are further enhanced by other depictions of the experience through such media as art, literature, theatre, or music. Thus, in beginning the process as a purely subjective examination, heuristic inquiry

develops into a "systematic and definitive exposition" of human experience (Douglass & Moustakas, 1985, p. 40).

Key Concepts

A number of concepts are central to an understanding of heuristic inquiry. These concepts, which will be described separately in the following sections, include the cognitive processes of tacit knowing; intuition; indwelling; focusing; internal frame of reference; and self disclosure (Moustakas, 1990).

In the proceeding sections I describe switching from one of these processes to another as though it were achieved consciously, however, this was not so. Indeed the entire heuristic process requires a complex use of these cognitive processes and is frequently performed unconsciously - or in a way that Jung would describe as being intuitive (Singer, 1990). It is only in analysing my application of these processes, of being actively aware of my movements within and between processes, that I am now conscious of using them.

Tacit knowing.

According to philosopher Polanyi (1983), all knowledge consists of, or is based in, acts of comprehension that are made possible through tacit knowing. Tacit knowing, therefore, is a way of knowing beyond rationality - a way of knowing that lies deeper than conscious articulation. This is, for example, what allows a person to know the colour purple. Usually people are able to say whether something is purple or not purple but are equally unable to describe the colour in such a way that a person, having never seen purple, would then know the colour purple.

Moustakas describes such knowledge as possible through a tacit capacity that allows one to sense the unity or wholeness of something from an understanding of the individual qualities or parts (1990, pp. 20 - 21). Tacit knowledge, then, allows the person to appreciate the essence of things, or to give

the person a feel for something beyond a description of the component parts. Tacit knowing holds the myriad parts together and in so doing creates another dimension - the tacit dimension.

The Gothic builders, for example, constructed magnificent cathedrals renown for their attention to architectural detail. Block by block the cathedral is erected. During this process the builder is intimately acquainted with these blocks of stone; and in this way the builder truly knows them. Yet on completion the cathedral in all its awesome majesty is far greater than the blocks. To look upon the cathedral and to feel its essence is to know it tacitly.

The heuristic process of inquiry is one that constantly makes conscious that which is tacitly known, of teasing out the components as much as holding the components to reveal their essence. Thus in this study it is tacit knowing that enables me to experience the essence of meaning in nursing home life and work.

Intuition.

Moustakas describes intuition as the bridge between the observable world and the tacit dimension. Using intuition relies on the use of clues, of sensing an underlying pattern: "In intuition we perceive something, observe it, and look at it again from clue to clue until we surmise the truth" (1990, p. 23). In this way the heuristic process entails making connections between clues to form patterns and relationships. Furthermore, the researcher is able to discern the big picture from the observable parts. In this study, intuition is an invaluable aid in identifying the key themes whilst sifting through the myriad details provided by my own and co-researchers' narratives.

Intuition allowed me to make links between seemingly different experiences to arrive at a point permitting an understanding of the commonalities. For example, my understanding of the significance of place to the resident co-researchers arose from an intuitive appreciation of their almost inconsequential comments about places in general. In other words, the co-researchers did not

earmark their comments with, "Now listen carefully, this is important". Instead my intuitive processes alerted me to the significance of what was seemingly insignificant.

Indwelling.

Indwelling is a process whereby the researcher looks deeply into a phenomenon. This process requires protracted concentration and a willingness to stay with the phenomenon for as long as is required to develop a deeper, more comprehensive understanding. This process, whilst conscious, is not logical. Indeed indwelling requires a commitment to examine phenomena from non-linear perspectives. Frequently, I found this process to be circular as I moved from the object of attention, along a connected but divergent path, to return again to the object - but this time with a slightly altered perspective. This process of indwelling continued to be repeated until finally understanding was reached.

The process of indwelling, like that of fermentation, must proceed at its own pace. Such an intense process cannot be hurried. Indeed, the researcher frequently needs to cease the process for short intervals as an aid to clarification and understanding. In this study there were periods when I would simply go for a walk, have coffee with a colleague, or attend to other less intellectual or creative aspects of the study.

I found that meditation is a valuable adjunct to the process of indwelling. Meditation, as a technique, hones attention and concentration (MacDonald, 1984). Often I found I could actually enter the phenomenon in meditation as though the phenomenon was visually magnified. This allowed me an increased depth of understanding and enhanced my use of the indwelling process.

Focusing.

Moustakas views the process of focusing as a therapeutic strategy and as a significant idea relevant to personal growth and insight (1990, p. 25). Focusing assists in creating a relaxed state receptive to the process of elucidating the

important from the unimportant. Focusing forces the extraneous and superficial to fall away unregarded, thus giving clarity to the definitive aspects of the phenomenon.

Focusing is not dissimilar to indwelling in that both require sustained concentration. However, whilst indwelling allows movement and exploration, focusing relies on quietude and a steadiness of approach. In this study the process of focusing was often used in conjunction with indwelling. At such times I would use indwelling to explore and investigate the phenomenon but use focusing to delineate specific aspects of that phenomenon.

Internal frame of reference.

An internal frame of reference can be likened to a personal culture, a context derived from the totality of life experiences that shape and mould a person into a unique entity. Thus, the fundamental basis for heuristic research is the nature of the researcher's and each co-researcher's internal frame of reference. Understanding another person's experience requires first an understanding of that person's internal frame of reference. Listening to the stories of others requires that the individual's internal frame of reference is empathically respected.

This was particularly important in my study when confronted by co-researchers whose apparent beliefs and lifestyle choices were different from, or contradictory to, my own. At such times I found I had to return to this key concept to assist me in viewing the stories from the co-researchers' internal frames of reference.

Just as I was affected by the differences in frames of references with my co-researchers they too were affected by mine. This meant that I frequently had to reframe questions, or articulate quite specifically what I meant in my questions or comments. For example, my frame of reference considers nursing homes to be less than satisfactory places to end life. However, one resident told me emphatically that her life had never been easier, safer, or more sociable. Any pity

that I may have held for this woman needed to be quashed for me to enter into a dialogue that I would be able to "truly hear".

Self disclosure.

Fundamental to heuristic inquiry is that the disclosures by both the researcher and co-researchers are authentic. Without authenticity the whole credibility of heuristic studies collapses.

Self disclosure - the outcome of dialogue - is an important facet of heuristic inquiry. Initially, self disclosure involves disclosing one's thoughts to oneself thus making them conscious. Once conscious the person is then able to take ownership of these inner disclosures by disclosing them to other people. The outcome of this process is an open acknowledgment of self.

For many people this open acknowledgment of self can be an uncertain enterprise. However, this is precisely what gives heuristic inquiry its edge: this invitation to vulnerability, the possibility of intimacy, and hence authenticity. Fromm's classical words on the need for faith and courage, although written in the context of love, are perhaps equally pertinent in relation to this process of dialogue and self disclosure:

To have faith requires courage, the ability to take a risk, the readiness even to accept pain and disappointment. Whoever insists on safety and security as primary conditions of life cannot have faith; whoever shuts himself off in a system of defence, where distance and possession are his means of security, makes himself a prisoner (Fromm, 1957, p. 104).

Thus, self disclosure requires trust not only in those who listen but also in the risks inherent in the experience of self exploration. Jourard's extensive work on the role of self disclosure (1971), in regard to the development of healthy personality, is also of value here. The first vital factor in promoting self disclosure is ensuring a climate of trust. Therefore, both parties need to offer trust

and be seen as trustworthy. (The establishment of trust with co-researchers is described later in this chapter.)

Jourard and Landsman (1980) report that some people are more comfortable disclosing to strangers. This suggests that, for some, the act of consciously owning one's thoughts, opinions, or feelings rather than to whom the disclosure is made is the most important part of the process. In this study, I found that this was certainly true for residents but far less so for staff. Indeed most staff were reluctant to participate in dialogue with me - even informally - until they got to know me.

Self esteem, according to Jourard's studies (1971), is another important factor. When invited to be involved in my study residents and staff frequently prefaced their replies with comments such as, "I don't think I'd be of much help" or, "I'm not sure I have anything of value to tell you". I found comments such as these both sad and frustrating. Sometimes it was obvious that the person simply did not want to be involved and so I would reassure them that they were under no obligation. Others, however, were genuinely convinced that they, and their lives, were uninteresting. In situations such as this I usually offered some sort of disclosure about myself as a way of showing the person that I was willing to be an equal participant (an important factor common to both self disclosure and heuristic inquiry). Sometimes this also acted as an ice-breaker, particularly amongst those who suffered low self esteem or self confidence.

Dependency and differences in power are additional factors that appeared to influence the degree of self disclosure by residents and staff. This was particularly evident when I initially spoke with residents about their feelings of being in a nursing home. They were very careful to stress how good the staff were and how everything was done with the residents' best interests in mind. Later, however, as rapport developed, residents were increasingly likely to speak more openly about conflicts with staff and dissatisfaction with the nursing home.

Without exception, co-researchers expressed that the process of self disclosure was a personally satisfying experience. This is indeed part of that risk taking on which Fromm comments - without the willingness to risk no benefits can ever be gained (1957).

Heuristics, Occupational Science and the Interpretivist Paradigm

Heuristic inquiry, with its strong emphasis on personal exploration using the self as both researcher and subject, was highly compatible with the aims of this study - particularly in tandem with an occupational science perspective. Although occupational science is broadening its approach, methods, and topics of research this highly subjective - heuristic - examination of occupation is relatively new. Therefore, this particular methodological constellation offers an opportunity to extend the application of heuristic research into new contexts. Likewise, occupational science will benefit from the opportunity of having an in-depth examination of the personal experience of occupation, and the experience of what it is to be an occupational being.

Reality, according to occupational science, is determined by not only the occupation people have been involved in but also the cultural, political, and historical context in which they live. Since we can never fully know the experiences of another as they do we must always interpret those experiences from our own standpoint. Heuristic inquiry seeks to bridge, at least partly, this difficulty in using the researcher's own experience of the phenomenon as a means of interpreting, and thereby understanding, the experience of another.

The importance of recognising that each of us is the product of a lifetime of occupation, and that we are also influenced by our own particular way of being in the world is supported by the interpretivist/heuristic approach. Whilst we may share many occupations, and much of our way of being in the world may overlap, each of us experiences life in essentially unique ways. Both heuristic inquiry and

occupational science respect those differences, just as both also accept the similarities of these experiences. In this way occupational science and heuristic inquiry assume an attitude of respect for both the uniqueness and integrity of human occupation. Each also assumes that the best way to understand what it is to be an occupational being is to focus on the individual experience as it is experienced, and in the context of that experience. This assumption is not unique to heuristic and occupational science inquiry, indeed it is the bedrock of the new paradigm research promulgated by Rowan and Reason (1981).

Summary

This chapter has provided a discussion on the theoretical foundations underpinning this study. Having identified the topic for this study I looked to methodologies that were best suited to answering my research questions and were also congruent with who I am and in what I believe. This study is, after all, primarily an examination of my - and to a lesser extent my co-researchers' - sense of being in relation to nursing home life and work as both occupation and occupational context. To this purpose I elected to situate the study within an interpretivist paradigm; focusing on the experience of meaning for residents and staff within Australian nursing homes through the application of the heuristic inquiry method of research.

CHAPTER 5

Research Design

Overview

This chapter provides a detailed discussion of this study's research design. The first part of this chapter presents a description and discussion of the research settings; co-researchers; methods of data collection; and analysis of data. Methodological issues, including the ethical considerations underpinning this study and issues pertaining to the credibility and rigor of this study, are explored in detail in the latter part of this chapter.

Data Collection

Introduction

This study, of residents' and staff experiences of meaning associated with life and work in Australian nursing homes, drew directly on my own personal and professional experiences of nursing home life and work, and on the direct experiences of 14 residents and 17 staff. In addition, another 80 - 90 residents and approximately 40 staff participated informally in this study. Moreover, my own personal and professional experience, over a period of almost twenty years, has involved considerable contact with nursing home residents and staff.

Although the primary source of data for this study has been my own extensive experience of both working in nursing homes and in supporting family members living and dying in nursing homes, multiple other data sources have also been used. The use of a combination of data sources was chosen for two reasons:

to enable me to examine the experiences of others thereby providing additional depth, variation, and comparisons with my own experiences; and to allow me to explore residents' and staff's experience of meaning in a range of Australian nursing home contexts.

Data collection, whilst centred on my own experiences, reflections, observations, and inner exploration, has also involved additional methods of data collection. These have included: personal exploration and life review; participant-observation; everyday conversations; informal interviews; semi-structured interviews; co-researcher journaling and follow-up discussion.

The use of a range of data collection methods has enhanced this study for three reasons. Firstly, as a heuristic study, it was important for me to gain an understanding of the interior experiences of others in our shared search for, and participation in, a meaningful context for life and work. To achieve this aim I explored firstly my own inner experiences, and then the inner experiences of others - both indirectly through novels, memoirs, and other research, and directly, through encounters with other residents and staff.

Secondly, after a period of almost three years away from the nursing home environment it was important that I re-immense myself in, and re-acquaint myself with, the nursing home culture. Doing so provided me with myriad triggers that enabled me to explore my own inner experiences. This was not unlike Moustakas' first foray into heuristics in drawing on his direct experiences within the hospital to explore his inner feelings of loneliness (1961). In this way my role as participant-observer similarly fulfilled this requirement.

And thirdly, given the occupational science perspective on this study, it was important that I explore for myself, and with my co-researchers, the experience of meaning as a form of occupation within the context of that occupational setting. Thus, my field work as participant-observer with both

residents and staff, and my shadowing of staff members, enabled me to explore meaning directly within the context in which meaning was located.

Settings

Although the participant-observation and staff shadowing phases of the study were conducted in a single nursing home, this study has drawn on the experiences of residents and staff from a number of different settings. Exploring the experiences of co-researchers from other settings provided a valuable source of collaborative evidence, which also enhanced the validation of this study.

Collection of data commenced in March, 1996, and were finalised in November, 1997. The experiences of resident co-researchers (including those from Mr Scobie's riddle, 1983; and This bed my centre, 1979) were based on six Australian nursing homes. The staff co-researchers' participating in this study were based in four nursing homes, and my own experiences were based on nine different nursing homes. Of this sample of 19 nursing home facilities, some co-researchers' nursing home experiences were shared leaving a total of 15 Australian nursing homes to provide the context of this study.

The nursing homes that my co-researchers and I have used as a basis for exploring meaning represent a range of facilities:

- small (less than 40 beds) and privately owned,
- small (40 - 50 beds) and owned by charitable organisations,
- large (70 - 100 beds) and privately owned, and a
- very large (300 - 400 beds) government owned facility.

As already indicated, nine of these nursing homes formed part of my data indirectly through either the written experiences of others (novels, memoirs) or my family's experiences. Since a major part of the data, collected from sources other than myself, were collected during the time I spent in participant-observation and the shadowing of staff, I will now describe that nursing home.

The nursing home.

The nursing home, located in metropolitan Perth, Western Australia, is situated within a large retirement village complex. Despite the physical proximity of the nursing home to the village, social interaction between nursing home residents and retirement village residents is generally restricted to pre-existing relationships, for example between spouses or siblings. In terms of social, economic, and health status the residents of this nursing home represented a wide range of residential dwelling older people. In terms of culture the majority of residents - in both the nursing home and the retirement village - are Australians of Anglo-Celtic-European backgrounds.

Selection of the nursing home was based on personal contacts. Having worked at this nursing home some years previously I was known by management. This worked in my favour as entry into nursing homes to conduct research tends to be difficult. (Given that nursing homes are first and foremost residents' homes, directors of nursing are understandably protective in the face of researcher requests for access.)

After approaching the director of nursing informally, I then sent a formal letter of request (co-signed by my supervisor) with a copy of my research proposal, a schedule of my intended visits, and notification of my insurance cover for my role as registered nurse participant-observer.

The next phase of negotiation involved the staff. Having received confirmation by the director of nursing, I held daily information and question/answer sessions for staff. These were conducted over a week during the staff handover period, thus increasing my likelihood of reaching all staff working during the day and evening. In these sessions I outlined my research aims and methods of collecting data. I informed staff that whilst I would be very grateful for their involvement that no one was under any obligation to participate in any way. I emphasised that all observational and interview data would be confidential.

I also guaranteed that at no stage would any of the findings be divulged to management. An open letter to the staff detailing all this information was also posted in the staff common room.

My home as setting.

A second site used for data collection was my own home. Two co-researchers from other nursing homes had agreed to keep personal journals. We had arranged to meet every three weeks to discuss the contents of their journals and any other experiences they wished to share. Although very willing to participate in the study, both were adamant that their involvement be confidential. Thus, our meetings were scheduled to be held at my home. This was very successful in that both co-researchers felt comfortable about expressing their feelings openly without fear of interruption or misinterpretation by their employers. To this end, and in keeping with the sensitive nature of our meetings, we tended to meet over coffee or lunch. This arrangement ensured a relaxed environment conducive to the sharing of deep reflection.

Data Sources

The sources of data used in this study can be classified broadly into three categories: myself; textual material comprising novels, memoirs, and a research report; and the resident and staff co-researchers.

Given that the aim of this study is to investigate the sources and nature of meaning experienced by nursing home residents and staff, I was interested only in portrayals of meaning. Thus, I focused exclusively on those residents, staff, and other data sources that I considered exemplars of meaning.

Self as data.

To develop an understanding of the meanings associated with living and working in a nursing home, and in keeping with the principles of heuristics, my own experiences provided both the initial data and acted as a reference point

against which the experiences of others were compared, analysed, and interpreted. Personal data took two forms: my experience as a nursing home staff member and my experience of supporting six members of my family in nursing homes. (A synthesis of these experiences was presented in Chapter 2.)

Recall of my professional experiences as a nurse, educator, and grief counsellor were facilitated through excerpts from my personal journals, dream diaries, and personal memories. These aspects of personal experience - covering almost two decades - were usually accessed in response to an incident external to myself. For example, whilst observing a staff member who was interacting with a highly distressed resident - suffering with advanced dementia - I recalled personal experiences of similar situations. This situation released a flood of memories coupled with a related physical reaction causing me to re-experience momentarily an acute mixture of anxiety, frustration, and compassion. Thus, these associations - brought about through indirect contact with various phenomena - were potent sources of data for me.

Access to personal memories, conversations with other family members, family photographs, and family stories became the primary sources of data pertaining to my experiences of having had six members of my family live and die in nursing homes. Data concerning my grandfather, in particular, were also obtained through the analytical-psychology technique of active imagination - a technique in which I have been trained. Active imagination, developed by Jung (1968), is a technique in which the person consciously returns to the unconscious enabling a "dialogue" with a personally potent symbol or figure. This is a particularly powerful technique in accessing material not normally available at the conscious level of mind (Hannah, 1981; Singer, 1972).

These techniques of reflection and recall have assisted in uncovering my own experiences. The images, more importantly, have also enabled me to construct a portrait of my myriad associations with nursing homes. According to

Hunt (1993), fieldwork is an intersubjective process. As such it is both interpretive and mediated by the minds of both the researcher and the subjects. In this way the data arises from a dialogue mediated by complex intrapsychic meanings between the researcher and subject. In terms of heuristic inquiry, this process also occurs within the knower and known aspects of the self. Furthermore, the inner worlds of researchers determines the structure, setting, research design, and research roles chosen by the researcher (Hunt, 1993, p. 81). Thus, all field based research reflects directly on the researcher as an individual. According to Hunt's view, this study reflects directly on my inner sense of being in the world.

Co-researchers.

In heuristic inquiry a co-researcher is someone with whom the researcher shares an experience of the phenomenon under investigation. This person, in having her or his experience shared with the primary researcher, co-researches and co-creates an understanding of the phenomenon (Moustakas, 1990).

The first requirement for co-researchers, therefore, is direct experience of the phenomenon under investigation. In this case all staff and residents met this requirement. The second requirement for co-researchers refers to their ability to reflect on personal experience. This also includes a facility for insight, a willingness to explore and enter into self dialogue, and a willingness to share openly these experiences.

Recruiting staff co-researchers was relatively straightforward, although a number of staff were reluctant to be interviewed - either believing that they had nothing to offer, or were unwilling to be involved in any depth. (While staff were extremely generous in allowing me to shadow them, or answer my questions whilst I worked alongside them, my impression was that once the requirements of their shift were finished they were unwilling to devote any more time to anything connected with the nursing home.)

Recruiting resident co-researchers was quite difficult. Although the director of nursing had informed me of residents whom she believed would be suitable, many residents simply did not fulfil the requirements for heuristic co-researchers. Some simply did not want to be involved whilst others indicated an interest but due to sudden changes in health had to withdraw. Other residents - although enjoying the conversation and my attention - simply lacked insight and the ability to enter into self dialogue. Given this situation, therefore, my own personal experiences with my family members and the additional sources of data such as the novels and memoirs became important substantive data.

Co-researchers, therefore, belonged to three different groupings: those who participated in the participant-observation/shadowing aspect of the study; those residents and staff who acted as co-researchers in the interview/dialogue aspects of the study; and those staff who participated as journal keepers in the study. Many co-researchers participated in more than one aspect of the data collection process. In this way membership in these different aspects of data collection was not exclusive.

Commencing with participant-observation I began identifying potential co-researchers from amongst residents and staff. Working alongside staff and caring for residents allowed me direct exposure to possible co-researchers.

Staff co-researchers included nursing assistants; enrolled nurses; registered nurses; occupational therapists; physiotherapists; occupational therapy assistants; physiotherapy assistants; a podiatrist; a hairdresser; catering, cleaning, and laundry staff; and administrative staff.

Two registered nurses who opted to journal their experiences and feelings made up the final group of co-researchers. Initially I approached five people whom I had identified as being exemplars, however three withdrew their offers of participation. One of these potential co-researchers left the state for another job; another took emergency annual leave due to work related "stress"; and the third

told me she had simply changed her mind. The remaining two co-researchers and I had all worked with each other, although at different times, which meant that trust and rapport were already established, thus facilitating our dialogue. At the commencement of the study both these co-researchers were employed in the same aged care facility, however, midway through our contact both resigned within weeks of each other and went to different facilities.

Fictitious names are used for all co-researchers throughout this report.

Texts as data.

The use of textual materials as additional sources of data, used to supplement and complement the data derived from my observations and experiences, and from the co-researchers' contributions, is commonplace in heuristic inquiry as Moustakas comments:

To supplement the interview data the heuristic researcher may also collect personal documents. Diaries, journals, logs, poetry, and artwork offer additional meaning and depth and supplement depictions of the experience obtained from observations and interviews (Moustakas, 1990, p. 49).

In keeping with Moustakas' call for a constant appraisal of significance (1990, p. 33), I used two main criteria in selecting these data forms. The first criterion was personal relevance to my own situation, and the second was the potential for extending and rounding out existing data. Consequently, these additional data sources provided added depth, increased detail, or linked together disparate experiences or ideas that would otherwise have remained unconnected or unexposed. An example of this was gained from White's depiction of self identity from the perspective of his character, Alex Xenophon Demirjian Gray, whose insight - despite being tarnished with early dementia - remains remarkably sharp (1986).

Given that this study focuses on Australian nursing homes I chose only Australian works as my additional data sources. Furthermore, each of these

selected works is also an exemplar of its genre. Thus in this study, the following works (listed alphabetically) were selected as additional data sources:

- Thea Astley's novel Coda, is a satirical account of an older woman's struggle against the burden of ageist stereotyping, the inevitability of ageing, and what she considers to be the unbearable prospect of the dehumanising effects of institutional life (1993).
- Rosalie Hudson's Unique and ordinary: Reflections on living and dying in a nursing home is a highly sensitive personal account of the professional experience of caring for terminally ill residents within a nursing home. As a registered nurse and director of nursing, Rosalie's account also highlights the dilemmas faced by nursing home directors in overseeing care within the context of professional and community expectations (1995).
- Elizabeth Jolley's Mr Scobbie's riddle is a satirical novel about the relationships between nursing home residents and staff. The novel captures the poignancy of past glories, the almost magical role of memory, and the ongoing quest for meaningful identity (1983).
- Ellen Newton's This bed my centre is an autobiographical account of life as a resident within four different Australian nursing homes. Excerpted from Ellen's personal diary, the memoir provides the reader with a strong sense of immediacy in sharing Ellen's experiences and reflections within the context of Ellen's own view of the world (1979).
- The Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council Aboriginal Corporation's They might have to drag me like a bullock: The Tjilpi Pampa Tjutaku project is an action research project that examines the rights, needs, and care options of the senior Aboriginal men and women of central Australia. The project provides insight into the reasons why nursing homes are viewed as culturally and spiritually inappropriate for older Aboriginal Australians (1995).
- Patrick Whites' novel, Memoirs of many in one, is a witty and satirical portrayal of an older woman's experience of encroaching dementia and her desperate attempts to remain connected to her own sense of uniqueness and self importance (1986).

Novels are well accepted as means for capturing archetypal material (Tacey, 1988). From a heuristic perspective, novels may also be described as capturing the tacit dimension of knowing: containing the essence of experience.

Using satire, all three novels (used in this study) focus on the need for reclaiming one's identity in the face of ageing, negative stereotyping, and dependency. Satire has long been a valued literary device for exploring themes that society, in general, has difficulty facing. Each of the novels chosen for use in this study is a satirical examination of the twin themes of ageing in Australia and of the terrifying prospect (considered by many Australians) of "going into a home".

The three novelists - Astley, Jolley, and White - are highly acclaimed authors and exemplars in their field. Notably, Elizabeth Jolley has been recipient of numerous Australian and international literary awards. Likewise, Thea Astley has been awarded numerous literary awards including the prestigious Miles Franklin award on three occasions. Patrick White, amongst numerous Australian and international literary awards, was recipient of the 1973 Nobel prize in literature.

Rosalie Hudson's reflection on life and death in a nursing home is the only example of such a work from an Australian perspective. Drawing on her personal and professional experiences as a nurse, counsellor, and nursing home administrator, her style approaches the heuristic. Rosalie's writing - highlighting the frustrations and joys of her work - provides both lofty inspiration and an appreciation for the sheer groundedness of her work. Likewise, Ellen Newton's memoirs of life in a nursing home can be described as heuristic.

Although published in 1979 at a time when Australian nursing homes were yet to be reformed (Commonwealth Department of Community and Health, 1988), Miss Newton's memoir was chosen for its heuristic quality rather than its content. As data, Miss Newton's story provides eloquently sensitive insights into a nursing home resident's quest for meaning. Miss Newton's articulate testimony exemplifies the inner process of the experience of being. Ellen's writing - with her highly reflective and articulate style - contains a certain intimacy as she shares her

poignant but successful struggle for selfhood and the maintenance of self identity through illness and admission into four nursing homes.

The Tjilpi Pampa Tjutaku project - in detailing the unique concerns of Aboriginal Australians - highlights the whole ethos of older Aboriginal peoples' struggle to maintain cultural identity and spiritual links with the land. The project also illustrates richly the important roles of older Aboriginal people in maintaining the welfare and cultural continuity of their communities.

Data Collection Stages and Methods

This study has five distinct stages of data collection using a variety of methods for collecting that data. Table 2 provides an overview of these stages, the participants, the objectives of each stage, and the methods of data collection.

The methods of data collection - dialogue, participant-observation, interviewing, and journaling - and their role in each of the stages will now be discussed. As indicated earlier, this study uses a range of data collection methods to maximise the potential for capturing the vividness of co-researchers' experience. The goal of each method, therefore, is to help the phenomenon reveal itself more completely (Moustakas, 1990, p. 44).

Dialogue

Dialoguing - both with self and other - is central to the whole heuristic process. Moustakas comments on the essential role of self dialogue:

Self dialogue is the critical beginning; the recognition that if one is going to be able to discover the constituents and qualities that make up an experience, one must begin with oneself (1990, p. 16).

Table 2
Summary of Data Collection Stages.

Stage	Participants	Objectives	Methods
1. Participant-observation	•staff & residents	•identify nursing home culture •identify potential co-researchers	•participation & observation •everyday conversations •informal interviews
2. Shadowing	•staff	•understand work roles •early contact with staff co-researchers	•participation •everyday conversations •informal interviews
3. Resident Interviews	•residents	•identify heuristically experience of meaning	•semi-structured and informal interviews •analysis of additional data sources
4. Staff Interviews	•staff	•identify heuristically experience of meaning	•semi-structured and informal interviews •analysis of additional data sources
5. Journals & Discussion	•staff	•deep exploration of personal experience	•journal writing •group discussion

Whilst observation provided me with stimuli to which I could respond and reflect, dialogue provided me with the opportunity to explore, elucidate, and clarify as part of the process. Dialoguing involves self disclosure, cooperative sharing, acceptance of other, and opens up pathways for further exploration. Jourard (1971) advances that genuine dialogue cannot be planned - that it is like a mutual unveiling, where each seeks to be experienced and confirmed.

Dialogue with the co-researchers was usually informal. Frequently staff came to me unsolicited and began speaking about their experiences. In not having a formal agenda I simply allowed these dialogues to take whatever path seemed natural and thus established not only rapport but a flow between both the co-researcher and myself.

The process of dialoguing with co-researchers also involved extensive self dialogue. I became aware of a spiralling flow operating during these times: the co-researcher would make a comment, I would reflect privately on that comment, and then respond to it. This would then become the basis for further reflection and response by the co-researcher. Thus, there was a "to-ing and fro-ing" between us until we had exhausted the topic, come to some sort of conclusion, or even decided to leave it to incubate further. In this way exploration leading to clarity was enhanced.

Participant Observation

The initial method of data collection used in the nursing home setting was participant-observation. These early observations, forged as they were on my working role in the nursing home, allowed me to re-acquaint myself with the nursing home world, and begin to piece together again my feelings about nursing home work. As I had previously worked in this nursing home it did not take long for me to re-familiarise myself. During this phase of data collection I spent

approximately 40 hours working as a participant-observer for periods ranging from two to six hours duration.

Participant-observation became an invaluable tool for stimulating my reflections as a process of data collection. During these periods of participant-observation I kept extensive field notes written intermittently during the shifts or immediately after each shift. To facilitate the process of analysis these notes were later transcribed into my word processor.

Fieldwork assumes observation and can be viewed as a continuum with full participation (immersion) and pure observation (spectating) as the extremes. The degree of participation varies with particular situations, being influenced not only by the researcher's preferences but also by organisational - legal and ethical - constraints. Most texts on fieldwork stress the separation between self as researcher and self as individual where "going native" is considered unprofessional (Bogdan & Taylor 1984; McCall, 1969). In heuristic inquiry, particularly where the researcher is the primary source of data, no such requirement exists - in fact the opposite can be said to be true. Therefore, my experiences as a participant-observer became a source of even more personal data.

Participant-observation provided not only a valuable means of observing the relationships and interactions between nursing home members, but also as a means of exploring my reactions and responses to these observations. As a nurse with many years experience in gerontological nursing, the role of participant-observer was effected quite smoothly. Since I was still legally registered as a nurse I was able to work directly with residents as a nurse. To avoid confusion for both residents and their families I always indicated to them (both verbally and in wearing an identification badge) my dual role as researcher and nurse.

Having worked in this particular nursing home several years ago I was still known to a few of the residents and staff (although many residents had died and most of the staff moved on to other employment). Therefore, "being an insider"

worked in my favour, allowing me to move quickly into the community and establish rapport with residents, families, and staff. While being an insider is traditionally considered detrimental to grass-roots research - especially where the researcher is seen as an authority, either managerial or educational (Bogdan & Taylor, 1984) - this was not so in my case. Indeed, my time previously spent in this nursing home was as a clinical nurse: working at the bedside with other staff, residents, and their families. During this period of employment I was very aware of being regarded as an informal leader, with staff frequently coming to me with their problems knowing of my interest and developing skills in counselling. Therefore, I found that I was still viewed in that light - as someone who is trusted. The fact that my research focuses on the residents and staff - their feelings, actions, and welfare - increased the positive rapport I shared with them. Thus, I believe that my former involvement in the nursing home was of value particularly in view of the highly sensitive nature of my role in this study.

The initial phase of data collection was aimed at developing an understanding of the social context of the nursing home world. To this end I worked as a registered nurse-researcher looking at nursing home life with the eyes of both experienced registered nurse and heuristic researcher. During this period I worked in all areas of the nursing home, attended various nursing home activities and functions and generally behaved as one of the staff. I also used this period to identify potential co-researchers. Later, I worked alongside staff for the duration of their shifts to understand further the different staff roles. I have called this activity "shadowing".

Shadowing

During this period of shadowing I worked with the person and assisted with whatever tasks were part of that staff member's role. I shadowed nine staff members over a period of approximately 38 hours. Obviously many tasks were

beyond my scope - such as physiotherapy or hairdressing, and so on those occasions I simply assisted. Thus, I became an assistant to: the physiotherapist, a cleaner, the occupational therapist; a kitchen hand; the hairdresser, an assistant in nursing, an occupational therapy assistant, an enrolled nurse, and a registered nurse. These periods of shadowing gave me ample opportunities to experience first hand what it is to take on each role. It also provided numerous prompts for dialogue with the shadowed staff member. Dialoguing in these situations took on a naturalistic aura. Staff seemed quite content to answer my questions as we went along and frequently asked me questions.

On several occasions, and in the staff's response to my interest in loss and grief, staff members used the opportunity to share with me their feelings around personal experiences of loss. Although not directly related to my research questions, these dialogues provided me with deeper insights into the nature of relationships between staff and residents. One staff member wanted to tell me of her own experience with a potentially life threatening illness and the way that the rest of the nursing home - residents and staff - had supported her as she dealt with her increasing sense of fear and powerlessness. Another staff member wanted to share with me her experience of the death of her mother and of the way that other residents had helped her - unwittingly - to begin the painful process of grieving.

In such instances, although it was impossible to separate myself completely from my role as researcher, I would take on the role of listener and support person. Without exception, staff thanked me for listening - sometimes apologised for taking up my time - but invariably viewed the interaction as personally comforting. Whilst these types of interactions certainly assisted in enhancing my degree of rapport with staff members - my involvement in their culture, and my inclusion into their inner worlds of personal meaning - I consider that these interactions also allowed me to give something back in return to the staff themselves. In this way I felt that the research process was frequently

double sided enabling both the co-researchers and myself to gain from our interactions.

Interviewing

Interviewing is an important aspect of data collection: ascertaining the personal opinions, beliefs, perceptions, intentions, and feelings of co-researchers are the key benefits (Moustakas, 1994; Sudman & Bradburn, 1983). Interviewing also provides additional texture to observational data and assists in clarifying and elaborating observations, thus reducing the problem of misinterpretation. In this study I have used a combination of interview styles: everyday conversations, informal interviews, semi-structured interviews, and group discussion. A transcript of each staff co-researcher's interview was available for that co-researcher to read. At the request of the resident co-researchers, I read their transcripts to them. I will now define each of the interview styles, and describe how and why I have used them in this study.

Everyday conversations.

Although Chenitz (1986) uses everyday conversations to describe informal interviews I have not adopted her definition. Instead I view everyday conversations as being quite distinct from informal interviews. Everyday conversations are primarily motivated by a person's desire to share social contact with others. On the other hand, informal interviews are motivated by a desire for information.

Thus, everyday conversations are not goal laden. As the most natural form of social interaction everyday conversations are fundamental to social relationships. Compare, for example, the difference between, "How are you, what do you think of the weather we've been having lately?", and "Do you find the weather we've been having lately affects your moods?". Both deal with the state

of the weather yet, whereas the first is simply an attempt to make conversation, the second aims at eliciting specific information about the respondent.

In this study everyday conversations were a fundamental means of establishing contact and developing rapport with residents and staff of the nursing home. The building and maintenance of these research relationships were very much dependent on me being seen as sincere, approachable, and authentic. Much of this was achieved through the use of everyday conversations. This was particularly evident during the participant-observation stage of the study when it was essential for me to establish relationships that would facilitate my participant-observer role. Everyday conversations, for me, were part of simply being an authentic human being surrounded by people in whom, and activities with which, I was particularly interested.

In spending whole shifts in the nursing home I allowed myself to be both researcher and non-researcher. Sometimes sharing a joke, discussing the best way to grow azaleas, or commenting on the activities of our political leaders took over from the formal research agenda. Yet, in many ways these everyday conversations actually contributed to my tacit understanding of the occupational context and culture of the nursing home.

Everyday conversations often opened doors into events and insights that I might not have observed, considered, or otherwise noticed. For example, the director of nursing mentioned one day, whilst pointing to some photographs displayed in the lounge, her concern that residents rarely interact socially with one another. Her comments alerted me to an issue I had failed to consider. So, although my verbal contacts with residents and staff were not exclusively motivated by my research, many of these verbal interactions consequently aided the research.

Informal interviews.

Informal interviews, in this study, are viewed as being goal driven and are particularly useful in eliciting comments on specific topics. Interviews were informal in that the questions arose spontaneously within the setting and within the context of the interaction rather than being predetermined. This was the case with the five resident co-researchers whom I used as a type of reference group. Whenever I observed or heard something of interest I would go back to one of those co-researchers to have the issue expanded and clarified.

Like everyday conversations, informal interviews occurred frequently during the day. I spontaneously initiated these interviews as new information of questions arose. However, I was not always able to speak with the resident co-researchers immediately and would often have to arrange suitable times to speak with the co-researchers to fit in with nursing home activities. At these times I would make a note of the question or issue and return to the co-researcher at the next convenient time.

The length of the informal interviews was determined by the nature of the inquiry. Some inquiries were quickly answered, others required more detailed discussion. During these interactions I was again aware of the spiralling process of moving from myself to co-researcher and back again. Informal interviews could reveal a new perception of the data, or they might simply provide a confirmation of existing data.

Based on my interaction with residents during the participant-observation and staff shadowing stages I had collected a number of questions. These became the basis for my informal interviews with resident co-researchers. This occurred, for example, when Mrs Wolton - a resident co-researcher - had raised the subject of a higher presence watching over her and guiding her decisions. Since this was clearly central to her way of experiencing meaning and being in the world, I then returned to the previous two resident co-researchers and asked them informally

whether belief in a higher presence was part of their experience. And, as it turned out, it was important to both residents but neither had thought to mention it.

Semi-structured interviews.

This cycle of flowing from one co-researcher to another also characterised my semi-structured interviews with resident co-researchers. A semi-structured interview is one in which the interview has a general aim, for example, "How do residents adjust to nursing home life?". However, unlike, formal structured interviews there is no list of standardised questions. Instead, the interview follows a path naturally devised by the interviewer - co-researcher interaction (Moustakas, 1990, p.46). The differences in style can be compared with the gentle ebb and flow of a tidal river to the steady stream of a waterfall. The semi-structured interview is defined by the advance and retreat-like movements of inquiry and response. The formal structured interview, on the other hand, has a defined goal and follows a distinct course in arriving at that destination.

In the case of this study, however, I usually began the semi-structured interviews with a general sense of direction. Thus, I would make a list of some of the issues I wished to explore with the co-researcher - issues generally derived from everyday conversations and informal interviews. Although this provided me with a starting point, I was conscious of the maxim that heuristic inquiry explores that which is personally known. Therefore, it was essential that I not attempt to control the flow of the interview. To do so would be to obstruct the co-researcher's own tacit experience. Like the analytical psychology process of analysis (where Jung comments that the relationship between analyst and analysand must be left to take its own path, free from the controlling effects of ego-interference; Singer, 1971), it was always vital that I trust in the spiralling heuristic process to uncover that which was significant.

Semi-structured interviews have the advantage of eliciting responses based on subjective perception. The word meaning, for example - although defined

broadly for the sake of this study - is beyond empiricism. No two people will define meaning, especially in their lives, in the same way. Thus, semi-structured interviewing takes this into consideration and, more importantly, facilitates the exploration and expression of these subjective differences.

In the case of heuristic inquiry this ability to elicit deeply subjective responses is not only an advantage but a necessity. Given that the fundamental principle of heuristic inquiry is "to discover" the deeply subjective nature of a phenomenon, restricting co-researchers' responses would be to deny large amounts of potentially rich data. Encouraging co-researchers to tell their stories gave the co-researchers freedom to express whatever issues they identified as having personal validity.

When conducting semi-structured interviews I would make a time that suited the co-researchers. Two resident co-researchers preferred to be interviewed in their rooms at afternoon tea. They liked "to have me at home" with them to share a cup of tea and talk about their lives. (In keeping with occupational science this type of naturalistic setting and activity could be described as an occupational setting and method.) Another resident co-researcher, however, preferred to be away from the room where disturbances and interruptions could be minimised. Yet another resident co-researcher, suffering with advanced Parkinson's disease, preferred to be interviewed in the mornings when she was at her "brightest and freshest". Staff co-researchers also chose interview times according to their preferences - meal breaks or before official shift hours. Staff co-researchers (apart from the two who elected to journal their experiences) also preferred to be interviewed in the workplace - their own occupational setting.

A single factor governed interview length - the length of the co-researcher's story. In this way interviews ranged from 45 minutes to two and half hours. Residents were twice interviewed using semi-structured interviews. Five months

separated these interviews and were interspersed with frequent informal interviews and everyday conversations.

Staff interviews included a series of informal interviews with nine staff members acting as key informants during the period of shadowing. Semi-structured interviews were conducted with two staff co-researchers (separate from those involved in the journalling and discussion). These staff interviews represented the culmination of numerous informal interviews, everyday conversations, and participant observations.

Journalling and Discussion

As indicated, two staff co-researchers chose to keep personal journals and to discuss their experiences and feelings around meaning and their work. Both co-researchers were experiencing uncertainty in their careers and had separately begun to review their sense of meaning and future ambitions. The opportunity to participate in the study was thus appealing. Journal keeping, they agreed, would allow them to explore deliberately their desire for review. Both co-researchers were familiar with journal keeping as a form of personal growth - indeed both were actively involved in personal quests for self knowledge at the time of participation.

In terms of instructions I left it open to the co-researchers - it was, after all, as much their personal journey of self awareness as it was my study. Therefore, I simply offered a few questions to act as initial prompts, an exercise book to record their thoughts, and my telephone number should they wish to discuss anything. Initially I had thought to telephone them weekly to maintain contact, but eventually we decided to meet every three weeks at my home to discuss whatever they felt was important. At these meetings I would ask them to review what had been going on for them, and then use that as a foundation for further discussion. These co-researchers maintained their journals over a four

month period with us meeting to discuss their entries on five occasions for a total of 14 hours.

On some occasions I would use queries emerging from the data collection at the nursing home to stimulate discussion with these co-researchers. These discussions elicited comparisons between nursing home contexts that invariably lead us into other generalised discussions. At the end of each meeting the co-researchers left their journals with me for a day or so. This gave me the opportunity to read the journals, make notes, reflect on their comments in light of existing data, and maintain an ongoing analysis. When completed, I then returned the journals to the co-researchers at a time and place of their choosing.

One of the advantages of journal use over verbal dialoguing is that the co-researcher is not restricted to a specific time and place to explore their emerging thoughts and feelings. A journal provides the opportunity to capture a feeling as it occurs, thereby also capturing the immediacy and naturalness of the feeling. According to Moustakas, discovering meanings in everyday activities requires that co-researchers "go wide open" an activity facilitated by the private nature of the journalling process (1990, p. 44). Journalling also allows the co-researcher to review and expand on previous writings, thus creating a natural ebb and flow of thoughts and reflections (Rainer, 1980).

For my part, I was deeply affected by many of these co-researchers' comments. Sometimes their comments activated feelings, associated with old memories that I had almost forgotten, that triggered off new awareness and perceptions in me. For example, when I read one of Maggie's entries in which she laments the "busy-busy" culture of the nursing home, I found myself crying at the realisation that, as a staff member, there had been too many instances where I had abandoned human interaction for the completion of physical tasks. In experiencing these moments of awareness, tinged with regret, I used these comments to begin new rounds of exploration with other co-researchers.

Data Analysis

Overview

Heuristic inquiry involves uncovering the essence and themes characterising the phenomenon under investigation. Certain components of analysis - individual depictions, a composite depiction, exemplary portraits, and a creative synthesis - are intrinsic to the process of heuristic inquiry.

The individual depictions, composite depiction, and exemplary portraits can be viewed as intermediary outcomes, whilst the creative synthesis represents the final outcome of heuristic inquiry. Furthermore, analysing data within heuristic inquiry follows six phases characterised by specific mental processes. Unlike quantitative research, where the movement from data collection to analysis is linear, heuristic data collection and analysis, are interlinked, ongoing, and overlapping. Thus, the distinction between commencing and completing data collection and analysis is frequently muted.

In this section of the chapter, I first describe the phases of heuristic research and how these were experienced during the study, I then go on to describe the components of analysis - individual depictions, composite depictions, exemplary portraits, and the creative synthesis, and finally the actual process of data analysis.

Phases of Heuristic Inquiry

The phases of heuristic inquiry involve a fluidity of approach rather than following discrete stages. Understanding and knowing are thereby allowed to unfold at a natural pace. These phases take the researcher along a course that journeys from the initial curiosity of a preliminary question to the tacit

understanding of a phenomenon as demonstrated by the creative synthesis. By way of an overview, Table 3 illustrates the relationship between these phases and the associated research activities as applied to this study

Initial engagement.

This phase marks the beginning of the heuristic process of inquiry and is characterised by an intense interest around a specific phenomenon. This phase was marked by my early participant-observations of the nursing home during initial phase of my study (referred to in Chapter 1) and my subsequent deepening of that research focus to encompass a new focus on of life, work, meaning, and wellness in Australian nursing homes.

During this period I acquainted myself with literature associated with my topic of interest. This enabled me to develop an early understanding of the experiences, thoughts, and comments of others. Based on this period of reading, much of my chapter on related literature was written during this period. Initial engagement, therefore, assisted me to identify a research focus of personal significance and marked my first explorations of this field of inquiry.

Immersion.

Immersion enables the researcher to become completely and intimately acquainted with the topic or question. Working through this period meant that as new material was digested more questions arose necessitating the search for more material. (To ensure I did not diverge too far in my exploration I kept a copy of my research aims and questions in front of me.) Thus, this period involved maintaining a sustained focus on the issue of meaning within the nursing home.

Immersion was reflected in my involvement with co-researchers and other data sources. During this phase I embarked on the data collection processes, a continuous cycle of analysis and verification with co-researchers. (Precise details of this process are given later in this section.) Diagramming of the results of my analysis, while providing me with a visual representation of clusters of patterns

Table 3
Relationship Between Heuristic Research Phases and Associated Research Activities.

Phases	Research Activities
<i>Initial engagement</i>	<ul style="list-style-type: none"> • initial participant observation • identification of research questions • general reading & literature review
<i>Immersion</i>	<ul style="list-style-type: none"> • data collection processes • continuous analysis of data • diagramming of key concepts, patterns • verification of data with co-researchers
<i>Incubation</i>	<ul style="list-style-type: none"> • individual depictions for all co-researchers • being with the data and mulling over it being open to intuitive insights
<i>Illumination</i>	<ul style="list-style-type: none"> • exploring, rejecting, and accepting possible clusters of meaning and themes • return to data to check fit of these patterns and themes
<i>Explication</i>	<ul style="list-style-type: none"> • final identification of key theme & thematic elements • develop a composite depiction • return to data to check fit • develop exemplary portraits
<i>Synthesis</i>	<ul style="list-style-type: none"> • develop creative synthesis as interpretive amalgamation of personal experience and composite depiction

(Adapted and synthesised from Moustakas, 1990.)

and inter-relationships, also characterised this phase. The final task of this phase was to develop individual depictions of all the co-researchers and other data sources. For example, the novels were analysed in the same way as co-researchers' narratives whereby I asked questions and sought the answers form within the text of the novel.

Incubation.

Incubation is a period in which understanding of the topic is allowed to develop and emerge. According to Moustakas (1990) this phase activates the intuition bringing about clarity and extended understanding. Moustakas also suggests that this period of incubation allows the inner tacit dimension to reach its full possibilities (1990, p. 28).

Essentially this is a period of quiet and conscious meditative processes to enhance the indwelling with the data. Long walks by the river and listening to classical music chiefly characterised my experience of this phase. Even when walking, I tended to carry a small notebook and pen as it was invariably these periods that brought about a flow of intuitive insights.

Incubation occurred at different intervals in the study. For example, incubation occurred following each encounter with a co-researcher, although these periods may have lasted only minutes or hours. In terms of the study as a whole, incubation lasted weeks. This was particularly so in the period following my final individual depiction before commencing the process of preparing the composite depiction with its identification of key themes and thematic elements. Having concluded the composite depiction I again returned to the process of incubation for another week or so, and was rewarded with increased insights into the relationships of the thematic elements with the key theme. The process of incubation cannot be hurried - it is a gestational period that must be allowed to unfold at its own pace.

Illumination.

Illumination occurs as a form of breakthrough where the clustering of themes begins to emerge from the incubation phase. In this phase, as mentioned above, I began to identify common themes from the individual depictions that eventually led to the identification of the key themes. This period was characterised by seeing connections, inter-relationships, and intra-relationships within the data. I experienced this phase as a sudden intuitive flash of insight where I felt that I immediately understood the essence of the totality of co-researchers' experiences. What had previously been cluttered and indistinct became meaningful, coherent, and identifiable.

Explication.

Explication is characterised by making conscious the various layers of meaning within the data. In this phase I finally identified the key themes, and their attributes or thematic elements. (These are specifically discussed in Chapters 6 and 7) Having identified the themes and thematic elements I was then able to construct two composite depictions - one reflecting the residents' experiences, and one reflecting the experiences of staff. To ensure the veracity of the composite depictions, I returned to each of the individual depictions to check the fit, and also approached three of the resident co-researchers, and three of the staff co-researchers to ensure my themes were true representations of their experiences. Moreover, at a public seminar I had been invited to address, I spoke to people who had family members in nursing homes who agreed that my themes captured what they saw as their family members' experiences (Kingsley, 1998).

Synthesis.

This final phase expresses the components and central themes of the study - usually in narrative form - to provide a comprehensive expression of the essences of the research topic. Although the synthesis is very much a personal interpretation of both the entire research process and the totality of co-

researchers' experiences, it is also much more. In holding the stories, feelings, experiences, hopes, failures, and desires of those contributing to this study I likened the process of creating the synthesis to the process of alchemy. In this way the alchemical bowl was represented by each of the co-researchers and myself into which we had poured our nursing home experiences of life, work, meaning, and wellness. The heuristic process - transforming those base products of our separate and individual experiences into the transmuted form of knowledge - acted as the fire of transformation. Thus the synthesis, as the final outcome of the process of heuristic inquiry - and representing answers to the research questions - transcends individual experience to provide a collective and transpersonal portrait.

Although I have summarised these processes as though linear, I experienced these phases as spiralling and continuous. As indicated earlier, even within each of the phases I experienced myself moving through either a complete or partial cycle of the phases. For example, even during the phase of initial engagement (supposedly the first phase) I entered into a cycle of initial engagement, immersion, incubation, illumination, explication, and synthesis in simply determining my initial research focus and questions. At other times I would move frequently between incubation and illumination enabling me gradually to piece together parts of the whole. In this way these phases describe the entire mental process of heuristic inquiry.

Central Components of Analysis

The heuristic process of analysis requires a gradual layering of understanding until a comprehensive synthesis of all aspects of the phenomenon under investigation is revealed. The layering is achieved through the development of four central components of analysis - individual depictions, a composite depiction, exemplary portraits, and the creative synthesis. These components of

analysis, therefore, can be viewed as representing the building blocks on which the final outcome of heuristic inquiry is established.

Individual depictions, the composite depiction, and the exemplary portraits may be considered the intermediate outcomes of heuristic inquiry, whilst the creative synthesis is the final outcome. These components, and their role in this study, will now be described.

Individual depictions.

An individual depiction is the first outcome of the analytical process. An individual depiction is a description of the personal experience of a co-researcher. Each co-researcher's experience, or alternative source of data, will result in an individual depiction. Generally, individual depictions take a narrative form as a means of maintaining the uniqueness of personal experience.

The objective of an individual depiction is to depict the constituents of the experience as well as the ambiguities and conflicting qualities that distinguish it from other human experiences (Moustakas, 1990, p. 61). Furthermore, Moustakas describes an individual depiction as being synthesised from observational data, interview material, informal conversations, poetry, artwork, or any other source of human expression (1990). Individual depictions were developed for a total of 14 residents and 17 staff in this study. A selection of these depictions - based on their portrayal of different thematic elements - is presented in Chapters 6 and 7 for residents and staff respectively.

Composite depiction.

The composite depiction builds upon the individual depictions. Having completed individual depictions for all the co-researchers the common themes, interrelationships, and patterns were identified. Subsequently, these became the foundation of the composite depictions. The composite depiction, therefore, reflects the experiences of all individual co-researchers and includes exemplary narratives, descriptive accounts, commentaries, and verbatim excerpts that

accentuate the flow, spirit, and life inherent in their experiences (Moustakas, 1990, p. 52). Each individual depiction, therefore, represents a micro-reflection of the composite depiction. In this study I developed two composite depictions - one to reflect the experience of nursing home residents, and one to reflect the experiences of nursing home staff. These depictions are presented and discussed in Chapters 6 and 7.

Exemplary portraits.

The exemplary portraits are profiles unique to the co-researchers, yet which characterise the group as a whole (Moustakas, 1990, p.50). These portraits, reflect the universal themes contained in the composite depiction. Therefore, not all co-researchers will have an exemplary portrait developed. Moustakas recommends that two or three exemplary portraits be used in describing the essential profile of the group (1990, p. 52). The exemplary portrait, although based on the composite depiction, is supplemented with other demographic and autobiographical data.

Although subtle, there is a distinction between the individual depiction and the exemplary portrait. The individual depiction focuses on the nature of the phenomenon under investigation and the personal experience of the co-researcher. The exemplary portrait, however, focuses on the uniqueness of the co-researcher as an individual and as a member of that collective of people who have shared an experience of the phenomenon. Therefore, whilst the individual depiction asks, "What is the personal experience?" the exemplary portrait asks, "Who is the person behind the experience?".

In Chapters 6 and 7 I have presented three exemplary portraits of residents and two exemplary portraits of staff. Each of these portraits reflects an individual who demonstrates those qualities most representative of the group of residents or staff experiencing a sense of meaning with Australian nursing homes.

Creative synthesis.

The creative synthesis may be considered the final product of the heuristic process of analysis. Although the research process itself, as a process, is highly valued, the creative synthesis may be considered the desired goal of heuristic inquiry. Hence, the creative synthesis is an original integration of the material that reflects the researcher's intuitive, imaginative, and personal knowledge of meanings, and essences of the heuristic process (Moustakas, 1990, p. 50).

In regarding the self as intrinsic to the heuristic process the self plays an important role in the development of the creative synthesis. Thus, the creative synthesis is an imaginative outcome depicting the researcher's personal experience of both the phenomenon and the research process, yet also maintaining connection and relevance with the stories and experiences of other co-researchers. Moustakas, moreover, believes that this final synthesis may take any creative form - lyrical poem, metaphoric tale, song, or narrative description (1990, p. 50). In this way the creative synthesis is limited only by the researcher's creativity. In this study, I developed both creative syntheses as poems.

Process of Analysis

In this section I describe the techniques used in analysing data leading to the development of the components of analysis just described.

Developing the individual depictions.

As indicated earlier, the first component of analysis is development of the individual depiction. Moustakas recommends that the researcher take notes, identifying the qualities and themes manifested in the data (1990, p. 51).

Given the varied methods of data collection used in this study, I gathered an extensive range of data in various forms - field notes, notes from informal interviews and conversations, journal entries, tape recordings of interviews, and notes taken from textual material (for example: novels). Most co-researchers

provided data from varied sources, for example: everyday conversations combined with informal and semi-structured interviews; journal entries, group discussion, and informal interviews; and shadowing and everyday conversations. Moreover, as indicated earlier, the processes of data collection and analysis were closely interlinked. During these processes I found myself moving from self to other, back to self, and then on to other co-researchers. Consequently, I developed a process that would be appropriate to the analysis of all data whilst doing justice to the richness of the data - a process divergent from Moustakas' original method.

Moustakas' approach was to collect the full complement of data from each co-researcher, prepare an individual depiction, and then move on to the next co-researcher. This process was repeated until he had completed individual depictions for each of his co-researchers (Moustakas, 1990). Thus, where Moustakas moved from one co-researcher to another, I moved amongst the co-researchers until the research question was answered. I found that by frequently going back and forward between co-researchers I could re-check experiences, seek clarification, and verify details in much the same way that triangulation is sought in other qualitative studies. (Triangulation is the use of different types of methods, or data, to obtain increased understanding or to reduce bias. This study may be described as applying data triangulation through the use of a variety of data sources: Janesick, 1994, p. 214).

All data were converted to written format. Interview transcripts were typed with wide margins and all hand written notes were recorded in exercise books on one page only with the facing page left blank for analytic notes. For the novels and other textual material, again using exercise books, I drew up columns to record excerpts of text I regarded as significant, and the corresponding page numbers - the facing pages were left blank for my analytic comments.

Data were analysed initially as they were collected. I followed the same process for all data. Initially I would re-read each sample of data and whilst

reading would make margin notes. These might take the form of noting down any personal associations; highlighting certain phrases or expressions; posing questions; noting possible patterns; noting recurring words or phrases, expressions of satisfaction or discontent; unanswered questions; incomplete descriptions; or suggestions for new directions of inquiry. In other words, I virtually recorded anything and everything that occurred to me as being potentially significant. At the end of the reading I would then pose certain questions of the data, "What is of greatest significance to this co-researcher?", or "What is the spirit or essence of this co-researcher's experience?". I also found it helpful to view the co-researchers' experiences metaphorically.

The identification of metaphors was very helpful in assisting me to integrate the individual co-researcher's experience. For example, I interpreted the metaphor of one resident co-researcher's life, a man who had been a high ranking army officer, to be: "sacrifice and solidarity in the face of adversity". To ensure the morale of his troops, as commanding officer in a particularly difficult battle, this co-researcher forsook personal safety even though faced with almost certain defeat. Thus it was that this man used the same technique when first admitted into the nursing home - as a way of maintaining the morale of his family. In succeeding to lift his family's morale, his own morale was subsequently boosted and with it his sense of personal meaning restored.

Analysing the data as they were collected had the advantage of allowing me to determine when I was reaching the end of my exploration. In grounded theory this point is described as theoretical saturation (Strauss & Corbin, 1990, p. 188). Although the term saturation applies specifically to the grounded theory research process, I found the concept useful in allowing me to identify the end of my inquiry. Saturation for this study, therefore, was characterised by a failure to ascertain any new or relevant data, and when I believed my research questions had been thoroughly answered.

Diagramming.

Once I had concluded the preliminary analysis, described above, I then drew up a list of all these patterns; themes; and recurring ideas, experiences, feelings, and metaphors. Using this list I then began examining them for evidence of interlinking, inter-relationship, commonalities, or patterns. Having identified these clusterings or patterns, I then set about drawing diagrams to represent these relationships visually.

Given that my own cognitive style is very much visual this was an important part of the research process for me. In cross referencing between the list and the diagrammed patterns (I used different colours to represent different clusterings of experiences), I could clearly see common themes, similarities, differences, or conflicts. In this way I was able to maintain my physical involvement in the process of analysis in a way not dissimilar to my physical involvement with co-researchers during the data collection phases. Consequently, I was able to experience the process of analysis as a personal experience - experiences congruent with both the heuristic process and the assumptions of occupational science.

Having completed the diagrams - drawn on large sheets of paper - I set about writing individual depictions for each co-researcher. These depictions then became the layer on which the next phase of the process of analysis was conducted.

Developing the composite depiction.

Development of the composite depiction was achieved by using the individual depictions as data and in using a very similar process of analysis. Using the large sheet containing the individual diagrams I then began searching for inter-relationships, patterns, and themes between these individual diagrams, just as I had done with individual pieces of datum in developing the individual depictions.

In developing the composite depictions - one reflecting the resident co-researchers' experiences and one reflecting the experiences of staff co-researchers - I first identified a key theme that defined the source of meaning. I used this process firstly for the residents, and then for the staff. To identify the nature of meaning I looked to those elements, or attributes, that characterised the experience of the key theme. Thus, I refer to these attributes as thematic elements. The relationship between the thematic elements and the key theme can be likened to a football where the ball in its totality is the key theme, whilst the material composing the ball (the mixture of leather, cloth, and thread) represents the thematic elements.

The key theme, as the source of meaning for resident co-researchers, was maintaining a sense of connectedness with their past sense of identity. This theme is, of course, very broad so I looked at what elements comprised this sense of connectedness. I found three elements common to all resident co-researchers' stories, although co-researchers experienced these thematic elements with varying degrees of significance. For example, one co-researcher experienced community as being foremost to her sense of maintaining connection with her self identity. Another co-researcher, however, felt that the thematic element - environment - was of much greater personal significance. Separating the key theme into these elements, therefore, assisted in providing both increased depth and texture to understanding the co-researchers' experiences whilst also allowing for variations in the importance to co-researchers of these elements.

Once the composite depictions were developed I then returned to the data to seek out verification of my analysis. As indicated earlier, I approached three of the resident co-researchers, and three of the staff co-researchers to read through the composite depiction to determine the representativeness of the experiences.

Developing the creative synthesis.

The creative synthesis, as final product, was indeed the final part of this study. I returned repeatedly to the heuristic phases of incubation, illumination, and explication until finally the creative synthesis emerged from my unconscious. The creative synthesis was not actually completed until the very last stages of writing up this study. Indeed, writing up the entire research project - reviewing the data, and returning to the depictions and portraits - fuelled this creative process.

My experience has been that development of the creative synthesis cannot be planned nor hurried. Initially I made a few early, somewhat hasty, attempts at developing the creative syntheses, but each of these I either aborted midway, or discarded once completed. This was not so much a matter of perfectionism, but a realisation that I was pushing ahead, at a pace too fast. I could tell that these products were incomplete - not only because they failed to capture all the aspects of co-researchers' stories - but because they failed to represent an integration of our combined experiences beyond the descriptive. Strauss writes that good grounded theory must have "grab" (1987) in that a reader easily makes the connection between the final product (in this case the creative syntheses) and the phenomenon under investigation. When I read over those early creative syntheses they seemed flat and lacked that quality of "grab". This was why, eventually, I settled on poetry as the vehicle for expressing the creative syntheses. I had attempted other forms - analogy, personal narrative, and dialogue - but it was to poetry that I returned. Poetry, in my experience, is unique in holding the possibility for using words to create images that, in turn, transcend the words themselves. Paradoxically, poetry, although composed of words, expresses and illumines that which words alone cannot express or illumine. Such also is the nature of the creative impulse. Having finally emerged from numerous rounds of incubation and illumination I knew intuitively that I was ready to write the

creative synthesis. What I experienced at this time was a gentle sense of softness, almost breathlessness, where the words flowed quite spontaneously from a deep unconscious source to begin forming the images that I had been holding and incubating since the very inception of this study.

Validation Issues

As with any formal research certain issues of methodology must be considered. These issues pertain to the validation of the study process and subsequent assertions.

Qualitative research, unlike quantitative research, does not have a vocabulary of prescribed technical terms to describe these issues. Based on a range of researchers' approaches to the issues of validation, credibility, and rigor several principles appear universal (LeCompte & Goetz, 1982; Leininger, 1994; Sandelowski, 1986). The central principles relevant to this form of qualitative study, namely heuristic inquiry, are the issues of credibility, dependability, validity, and trustworthiness.

Credibility

The issue of credibility is essential to heuristic inquiry. Explaining in detail the heuristic method is the first step in achieving credibility (LeCompte & Goetz, 1982). Presenting a clear explanation of this process provides the foundation for other researchers to follow the research process (Moustakas, 1990). Secondly, prolonged exposure to the people and social situation of the research environment also enhances the credibility of the findings.

The principles of credibility, in this study, have been achieved through the clear exposition of the heuristic method, the lived experience, and my prolonged exposure to the people and context of the study.

Dependability

Dependability of the data is achieved by clearly describing the data collection process and data analysis (LeCompte & Goetz, 1982). The purposive sample style (including literature as data) whereby only exemplars have been selected also promotes the dependability of both the data collection and analysis processes. Although writing in reference to grounded theory, Glaser (1978) considers this an essential feature of the principle of dependability.

Researcher speculation - a problematic issue in all qualitative research - is reduced by heuristic inquiry's commitment to ongoing dialogue, clarification, and verification of data with co-researchers (Moustakas, 1990, p. 33). Moustakas refers to this process as the researcher's "constant appraisal of significance". Copies of the interview transcripts or notes were available to co-researchers to ensure any omissions or misinterpretations could be rectified. Furthermore, comments from co-researchers and members of the public, in relation to my observations, allowed me to compare my observations against their experiences ensuring consistency of "meanings in context" (Leininger, 1994).

Elucidation of themes was discussed with co-researchers to determine consistency and accuracy of fit with their experiences. Thus, checking and judging ensures the explication of the phenomenon, and the "creative synthesis actually portrays the experiences of co-researchers" (Moustakas, 1990, p. 33).

Validity

Moustakas regards meaning as the essence of validity. Moreover, the ethical integrity of the researcher is paramount to the validity of the findings.

This judgement is made by the primary researcher, who is the only person in the investigation who has undergone the heuristic inquiry from the beginning formulation of the question through phases of incubation, illumination, explication, and creative synthesis not only for her or himself, but with each and every co-researcher (Moustakas, 1990, p. 32).

In other words, in this study validity is achieved when the creative synthesis honestly and thoroughly reflects the experiences of meaning in the life and work of nursing home residents and staff.

My personal contribution to validity has been to explore thoroughly my own experiences of Australian nursing home life and work with honesty and fearlessness. To facilitate this I have drawn on a number of sources: regular discussions with my academic supervisor; participation in seminars with fellow heuristic researchers; participation in transpersonal psychology growth groups; inner dialogues, meditation, and dream analysis; private sessions with a Jungian analytical psychologist; and an ongoing commitment to personal exploration and individuation. In searching deeply within myself as a means of understanding fully what lies at the heart of my own experiences of nursing home life and work, I have also been able to nurture and guide my co-researchers in uncovering their experiences.

Trustworthiness

Trustworthiness has been defined by Lincoln and Guba (1985) as an umbrella of terms - credibility, transferability, dependability, and confirmability. Despite this there is growing discussion on the acceptability of an alternative

definition - one that is particularly pertinent to heuristic inquiry. Commenting on the fundamental requirement for trustworthiness in research Massey writes:

I am quite prepared to use many of the terms [described by Lincoln and Guba]. But as far as I am concerned, if compassion, wisdom, selflessness, positive regard and congruence were not guiding every moment of the research, then I don't care how trustworthy, credible, transferable, dependable, or confirmable it is, I'm not convinced its good research (1996).

Massey's position reflects an abiding concern with intention and right action. In heuristic inquiry personal intention, perception, and action are more than just inherent in the research process - they are the fundamental tenets on which the research is founded. Thus, the obligation on the researcher is to provide an honest and exhaustive self examination. In heuristic inquiry this ethical obligation on the researcher can be described as "spiritual competence". This term, coined by Lincoln, is defined as:

an openness to the ultimate mysterious and numinous qualities of being, and profound concern for justice and the dignity and integrity of other persons and all living things (1995).

Throughout this study I have been very much influenced by the principles and sentiments guiding these words. My long standing interest in depth psychology has also provided a theoretical framework for understanding the numinous qualities of human beings (as outlined in Chapter 2). In listening to myriad stories of so many people I have been increasingly aware of the mysterious, gossamer-like qualities of being. As an observer of others, it would have been easy to record and report solely on what I saw. To do so, however, would be to miss the numinous qualities revealed only through the patience and trust that accompany the authentic listening to another's story.

Since so very much of this study has been founded on my own experiences, and on the experiences of six people for whom I have shared a deep love, it has been quite natural for me to hold both the objective and numinous

aspects of human occupation and being. Knowing my family members to have been far more than the frail, wrinkled, stooped, elderly people that others may have seen, has enabled me to assume equally that others contain aspects of being beyond the observable. Thus, the personal impact of my family members has ensured a lifelong respect for the integrity and dignity of older people. Having worked in nursing homes for so long, and having also formed deep relationships with my co-workers, the same realisation of the existence of a deeper level of being within the staff has also prevailed throughout this study.

Ethical Considerations

Ethical Safeguards Within the Study

Prior to entry into the nursing home a copy of my research proposal (including clearance by the Curtin University's Human Research Ethics committee) was submitted to the nursing home administration. Initial consent was negotiated and then re-negotiated as an ongoing process with both the nursing home and the co-researchers.

Details of the study and my role as researcher, were provided for all nursing home members prior to my collection of observational data. Nursing home staff were informed that my observations would include the nature and types of relationships they share with residents, of nursing home life in general, and later more specific questions about their experience of nursing home work. They were assured that the observations would be confidential and would not be shared with anyone within the nursing home.

Only those who willingly agreed to participate in the study were included, and written consent was obtained from co-researchers. Confidentiality of their responses was guaranteed and co-researchers involved in either interviewing or

journalling were told of their right to withdraw from the study at any time. During the observational period I informed residents and staff that they were under no obligation to participate. Details of these conditions were given to these participants in writing prior to their completion of the consent form (Appendices A and B for residents and staff respectively).

Co-researchers were given a choice as to the type of data I collected - interviewing or journalling. For those agreeing to be interviewed I gave them the choice of having the interview taped or not. Most of the residents preferred not to have the interviews taped - mainly because of their self-consciousness about their voices. In these instances I requested permission to take notes whilst we spoke. Copies of the interview transcripts or notes were available to co-researchers - indeed returning to the content of the interviews with co-researchers was an important part of the research process. Co-researchers were also assured that every attempt would be made to remove possible identifying material in the extracts of interviews, individual depictions, and exemplary portraits appearing in the final report. Fictitious names - for both resident and staff co-researchers - are used throughout this study.

In accordance with university policy all data - field notes, journals, and interview transcriptions - will be stored either as hard copy or on diskette for five years.

Ethics and Data Collection

Part of the researcher's moral commitment to the qualitative research process involves a serious, deep analysis of the researcher's role in the research project (Punch, 1986). As a heuristic researcher I have been allowed to become immersed in the life of nursing home residents and staff as a means of learning about their habits, thoughts, experiences, and personal reflections. Self disclosure implies intimacy and, therefore, trust. Being immersed in the lives of the co-

researchers entailed a high degree of intimacy between the co-researchers and myself. Like the co-researchers, my own habits, thoughts, experiences, and personal reflections also form part of the data. Thus, trust exists not only between the co-researchers and myself but also between the knowing and knower aspects of myself.

Fieldwork, the foundation of participant-observation, is viewed as a craft requiring both skill and tenacity. As a research instrument, fieldwork demands an explication that describes not only the successes and innovations but also the problems and disappointments. In so doing the researcher maintains the ethos of qualitative research - analysis of the grass-roots of social phenomena.

In maintaining the ethos of heuristic inquiry, therefore, fieldwork has been conducted from an overt perspective. Nursing home members were always aware of my role and when I was in role. This was particularly evident when, on several occasions, I was called in as an independent grief counsellor to work with particular residents. At these times I was clear about this role being separate from my research role so that nursing home members were under no misunderstanding. To reduce any confusion I wore the same uniform as staff when carrying out my research role, and non-uniform clothing when called in as grief counsellor. I also wore different identification badges clearly distinguishing the different roles.

Researcher morality and informed consent.

Punch (1986) considers that because vulnerable groups (such as the dying, the hospitalised, and the elderly) have been exploited in the past by researchers it is essential that they are accorded special protection. Hence the development of research codes of ethics. According to Punch, the notion of informed consent is an outgrowth of such codes and, although of bio-medical origin, it is now accepted within social research.

The issue under contention is how much social research can be gathered under the banner of informed consent. Informal observations, everyday

conversations, and basic social interactions, if to be incorporated as data, should only be admitted with the consent of the researched. Punch questions the practicality of such a concept (1986). Such literalism, accordingly, would render social research diluted and contrived, lacking spontaneity and real-worldness and negating the spirit of qualitative fieldwork. The dilemma then is how can vulnerable groups be protected without compromising the veracity and immediacy of data. Punch's solution (also echoed by Massey, 1996) is to adhere to a fundamental morality of social research. In other words it is not acceptable to lie, cheat, steal, or break promises. Instead the options are for the researcher to focus on responsibility to the researched, accountability to colleagues, and integrity of conduct (Punch, 1986, p. 83).

Prior to entering the field I explored these very issues, discussing them with my supervisor and colleagues, and examining my own reactions. The outcome of this was a personal elucidation of my philosophical assumptions around which this study is founded. These assumptions (as noted in Chapter 1) guided not only my own moral and ethical decision making but every step along the process of this study.

Providing Support

The deeply personal examination of oneself (demanded by heuristic inquiry) has the potential to create a sense of vulnerability. For this reason it was important that appropriate support be available should such self examination prove distressing to the co-researchers. I believe that this is an ethical and moral obligation on all heuristic researchers.

In consideration of the sensitive nature and the intensity of reflection required by this study, I found that there were times when it was necessary for me to take on the role of grief counsellor. My professional experience, as both a grief counsellor and gerontological nurse, has engendered in me sensitivity to and

empathy for people facing loss and experiencing grief - especially in connection with aged care and end of life issues. Given this experience I have been able to recognise initial signs of distress, thus enabling early intervention.

When, as occurred several times amongst residents, a co-researcher became distressed their well-being became my immediate priority. Consequently, my role as researcher was suspended temporarily, thereby enabling me to provide immediate emotional support for the co-researcher. In some instances immediate support, in the form of verbal reassurance, empathic listening, or silence, was required. In another situation, however, when a staff member was experiencing a recent loss, I was able to offer referral to a specific agency for ongoing support. In most cases however, it appeared that the person simply wanted the opportunity to share the experience knowing that it would be heard.

Discussing personal feelings, especially in connection with loss, can be extremely distressing. Involvement in such activities, however, is not always negative. Expression of these deep, emotional concerns can hold personal benefits for co-researchers including catharsis, self acknowledgment, sense of purpose, empowerment, and healing (Hutchinson, Wilson, & Wilson, 1994, p. 161 - 164). Co-researchers generally expressed satisfaction with their participation in the study. For example, co-researchers' remarks included: that, "It felt good to get that off my chest", "A good cry actually feels cleansing", and, "I'm not really upset but I don't seem to be able to say all this without crying".

During the process of data collection I frequently saw myself as a vessel holding the experiences and feelings of others. In also recognising the potential for stress associated with this work (and given my edict on providing emotional support), I developed several strategies to ensure my own support and emotional wellbeing. These strategies included meditation; attending regular meetings with my supervisor and heuristic research colleagues; attending self care workshops; frequent walks along the river; listening to music; talking with family and close

friends; maintaining a personal journal; and being involved in personal psychoanalysis. I found all these techniques valuable and will discuss the impact of these techniques in terms of the heuristic process in Chapter 8.

Summary

This chapter has provided detailed discussion of the research design of this study including data sources, selection of co-researchers, data collection techniques and stages, and my own process of analysis and review. Discussion of the methodological and ethical concerns pertaining to the study have also been presented.

The following chapters contain descriptions of the results of the data analyses. In keeping with the principles of heuristic inquiry the results are presented in the form of individual depictions, composite depiction, exemplary portraits and creative syntheses. In recognition of the parallel, but separate, foci of this study - nursing home residents and staff - these results are presented separately. Hence, the heuristic investigation of life and meaning for nursing home residents is given in Chapter 6 and the heuristic investigation of work and meaning for nursing home staff appears in Chapter 7. Finally Chapter 8 presents a summary and discussion of those findings and the implications of this study's results.

CHAPTER 6

Findings: Nursing Home Residents

Introduction

Making the transition from community life to nursing home was a difficult transition for all the resident co-researchers. The transition marked an important step in terms of personal identity and also represented an important metaphor for the ways the residents attempted to recreate meaning for themselves in their new circumstances. As reported in Chapter 3, documentation of the problems associated with relocation from community to nursing home abound and, whilst the findings are not unanimous, there appears to be a general consensus that relocation for the elderly is detrimental to wellbeing. Until this study, however, no previous research has passed through the gates of nursing home admission to explore the ways that nursing home residents find meaning in their new lives and ways of being in the world.

Overall, the results of this study indicate that positive sources of meaning can be found within nursing home life and that nursing home residents can live with a sense of wellness. There are, of course, variations within these contexts and in this section of the chapter I will use both extreme and representative examples to illustrate my assertions.

This chapter provides details of the results of the data analysis process described in Chapter 5. The chapter describes the source and nature of meaning associated with the residents' experience of living in a nursing home. (Appendix C provides a general overview of the resident co-researchers' daily occupations.)

The components of analysis: individual depictions, a composite depiction, exemplary portraits, and the creative synthesis are then presented. These

components of analysis form the major part of this chapter in illustrating both the heuristic inquiry process and the nursing home residents' experiences of meaning.

In tracing the heuristic inquiry process, this section begins with individual depictions and is then followed by the composite depiction in which the key themes and thematic elements are described and discussed. Arising out of the composite depiction will be the exemplary portraits and finally the creative synthesis.

Overview of the Key Theme

Maintaining a sense of connection with and between all aspects of the self is the key theme in nursing home residents experience of life and meaning. This key theme is comprised of three thematic elements: personal elements of connection, social elements of connection, and environmental elements of connection. Although common to all the resident co-researchers, each individual experienced the thematic elements differently. I have described the means for accessing these thematic elements, and thus meaning, as vehicles of access. These identified vehicles are: memories, objects, people, events, places, and beliefs. The key theme and the thematic elements - to be discussed at length within the composite depiction - are also evident in the individual depictions.

Individual Depictions

Moustakas (1990) views the individual depictions as being a summation of the co-researcher's experience of the phenomenon under investigation. The role of the individual depiction in heuristic inquiry is to hold together the myriad aspects of data provided by each co-researcher. In this way the individual depictions may be viewed as working documents on which the final analysis is based - similar

perhaps to an artist's ink cartoon as the basis for a painting in oils. For this reason Moustakas (1990) does not consider it necessary to include the individual depictions in the final report. In this report, however, I have chosen to include two individual depictions (from a total of 14). The reasons for this are threefold. Firstly, the inclusion of examples of individual depictions provides an overview of the totality of the heuristic process. Secondly, as summaries of these resident co-researchers' personal experiences, both individual depictions illustrate the key theme of maintaining connection with self and offer a window into the experience of meaning by nursing home residents. And thirdly, I have specifically selected these two individual depictions to demonstrate the underlying concept of an enduring sense of self identity.

These depictions have been drawn from mixed sources including: informal and semi-structured interviews, everyday conversations, participant-observations, and textual analysis (Newton, 1979). The depictions are written in the first person to maintain a sense of immediacy and intimacy of narrative. Although verified by the co-researchers, these depictions remain my own interpretations. As indicated earlier, throughout this chapter fictitious names are used for all co-researchers other than those emanating from the novels where the fictional names are used. In the Tjilpi Pampa Tjutaku project (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995) no names are given, instead generic descriptions are used, for example: a senior Mutitjulu woman.

Enduring Sense of Self Identity

To understand better the nature of an enduring sense of self identity I came to view self identity to be analogous with a thread running through a person's life: a thread constructed of material both flexible yet not immutable, and strong yet not so strong as to be unbreakable. Paradoxically, identity is constant yet malleable, and manifested by a cohesiveness and consistency that can be traced

back through the resident's life. These two qualities are linked and interwoven but, like a yarn of mercerised and non-mercerised cotton, one quality may shine more radiantly than the other.

These following individual depictions highlight these qualities - Miss Newton's story emphasises the constancy of identity, whilst Mrs Anderson's story accentuates the malleability of identity in dealing with change.

Miss Newton's story.

This depiction is a synthesis of Ellen Newton's nursing home experiences. It is abridged from her published memoirs This bed my centre (1979). This individual depiction provides deep insight into the ways that a lifetime of occupation shapes a person's identity. In Ellen's case these occupations have been within the world of literature, music, and theatre. Thus, it is the constancy of Ellen's sense of identity, associated with these occupations, that allows Ellen to create a meaningful life within the context of the nursing home, despite her feelings of isolation.

I never married. My life evolved around the arts and I was very fortunate to have many friends of similar interests. The cultural richness of Europe has always held my attention - not that I wasn't enamoured of the Australian arts contribution - but Europe has always held a certain magic. It seems to me to be the essence of culture. I am fortunate to have been blessed with a good mind and am well read. Reading has been an endless source of joy as well as learning for me and it has been absolutely essential to my survival over these past three years of nursing home admissions and transfers.

Coming to a nursing home was one of those experiences that one thinks will never happen. But I had been unwell with heart problems for a long time. I knew it was hard on my sister Helen taking on my care but I wasn't aware, until the doctor told me, just how ill she was becoming as

a result of this role. Poor darling, she'd never have said anything herself so it must have been a relief for the doctor to speak out on her behalf. Naturally I was concerned for my sister's health, I knew I owed her the world for what she has been to me, but - and I suppose selfishly - I didn't like the certainty of my fate.

Over the three years of living in several homes (of varying quality) I can't say I've ever found it easy. I would say that there have been three mainstays in my life as a nursing home resident: visits from Helen and other family and friends; music and good books; and small delights. Each feeds and nourishes my soul in different ways.

Continued contact with H. and others helps keep me in touch with home, garden, family events and rituals, and my community. When I feel abandoned to becoming just another "one of them" they bring me back to who I am and what I've been. With their visits I never feel cut off. Living as though sealed off in a vacuum from everyday things, no longer being with Helen sharing our day's doings over a lively meal - this was my recurring nightmare. And although I never really felt at home in any nursing home, having Helen and the others visit kept alive that sense of shared existence so intrinsic to my enjoyment of life. Other friends and family kept alive my connections with the arts world and world in general: animated conversations about the latest play or ballet, scintillating stories and racy gossip about our performers, social and political talk, the recounting of travel tales, and even, one year, my own personal Christmas revue performed so well by my young nieces.

The small delights. I call them small because to many other people (especially staff) they go unnoticed, but to me they hold such an inexplicable joy. Is it so difficult to understand the delight of a cake of elegant French bath soap, a small Chinese basket to hold my fruit - fruit

picked from Helen's very own garden, my transistor playing a beautiful Mozart sonata, a jar of homemade cumquat jam, a golden disc of a moon in a deep black sky, or a long stemmed exquisite ghost of a rose lying across the fullness of the moon. All this makes me realise I can still enjoy things - even in a long blind alley like this.

I'm not a praying person but when an angina attack stabs at my chest and shoulders and I think this could be it I hear myself say in my mind "Please, please don't let me go until I see Helen again".

Mrs Anderson's story.

Like Miss Newton, Mrs Anderson also demonstrates a constancy of identity. However, whereas Miss Newton experienced difficulty adapting to nursing home life, the malleable qualities of Mrs Anderson's sense of self sense allowed her to create a world of meaning virtually from her time of arrival at the nursing home. This depiction is based on everyday conversations, informal and semi-structured interviews, and three years of caring for Mrs Anderson as her primary care nurse.

My transition into the nursing home was a gradual process. After my husband died I lived alone in our house for many years. I got into a routine, had very good neighbours, and my family visited frequently. When I got sick I realised I couldn't manage alone. I didn't want people in my home and I realised that I couldn't impose myself on my daughter and son-in-law - it just wouldn't work. So I decided to go into a home (in those days you didn't need to get a doctor's permission, you just booked in).

At that time my son-in-law was still alive and he was happy to drive my daughter to visit me once a week. So rather than go up her way I decided to find a home in this area. Not only had I lived here almost all

my married life but both my sisters did too. I'd also made a lot of friends in the neighbourhood through my daughter's friends at school and, of course, through the church.

When I got here they [the staff] were all very nice. I could still walk then and could still catch the bus and go out. I made up my mind that this would be my new home. I soon developed a little routine just like I'd had at home. Gradually I have become friendly with one or two other ladies so it was quite a bit like having neighbours. We'd sit together in the dining room and maybe Mrs M. would come in here to say hello or tell me about her outing with her daughters. My daughter and her children visited weekly - although now that my daughter is a widow and has to run the business alone she's not able to visit so frequently. But my two younger sisters visit every week. We talk about all sorts of things but mainly the past, we share so many lovely memories that talking about them really makes them alive all over again.

Gradually I've got weaker and I'm not so independent now but the staff help me with showering and dressing and other little things. I've stopped going down to the dining room for my meals and have them here in my room which is rather nice because my family bring in my favourite foods so I can get to them easily. Its lovely to have my sister's home made jam on my bread and butter in the evenings.

I've never had any problems here, well except for one room mate who used terrible bad language. I've always got on with people - you know neighbourly. Coming from a farming community we always helped out our neighbours and vice versa. As children we went to church but really it was family who taught me right from wrong. I'm lucky in that I've always known the right way to behave. I had a wonderful childhood, full of happy times and plenty of hard work.

There is one special memory I have which is so clear I could be back there when I recall it. My sister remembers it too. Our mother used to bake all our bread - lots of big loaves to last the whole week. We had a big Meters stove (solid fuel stove). It was in the corner of the kitchen against the wall. Father had put in a big sheet of glass so Mother could look out. I remember going into the kitchen, the air filled with the lovely smell of hot yeasty bread, and through the window came a shaft of light so bright it lit up the whole stove. I can see that window and the light so clearly that I could be there now. Memories like that never go away. Little things trigger them off - maybe something someone says, a story in the paper or on the wireless, even the smell of them making marmalade down in the activities room!

My sisters and I often talk about the past. With them both visiting every week (but on different days) we do a lot of talking. Not that we only talk about the past but its very pleasurable to remember all the things we've done. I also like to keep up to date with what is going on in the world. Before my eyesight got too bad I used to read an awful lot. I'd read the "West" [local paper] every day and the "Gazette" [community paper] every week, that way I could keep up to date with what was happening. I've lived in this area for a very long time - way back when a lot of it was still bush - so I feel like its my little piece of Australia.

I've always believed you should make the most of what you have, accept things as they are. Looking out for other people, feeling for them, is what gives a person soul. When you die, well that's it - nothing else happens, life is just over.

Both these individual depictions share the common theme of making meaning through the maintenance of connection with an enduring sense of self.

From these depictions it can be seen that a common thread weaves its way through each of the co-researchers' lives. Miss Newton relies heavily on the shared experiences of others to keep her informed of the arts-world with which she so strongly identifies. Miss Newton may no longer be able to participate directly in that world but her sense of self remains inextricably connected. For Miss Newton, the constancy of this thread is nourished and preserved by the continued contact with others and through her own personal foundation of experience. The nursing home may not be the ideal setting for Miss Newton's requirement for high culture and beauty, but despite this she refuses to let go of "who she is" and strengthens her sense of self by returning inwardly to her world of beauty.

Mrs Anderson, unlike Miss Newton, does not rail against the nursing home setting. Instead Mrs Anderson gets on with her life. She makes up her mind that the nursing home will now be home and sets out to create her new life. The thread of Mrs Anderson's identity is certainly constant - as seen by her lifetime adherence to the values instilled in childhood - yet it is the malleability of the thread that is foremost in allowing Mrs Anderson to re-create a meaningful life.

These two individual depictions highlight the simultaneous co-existence and predominance of the qualities surrounding an enduring sense of self identity. Both demonstrate a cohesiveness and a consistency of being in the world - particularly at such a confronting and challenging time of personal change.

A Composite Depiction of the Experience of Meaning for Nursing Home Residents

Overview

The composite depiction (as discussed in Chapter 5) is developed from an analysis of the complete collection of individual depictions to provide a comprehensive account of the co-researchers' experience of the phenomenon. This universal depiction, therefore, reflects the key themes and essences that permeate the entire group (Moustakas, 1990).

The composite depiction is based on data derived from fourteen individual depictions: resident co-researchers, the central characters depicted in the novels and memoirs described in Chapter 5, my family members; the Tjilpi Pampa Tjutaku Project (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995), and the analysis of my ongoing work as a participant observer (in which I frequently assisted the co-researchers and other residents with nursing care and other activities).

In keeping with Moustakas' examples (1990, pp. 69 - 77) I present the composite depiction in a descriptive form highlighting the key themes, thematic elements, and essences of the experience of meaning among nursing home residents.

The Composite Depiction

Key Theme

The key theme to emerge from this study is that residents have a strong desire to maintain connection with the sense of identity they held before being admitted into the nursing home. As occupational beings people are more than

what they do or do not do. Essentially they are that enduring sense of self - living a life, and creating meaning in the contexts of that life.

This key theme encompasses three thematic elements: personal, social, and environmental elements of connection and will be discussed later in this chapter. In relation to the aim of this study - to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in the nursing home - the key theme represents the source of meaning whilst the thematic elements describe the nature of meaning.

This experience of meaning making for nursing home residents is intimately bound with their sense of remaining connected with all aspects of their personal identity. This sense of remaining connected involves an ability to access myriad aspects of self in relation to other people, places, objects, events, and ideas, and has personal, intrapersonal, and transpersonal qualities. Although memory is an important vehicle in accessing that sense of self, links with present and future events and relationships are equally important.

Amongst intense feelings of loss and upheaval the most profound feeling experienced on admission into a nursing home is an overwhelming sense of being cut off. Behind this feeling of dislocation is the even more terrifying fear that the resident will never regain even a sense of that former connectedness. In being cut off residents experience varying expressions of isolation, alienation, placelessness, loneliness, and abandonment. Accompanying these experiences of dislocation are feelings including sadness, passive resignation, indignity, depression, suicidal ideation, anger, denial, and melancholy. Maintaining connection, therefore, is a final attempt to overcome these problems of being cut off.

Once admitted residents then embark - often unconsciously - on a search for meaning. The search for meaning is one in which residents move back and forth between images of themselves now with images of themselves held at other times in their life. This process resembles a reweaving of the threads of the

resident's life. The new tapestry becomes one in which the patterns now incorporate the experiences of severance from independent community centred life, and adaptation into institutional life.

This reweaving metaphorically resembles the retensioning of a hand loom when the warp is tightened against the frame and the weft is adjusted to ensure that the crossthreads are strong and even, thus allowing the intricacies of the pattern to be more readily discerned. Like a traditional rug of hand dyed and woven wool, variation in colour occurs. Such variation is a natural part of the beauty inherent in all hand made works. Thus it is in the authentically hand made life of a resident as they begin the process of restoring - and sometimes recreating - meaning. The overall pattern continues its theme but the colours show much variation in hue. Entering a nursing home can be like the dismantling and reconstruction of a loom - a process necessitating enormous conscious effort, access to old skills and experience, and a degree of intuitive faith that what was, can be again.

Meaning is an interplay of personal, social, and environmental elements of the process of connection. These traverse that period of transition to link residents' former life with their present life in the nursing home. Meaning is derived from being able to sense - consciously or unconsciously - an interconnectedness with these elements of connection. Holding a sense of connectedness between the resident and these elements provides the resident with a bridge between past and present. Connectedness enables the resident to move freely across that bridge and the personal, social, and environmental elements act as vehicles to allow this movement. When residents experience the sense a cohesiveness within the fabric of their lives, which comes with living with and in meaning, they begin to experience feelings of integration and wellness. Wellness comes from being able to reconnect with a sense that life has been full, satisfying,

and valuable: and that it continues to be so despite the disappointments wrought by illness, disability, grief, dislocation, and a hundred other losses..

When residents are able to remain connected to themselves, other people, and their environment then they are able to experience a sense of acceptance of themselves and their situation. The contrary is also true - when feeling disconnected from the life they have lived residents experience their life as being fragmented, dissociated, and meaningless. Being unable to make the journey back through time and return equipped to resurrect and restore their sense of identity causes residents to experience feeling of sadness, isolation, powerlessness, hopelessness, and a depletion of their faith.

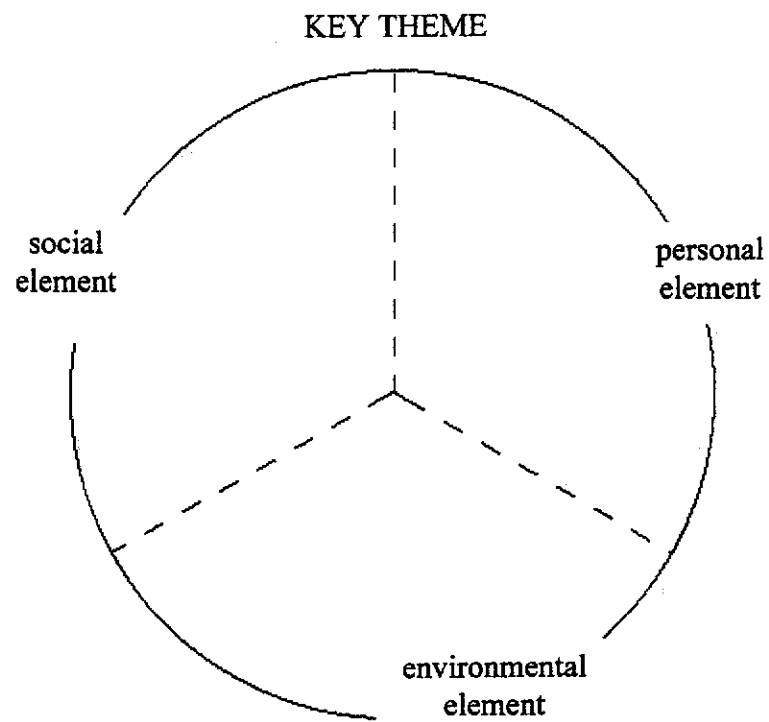
The most important means for maintaining this sense of connectedness appears to be through memories and contact with those who feature in the resident's pre-nursing home memories. These vehicles soften the impact of nursing home life, optimise the residents' dignity, and allow the resident to experience an enduring sense of self through the continuation of self identity. These factors allow the resident to answer confidently the question, "Who am I?", and perhaps also, "Who will I become, and what will happen to me?".

Thematic Elements of Maintaining Connection

Maintaining the connection between the places, people, and events outside the nursing home assists residents to integrate the nursing home space and existence into their own residential bio-geography of community, place, time, and spirit. The key theme of maintaining connection is identified as sharing three thematic elements: personal, social, and environmental.

These three elements are analogous to a tri-segmental sphere where the sphere represents the key theme and each segment represents a thematic element. The segments being permeable, enable communication between segments. Figure 4

Figure 4. Cross-section of a tri-segmented sphere representing the relationship between the thematic elements, and the thematic elements and the key theme.



illustrates this analogy. Each of the thematic elements - personal, social, and environmental - will now be discussed.

Personal elements of maintaining connection.

The personal element of maintaining connection with a sense of self includes all those experiences that occur interiorly. Personal elements of connection include myriad momentos of former occupational interests and activities. All the memories, values, beliefs, and thoughts that residents have in relation to their life are contained in this aspect.

Memories are perhaps one of the most potent means of maintaining a sense of connection with the personal essence of self. They provide a rich realm of reassurance of the realness of the life that has been. Memories also provide residents with access to abundant funds of learning where residents examine past situations or activities and then transfer the lessons learned from these situations to resolve issues around their new life in the nursing home. This was particularly evident in the story of Mrs Wolton whose struggles and success in dealing with her early widowhood held her in good stead as she negotiated nursing home life.

Reflection on past events can also enable residents to make changes to the way they behave in the future. For Mrs Anderson, who for many years lived alone and was of a private disposition, adapting to the questions and contact of staff was difficult. Initially she saw the staff as intrusive (as she would have seen such people in the community as "nosy") but later was able to reflect that her long standing attitude was no longer appropriate, or indeed helpful, in her present situation.

Music, reading, listening to the radio, or watching television are all examples of vehicles that maintain that sense of connection with self. These activities are closely linked with memory and also reflect personal tastes, preferences, and the assumption of choice. Miss Newton writes: "As the days

and hours and weeks crawl by, music is more than ever escape and healing in one" (1979, p 174). When the resident, for whatever reason, is denied access to these personally defined activities, access is also denied to an important realm of connection with self. Mrs Wolton, for example, cried as she sat in the audience listening to an orchestral symphony. She explained later that it had reminded her, not only of the exquisite beauty of the music, but of the life she had left behind.

Being free to continue to conduct life from and within the foundation of long held and cherished beliefs represents another face of the personal realm of connection. This is demonstrated in residents' desire to be able to act in ways that are consistent with their underlying sense of self. Attending religious services, family or social rituals, and continuing to hold the notion that "somehow I still matter" are examples of this. Associated with connection with personal beliefs is a desire for ongoing acknowledgment by others (family, staff, and other residents) of the life they lived prior to nursing home admission.

Another facet of this aspect is in being able to carry on with activities indulged in former years. Mrs Tilly, for example, was always active in the church making and selling products and produce to raise money for charitable causes. Continuing to be involved in similar activities through the occupational therapy department provides Mrs Tilly with an important source of meaning, just as Mrs Anderson also finds that being able to continue to be a good neighbour is an essential source of meaning to her.

Objects may hold as much meaning for some residents as people or events do for others. Having personal objects within the resident's space can foster a renewal of self. Objects are potent containers of symbolic meaning. Frequently the objects are those brought into the nursing home from the resident's home. In such cases these objects may carry double meaning - a symbol of life before the nursing home, and a symbol connected with the origins and stories belonging to that object. One resident, Mrs Hemming who had no living relatives, no visitors,

and almost no possessions wore a small brass medal pinned onto her nightgown or dress. The medal was one awarded to her long since deceased husband for an act of commendation in the first World War. This medal was always attached to her - and she to it. For Mrs Hemming this medal was a complex symbol of love, relationship, pride, and sorrow.

Photographs and paintings, pieces of furniture, jewellery, books, and even clothing all fall into this category. These objects are imbued with meaning and power far beyond their apparent face value. In many instances (such as Mrs Hemming's story) these objects frequently take on sacred proportions.

On a transpersonal level, dreams and other non-ordinary experiences provide additional entry to this realm of the self. To have access to these experiences limited or even obliterated through pharmacological effects (even if unintended) is a too frequent occurrence for nursing home residents. Mrs Wolton recalls clearly an image of her son (who lives interstate) appearing before her reassuring her that she would soon feel settled. My grandfather often dreamed of his deceased wife (my grandmother) who would give him words of comfort and strength. Such experiences are powerful, if fleeting, sources of the personal element of maintaining connection with a sense of self identity. These experiences also suggest insights into those mysterious and numinous qualities of being described earlier by Lincoln (1995).

Social elements of maintaining connection.

Relationships are an intrinsic aspect of human occupation. Thus, the social aspect of connection encompasses a wide range of relationships. This thematic element is perhaps most commonly seen as the main source of residents' connection with their sense of self. In the nursing home the social element is the one most conspicuously catered to, although like the personal element it also overlaps considerably with both the personal and environmental elements of connection.

Probably the most obvious source of social connection comes from direct contact with people. Visits from family and old friends clearly constitute a major source of connection with self. Watching grandchildren grow, listening to their achievements, sharing the attainment of landmarks and milestones allows the resident to appreciate simultaneously the next generation's progress and to relive their own childhood and adolescence. This process is equally evident in other relationships and provides the resident with opportunities to move within present, past, and future periods of time.

On the other hand, indirect contact with people can be equally potent in assisting residents to maintain social connections. Sharing the stories about people and events familiar to the resident can effortlessly transport the resident back in time. Involvement in family relationships and the natural evolution of these relationships continues to nourish the resident's sense of enduring self.

Family and friends' gifts of goodwill and love assist in fulfilling residents' personal need for acknowledgment - of their journey through life and the value of their individual contributions. As Mrs Wolton said, "I want people to know that I care about things, and that I matter". Even connections of a less intimate nature - perhaps the visit of a former neighbour - allow residents to return, if only for a short while, to their former positions within the community. News of what is happening in the old neighbourhood - houses being restored, real estate prices, gossip about people - nourishes the resident's sense of self.

Sometimes social connection may also be limited to only the resident's immediate family. On the other hand, many residents see themselves as continuing to be part of a far wider community - beyond the nursing home community - and are more likely to request news of the outside world. Mrs Anderson, for example, reads the paper every day and when her eyesight began to deteriorate her family bought her a small transistor radio to listen to the news. Not surprisingly, Mrs Anderson had a definite preference for staff who had an

interest in current affairs thus enabling her to discuss issues of interest whilst being assisted with her daily activities.

Another important aspect of social connection for residents is their relationships with the staff. Intimacy and emotional bonds develop between residents and staff - build on shared daily contact over varying periods of time. Thus, many residents consider staff provide a daily link between the nursing home and the outside world. Residents enjoy hearing the staff's stories and become familiar with the characters of the staff's stories, just as the staff also become familiar with those of the residents' stories. Listening to the tales of domestic activities and upheavals quickly reconnects residents with familiar occupations and renews their sense of self. Often the most ordinary experiences - the most banal of human occupation - can bring about a shared understanding. As occupational beings, residents and staff's lives are touched and influenced through the lived experiences of others.

Environmental elements of maintaining connection.

Environmental elements of connection refer to those factors that provide the resident with a sense of place. This thematic element provides a social-geographical context for understanding occupation - past and present. However, the environmental thematic element is beyond physical topography and incorporates physical place, social milieu, ecological, and even cosmological experiences of community.

Having a sense of place is an important and enduring source of identity. This is particularly so amongst Aboriginal people living in close accordance with traditional ways:

The old people have spiritual strength from being on their own country. It is in their spirit, and their spirit stays strong for being on their own country (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara, 1995, p 93).

Thus, place is not just a source of identity, it is identity; place is definition. For the people of the Tjilpi Pampa Tjutaku project there was no separation between identity and place. Like the trees, rocks, and other geographical formations surrounding them, these Aboriginal elders belonged in that place as fundamental elements of the landscape. To take these elderly Aboriginal people away would be to alter irretrievably, perhaps even to desecrate, that landscape into which they were born and belonged. Like the natural cycles, seasons, and lifespan of the fauna and flora surrounding them, the Aboriginal people of this region of central Australia also have a natural lifespan, equally determined by the forces of nature. For the majority of these people connections with identity, via place, were of far greater importance than having access to nursing home care, irrespective of their health needs.

In terms of non-Aboriginal co-researchers, sense of place is not confined to the broad context of geography. Neighbourhoods, places located only in memory - such as an old school house, a family farm - are equally important sources of connection. For many residents memories may be the only means of accessing these places of the heart. For others, special places are metaphorically returned to via a television programme, a picture postcard from a friend, a conversation with a staff member, or perhaps the gift of a beautifully photographed calendar.

When residents are taken on excursions most want to visit places that are known to them, so trips of nostalgia are very popular. However, as a means of staying in touch with the growth and vibrancy of their city many other residents are keen to visit new places. For these residents identity remains connected with the world outside their own immediate experience. Like the residents who continue to enjoy the society of the outside world through current affairs and news programmes, these residents see themselves as continuing to belong to a broader community - albeit a community that is increasingly difficult to access.

Visiting familiar sites assists in allowing the resident to return to a time in their lives when that site was still part of their life. Such visits may activate a flow of memories - not always warm and positive - but real nonetheless. These visits may also allow the resident to resume their relationship to the site by promoting an ongoing evolution of relationship. In such cases residents may enjoy returning to places if only to view the changes in a way reminiscent of an old friendship - comparing notes and the effects of time. Furthermore, these experiences allow the resident opportunities to enter into the flow of time more fully. Rather than enabling them to move just from present to past and back again, these excursions allow the resident to move from present to past back to present, and then - wondering what will happen next to this site - they move into the future. This process allows them to make at least small movements into a time in which they may never participate physically, yet there remains a small projection of self into that time.

The nursing home itself forms part of the environment of connection. Although the physical environment of the nursing home is initially very foreign to residents, once decorated with personal objects the place of their bed is transformed into their own place. It is no wonder that the common Australian colloquialism "my place" refers to one's home. The small but highly significant area surrounding the resident's meagre allocation of bed, chair, chest, and wardrobe comes to serve as "my place".

Many residents resent the unbidden intrusion of staff and especially other residents into their place. Residents complain that this is a source of irritation, although they also recognise that given the nature of residential life it would be difficult to have otherwise. Essentially, however residents see their meagre allocation of nursing home space as metaphorically representing "their place". Consequently they wish that staff (and those residents who are no longer able to appreciate this social grace) would acknowledge their right to this space. Miss

Newton's account of nursing home life makes this point powerfully through the title to her memoirs of nursing home life: "This bed, my centre" (1979).

Occupation and the thematic elements.

Clark, Woods, and Larson state that occupations are symbolically constituted in the culture. Furthermore, the personal interpretations that people give occupation are inevitably infused with the cultural meanings that people absorb (1998, p. 19). Given that elderly people, especially nursing home residents, are generally denigrated in our society it is not surprising then that meaning is sought via occupations that restore dignity and value to the older person's sense of self. Thus, this becomes part of the cultural context of life for nursing home residents.

Maintaining connection with a sense of self, therefore, provides residents with an enduring sense of self. Although the thematic elements are common to each of the resident co-researcher's stories, the expression of these elements is unique. Maintaining connection enables residents to place their lives into a context that in itself provides meaning. So whilst this aspect of occupation - as nursing home resident - is central to their present identity it is only a small part in the context of their full biography. For some disappointment at having to come into a home is at least ameliorated by the knowledge that it forms such a small part of an otherwise personally successful life. Disappointment is rarely a new experience for people of this age and so like other disappointments it is accepted and life carries on.

The process of making connection with a whole sense of self occurs as the resident accessed different elements of selfhood. These elements - personal, social and environmental - overlap considerably. Some residents may have a tendency to maintain connection through the accessing of one aspect of self rather than others. Likewise the vehicles that residents use to access these elements also vary in

preference. Despite this it seems that memories are the single most important vehicles that residents use to maintain connection with their unique sense of self.

The full biography of a person extends beyond a lifetime of occupation to encompass the essence of being. Being, as the unspoken, unseen, loosely understood experience of self and life is the central nature of all occupation. Being is that which allows a person to interface with the numinous and awe inspiring challenges and qualities of life. Like the thread of enduring self identity, being holds together each attribute of occupation to provide occupation with cohesiveness and meaning. In this sense being can be viewed as the quintessence of occupation. From the moment of conception each person is a being - that is the primary occupation. This primary form of occupation pervades all of life, and aggregates every other occupation up to the moment of death. Within that aggregate runs the thread of enduring self identity. A sense of wellness, therefore, is derived from living a life where one's unique way of being is in harmonious relationship with one's enduring self identity: a space that holds human occupation within the wellspring of being.

Exemplary Portraits

An exemplary portrait is a thumbnail portrait of a co-researcher that not only provides some autobiographical and demographical detail, but also reflects the co-researcher's experience of the phenomenon. The exemplary portraits provide additional complexity to the individual and composite depictions providing increased insights into the lives of the co-researchers. As described in Chapter 5, these portraits are developed once the composite depiction has been designed and reflects individual experiences of the key theme and thematic

elements. Each of the following three portraits has been selected as exemplifying the experience of maintaining connection with a sense of self identity.

In viewing the experience of connectedness, and therefore meaning, as flowing along a continuum - ranging from meaningful experience to meaningless experience - I have selected three portraits to illustrate different points along that continuum. The first portrait, of an unnamed elderly Aboriginal man, illustrates the extreme importance of connectedness at a transpersonal level; the second portrait - of Mrs Tilly - highlights the importance of connection with a personal past; and the third portrait - of Miss Jacobs - demonstrates the sense of utter meaninglessness when connection with self identity is thwarted. The implications of these extremes are discussed in Chapter 8.

Apart from the portrait of the elderly Aboriginal man (which is a direct quote from the Tjilpi Pampa Tjutaku project: Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995) the portraits are my own interpretation of the co-researchers. As with the individual depictions I have elected to present the exemplary portraits in the first person. Miss Jacobs and Mrs Tilly have verified their portraits. The portrait of the elderly Aboriginal man has been taken directly from the report on the Tjilpi Pampa Tjutaku project (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995) and has not been verified by me.

A Portrait of Mrs Tilly

Mrs Tilly is in her late eighties and has been widowed for many years. Although living in the city immediately prior to admission into the nursing home, Mrs Tilly lived in the country for most of her life. She came from a well to do family and married into a respected family of pastoralists.

Mrs Tilly suffers with Parkinson's disease that not only affects her motor movements but also her speech and recall of events. Her health fluctuates greatly

and some days are much better than others, thus it is very difficult for her to plan her time in advance. This means that participation in the activities and outings that she so enjoys can only be negotiated at the last moment. In this way her greatest pleasures in the nursing home are very much dependent on her disease process. Frequently suffering from "Parkinsonian freezes" (a condition where all voluntary movement is blocked - including speech), Mrs Tilly suffers the frustration of wanting to do or say things but being completely at the mercy of her body. Her voice is badly affected - now being little more than a softly slurred whisper. This causes her much embarrassment especially when people continually ask her to repeat herself (a practice that she finds exhausting). Although not her perception, this difficulty with speech is viewed by others as an impediment to really getting to know her.

I've always been a busy woman, always independent and used to doing things my own way. I grew up in the country and the church was a big part of community life. During the depression and the war years (World War II) it was the church that held us all together. Even as a girl I helped at church activities - raising money to help families, making jam and cakes, knitting and the like. When I got married I continued to stay active in the church - there was always plenty to do, and plenty of friendship.

It was hard coming to live here. I'd never had to share anything. We lived on a farm so I didn't have to share much space with anyone. My children all went to boarding school and learned to share that way but I never learned to share - well, until I came here.

I've always been a bit of a free spirit, loved my independence, and wasn't afraid to say my piece. Here, there is no need for independence - they treat an old lady like a baby. I was very upset when I first came, I thought my freedom would be gone for ever. But its not so bad. I

adapted myself to the conditions which was very necessary - very, very necessary. Luckily my family and friends from the church visit me all the time so I keep up with all the news. I go and stay at my daughter's for little holidays now and then which is lovely.

One of the ways I've learned to adapt is by becoming more tolerant - and, of course, learning to share. All my life I would choose who I mixed with and on what terms. Here, though, its different. I get on with most of the staff although I prefer some to others. Some of the younger ones I find hard to accept their ways - their language, dress, and lifestyles. The mature ones are easier to get on with, they understand me and they understand my illness and the ways that it effects me.

My sense of humour is also more developed. I need it to help deal with the frustrations of this disease and also to just live in this place. I get a lot of laughs now. I really enjoy all the activities and outings, that really gives my life meaning - being busy, doing things, being part of it all. This place reminds me of my days with the church - there's always plenty to do and that gives me a feeling of belonging.

Portrait of a Senior Aboriginal Man

I have chosen this portrait as an exemplar in depicting the essence, or central nature, of remaining connected. The Tjilpa Pampa Tjutaku project (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995) focused on the care needs of elderly Aboriginal men and women living in the cross-border regions of Central Australia. When the health of elderly Aboriginal men and women deteriorates to the point of requiring nursing home care, members of these remote communities are sent to the nearest nursing homes. Given the remoteness of these communities, and the lack of appropriate local services, this means that the old people are relocated in nursing homes over 400 kilometres away

(Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995). Thus the dislocation, associated with nursing home admission, is extreme.

Many of the project's co-researchers had experienced nursing homes either directly or indirectly through elderly relatives being admitted. Extreme fear of being cut off from family and community runs through all the narratives. Indeed, many describe the sense of separation as being cut off from their "Dreaming" and when the old people are removed, and no longer able to sing the songs and direct ceremonial business, the community is equally cut off from its Dreaming (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995, p. 60). To understand the significance of place it is important to understand the fundamental nature of Dreaming. The Aboriginal concept of Dreaming can be described in the following way:

In the Aboriginal world view, every meaningful activity, event, or life process that occurs in a particular place leaves behind a vibrational residue in the earth, as plants leave images of themselves as seeds... Everything in the natural world is a symbolic footprint of the metaphysical beings whose actions created our world. As with a seed, the potency of an earthly location is wedded to the memory of its origin. Aboriginal people call this potency as the Dreaming of a place, and this Dreaming constitutes the sacredness of the earth (Lawlor, 1991, p. 1).

Although not a resident in a nursing home, the portrait of this senior Aboriginal man describes graphically why nursing home life (away from the traditional community) cannot be meaningful to traditionally based elderly Aboriginal men and women. Hence, this portrait emphasises the intrinsic role of connectedness in providing meaning for older people - regardless of their circumstances. This portrait, of an unnamed elderly man, is narrated by a woman from the Mutitjulu community near Uluru. The woman's narrative expresses very clearly the intensity of the bond between Aboriginal people and the land. As echoed in the abovementioned description of the Dreaming, this bond can be likened to a cement that binds human to earth - indeed the people are the earth.

That is his country, his earth, his ground, that is his manta [country, earth, land] and that is his spirit, that is his land. In that land is his spirit. Tjukurpa kurunitja [of, within the spirit]. His home is on his country, on his own land. That is because his kuuti - his spirit resides in that land. He has to live in that land. Within that spirit. Tjukurpa kurunitja. That is because when that old man was born his body touched that ground then and received that spirit then. And it has been like that his whole life. His mother, who brought that little baby into the world, grows that baby up to see his land, and he gets to know that land intimately. From a little baby to a young child, to a young man, to a man. He goes through all the stages until he is a big man, and then he becomes an old man with lots of kids of his own. As he gets older and older it is our turn to look after him as he looked after us. As he has lived all his life on his land, that is where he wants to finish up too. Not some other place. And he would like to die on his land on his own earth - not on cement. He doesn't want to die on a bed, he wants to die on the ground. When he was born he was born right here on the land - onto the ground, and then he was put through smoke. He was warmed up and cleaned with beautiful soft earth. His first experience after being born was of the land and of the earth. As his mother looked after him, when he was a little baby, so his daughter and granddaughter will look after him when he is a really old man (Ngaanyatjarra, Pitjantjatjara, & Yankunytjatjara Women's Council, 1995, p vi.).

A Portrait of Miss Jacobs

Miss Jacobs is in her late seventies, has always been single, and no longer has any contact with family - of whom all live in other countries. Miss Jacobs suffers badly with arthritis and has very limited mobility - now walking short

distances with a walking frame. For the past few years (since a failed orthopaedic operation) she has suffered with depression which her doctor has told her is due to a chemical imbalance in her body. As a woman who no longer has any family contact, who has lost virtually all her possessions, and who rarely has visitors, Miss Jacobs' experience is one of complete apathy. Lethargy and despair prevent her from accepting invitations for social activities outside the nursing home.

In speaking with Miss Jacobs she has evidently limited access to her former active, outgoing sense of self. It is not that Miss Jacobs has long term memory problems. Her main problem lies with her highly depressed mental attitude that prevents her from accessing the inner resources to allow her to make connection with her deeper self. Having also lost her religious faith she drifts in the present with no comforting sight of the firm land of self identity in view. Thus, Miss Jacobs' portrait highlights - through its absence - the necessity for maintaining connection with a sense of self. Having lived a meaningful life in the past it is as though Miss Jacobs is now stranded and cut off from her sense of self. In terms of my analogy of the enduring self identity as a thread, Miss Jacobs' thread has not been able to withstand the demands placed on it. In her case, that thread has been severed leaving her unable to find her way back to herself.

The first time I approached Miss Jacobs to assist with this research she told me, "Not being independent is such a terrible thing, I can't even get down to the river to drown myself". We talked about her depression and later she agreed to participate in this study so she could "Have a bit of company and someone who would at least sit and listen to me". This portrait is based on several hours of conversations, much of which Miss Jacobs would spend in tears.

I can't believe my life has come to this. The world is out there and I'm not part of it. It scares me that I'm no longer part of it. My doctor says I suffer with depression - a chemical imbalance in my body. I often

think of suicide. I'd like to go down to the river and drown myself. An hour of agony in the water would be better than this.

I used to think my memories were happy ones but not any longer. When I think of them they don't make me happy, I just feel sad. Nothing gives me pleasure. When friends visit they say I look well. I don't let on how I really feel - I don't want to upset them, it's not their fault.

All my life I was active - teaching and living in Africa, travelling a lot between Africa and the Continent. After years of living in Africa I couldn't bear the thought of retiring in cold old Britain so I came to Australia to retire. I didn't have any friends here. I was a stranger to this country but I adapted quickly and ended up managing a set of residential units for all the other owners and tenants.

In every new set of circumstances I've always adapted quite well. In Kenya during the Mau-Mau uprising I was in charge of sixty boys. The housemaster of the boarding school (for expatriate children) was called away suddenly for emergency civilian duties. As he left he handed me his Berretta [pistol] and said "Take care of the boys". I slept with the gun under my pillow, luckily I never needed it. In all that I was never afraid, I just did what needed to be done.

I have always been a loner. I was never close to anyone not even members of my own family. And I was never spoiled. I never had a soft life of being pampered. The lady next door [room mate] is pampered by her family. She is so happy and so lucky. She spends all day in bed sleeping. At night I can hear her munching away at all the sweets and little goodies her family bring in for her. Why can't my life be like that? I don't ever really recall being loved, oh I've had offers of marriage but I couldn't bring myself to give up my independence. I've always just coped

- no matter what. My life has changed so much and definitely for the worse.

About two years ago I felt my "loner-ness" leave me. Suddenly I wanted to have people around but perhaps it was too late. At about the same time I developed this terrible arthritis. Suddenly I was neither socially or physically independent and I didn't like it. Now I want to go back to how I was.

I allowed a so called friend to act on my behalf when I first went to hospital. To my horror she sold or gave away all my things and gave the money to the church. Now I have nothing. When I came here I had to sell my unit so now I really do have nothing. I have a brother in America and one in England but we don't correspond. I am completely alone.

I was always a church goer and I believe in an omnipotent God. I keep praying to God but he doesn't answer my prayers. I don't know why - I've never committed any heinous crimes, I can't think why he has forgotten me.

My life is totally without meaning. I have nothing left except pain, depression, and fear. I am so afraid of dying I don't know what will happen. I don't believe in reincarnation or an afterlife. I think that when I am returned to the earth I'll form into a big lump of clay and that is how I'll stay. No, there is no hope in my life - not now and not even in dying. Better to just get it over with.

Summary

In this section of the chapter I have presented three exemplary portraits to illustrate the personalities behind the data, and the different ways by which they have experienced, or perceive, nursing home life. The three portraits represent the extremes of meaning and meaninglessness, and also a position somewhere in the

middle. The theme and thematic elements of maintaining connection with a sense of enduring self identity are also echoed in each of these portraits.

As with the individual depictions, presented earlier in this chapter, the thread as analogous with an enduring self identity can be ascertained in these portraits. In the portrait of the senior Aboriginal man, the strength of the thread is dependent upon powerful cultural and spiritual conditions being present. When absent, the thread is weakened and its continuity severely compromised. The constancy of Miss Jacob's thread of self identity has been badly compromised with the result that she views her life as disconnected and totally meaningless. Mrs Tilley's portrait, on the other hand, illustrates both the constancy and malleability of self identity as an enduring concept of being. Thus, these exemplary portraits provide a sample of portraits of the resident co-researchers of this study. Although vastly different in content, the key theme of maintaining connection with a sense of self as a source of meaning is clearly demonstrated.

Creative Synthesis

In this creative synthesis I have attempted to capture what I see as being the expansiveness of meaning derived from maintaining connection with an enduring sense of self. In each of the stories I was privileged to share I became increasingly aware of the way that the simple recall of a past time could replenish that memory with vitality and life as though it were newly lived. In this way the sense of self held by the residents took them beyond their present self to a transpersonal experience of self and life.

In listening to so many nursing home residents' stories over the past twenty years I have come to the conclusion that not only are all the aspects of the individual sense of self connected, but that the stories of each person are also

interconnected. I must agree with Taylor who writes: "We not only exchange stories, we are characters in each others stories, and therefore none of us can live our story alone" (1996, p.4). This sense of interconnectedness between individuals is, therefore, especially evident amongst the elderly who, having lived such long lives, have had their sense of self hewn, shaped, and polished by the stories, lives, and occupations of so many others.

This creative synthesis, therefore, is an amalgamation of all the stories told to me by resident co-researchers and the total of everything I have read and experienced with regard to this phenomenon. These expressions and experiences have been transformed through a process of personal interpretation - not unlike an alchemical process whereby the raw materials (data) are transformed by the alchemical fire (intuition) to form an original yet still derivative product.

As indicated earlier, I elected to prepare this creative synthesis in the form of poetry as a way of capturing images through the use of words whilst transcending the words themselves. The process of composing poetry, requires a return to that which lies within and is brought forth by the intuitive process (and, again, is not unlike the alchemical process). In many ways this process mirrors the heuristic process itself: immersion, incubation, illumination, and explication. This creative synthesis, therefore, is the explication of my heuristic investigation of the sources and nature of meaning making experienced by residents of Australian nursing homes.

Maintaining Connection with Self.

The source of meaning
 As expansive as the desert
 As solid as the granite outcrops,
 As elusive as desert water.
 Paradoxical old age
 Holds weathered degeneration
 In the arms
 Of inner wealth and colour.

(continued over page)

Look beyond frail bones,
Lost hair
Dimmed sight
To images
Not of finality
But immortality.
Timeless connection
With those past
And even those yet borne,
With those whose past
Shapes the present
And silently flows
To those who share
This moment.
Stories glide to
Time beyond,
Connecting even those
As yet unborn.
Each crystalline story
Refracts the light
Flooding present time
In changing hues.
Forged by the might -
Life's pressures all
The crystal emerges
Holding traces still
Of all encounters.
Each force, each weight, each burden
Transformed,
Reshaped,
To who I be.

Summary

This chapter has provided a detailed presentation of this study's findings in connection with the research question:

What is the source and nature of meaning experienced by residents in relation to their lives within Australian nursing homes?

The chapter commenced with the presentation of two individual depictions by way of highlighting the nature of an enduring sense of self identity. Following the stages of heuristic inquiry a composite depiction of the sources and nature of meaning for nursing home residents was presented. Within the composite depiction the key theme and thematic elements were defined and described in detail. Three exemplary portraits to illustrate the diverse experiences of meaning were then presented. Finally, the creative synthesis marks the final product of this aspect - on the sources and nature of meaning for nursing home residents - of the study's findings.

Being able to look back on one's life and re-experience parts of that life through the multiple vehicles described in this chapter is what creates the primary source of meaning for nursing home residents. In reviewing their lives residents were able to return to other periods of their life, to examine their past ways of being - sometimes to marvel, at other times to access new learning. Returning to the past residents replenished a sense of completion in terms of who they have been, so that despite the adversity of the present time they retain their identity of people who have made a contribution and who have mattered.

The individual depictions, composite depiction and exemplary portraits presented in this chapter highlight that life, for these co-researchers, has been and continues to be more than simply a series of occupations and relationships. Participating in life, in ways unique to each co-researcher is what constitutes the essence of being. The co-researchers, as occupational beings, accumulated a cache of life events that, held in place with their sense of being, have produced dynamic, extraordinary, and utterly unique biographies.

The implications of these findings are explored and discussed in Chapter 8 whilst Chapter 7 provides a report on the findings related to the sources and nature of meaning for nursing home staff.

CHAPTER 7

Findings: Nursing Home Staff

Introduction

In studying the experiences of staff working in Australian nursing homes from an occupational science perspective I set out by viewing staff, first as occupational beings, and secondly as people occupied in the world of nursing home work. Thus, in this context, "Who I am" cannot be measured solely by, "What I do", instead it must also account for, "Who I be".

As with the aspect of this study focusing on nursing home residents, I sought out co-researchers who represented exemplars in working with a keen sense of meaning. The staff co-researchers had no difficulty in explaining to me the nature of their professional occupations. However, exploring the source of meaning and the personal experience of working in the context of meaning was less easy to articulate. This is not surprising given the potential numinosity of such experiences: a state of being where the distinctions of meaning, rituals, and acts are dissolved (Rapport, 1979).

The reasons staff choose to work in nursing homes vary. Some are deliberate career choices offering the person opportunities to use and develop specific skills. For others it is a matter of convenience: close to home or child-care, or ideal hours of employment. And yet for other staff, choice may have little to do with their working in a nursing home - a situation that is especially true for staff placed in nursing homes by employment agencies. Furthermore, some staff see their work in terms of skills, whilst others view their work in terms of the contribution they are able to make to the wellbeing of others. So, unlike nursing home residents who essentially have had no choice in taking up residency in the nursing home, staff tend to have made a range of choices.

The majority of staff employed in nursing homes are women, and most work either part time or in a casual (non-permanent) capacity. Due to the difficulties in attracting employees to nursing homes, as discussed in Chapter 3, regular staff are frequently supplemented by agency staff. Presently in Western Australia, where the rates of pay for registered nurses employed in nursing homes are 14% less than their colleagues in acute care, the numbers of registered nurses in nursing homes are increasingly supplemented by employment agency staff.

Money was identified as a central issue to all the staff co-researchers: none of the co-researchers were volunteers. Despite its commonality, money plays different roles in the life of nursing home staff. For some, the income derived from employment is supplemented by other income sources - social security, or income from a partner or other family members. For many others, however, the income derived from the nursing home is the sole source of income. The majority of co-researchers stated that the main reason for working in the nursing home was financial. Working for money is, of course, fundamental to the principles of our society. Given this, I initially wondered if perhaps having a regular income was the main source of meaning for nursing home staff, however, as data collection progressed further layers of meaning - separate from money - began to be revealed.

This chapter provides details of the results of the data analysis using the heuristic process as described in Chapter 5. The components of analysis - individual depictions, a composite depiction, exemplary portraits, and the creative synthesis - form the major part of this chapter in illustrating both the heuristic inquiry process and the source and nature of nursing home staff's experience of meaning.

This chapter begins with the individual depictions and then moves on to the composite depiction where a comprehensive discussion is given on the key theme and thematic elements. Exemplary portraits, arising out of the composite depiction, follow and the chapter concludes with the creative synthesis.

Overview of the Key Theme

Accessing a personal vision of self identity by attaining a balance between personal and professional elements of identity is the key theme in nursing home staff's experience of work and meaning. This theme comprises two major thematic elements: personal elements of identity; and professional elements of identity. When balanced these thematic elements contribute to an idealised sense of how staff members would like to be. Meanings for staff, therefore, are essentially defined by a personal sense of ideal self, and measured by the actuality of professional practice. (In this chapter I use the term professional to refer to activities associated with workplace roles. By way of example, the activities of cleaners, administrators, nurses, and therapists are all deemed professional.)

Individual Depictions

Vision is always individually constructed, and access to that vision is dependant upon the staff member balancing the professional against the personal elements of identity. In this section I present the accounts and of three co-researchers to highlight the unique nature and experience of vision. Like the individual depictions for resident co-researcher, these depictions are included to provide an overview of the totality of the heuristic process. The depictions also represent summaries of these staff co-researchers' personal experiences to illustrate the key theme of accessing an ideal vision of self, and also offer a window into the experience of meaning by nursing home residents. Of the 17 individual depictions constructed for this study the following three individual depictions trace the way that the thread of idealised self is manifested in the working lives of nursing home staff. Thus, these depictions illustrate the experiences of working within the vision of idealised self, of having lost hope of

working within the vision of idealised self, and of maintaining the vision of idealised self despite working outside that vision.

These depictions have arisen from multiple sources: my own direct experiences, observations, shadowing staff, everyday conversations, interviews, journal entries and group discussions. Like the individual depictions of residents, these accounts have been verified by the three co-researchers. The names of the co-researchers are fictitious, and all identifying material has been changed (even if this meant falsifying some identifying material to protect the co-researcher's identity). To capture the personal nature of the co-researchers' accounts I have presented these individual depictions, like those of the resident co-researchers, in the first person.

Vision of Self: Identity As Thread

In the previous chapter, resident co-researchers were described as having an enduring sense of self identity. This identity was likened to a thread running the length of their lives, providing continuity and cohesion whilst having a constant and malleable nature. In the case of staff co-researchers, this analogy is equally valid. However, unlike the residents whose thread has been cast to such an extent that a clear pattern of identity can be ascertained, the thread of staff identity is still in the process of being spun. Although staff recognised that part of their identities are already spun they generally visioned their identities as being something still in the making, of there still being much to be created and achieved.

The average age of staff co-researchers was in the early forties. As women, of whom most had raised or were raising children, many considered that their careers were still relatively young. For them, identity associated with work was still unfolding. Thus, although their sense of identity was very much anchored in the present and based on the past, their vision and source of meaning lay in the future.

The following individual depictions provide an overview of the range of experiences of meaning associated with accessing an ideal vision of who staff wish to be. Donna's story demonstrates the constancy of identity in her ability to maintain a balance between her idealised self identity and the actuality of her work. Katherine's story, on the other hand, emphasises the fragility of identity, and of what happens when the thread can no longer bend and twist in response to the actuality of work. Emma also experiences the fragility of identity, however the malleability of her thread - although dwindling - is buffered, at least in part, by the support of her colleagues.

Donna's story.

Donna is quite clear about her reasons for working - economic pragmatism blended with a genuine regard for elderly people. Thus the importance of human relationship is central to Donna's story. Although Donna has found much support from her colleagues over the years, it is the residents who nourish Donna's sense of meaning. For the most part Donna works within her vision that consequently reinforces the validity of both her vision and her contribution to the residents. For Donna, her occupational context contains and supports her vision.

Donna's story has been compiled from everyday conversations and informal interviewing when I shadowed Donna and worked as her assistant. Donna works as a personal care assistant, formerly known as a nursing assistant.

I've been working here a long time and know all the ladies really well. As soon as I come on in the mornings I go around positioning them all ready for breakfast. I talk to them all the time. I know some staff don't bother - they think that because all the ladies in this wing have got advanced dementia there is no point. I disagree - these ladies know more than lots of people realise.

I like to spend a lot of time talking to the families to try to know more about the ladies. If I can find out about them, like how they were before they got sick and came here, then I can see them as real people

rather than as patients. You'd be surprised what interesting lives some of them have had. I love them all, but I do have favourites. Take Mrs "Rogers" over there. She's really grouchy in the morning -wakes up like a bear with a sore head. I make her a cup of tea before the trolley comes and then by breakfast time she's okay. Her family said she has always like this. Apparently she always started her day with a nice hot cup of tea. I can appreciate that I like one too. Anyway, what does it take to make an extra cup of tea, its not like it'll ruin my whole day.

If some things don't get done well that's too bad - as long as all my ladies are comfortable I don't really care too much about the other things. Mind you, I like the wing to be clean. I'll bet most of these ladies were like that too.

Its the little things that mean the most. Mrs "Collins" over there is no beauty queen especially now she's had all that treatment for skin cancers. She sits in her chair day in and day out, her face all screwed up like she was really angry with the world. I go over to her and say 'Give us smile Peggie' and she gives me the most beautiful smile. That smile can change my day, it really can. I look at her and think about how she is now compared to her life before she got sick - no wonder she looks so angry!

I've recently left my husband, should have done it years ago but didn't. I don't have much time left before I retire so I have to work very hard to pay off my mortgage. The house isn't much but at least its mine and its home. Anyway I work two jobs, 13 days a fortnight. People think I'm mad but its my choice. These ladies all lived through terrible hardship and that's a great source of encouragement to me.

Kathrine's story.

Frustration and angst are often experienced when a strongly held vision is all but lost, and especially when no substitute vision can be identified. Kathrine's story highlights these experiences. For her work is unsatisfying and frustrating: even support from her colleagues cannot fill the void. Katherine maintains her role out of necessity. The greatest source of frustration lies in her knowing that work can and has been meaningful. Tackling the obstacles that thwart access to her vision represents the chief source of frustration for Katherine.

This depiction is compiled from semi-structured and informal interviewing, everyday conversations, and observations made during my period of shadowing Katherine. Katherine is a therapist who, although she has two assistants whom she supervises, essentially works alone. (A number of therapists work or visit the nursing home, including occupational, physiotherapy, speech, dental, and podiatric. They work independently although frequently have staff assigned to them. To ensure the identity of Katherine is protected I have referred to her as a therapist.)

At the moment I work because I need a job. We have a family business that we are trying to sell but so far its not successful. With all the stress associated with that I find it hard to attend to anything other than the basics here. I'm pretty well in survival mode at present. I don't like being like this but I can't see a way out. I'm at a pretty low ebb - even my health is poor. I've not always been like this but gradually things have got on top of me to the point where this job is just a salary.

When I first started as a therapist I was so keen to help people. I liked the feeling of being thought well of and of being acknowledged for doing good work. I was always interested in community work and then got interested in the whole philosophy of normalisation as a way of making institutionalised people's life more normal. So it was fairly natural for me to go into nursing home work.

At first it was very rewarding. I was involved in some rehabilitation, had loads of contact with the residents and their families, and felt as though I was doing a good job. I've always been a people person, a bit nosy in a way. I like finding out about people and being in this job is like a license to pry. Normally I'm quite shy and wouldn't dream of asking people about themselves say at a party or something. But in this job its all quite different. My greatest pleasure comes from having a very intimate relationship with a resident. The sort of relationship where all the boundaries disappear - its just magic!

I used to be quite active in the church and that meant a lot to me but that has all gone now. I still like to be involved with residents who are dying. I like to be able to talk with them about the process and how they would like to deal with it. I have quite an open attitude towards death. After losing my baby daughter I spent a lot of time thinking about death and what happens - I guess I had to believe strongly that there was something better afterwards. I think I can really help residents in these matters but sadly I have almost no contact with the residents anymore.

I would say that eighty five percent of my time is spent doing documentation and the other fifteen percent is spent on supervising the therapy assistants and the activities. I don't get to deal much with the human side of the job. I have still got a lot of feelings for the residents and their situation, but no time. The nursing home only has funding for a therapist for ten hours a week. Because of the funding requirements for documentation I have to assess and develop programmes for all the ninety-two residents (with deaths and new admissions it works out to be about 120) each year. I have to keep progress reports and the like. I also sit in on the residents' annual case conferences. On top of this I have to keep an eye on my two staff, on the development of all the activities run in the nursing home, and on the appropriate matching of residents to

activities. My job has changed so much over the years that it really bears no resemblance to my early days.

I think the department probably does make a positive difference to the residents' lives: but I personally don't get any sense of meaning or satisfaction. Sometimes there are battles with the nurses - we have quite different philosophies and there are clashes. I know, well I presume, I'm looked on by some people around here as the person who sits around talking and not the "doer" because I am not seen to be actively involved in the residents' hands-on care. Therefore, of course, I don't know what I'm talking about.

Expediency seems to be the bottom line for many of the nurses whereas for me it is a matter of the residents' maintaining whatever degree of independence they possibly can. It doesn't bother me if something takes an age for the resident to do if they have a sense of dignity in doing it for themselves, but many of the nurses would rather do it for the resident so they can get on with the rest of their work. Situations like this don't happen often but since the nurses are here twenty-four hours a day and I'm only here for part of the time ...

With so many changes over the years I've often tried to hang on by even a fingernail, but now I have a bit more of a relaxed attitude because I have realised that I am just one person and I can't do it all. I still feel a bit disappointed, like a sort of failure in myself because I haven't been able to do it all. Sadly I can't see the situation improving.

Emma's story.

Emma's story portrays the personal anguish of having vision fractured and the necessity of substituting alternative sources of meaning. In this account Emma describes the way the professional elements of her vision have been eroded. Her account highlights the importance of being able to live out one's vision as a means

of providing an occupational context for work. In not being able to access her vision Emma finds her work meaningless. Thus, Emma finds herself relying increasingly on the social elements of vision to assist her to function even at the most basic level. Journal entries, group discussions, and informal interviewing form the basis of this depiction.

Over the past few weeks the work has become heavier, we have had a few deaths and new admissions. Added to this there has been a very marked deterioration in two of our residents. There have been many nurses off sick and a lack of available staff from agencies causing us to work short on some shifts. More regular staff have resigned. When looking at the roster there are more agency staff than permanent staff.

Our director called a meeting to discuss what we could do about our roster and staff coverage. I suggested maybe I could work a different shift and she said I could go ahead and see if I could work it out. This would fit in better with my family and social life but still not do much for my low self esteem and complete lack of job satisfaction. However, one of my priorities is my family and management have been fitting in with my requests for as long as I've worked here. I'm hoping the new shifts will fit in with the school hours and maybe the shifts I'm giving up will attract some new registered nurses. We really need a stable permanent staff who work well together as a team and have a good sense of humour.

The morale is really down at the moment, mainly due to the heavy work and ever changing staff. Some staff are not happy with management feeling they do not support them or show them any appreciation. Management seem to be more concerned with paperwork and petty things rather than addressing the real problems like looking after residents' needs and trying to cope with staff shortages.

Working for so long in this job with its conveyor belt mentality has really damaged my professional self confidence. There is no career path,

no chance for new learning. Even when I have done specialist courses there is never any support from management or enough time to put my new knowledge and skills into practice. I feel underemployed and undervalued. I don't consider I work at the level of a registered nurse anymore. I don't feel I'm doing justice to myself.

Nurses prefer to work for the agency where they get better pay, flexibility, no paperwork, no politics, and more variety. It makes sense. Even working in different nursing homes for the agency would break the daily monotony. The only things I'd miss would be my colleagues and job stability, which are big considerations when you have good working relationships and also have financial commitments. I guess I value my working colleagues, I am familiar with the place, I live close to work, and I have the hours that suit my family and social life. All I need now is a more stimulating, satisfying job.

Summary

These three individual depictions share the common theme of making meaning through an experience of the ideal self. This experience is akin to a vision of how the co-researcher would like to be and is defined by personal, professional, and social attributes and activities.

Like the resident co-researchers, a thread of identity runs through these depictions providing the co-researchers with a fundamental way of being. This thread of identity also acts as a medium on which other ways of being occupied are overlaid to characterise the uniqueness of identity.

Each of the co-researchers, whose individual depictions are shared here, is aware of an essence central to their being - of a way of defining who they are, and wish to be. This is what allows them to say, "That is right (or not right) for me". They know intuitively the occupations and occupational contexts that mirror who they are and support them on the journey to who they wish to be. What each

strives to do, in searching for meaning within the context of work, is to find or create a space in which work and sense of self are in harmony.

A Composite Depiction of the Experience of Meaning for Nursing

Home Staff

Overview

The individual depictions provide an insight into the uniqueness of each co-researcher's experience of work and meaning in the nursing home. Development of the composite depiction was based on the individual depictions of all the staff co-researchers, including the ones just presented. The method for deriving the composite depiction, described in Chapter 5, involved examining the individual depictions for commonalities, re-occurring themes, or an underlying essence contained in each of the co-researchers' stories. The composite depiction, therefore, represents a universal depiction of the experience of meaning for staff working within the nursing home.

The Composite Depiction

Key Theme

The key theme identified in this aspect of the study is that nursing home staff strive to access a personal vision of self identity. This personal vision of self identity is an intricate linking of their sense of being in the world, the occupations in which they are involved, and the occupational contexts in which they work and live. As occupational beings their sense of self touches on those mysterious and numinous qualities described earlier by Lincoln (1995). Although personally experienced by each person, invariably these qualities are inexpressible.

Access to this personal vision of self is dependent upon attaining a balance between personal ideals of professional identity and the actuality of work itself. Balance is sought primarily between two thematic elements: the personal and professional elements of identity. The professional element of identity is bolstered, or compensated, by a third thematic element: the social element. Thus, the personal element of identity determines the ideal sense of identity against which the professional - or actual workplace experience - is measured. When an imbalance occurs between the personal and the professional, staff draw on the social aspects of identity in an attempt to sustain equilibrium. Each of these elements, and their relationships to the key theme, will be discussed later within this composite depiction.

In relation to the aim of this study - to investigate heuristically the source and nature of meaning experienced by the residents and staff living and working in a nursing home - the key theme represents the source of meaning whilst the thematic elements describe the nature of meaning.

The experience of meaning for nursing home staff is closely associated with the way in which an individual personal, or ideal, sense of self is permitted actual expression in the workplace. This balance between the ideal and the actual resembles the activity of a thermostat where balance is a dynamic rather than static process. Like the thermostat, balance fluctuates over a period of time between the states of balance and imbalance. Thus, in the world of the nursing home balance fluctuates within each shift and between shifts over the individual's work history. Consequently, within the space of six hours (an average shift) a staff member may have experienced episodes of meaning interspersed with episodes of meaninglessness.

Over a period of time these episodes may provide the individual with an overarching sense of meaning or, on the other hand, meaninglessness. The purpose behind this activity of attaining balance is to enable access to personal vision - a vision that equates with the individual's sense of, "Who I am".

When vision is enabled, co-researchers describe the experience as fulfilling, satisfying, and worthwhile. This also provides an inner context for wellness. Essentially vision embodies the qualities of balance, completion and value. When staff live up to their vision they are able to tolerate difficult circumstances and unexpected frustrations more easily than in those periods when access to vision is thwarted.

Vision can be used to refer to perceptions of future development, vivid mental images produced by the imagination, the mystical experience of seeing supernatural phenomena, or the simple act of seeing what is around (Hanks, 1986). In relation to meaning and nursing home work, vision is most often used in reference to perception of future development - both simple and grand. Future development, in this study, refers to immediate, intermediate, and distant temporal ranges.

Holding a vision, and believing that it can be met, frequently requires staff to go beyond the basics of work practice to apply creative and perhaps unorthodox means in their work. Accessing even parts of the vision is the single most important aspect of meaning making. When, for any number of reasons, access to the vision is denied or unattainable, staff experience a depletion of personal meaning. Sometimes this is experienced as an irritating but temporary frustration, at other times as a severe loss of meaning that may result in feelings of resentment, powerlessness, apathy, and even antipathy. Given that wellness is the coherent interaction of all aspects of being, such experiences seriously threaten the possibility of working with a sense of wellness.

Those who find their working lives most meaningful are able to dip into their vision for reserves of energy and enthusiasm. On the other hand, when access to vision is not enabled, or even blocked, work deteriorates into a meaningless mechanical activity. Within the nursing home there are multiple factors that obstruct the enabling of vision.

Thematic Elements of Accessing Vision

Vision itself can fluctuate and is greatly influenced by the personal but ordinary ebb and flow of life experiences. It is also influenced by the nature of interactions with other members of the nursing home community (staff, residents and their families). Despite the clearly articulated, official visions and mission statements of the nursing home individual staff visions remain resolutely unique.

The personal sense of identity determines both professional performance and the expectation of performance. Thus professional practice is measured against the personal ideal. Balance, therefore, is sought between the two. For some staff the personal sense of identity is quite exacting - so attaining balance can be demanding if not near unrealistic. When the actuality of professional performance fails to meet the personal ideal, staff describe experiencing a sense of frustration which, if prolonged, leads to a sense of meaninglessness. The opposite can also occur when professional performance is beyond personal expectation. When this occurs staff experience a sense of jubilation and increased enthusiasm for their work. Invariably this leads to increased personal expectations for future performance.

In returning to the issue of imbalance between personal ideals and professional performance the third thematic element - the social element - becomes important. The social element can become central to the staff member's experience of meaning when a deficit exists between personal and professional source of meaning.

The experience of one co-researcher, Emma, exemplifies the importance of the social element in the quest for balance. Emma, who as a registered nurse and former educator, is continually frustrated at not being able to enact her vision - a vision heavily influenced by nursing philosophy and her beliefs about the dignity of old age. Holding strong ideals about the way nursing should be performed Emma finds the impediments to meeting these ideals an increasing source of professional and personal angst. To bolster her diminishing sense of meaning

Emma increasingly relies on her social relationships with colleagues: "Without my colleagues I don't know what I'd do".

The social element also assists in providing an agreeable environment in which to work. (Both residents and staff agree that the nursing home atmosphere is very much enhanced by cordial, if not friendly, relationships amongst staff.)

The relationships between the thematic elements, and the relationship between the thematic elements and the key theme, are represented diagrammatically in Figure 5.

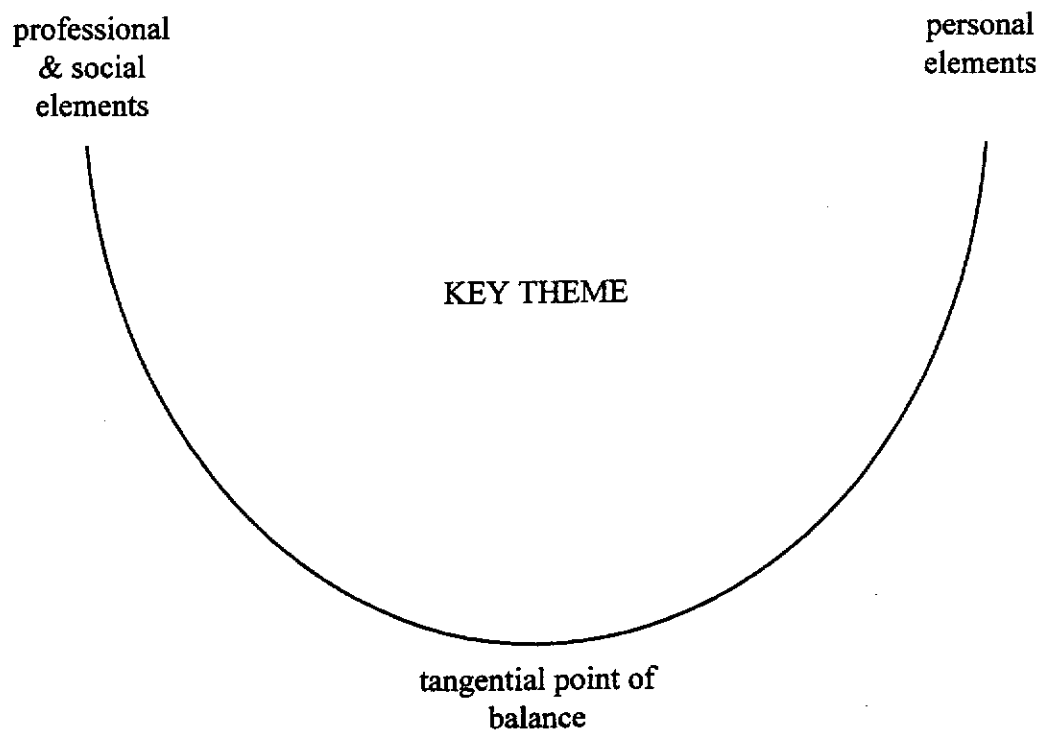
Personal element of accessing vision.

Vision itself is personally and individually constructed. It is created out of numerous variables in proportions differing between individuals and in ways that make the vision unique to that person. Commonly, vision is a reflection of who the person sees her or himself as being: in work and in the world beyond work. Thus vision draws on a variety of personal principles and perceptions including attitudes to work; political interests; spiritual, social, and economic values; personal experience and education; and other idiosyncrasies of personal biography.

The nature of balance between personal and professional is individually determined according to each person's personal vision of self. For example, one co-researcher's vision is a mixture of lofty humanistic ideals tempered with expectations of practical competence and financial constraints. Another co-researcher holds a vision fixed within the practical realm that directly links her work performance with her preferences for cleanliness and orderliness.

The personal element of vision may also refer to values that move vision beyond the realm of the personal to the transpersonal. Sacred aspects of vision include beliefs that the work itself is a manifestation of something greater than the workers themselves. This is explicitly the case for Maggie who sees her work as being part of God's plan for her. In such cases vision takes on almost sacred proportions.

Figure 5. Diagrammatic representation of relationships between thematic elements and key theme.



Professional element of accessing vision.

The professional aspect of vision includes self imposed standards of work. Patsy has clear notions as to what comprises a good day. For her, a good day is one where she is able to achieve both her personal care role and her old standards for cleaning despite a reduction in time. A day such as this gives Patsy maximum satisfaction in her work. Such a day acts as a barometer against which future days are compared and provides Patsy with something (a vision) to strive for whilst fostering her belief that her contribution to the nursing home is valuable.

Staff whose experience of nursing home work is inconsistent with their notion of vision express feelings of deep frustration, irritation, lack of motivation, apathy, bitterness, intolerance, and even contempt towards those or that which blocks their potential for enabling vision to be actualised.

Accessing vision, according to co-researchers, is closely connected with, if not dependent upon, time: having time, and being able to make time. Lack of time to attend to those activities that form part of the vision, therefore, is frequently articulated by staff co-researchers as a source of frustration. The most personal aspects of vision generally refer to those activities that extend beyond the basics and even beyond the essential job requirements. For example, Maggie is frustrated by not having enough time to be present with residents, since being truly present with residents is the keystone to Maggie's sense of meaning in the nursing home.

Not having enough staff or having more work than the staff can cope with seriously affects time. For example when the annual winter influenza epidemic strikes and residents have increased care needs staff too often have increased sickness and are less able to work at their usual pace. Patsy, on the other hand, was delighted when I spent the day working as her assistant. In having an "extra pair of hands" Patsy was able to attend to those cleaning jobs that she normally never has time to do. In completing these tasks Patsy finished her day with a sense of satisfaction she had not experienced for some weeks. An extra pair of hands, therefore, broke the impasse between obstructing and enabling vision.

Social element of accessing vision.

The social element of accessing vision, whilst enjoyable and helpful from the perspective of teamwork, only becomes a priority when meaning is limited. Thus the social relationships become a type of defacto meaning. Social relationships amongst the staff provide a degree of acceptance that staff acknowledge as being important in their work - as a way of validating their sense of the ideal. Acceptance brings with it a sense of mattering as an individual. When an individual staff member receives acceptance and approval from her peers there is tacit acknowledgment that the staff member is important. Being important and having one's contribution acknowledged are compensatory sources of meaning - especially when personal vision is not readily accessed. The importance of mattering is also evident amongst residents: "It is important for me that people see that I still matter". This appears similarly for staff co-researchers. When intrinsic rewards are reduced, for example when a staff member is not functioning at the level she aspires to, then at least belonging to the social group assists in bridging the gap. Thus, "I'm not working the way I'd like, but at least with my colleagues I'm still all right" is what comes to matter.

The social element not only bolsters sense of meaning in creating an atmosphere of acceptance, it also provides a buffer against which the frustrations and disappointments of the workplace can be softened. When Emma describes herself as "just providing the basics" she draws support from the fact that her colleagues understand her frustration, do not judge her negatively because of her feelings, and provide her with a sense of support in attempting to overcome the apparent limitations within the workplace.

Summary

The composite depiction, derived from the individual depictions of co-researchers' experience, provides a universal description of the source and nature of meaning experienced by nursing home staff in their work. The key theme - that

nursing home staff strive to access a personal vision of identity - is dependent upon the person attaining a balance between the personal ideals of professional identity and the actuality of work itself. The two major thematic elements of this theme are the personal and professional ideals of identity. When there is an imbalance between these ideals staff rely on a third element - the social element - to bolster the professional element. Thus, it is the person's personal identity - that sense of being unique to each person - which fundamentally determines the character of professional identity.

To be able to work with a sense of wellness is dependent upon the person being able to work with, and within the context of, personal meaning. When staff are able to experience balance between their sense of being, their occupation, and their occupational setting then not only do they find work meaningful, they are able to work with a sense of wellness.

Exemplary Portraits

An exemplary portrait, as indicated in Chapter 5, is a thumbnail portrait of a co-researcher that not only provides some autobiographical and demographic detail but also reflects the co-researcher's experience of the phenomenon. The two exemplary portraits presented here have been selected to provide a human face in depicting the ways nursing home staff access their personal vision through their work. The narratives of two staff co-researchers, in particular, provided exemplary experiences of meaningful work within Australian nursing homes. The two exemplary portraits, now presented, are taken from these narratives. Again, fictitious names are used and all identifying material has been altered to protect the co-researchers' identities.

These portraits reflect the relationship between the key theme of accessing personal vision and the thematic elements of personal and professional elements

of identity. The first portrait, of Marie, comes closest to depicting a position of complete balance between the professional and personal elements. Marie's portrait provides an insight to the experience of living out one's vision through a professional occupation. The important role played by the social element in compensating for imbalance between personal and professional elements of identity is illustrated in the second portrait, of Maggie.

As a means of retaining the personal nature of the co-researchers' stories I have written these exemplary portraits in the first person.

A Portrait of Marie

Marie, the mother of two children, is in her early forties. She is a registered nurse and has been a nurse all her professional life. Although Marie's career was initially focused on acute surgical nursing she has since developed a keen interest in aged care.

Marie originally trained in a hospital but has returned to studies and now holds a degree in nursing. Her work in nursing homes has spanned the whole range of nursing experience from clinical to education, and now administration. Despite working in an administrative role, Marie retains her special interest in the needs of people suffering dementia. Marie is very active in promoting aged care and sits on a variety of professional and community based committees.

Marie's portrait captures the confidence and pleasure that accompanies the sense of living up to one's personal vision of self. For Marie the balance between personal and professional elements of self identity is further enhanced by the social element.

I went into nursing straight from school, it was what girls did if they didn't want to be teachers or secretaries. Living in the country it also meant I had a legitimate reason to leave home and live in the city.

Like most people I started out with a very negative view of nursing homes. As a charge nurse in a busy surgical unit I could think of nothing

less rewarding, let alone stimulating, than working in a nursing home. Nursing homes were horrible sordid little places and the people who worked there could hardly be described as nurses.

I remember I was on holidays from work when a friend who worked in a nursing home was taken ill and asked if I'd do her shifts for her. I think I laughed initially - who me, the great surgical nurse? She spent some time urging me to accept, after all it was only going to be for a fortnight and the extra money would be nice. Yes, the money would be nice. I wanted a new kitchen (I can't believe I ever thought that way!) and the two weeks would pay for most of it, so I accepted.

The home was tiny and had only fourteen residents - all ambulant and with mild dementia. I was practically the only staff member apart from a cleaner and gardener-cum-handyman. I had to prepare all the meals, shower and dress them, and basically keep them entertained. I had absolutely no idea what to actually do. Nor did I have any real knowledge about the ageing process, let alone dementia.

So, during the day I went about my duties and, to make sure that I could keep an eye on everyone, I got them to help me. It seemed an obvious thing to do, after all these women had surely cooked and cleaned and hung out washing all their lives. The surprising thing (apart from it working) was that by the end of the fortnight I didn't want to leave. I loved it. The residents, to my utter amazement were delightful. They would tell stories and we would laugh and enjoy ourselves. I couldn't believe it was nursing.

Not long after that I left surgical nursing and went into aged care. Realising my lack of knowledge in the area I enrolled in a gerontological nursing course and began to specialise in dementia care. From there I got a job in one of the nursing homes. I was appointed clinical nurse specialist and found the job challenging and stimulating.

For one reason, or another, I went through a stage of my life where I felt very alone and unsupported. But the people I worked with all rallied around and I found such a degree of support I'd never have dreamed of. Soon they replaced the old friends, and my work and social lives merged to such an extent that I really don't see any boundaries.

A couple of my work colleagues talked me into going to university with them and so I completed a bachelor's degree in nursing. Completing the studies was quite a feat considering I was working three or four days a week and bringing up two teenage children. The studies really opened up new ways of looking at my work and the nursing home administrators encouraged me to apply my new knowledge.

Since finishing the studies I've taken on the role of educator within the nursing home, a role that I particularly enjoyed. I have been very active in various committees connected with aged care outside the nursing home. I suppose you could describe me as a bit of a zealot. I have never regretted leaving surgical nursing, as much as I enjoyed it. It sounds corny but I'm really motivated by a sense of love for old people. All I want is to see them treated in a way that respects their individuality and provides a sense of continuity between their present lives and the lives they lived before coming into a nursing home.

I'm now an administrator which sounds terribly glamorous and powerful - and I suppose it is. However, I see it as being the ideal position in which I can most likely fulfil my goal of helping old people in nursing homes. I know I'm a role model to other staff and I take that very seriously. Yes, we are going through a period of tremendous change and sometimes it is a bit of a nightmare, especially when the government does a complete turn around on policy. Still I'm very fortunate in that my closest friends are also my most treasured colleagues so I have no end of support. I can't stress too much how important that is to me. When I

look back I'm so glad that I was motivated by the thought of a new kitchen, if it weren't for that I could still be doing surgical nursing and missing out on all of this.

A Portrait of Maggie

Maggie is a registered nurse in her late fifties. She is mother to two adult children and grandmother to three. Maggie is a woman for whom her personal values guide every decision and action in her life. Although Maggie originally trained as a registered nurse whilst still in her teens, she left nursing to enter teaching and has only returned to nursing in the last decade. Maggie believes that the many challenges she has negotiated in her life have contributed to her becoming the person she now sees herself as being. Work in aged care, although valued by Maggie, is now secondary to her current involvement in complementary health therapies.

Maggie's portrait reflects the importance of personal values and beliefs in defining a person's sense of self. Her portrait also provides an insight into importance of working within a context that provides meaning.

I left home at fifteen and went to work as a home help for a doctor. A friend who was going nursing talked me into joining her so I did. Following the end of my training in the early 1960s I moved to another state, married and had a son and a daughter. During the time of raising my children I stopped nursing but became involved in pastoral care. This introduced me to the connections between body, mind, and spirit that have since become a central part of my life and work. I worked for ten years as a volunteer for Samaritans where I developed an interest in the effects of homelessness and other social issues.

During the 1970s I trained as a middle school teacher specialising in counselling. At that time you trained first to be a teacher and then specialised, I specialised in pastoral care. All my teaching has included

pastoral care. For me its an integral part of my life - I don't believe you can exist without caring, sharing, and supporting each other. I then had a collection of jobs in education including working as a lecturer in education .

In 1987 I returned to nursing. There was no work for teachers at that time so I renewed my nursing registration and recommenced my nursing career after a period of twenty or more years. It was quite frightening returning after so long away. Learning all the technology was the worst but I soon learned that basic nursing never changes.

I suppose in ten years I have just about done it all and recently acting as matron for six months certainly was good experience for me. Now I have returned to the basic sister's post again and probably know as much as those who are so called specialist nurses.

I have no ambition as far as my job is concerned except to fulfil my daily commitment to residents and colleagues. I feel as though I live in dual worlds - that of nurse and that of complementary therapist. This dual world is a strange kind of existence. In many ways I see myself in it but not of it. I cherish my role as 'wise woman' which is what my role is as a post menopausal woman. I see it as a time of fulfilling my destiny, my life's work.

I truly believe that the challenge for us is to develop our conscious awareness to see the lessons in everyday life: to see the whole of our journey as a spiritual one, and to give thanks daily for the gift of life. For me the purpose of life is to express my essence, which is love, and it can be done in a million ways. Time is much too precious to waste.

Over the four months in which I have been sharing Anthea's journey through this study I have become increasingly aware of my growing negativity towards my job. I have been aware of a real yearning for a change in work environment, so much so that I cry in my prayers to

God to lighten the way forward so I can feel truly alive in a way I have not known before. Synchronistically, a week ago I was offered a job in another nursing home. After speaking in the morning with the director of the new nursing home by lunchtime that day I had made my decision to move. In many ways this will test my faith to the hilt as there are many unknown elements about the new job. So it is now time for new beginnings - thank you God.

These exemplary portraits provide two profiles of staff co-researchers. The key theme of accessing a personally constructed vision of self identity as a source of meaning is apparent even in these vastly different experiences. Equally apparent is the constancy of that thread of identity flowing through each of the stories. Both co-researchers, in different ways, have been able to adapt to change without sacrificing their essence of being. In both these portraits the co-researchers are live to their personal sense of self and have managed to work within contexts that nourish and support that self. In doing so, both Marie and Maggie work and live meaningfully. Equally, both can be described as working within a personal context of wellness.

Creative Synthesis

Introduction

The creative synthesis is the final product of the heuristic analytic process - presented as an unique expression of my experience of the research process. Thus, the synthesis emerges as a layering of individual and universal themes to present an overall, creative depiction of the phenomenon under examination.

The creative synthesis presented in this chapter reflects my interpretation of the experience of meaning by nursing home staff in their work. Although I use

the word interpretation, this synthesis is more than mere interpretation: this synthesis reflects not only my interpretation of the experiences of my co-researchers but also my own personal experience of nursing home work.

Awareness of the intrinsic importance of holding a vision and being able to access that vision arose from the sharing of co-researchers' stories. The stories spoke of the importance of being able to live up to who one wishes to be, of the potency of personal vision in guiding both career choices and performance, and the deep disappointment experienced when access to that vision was thwarted. Personal vision frequently went beyond the formalised mission statements of the organisations. The suggestion by administrators that staff lower their expectations was generally met with scorn as though the staff member had been insulted by the suggestion - such is the power of personal vision.

This creative synthesis represents an integration of the co-researchers' stories, my observations, and almost twenty years experience in this field. Preparing this synthesis provided yet another opportunity for me to reflect deeply on the question "How do staff find meaning from their work in a nursing home?". The answer, it seems, is to be able to work in a way that is congruent with who I truly am. Again, as with the creative synthesis for residents' experience of meaning within the nursing home, I have elected to present this synthesis in the form of a poem. Writing this poem became a means for expressing material more easily portrayed as images or feelings rather than words. Thus this poem, as it revealed itself, took me into a space quite separate from my intellect: a space of feeling and intuitive knowing - of heuristic understanding.

Replenishing Balance

Each small moment
Of my life
Holds me
In this time.
A butterfly of vision

(Continued over page)

Takes me to a place -
 A place of dreams
 And more enduring stuff
 To who I see
 Myself to be.
 Images link
 With values held with
 My deeper heart
 To guide and direct
 The passage of my life
 To that place of dreams.
 So many hurdles,
 Paths of thorn
 And stony walls
 To block my way.
 Yet still the dream persists.
 And then those times,
 Clear smooth river stone
 When effort and dream
 Are one.
 Such moments bless
 Effort as much
 As dream.
 Holding each
 Of equal worth,
 Restoring strength
 Replenishing dreams,
 Renewing hope,
 Again.

Summary

This chapter has provided a detailed presentation of this study's findings in connection with the research question:

**What is the source and nature of meaning experienced by staff
in relation to their work within Australian nursing homes?**

Although no single vision operates throughout the nursing home for all the staff, each holds personal goals and ambitions to which they aspire. In holding

their own visions staff have, therefore, their own agendas as far as nursing home work is concerned. Being able to access vision enables staff to feel replenished. Thus, accessing vision acts as a form of personal nourishment that provides staff with both energy and vitality. Accessing vision is dependent upon attaining a balance between personal and professional elements. When balance is attained staff report feelings of deep satisfaction, they feel that their efforts are well spent, and that they as individuals are able to make a difference and able to make a contribution. In such cases staff describe proudly the belief that they matter. Self worth, therefore, is a natural consequence of accessing vision.

This chapter has provided the results of data analysis by presenting the individual depictions derived directly from the co-researchers' own stories. A composite depiction of the sources and nature of meaning for nursing home staff, and exemplary portraits to provide additional descriptive material of the co-researchers involved in this study, are also included. The chapter concluded with a creative synthesis derived from my own experience of nursing home work and those of the co-researchers. The implications of these findings are discussed in the next chapter.

CHAPTER 8

Summary and Discussion

Overview

The findings of this study are summarised and discussed in this chapter. The two aims directing this study have been to investigate heuristically the sources and nature of meaning experienced by residents and staff living and working in Australian nursing homes; and to interpret those experiences from an occupational science perspective. As an exploratory study, this report provides a small window through which the world of meaning, identity, and wellness within the Australian nursing home community may be viewed.

The primary source of data for this study was based on my own professional and personal experience of Australian nursing home life and work. Secondary sources of data included the experiences of residents and staff of several Australian nursing homes; a personal biography of residential life in Australian nursing homes (Newton, 1979); the professional memoirs of an Australian nursing home director (Hudson, 1995); novels by Australian writers - Astley (1993), Jolley (1983), and White (1986) - depicting characters or settings pertaining to nursing home life; and the Tjilpi Pampa Tjutaku project on the care needs of senior Aboriginal men and women from central Australia (Ngaanyatjarra, Pitjantjatjara & Yankunytjatjara Women's Council Aboriginal Corporation, 1995). Data were collected using multiple methods of collection: participant-observation; shadowing of staff; everyday conversations; informal and semi-structured interviews; journal reports; and discussion with journal keepers.

Two sets of analysis were completed - investigating the experiences of residents in the first set, and staff in the second. The experiences of all resident and staff co-researchers (including those co-researchers contained in the written documents described above, and the experiences of my family members) were analysed using the heuristic inquiry process. This process resulted in two sets of

individual depictions, a composite depiction, exemplary portraits, and a creative synthesis for the residents and the staff. An overall, unifying creative synthesis - melding the creative syntheses of residents and staff - is also presented in this chapter.

The chapter is divided into five sections: the first three sections correspond with the three research questions guiding this study. Each of these three sections, therefore, summarises the findings pertinent to the question and discusses the relationship of the findings within the context of the literature reviewed in Chapter 3. The fourth section of this chapter focuses on the heuristic inquiry process - its application and suitability to research within the nursing home context. In this section I also discuss my personal experience of participating in this heuristic study. In this chapter's final section I explore the implications of this study's findings on clinical practice and nursing home policy; community education; and future research.

Source and Nature of Meaning for Nursing Home Residents

This section of the chapter examines the findings arising from the first research question:

What is the source and nature of meaning experienced by residents in relation to their lives within Australian nursing homes?

Summary of Findings

The findings of this study indicate that despite the difficulties associated with adapting to life in a nursing home, life can continue to be experienced as meaningful. As presented in Chapter 6, the composite depiction provides details of the analysis of resident co-researchers' experience of meaning. The composite depiction thus highlights the issues essential to residents' experience of meaning.

The key theme - that residents have a strong desire to maintain connection with their sense of self identity - represents the essential source of meaning to nursing home residents. The thematic elements of personal, social, and

environmental attributes describe the nature of meaning experienced by nursing home residents. Meaning is found in a subtle interplay of personal, social, and environmental factors that enable residents to maintain a sense of continuity with the entirety of their lives. Maintaining connection between these elements allows residents to experience a sense of containment and fullness.

Relationship of Findings to the Literature

The findings will now be discussed within the context of the literature reviewed in Chapter 3. The relationship of these findings to the reviewed literature will be discussed in terms of meaning and self; gero-transcendence; past identity; sense of place; and nursing home life.

Meaning and self.

Analytical psychology's basic tenet that humans have an inherent drive to create meaning in their lives, therefore enabling them to answer the question "Who am I?", is supported by this study's findings. Jung saw that deep meaning was frequently manifest through images, dreams, symbols, and myths. Several of the co-researchers commented on the powerful impact of symbols in allowing themselves to reconnect fully with a personal sense of self. This is most eloquently expressed by Miss Newton:

Any small diversion gives meaning to a life in a vacuum. Enid Bagnold's autobiography provides an antidote to living here. Helen is here. The very trees outside my door are breathing spring. Happiness - if only for this afternoon. I can still enjoy things. Even in a long blind alley like this. A dramatic sunrise. Like a Turner that an expert art dealer would call fake. For me it is a happening. There is a kind of healing in nature . . . Cezanne says painting from nature is not copying the object: it is realising one's sensation. I couldn't have put it so well. But that is just what I have been trying to do, inside the four walls for nearly three years (Newton, 1979, pp. 28, 194, 197).

Miss Newton's experience illustrates a sense of meaning that goes beyond the ego - accessing this source, of what Jung would describe as accessing the Unknowable or Unspeakable One. In transcending the ego Miss Newton was able to connect with her deep self - a place synonymous with meaning.

The existential concept of self and meaning are also demonstrated by the findings in this study. In particular, the concept of co-constitutionality, in referring to a person's irrevocable relationship to the world as a means of self identity, was evident in the narratives of the people of the Tjilpi Pampa Tjutaku project - people whose identities were irrevocably linked with place:

The old people has spiritual strength from being on their own country. It is their spirit, and their spirit stays strong for being on their own country. Old people get weak and sick when they are taken away or if they are far away from their country (Ngaanyatjara, Pitjantjatjara & Yankunytjatjara Women's Council, 1995, p. 93).

The experience of meaningless as described by both Frankl (1997) and Jung (Moore, 1992) holds periods of emptiness, restlessness, and a sense of longing for replenishment of the void. Miss Jacobs' experience exemplifies these expressions of meaningless. Miss Jacobs, who felt that she had always lead a full and meaningful life, discovered that illness and her subsequent admission into a nursing home shattered these feelings:

My life is totally without meaning. I have nothing left except pain, depression, and fear. I am so afraid of dying, I don't know what will happen . . . no, there is not hope in my life - not now, and not even in dying. Better to just get it over with. (Excerpted from Miss Jacob's exemplary portrait, Chapter 6).

In Miss Jacob's experience, meaning had been based on activity and independence - the loss of both resulting in her sense of utter meaninglessness. Miss Jacobs no longer has a sense of participating in a drama greater than herself. Miss Jacobs' experience heralds a reduction in sources of identity, and confirmation of that identity. Such a shift resembles a redefining of identity, meaning, and the perception of life values.

Unlike Miss Jacobs, being able to shift the context of meaning from self to beyond self enables nursing home residents to tap into the process of sageing. Do Rozario's study of elderly Australians supports the writing of Schachter-Shalomi and Miller (1995) who coined the term sageing to describe an important psycho-

spiritual development process not unlike gero-transcendence (Tornstam, 1994).

Do Rozario considers sageing as:

not just possible or desirable, but rather a cultural and occupational potential and developmental phase for human beings. In denying the existence of this stage of development, human beings are left bereft of their essential humanity, of their experience of being, meaning and aliveness, and of their contribution to society (do Rozario, 1998).

This describes Miss Jacobs' sense of loss of self - bereft of her sense of identity she is equally bereft of her sense of humanity. The process of sageing, as can be seen by Miss Jacobs' experience, does not occur automatically or simply as a result of chronology. Instead the passage to sageing is both active and conscious. As Schachter-Shalomi and Miller (1995) indicate, sageing develops through a process of conscious and deliberate growth to a point where elderhood represents the crowning achievement of life. In this way the concept of sageing mirrors Tornstam's theory of gero-transcendence (1994).

Gero-transcendence.

In contrast to the theory of disengagement (Cumming & Henry, 1961) Tornstam's theory of gero-transcendence views old age as a specific developmental stage characterised by increasing involvement in spirituality (1994). Within this theory Tornstam describes eight specific components (as noted in Figure 2). The resident co-researchers of this study described living out the following six components of gero-transcendence:

- A redefinition of the perception of time, space, and objects;
- A redefinition of the perception of life and death, and a decrease in the fear of death;
- Generativity: An increase feeling of affinity with past and coming generations;
- A decrease in the interest in superficial social interaction;
- A decrease interest in material things; and
- A decrease in self centredness.

Not all co-researchers experienced all these components, indeed each co-researcher experienced the components in her or his own way. Thus, to most of the co-researchers nursing home life was imbued with a sense of the transcendent even if this was not recognised or acted out consciously. Mrs Wolton, for

example, expressed irritation with what she described as the superficial aspects of life, particularly social life. Her children were all settled and healthy, leading stable lives, and long since independent of her. With Mrs Wolton now being settled into the nursing home she found her interests to be increasingly community and globally focused. For the first time in her life she began to take an interest in the effects of political decisions beyond her own situation. Her favourite television programmes, for example, were those dealing seriously with current affairs. Mrs Wolton was equally concerned about youth unemployment, viewing the young people as the resources of the future. In addition, Mr MacPherson, a former career soldier, prayed for peace throughout the world. Whilst expressing enormous pride in his profession he also hoped that one day such professions would be redundant.

That the perception of time is redefined was highly evident in this study. In returning to the past, co-researchers frequently describe their experiences as real. For example, Mrs Wolton, who was widowed in her early twenties and had to bring up her two sons alone, wept as she recounted her fears and re-experienced the pain of her bereavement. Time in a way, had been suspended. Here she was fully reliving those feelings sixty years later.

Past identity.

Connection with the past, of who and what residents had been, was easily the most significant aspect of meaning for nursing home residents in this study. Indeed, as the single most important factor in the residents' experience of meaning, past identity represents the foundation on which the maintenance of connection with a sense of identity is based.

Taylor (1996) touches on the profundity of past identity in his reference to personal biography as a tapestry or work of art. Other literature reviewed in this study (Friedan, 1993; Sherman, 1991; Wholihan, 1992) described the importance of past identity, however, none exemplified the centrality of past identity to the degree that this study has revealed. Thus, this study creates a bridge between the role of life review and gero-transcendence. The process of telling one's story, of reconciling with the past whilst simultaneously creating a

canvas of greater depth in which to portray those stories, acted as a bridge connecting the life review process and the experience of gero-transcendence. For life review to be of maximum benefit to the nursing home resident - as a healing process - residents need to be able to contain the process within two contexts: personal and transpersonal.

Meaning is located not just in the simple telling of one's life story - the personal - but also in the reweaving of events, people, objects, places, values, and ideas to capture that thread of identity extending beyond the individual - the transpersonal. Therefore meaning, in this sense, is the aggregation of life experience, an aggregate that also includes the stories of others. In this way people remain connected with not only their own individual biographies but also with the biographies of others.

In listening and responding to the residents' stories, I became affected by their stories, and their stories became a part - albeit a small part - of my own biography. Such experiences are particularly evident in small communities where people invariably find connections with others. For example, one resident - whom I assisted with showering during the participant-observation phase of the study - had taught my father when he was still in primary school. Her stories of this period in my father's life enhanced my own understanding of him. Suddenly the connection between this resident and myself moved beyond the professional to a relationship far more personal. These issues of personal transcendence and interconnectedness as aspects of meaning, described by Tornstam (1994), are clearly demonstrated in this study.

Past identity was woven into each element of meaning. Frankl's expression that human meaning is based on its "irrevocable quality" (1967, p. 52) became apparent as the co-researchers told their stories. Listening to their own stories gave them a new realisation of the quality inherent in their lives - qualities perhaps temporarily lost during the preceding years of illness and disability. All co-researchers expressed gratitude to me to be able to tell their stories; and having their stories heard seemed equally important. Taylor (1996) comments on the need to have stories witnessed. This recognition of the value of witnessing

people's stories is not new, indeed it has long been regarded as essential to the practice of psychotherapy (Frankl, 1946; Jung, 1961; Rogers, 1961).

Past identity in connection with a sense of place was frequently commented upon by the co-researchers. Memories of places were able to elicit a wealth of information about each co-researcher. Return to place through the vehicle of memory provided co-researchers with powerful, physical and emotional responses. Mrs Anderson, in describing the smell and sight of bread cooking in her mother's kitchen, took such pleasure in the memory - and its attendant emotions of being loved and secure - that she deliberately returned to that memory to re-experience and relive those feelings.

Place.

The findings of this study support Howell's description of place as a continuous reweaving process (1983, p. 99). Howell's proposition that older people's ability to adapt to geographical change whilst maintaining their sense of personal meaning can be achieved when they are able to imbue their new habitat with pieces of their past was demonstrated in this study. This was particularly evident in the stories from the Tjilpi Pampa Tjutaku project (Ngaanyatjarra, Pitjantjatjara & Yankunytjatjara Women's Council, 1995) and Miss Jacob's story. For senior Aboriginal people meaning could not be maintained if they were removed from their community. Since so much of their identity was directly and irrevocably linked with land and community, the remoulding and transfer described by Howell was impossible to achieve. On the other hand Miss Jacobs - lacking both actual and symbolic relics of her past - was also unable to negotiate the transfer of her sense of self between one place and another. For Miss Jacobs, her sense of self remained in limbo and, as such, remained inaccessible to her. Thus, the risk of major intra-psychic upheaval posited by Howell (1983) may contribute an explanation of Miss Jacob's sense of utter meaninglessness.

Ralph's (1976) comments on the profound attachment of person to place were also supported by this study. This was especially demonstrated in the case of the elderly Aboriginal people for whom connection with place was synonymous with life - where life and spirituality are one. Both Jolley (1983)

and Astley's (1993) characters also exhibited strong psychological and spiritual attachments to place. Jolley's character Mr Scobie - recently admitted involuntarily to a nursing home - reflects on his former home:

His thoughts were of leaving and of the place he wanted to go back to. It was his favourite thought and it consoled him. Perhaps tomorrow or even today he would go home. Slowly he allowed himself to think of the small house tucked away on a slope, partly in the shade of a row of pine trees planted by himself. Clearly, in his mind, he saw the white-painted weatherboard and he made a little mental journey round the verandah of that house. It would be in complete shade at this time of the day. The sun would move in slowly across the boards. Slowly he allowed his dream to continue (Jolley, 1983, p. 50).

Like Mr Scobie's longing for home, Astley's character Kathleen - threatened with nursing home admission - experiences a blurring of time as she ponders the prospect of return to the Pacific island that had been home in the first days of her marriage:

But she wouldn't let go of it. As if compelled she worried the matter over the next few days. 'I must go', she kept saying as she lay back under the flickering patterns of the vine screens, her eyes drifting beyond to the almost indistinguishable line between the sea and sky, teasing her into awareness of the almost but never quite forgotten things that prowled the margins of memory. It was as if some membrane between here and there and now and then were ruptured by the keenness of time's edge. 'I'll have to go back' (Astley, 1993, p. 145).

Both these examples support Relph's (1976) view that the essence of place is a source of individual, spiritual, and cultural identity. In desiring return to these places - either actual or via memory - both Mr Scobie and Kathleen may be seen to be reaching out to key sources of identity, particularly at times when the integrity of self identity is so forcibly threatened.

The co-researchers of this study identified some places as being of greater importance than others. Home - in the case of the elderly - has rarely been one place. While most co-researchers - like Mr Scobie - viewed home as their last place of residence, some co-researchers referred to places other than home. This can also be seen in Kathleen's longing for the islands of her first years of marriage. For Mrs Anderson it was the farmhouse of her childhood. In my grandfather's

case, knowing that return was physically impossible, it was simply a yearning to reconnect with the open spaces of northern Australia.

By way of explanation I wondered if these specific places represented defining moments of self identity and spiritual connection. This was true for both Jolley and Astley's characters. Mrs Anderson's comments also hint at the significant impact that her upbringing and childhood had, and continue to have, on her behaviour and beliefs of adulthood. In my grandfather's case, as a 20 year old immigrant from Victorian London, his first place of employment was as a stockman in northern Australia. My grandfather held no nostalgia for his native homeland and defined himself quintessentially as Australian. Whilst not an objective of this study, these findings appear to indicate that sense of self in old age is perhaps more influenced by place than has been previously identified.

Disorientation in time and place are hallmarks of dementia. In rural Tasmania (Australia) an experimental design of a dementia specific nursing home has been built to help reduce disorientation to place (Morris-Nunn, 1997). Morris-Nunn designed a nursing home to resemble the unique architectural design of the hop growers' homes that defined this small community. Thus, instead of living in a purpose built facility residents essentially returned to a period in their lives that reconnected them with a unique - and perhaps - meaningful community based existence. Anecdotal evidence (no research studies are yet available) indicates that residents show a reduction in those behaviour problems commonly associated with residential life. Thus, the findings of this study may offer a preliminary explanation for this phenomenon.

Home and nursing home life.

This study highlights the continuing influence of the warehouse model in the nursing home. Co-researchers frequently commented upon the busy-ness of the staff and their perception of staff often giving the co-researchers only half their attention. Co-researchers voiced a desire to engage staff in communicating, not only their needs and desires, but more importantly, their essence of being. In most instances co-researchers felt that these needs remained unmet. For these co-researchers the nursing home was perceived as a busy place, under-staffed, and

perhaps a little too intent on conserving funds. Miss Newton captures this perception - albeit somewhat melodramatically:

In a manner he (the owner) is as smooth as glass. Wealth is not enough for this owner. He lets his greed grow fat on the depravation of frail, handicapped men and women who have not the will nor the wit to stand up to him (Newton, 1979, p. 170).

The co-researchers involved in informal interviews were less direct in their criticisms of the nursing home. All, with the exception of Mrs Anderson, agreed that the nursing home could never be home. That a nursing home can never become a home, in the usual sense of the word, is expressed by Relph (1976) when he writes that:

Home is not just the house you happen to live in, it is not something that can be anywhere, that can be exchanged, but an irreplaceable centre of significance (Relph, 1976, p. 39).

Home in this sense is the physicality of being. Thus single-purpose, functionally efficient buildings, such as a nursing home, lack the authenticity that Relph attributes to home and other personally significant places. Authenticity, in this sense, refers to an openness to the world and an awareness of the human condition. Living in un-authentic places, on the other hand, causes individuals to subsume their individuality (Relph, 1976, p. 80).

Relph's notion of a centre of significance is also reflected in Dovey's view. Dovey suggests that the significance of a place - such as home - arises from an interaction between people and a physical setting together with a set of meanings that both emerge from, and inform, this experience and interaction (1985, p. 94). The degree of significance is dependent upon the subjective quality of those experiences and the depth of meaning. Sense of home, in this context, is inexorably linked, therefore, with personal identity and the individual's way of being in the world. Viewing home as a landscape inseparable from the social and psychological context of experience, Sopher (1979) also considers that some places hold greater significance than others because of the depth and personal meaning associated with that landscape. In this way "defining moments of

identity" and significance of place may be considered unifying experiences of being.

Fried, as one of the earliest researchers on the role of place in human geography, identified the importance of spatial factors associated with human identity. In his study on the grief reactions of people separated from home due to urban redevelopment, Fried (1963) identified that a sense of spatial identity is fundamental to human functioning. Furthermore, he reported that:

A sense of spatial identity represents a phenomenal or ideational integration of important experiences concerning environmental arrangements and contacts in relation to the individual's conception of his own body space (Fried, 1963, p. 156).

Barbey's (1993) discussion on the role of place making and home making forms the basis for ways of overcoming the problems associated with Relph's concept of un-authenticity of place. Barbey suggests that places need to be designed with the consideration that home is a place for the recollection of memories associated with different places experienced in the past. This implies that the life world dimension is an integral part of the understanding of home (Barbey, 1993, p. 105). Barbey comments that:

The house is compared to the universe and seen to be located at the centre of the world. The ascension is a symbol of the path leading to the absolute truth. It enables the communication between different levels of a human being. It is there for always of prime importance to recreate a centre . . . which help providing the illusion of permanence (Barbey, 1993, p. 109).

Home, therefore, can be seen as a symbol of the self and, like occupation, provides a context of being. In considering Barbey's comments, based as they are on concerns of architecture and interior design, it appears that in the absence of a physical semblance of a centre, nursing home residents have needed to create a centre within themselves - their personal identity.

Sacred space.

Identification of home as a symbol of the self raises issues in relation to the concept of sacred space. Jenny Crofts - founder and architectural director of "Human "Houses" - considers that buildings must incorporate sacred space to

meet human needs fully. Crofts' designs assume that the spiritual state is the essence of human being-ness. Sacred space, in this sense, refers to:

The deliberate design of physical space that will reflect the personal space of its occupants, allowing the occupants - through the building use - to connect with spiritual and cosmological space (Crofts, personal communication, November 2, 1997).

Crofts' work, based on her extensive work with Aboriginal communities, draws an analogy between human houses and Aboriginal art depicting stories from the Dreaming. On one level these paintings may provide the viewer with practical information regarding the sites and sources of specific foods or water, yet on another level, a level not discernible to the uninitiated, the art also represents special rites associated with the Dreaming. Thus, building designs and plans can be viewed similarly. If the Aboriginal artist does not set out to incorporate the mythic/spiritual element in the painting from the outset, then no such information can be discerned - even by the initiated. Again, so it is with building design - according to Crofts' conceptualisation of sacred space.

The utilitarian design of most nursing homes, however, does not set out to incorporate an element that honours the sacredness of being. Buildings designed to cater for function, rather than the human experiences of being, do not (and according to Crofts, can not) promote sacredness of space. Thus, sacred space arises when the individual is able to explore and experience the transpersonal nature of both doing and being. Like Relph's concept of authenticity, the person is enabled to experience an openness to the world and the human condition (Relph, 1976).

The concept of sacred space may assist in explaining why the experimental nursing home (ngura), designed for and implemented at the Docker River Aboriginal community, was viewed as successful (Ngaanyatjarra, Pitjantjatjara & Yankunytjatjara Women's Council, 1995). This ngura was developed with the very specific cultural and spiritual needs of the community as a priority. Given that the ngura was designed with the intention of creating a space in which spiritual and cultural aspects of Aboriginal life were incorporated, the ngura

married the needs of the community's older Aboriginal people with the spiritual, cultural, and kinship needs of the community.

Summary

This section of the chapter examined the findings of the study in relation to the sources and nature of meaning experienced by residents in relation to their lives within Australian nursing homes. The findings were examined within the context of the literature reviewed in Chapter 3 and focused specifically on meaning and self; gero-transcendence; past identity; place; and nursing home life.

Whilst other studies have examined various aspects of the experience of meaning making, this is the first study to explore and interpret these findings in connection with the life experiences of nursing home residents. Overall, the findings indicate that nursing home residents can and do experience life as meaningful. That meaning is intimately connected with the residents' ability to maintain a connection between their present and their past, and that in doing so they maintain an enduring sense of self identity was demonstrated in this study. Each co-researcher experienced this process differently, however, three common elements of identity were identified: personal, social, and environmental elements of identity.

A key finding to arise from this study is the role of place in influencing self identity and its potential impact on nursing home residents' experience of meaning. This finding links with the concept of sacred space as both an intentional attitude to the development of place (and buildings) and as a transpersonal context for being in the world. These findings strengthen the case for people to be seen as occupational beings who can and do create meaning wherever they are, or however different their life situations may become.

Sources and Nature of Meaning for Nursing Home Staff

This section of the chapter examines the findings arising from the second research question:

What is the source and nature of meaning experienced by staff in relation to their work within Australian nursing homes?

Summary of Findings

This study has found that nursing home staff experience a sense of meaning in their work when they are able to access their vision of what nursing home work means to them. This is particularly reflected in the composite depiction (note Chapter 6) which highlights both the key theme and the thematic elements.

The key theme - that nursing home staff strive to access a personal vision of self identity - represents the essence or source of meaning. The thematic elements of balance between the personal and professional or social attributes of this theme describe the nature of meaning for nursing home staff. Meaning, therefore, is dependent upon staff finding a balance primarily between the personal and professional elements of vision. When the professional elements of vision are deficient then staff increasingly draw on their social relationships within the nursing home to establish balance. The social element, therefore, is accessed by staff to either supplement or complement the professional element of vision.

Relationship of the Findings to the Literature

The findings relating to nursing home staff will now be discussed within the context of the literature reviewed in Chapter 3. The findings will be discussed under four headings: meaning and self; meaning and work; work as symbolic activity; and work and flow.

Meaning and self.

Whereas residents experience their sense of self directly in relationship to the past, staff tended to experience their sense of self as a future orientation. Staff held personal ideals as to how they would like to be, so whilst residents ask,

“Who have I been?”, staff ask, “Who do I wish to be?”. When staff were able to live out this desire, that is when work practice mirrored inner ideals, they experienced a deep sense of satisfaction and fulfilment and were less likely to yearn for external praise (from a superior or supervisor, for example).

In examining meaning as a continuum of experience the findings show a diverse range of personal experience. Meaning located outside the individual took, for example, the form of performance of specific tasks competencies or the receipt of praise. A field note written when working with Heidi, a kitchen assistant, demonstrates this:

I am assisting Heidi with the afternoon teas. She is a bright and gregarious woman who shares a very familiar relationship with most of the residents. She knows all the residents and makes them drinks from memory. She chats and teases them, and sings snatches of songs to entertain them. She works fast, very fast, and while she chats cheerfully with the residents she makes no attempt to converse with them. She explains that she works to a strict time schedule and prides herself on never being late and always finishing all her work. With no overtime and a set number of tasks to be completed she must work fast to complete the chores or "there will be shit to pay in the kitchen tomorrow" (Field notes, June 1996).

Patsy, a cleaner, on the other hand, is extremely proud of her work - for the sake of the work rather than for what others may think. On the day I shadowed Patsy she was delighted to be able to accomplish other tasks over her required routine:

The day Anthea came to help I managed to put all the furniture out of one of the rooms and give it a really good going over. Before multi skilling came in I use to do these jobs regularly, now I can only fit it in on days when I get help and that's not often (Excerpted from Patsy's individual depiction.)

Accessing vision, for some staff, has a quality that approaches the numinous experience of self (Jung, 1968b). Katherine, for example, who despite

presently experiencing a lack of meaning in her work, recalled past times:

At first it was really rewarding. I had contact with the residents and their families, and felt as though I was doing a good job . . . my greatest pleasure comes from having a very intimate relationship with a resident. The sort of relationship where all the boundaries disappear - it's just magic (Excerpted from Katherine's individual depiction, Chapter 7).

Comments describing a transcendence of ego centred relationship, such as this one from Katherine, were common amongst co-researchers. Each, however, had difficulty in articulating their experiences, and felt that their descriptions were somewhat clumsy. Transcending the plane of ego centred relationships to one of unity were key experiences for staff. Such moments of complete absorption in another gave their work a special source of meaning - beyond their day to day expectations of work. In the following excerpt Donna captures this unspeakable essence when she says:

It is the little things that mean the most. Peggy, Mrs Collins over there, is no beauty queen, especially now she has had all that treatment for the skin cancers. She sits in her chair day in and day out, her face all screwed up like she was really angry with the world. I go over to her and say "give us a smile Peggy" and she gives me the most beautiful smile. That smile can change my day, it really can (Excerpted from Donna's individual depiction, Chapter 7).

All the co-researchers expressed at least a possibility of work being meaningful. In other words, all were hopeful that on those days when work was meaningless that there was always a chance it would change.

This feature of hopefulness - that work would eventually be meaningful - was particularly evident amongst those who had experienced work as meaningful in the past, such as Katherine. Such past experiences created a type of anchor preventing the staff member from drifting in an ocean of meaninglessness, futility, or despondency. This links with my earlier description of the vision of self identity being like a thread, albeit still being spun. In this case hope derived from past positive experiences is analogous to a spool, locking the thread and providing a platform on which it can be spun whilst also preventing it from unravelling.

Meaning and work.

Amongst the co-researchers in this study - bearing in mind that they were chosen as exemplars - there was no indication of negative attitudes to nursing home residents. In this way Pursey and Luke's (1995) studies on nurses negative attitudes to working in age care could not be supported. Where co-researchers express negative attitudes - which consequently eroded their experience of meaning - it tended to be in forms of organisational and political matters. This strongly supports the work of Butler (1985), Carr and Kazanowski (1994), and Strumpf's (1995) studies of sources of dissatisfaction in aged care.

Strumpf's (1995) findings of dissatisfaction being linked to staff experiences of low levels of autonomy, professional challenge and positive feedback were also evident in this study. Maggie's story highlights clearly these aspects of nursing home work and the way they hinder meaning:

The old laundry was very inadequate with machines and dryers always breaking down. The laundry girls did the best they could but it was beyond even their efforts. So management said we could have a new laundry - but to offset the price we would have to accept reduction in hours. So we got the new laundry but no staff over the weekend. Working Sunday evening was such an awful experience because there just would not be enough linen. Some of us resorted to tearing up old towels and sheets just so residents could have napkins at the evening meal. I can't say how ashamed I felt as a nurse and as a human being (Discussion notes with Maggie and Emma, July 1997).

Meaning was most likely to be experienced in those situations where co-researchers felt valued, had enough time and equipment to attend to their work commensurate with their professional and personal ideals, and worked with other staff whose values mirrored at least partly their own. Emma commented on the primacy of her colleagues in just getting her through each shift given that other sources of meaning were no longer available to her:

My colleagues are the ones that make my day worthwhile, without them it would be pretty miserable (Emma's journal, July 1997).

Although Emma and Katherine both saw the possibility of work as a symbolic activity it was something that eluded them. Despite economic

considerations generally taking precedence, both believed that work could be symbolic and meaningful. Such beliefs acted as potent motivators for both women to continue working as they did.

Work as symbolic activity.

Apart from Maggie, staff co-researchers tended not to view consciously work as holding symbolic meaning. Montgomery's comment that:

. . . in spiritual transcendence the energy required for caring originates from a source beyond self (Montgomery, 1992, p. 47)

was supported by the experience of staff co-researchers. Donna - referred to earlier - certainly experienced a sense of transcendence, as did Marie. Although a highly practical woman, Marie the administrator who had originally entered aged care for purely financial reasons, identified a broader perspective behind her work. Work fulfilled many roles in her life: it was a source of income, power, and prestige, but more importantly it was a reflection of herself, of her essence as a human being. After speaking uninterrupted for almost two hours Marie stopped and reflected on her comments somewhat embarrassed. She told me: "This all sounds a bit too good to be true, but it's honestly how I feel, it's honestly what drives me".

Maggie clearly identified the potential for work as symbolic activity. Despite being unable to realise this symbolism in her workplace at the commencement of this study, Maggie never gave up hope of being able to engage in work that actualised the symbolic. Indeed halfway through the study Maggie changed jobs and suddenly the prospect of work as symbolic became tangible. The new nursing home was affiliated with a religious organisation and Maggie found it far easier to work in that environment than in privately owned nursing homes. In viewing her work as symbolising her essential spirit, Maggie's experience moved from the personally symbolic to encompass what Maslow refers to as the self transcendent. Maggie, a deeply spiritual woman, views her essence as pure love, correspondingly she views her work as a vehicle for the

expression and manifestation of that essence. Maggie commented:

The way I care for my residents is a reflection of who I am . . . to not be able to work in a way I need to devastates my soul (Maggie's journal, June 1997).

As described in the composite depiction (Chapter 6), meaning was not exclusively linked to those tasks imbued with personal symbolism. Indeed, the day to day tasks of nursing home work were equally significant in providing meaning and touch on Csikszentmihalyi's concept of flow (1993b).

Work and flow.

Csikszentmihalyi's original work on the psychological concept of flow focused specifically on physical activities - for example, mountaineering, painting, surgery (1988). Since then Csikszentmihalyi's research (1993c) has broadened the concept of flow to incorporate those experiences normally associated with spirituality or high level consciousness. (The characteristics of the experience of flow were outlined in Chapter 3.) In this way flow can equally be used to describe, for example, the thrill of task achievement; the tranquil stillness of meditation; the joy of listening to a beautiful piece of music; or the soft comfort of being in the company of people one loves. Thus, flow can be used to describe both "doing" resulting in achievement, and "being" resulting in self transcendence.

Csikszentmihalyi's psychological concept of flow is seminal research in explaining the vast and divergent nature of human happiness and meaning. In this study, flow is of particular value in understanding the myriad ways by which staff co-researchers experienced meaning associated with nursing home work.

Emma, whose story exemplifies the frustration that occurs when co-researchers have low anxiety and high boredom in their work, has her experience of meaning limited to technical mastery and stimulation. Emma's vision of her professional ideal self was inextricably coupled with her skills. In this context, therefore, meaning can only be achieved when the individual's competence is challenged and that challenge is successfully met. Likewise, as Katherine became increasingly proficient and confident in the skills required of her nursing home job she experienced less flow. Katherine's key source of flow resided with her direct

contact with residents. With increasing administrative demands, and less direct contact with residents, Katherine's boredom, frustration, and sense of utter meaninglessness became increasingly apparent. This was a major source of disappointment for Katherine for whom contact with residents was her professional *raison-d'etre*. Yet this was not the experience of all co-researchers.

Marie, on the other hand, experienced flow as an underlying element of her work. In her progression from neophyte to nursing home administrator Marie was frequently challenged, and consequently exhilarated, by her mastery of new skills - technical, intellectual, and interpersonal.

The experience of flow for many nursing home staff was limited to, and dependent upon, the successful mastery of new skills. Nurses, in particular, saw nursing home work as offering little in the field of skill's development and, consequently, few opportunities to experience flow. Emma, for example, became highly animated when she described performing a complex dressing to a resident's surgical wound. Momentarily, she experienced flow. However, she also observed that this was an isolated occurrence and, as she was now competent at doing that task, the thrill would soon disappear. Emma feels let down by nursing home work in that she uses so little of her general skills - meaning technical skills. Having come from an acute care setting Emma feels that much of her training and skills are now wasted: to the degree that she often feels that she is no longer a nurse.

When professional meaning is limited to task competency, opportunities to enjoy the positive emotions associated with meaningful work, are also restricted. This is where symbolic meaning, of seeing work as an expression of one's unique essence, becomes important, and is what separates Emma's experience from Maggie's (described earlier). When work is viewed as a symbolic activity, then meaning can be redefined or recreated to encompass what is valued as opposed to what is achieved. Katherine's comments on the "magic" of human relationships illustrate this point. Katherine was at a loss to articulate her experience of "magic" except to say that it topped her list of great experiences. According to Csikszentmihalyi, one of the fundamental characteristics of flow would assist in explaining Katherine's experience: loss of self consciousness where

concerns about oneself drift out of focus (1993c, p. 185). Thus, in yearning for the "magic" of really being present with a resident Katherine describes not only her experience of flow but also that aspect of her work as symbolic activity.

This study revealed that staff, especially nurses, did not seem to consider that they might be able to experience a sense of flow if they looked at the negative aspects of nursing home life in the same way they might look at technical challenges. The level of excitement associated with technical mastery was less evident when associated, for example, with the successful management of a resident's emotional or behavioural problem. Sarah, however, was an exception.

One evening, whilst I worked as Sarah's assistant, I observed how Sarah used her creativity and imagination to overcome what must be regarded as a particularly trying aspect of nursing home work - meal time for residents suffering with the "Sundowner Syndrome". (A syndrome characterised by residents high degree of physical agitation, psychological irritability, and an obsessive need to move constantly. These signs are common aspects of dementia but in some residents they are particularly severe around dusk.) For Sarah, a sense of achievement not unlike flow occurred when she was successfully able to manage the residents' unsettled behaviour whilst ensuring they were also adequately nourished. Sarah loves her work and finds that each day she learns a new skill as she is confronted with the daily challenge of working with residents with severe dementia. The experience of flow, for Sarah, is a regular part of her work and contributes to her sense of professional meaning.

As already mentioned, the repetitive nature of nursing home work was a common source of frustration to many staff. Emma's story again highlights the frustration associated with her experience of repetition:

Working for so long in this job with its conveyor belt mentality has really damaged my professional self confidence. There is no career path, no chance of new learning. Even when I have done specialist courses there is never any support from management or enough time to put my new knowledge and skills into practice. I feel under employed and undervalued . . . I don't feel I'm doing justice to myself (Emma's journal, August, 1997).

Csikszentmihalyi's concept of psychic entropy describes Emma's experience. Psychic entropy is a condition of inner disorder, a disorganisation of the self that, if prolonged, can weaken the self to the point that the person is no longer able to invest attention in, or pursue, goals (Csikszentmihalyi, 1993b, p. 37). Psychic entropy results in a dismantling of an individual's personal sense of positive value. The opposite state to psychic entropy, is optimal experience (1993b, p. 39). When personal experiences, including the receiving of feedback, are congruent with a person's goal, then psychic energy flows effortlessly. This then allows the person to build a mental self portrait that is imbued with hope, pleasure, and optimism. Thus, Emma's experience is one of entropy whilst Sarah's is one of optimal experience.

In Emma's case, with her limited options for flow, the experience of entropy has further reduced her capacity to experience flow. Having experienced the positive effects of flow, Marie and Sarah are able to redefine their work in light of this experience. They are also optimistic about their abilities to deal with the demands of their work and see "problems" as opportunities for creative exploration, rather than an overload of ordeals.

With little extrinsic positive feedback Emma has become trapped in an attitude of despondency, and subsists on a sense of meaning derived from the companionship of others. As an occupational being, Emma defines her working self only in terms of her activities. In view of Csikszentmihalyi's concept of flow it is no wonder Emma experiences boredom, frustration, irritation, and an overwhelming sense of futility.

To understand better why staff like Emma experience such negativity in their work whilst others in the same job view work positively, Csikszentmihalyi coined the term *autoletic personality* (1993b, p. 149). The *autoletic personality* has the ability to create flow experiences even in the most barren environment. In such cases the person performs the work because it is worth doing for its own sake. This is similar to Thich's description of the benefits of mindfulness in even the most mundane activities (1974). To work with mindfulness the person must be temporally based in the present - in being fully "present" self consciousness is

replaced with self transcendence. The promotion of an environment conducive to autoletic activity is discussed in the final section of this chapter.

From these examples it can be seen that the concept of flow is highly significant in the discussion of work and meaning for nursing home staff. Flow has many implications associated with the thematic element of professional identity for staff employed in Australian nursing homes.

Summary

This section of the chapter has examined the study's findings in relation to the source and nature of meaning experienced by nursing home staff. The findings have been examined within the context of the literature reviewed in Chapter 3 under the headings of meaning and self; meaning and work; work as symbolic activity; and work and flow.

The major finding - that nursing home staff experience a sense of meaning in their work when they are able to access their personal vision of nursing home work - supports and extends existing research in regard to nursing home work. The psychological concept of flow provides a valuable theoretical tool to the understanding of the process of meaning making amongst nursing home staff and provides important insights into the role of the autoletic personality.

The practice, education and research implications of these findings are discussed in the final section of this chapter.

Wellness in the Nursing Home

This section of the chapter examines this study's findings in relation to the third research question:

How can residents and staff of Australian nursing homes live and work with a sense of wellness?

To answer this question I return to the reviewed literature from Chapter 3 to place the resident and staff experiences in a wellness context. I then explore the

possibility for wellness within the nursing home examining separately the experiences of residents and staff. The concepts of organisational wellness, mattering, and generativity are also discussed. Finally I introduce the concept of replenishment as a means of explaining the wellness process amongst nursing home residents and staff.

Relationship of Findings to the Literature

Wellness.

As indicated earlier I chose to adopt do Rozario's definition of wellness in this study. To reiterate, wellness is defined as:

a process of being in which all the elements of human existence: the physical physiological socio-cultural and spiritual are in coherence (do Rozario, 1994a).

Based on this study's findings, I conclude that wellness, as a process of being, is fundamentally hindered by the activity based culture prevailing in Australian nursing homes.

Although resident co-researchers spent many hours speaking of their lives - their loves, fears, hopes and dreams - in a way that hinted at meaningful lives, most explained that this was a rare event in the nursing home context. In other words if not for the visits of family, friends, and former neighbours most of the co-researchers felt they would have limited opportunity to maintain connection with their sense of identity. As Mrs Tilly pointed out, "Most of the staff mean well but they don't have enough time". Thus, the structure of the nursing home, indeed the nursing home model itself, precludes many of the processes necessary for the nursing home residents to live with a sense of wellness.

The problems posed by the structure of the nursing home was particularly evident in the sad and lonely story of Miss Jacobs. Having lost everyone and everything she lost all hope of meaning and wellness. Staff could not fulfil the enormous deficits of Miss Jacob's life. This was something my grandfather frequently lamented: that whilst residents were in the company of staff for many more hours each week than with family and friends, contact with staff was

invariably purpose oriented or superficially social. My grandfather regularly described our Sunday visits as his week long tonic - a view also shared with Miss Newton (1979). This could be partly accounted for by the fact that residents' family and friends begin with the advantage of prior knowledge of the resident, and as such, are tangible representatives of residents' past identity.

Residents preferred to be cared for by staff who knew them. Being able to interact with people already holding an understanding of who the resident is was an important vehicle for residents to return to their sense of identity. In this way their sense of identity was confirmed and re-affirmed. In terms of wellness contact with staff, family, and friends familiar with the residents' past also enabled residents to renegotiate and recreate their present identity. Whilst the past remained the most important source of meaning for residents being able to adapt successfully to nursing home life also required a redefinition of their present self within the broader context of their lives. The importance of redefining one's sense of self in the face of change is supported by Johnson in her description of wellness as a context for living (1986).

This is not to single out staff for blame: staff co-researchers' experience of meaning was also generally very limited. Although the staff co-researchers' source of meaning lay in their own version of self identity, for most the professional element of vision was directly linked with residents. Thus, for both groups a sense of wellness was inextricably linked with the staff resident relationship. Katherine lamented sadly her increasing separation from residents as she fulfilled the administrative components of her work. Maggie raged at the injustice of being prevented from simply talking to her residents instead of racing around attending to tasks. Emma, unable to provide the degree of comfort and dignity she sees as each resident's natural right, virtually shut down and worked as a robot. For these staff - and these are the exemplars - wellness could only be experienced when all aspects of their nature were in harmony.

The frustration that accompanies these experiences was palpable. But it was more than frustration. My experience is one of deep inner disappointment of having betrayed my values and of even having betrayed the higher values of

humanity. On an evening shift, whilst working as a participant-observer, and having promised the enrolled nurse that I would assist the bedfast residents with their meals, I began talking to a very elderly man. It was one of those rare quiet moments in a nursing home, a time when residents were waiting for their evening meals to arrive:

I have struck up conversation with a 96 year old man who seems remarkably alert and lucid. He begins telling me his life story. We are only up to his stories of age 7 when the Enrolled Nurse (whom I'm assisting) asks me to feed another man. I politely excuse myself from the 96 year old man wondering whether he has ever had the opportunity to share the 89 years of his long history (Field note, March 1996).

This episode distressed me considerably. I felt torn between my informal contract to assist the enrolled nurse (as I had arranged) or to fulfil my greater obligation. I agonised over this seemingly trivial event for days and came to the conclusion that the needs of residents and staff are frequently at logger heads. Now I can see that survival for staff is often dependent on not dwelling too deeply - if at all - on such dilemmas. However, this episode can also be explored within the context of Csikszentmihalyi's concept of the autotelic personality: a person able to create meaning in even the most barren of environments (1993b). In turning even negative situations into moments of meaning such people are simultaneously acting within a wellness context.

Wellness can be experienced in a nursing home, although with the addition of two major elements: time and resources. Residents hunger to have time spent with them in ways that allow the residents to be authentic rather than being defined and moulded by routine and standardised patterns of care. The act of reverie, as an antidote to meaninglessness associated with loss of self (Casey & Holmes, 1986), takes time and requires an atmosphere conducive to security, freedom, and authentic being. Staff require time to develop these types of relationships with residents. Staff also need time to attend to the physical and administrative, as well as emotional and spiritual, requirements of their work with residents.

Universally, staff co-researchers complained of inadequate time, and yet more than time is required. I have heard Directors of Nursing comment that when staff do have time (for example, when there are few highly dependent or unwell residents) then staff spend that time together. My own experience and observations support these comments - at least to a point. The point of departure lies in my view that staff have been so deeply inculcated into the culture of 'busyness' - an offshoot of the warehouse model - that when presented with time they have forgotten how to use it. For too many years, particularly amongst nurses, staff who spend time talking to residents have been labelled as "lazy" or "bludgers", who in avoiding their work make more work for their colleagues. These attitudes remain entrenched in the psyches of many staff. On the other hand, some staff prefer it that way as a means of avoiding the formation of close relationships. Diane, for example, was quite open about her preference to keep residents at arm's length:

I know in my work I have plenty of opportunities to really get to know the residents but frankly I have so many problems of my own I really don't want to know anyone else's. If I really started to listen to their stories I think I'd just be suffocated with emotion so it is best really to keep things superficial - not that I don't care for them because I am very fond of them but I just don't want to get involved (Field note, June 1996).

Diane's fears can be described as a psychological defence to intimacy, a form of personal protection against over-involvement. Psychological defences always come at a cost, and in obstructing the possibility for open and authentic relationship the person is precluded from living or working with a sense of wellness.

Discussion on wellness as an organisational concept, as noted in Chapter 3, is still relatively new. For the most part nursing homes, as organisations, have tended to focus on issues of safety regarding work practices (as indicated in Chapter 3). Dyck (1998) refers to healthy companies as ones that view the workplace as a holistic environment that nurtures, stretches, and empowers people, as well as providing a setting for business. In a similar vein, Schumaker (1980), Fox (1994), and Cairnes (1998) all cite the need for organisations'

recognition and acceptance of human spirituality as essential to a revisioning an organisational environment where employees are viewed as respected, and self respecting, members. When human beings can work in an environment that upholds a holistic view of its members then benefits will accrue to both the organisation and their staff (Fox, 1994).

With Australian nursing home funding being directly linked to task quantification - Resident Classification Indices - a sense of wellness emanating from outside the organisation seems improbable. Given this situation, the potential creation of wellness within Australian nursing homes presently may rest with individual residents and staff members. Such a situation assumes, then, that nursing home members work together in co-creating an environment of wellness. Organisations, after all, are humanly created where individuals act either singularly or together (Greenfield, 1975). Models of wellness, such as do Rozario's "Ecological and transformational model of practice" (1994c), provide options and strategies for creating wellness as a context for life and work. That co-researchers in this study reflected a strong desire to work together, opens up the possibility for a potential change towards creating an environment that fosters wellness.

Mattering

Feeling valued is an essential aspect of being human. In this study, meaning was found to be connected with residents and staff being able to access a sense of positive self identity. An over-arching metaphor - for both residents and staff - is that life is, has been, or can be, valued. Feeling valued stems from the experience of knowing that "I matter". Thus, human occupation needs to be not only meaningful but also needs to contribute positively to a sense that "I can, or have, made a contribution". This sense of valuing comes from both an examination of the inner experience and external acknowledgment of that experience. Consequently, extrinsic praise can bridge many gaps. Residents, in moving from memory and other inner experiences to external verification of the past (for example through photos, objects and family comments), are able to declare, "My life has not been in vain, it has mattered". Mattering in this sense refers to a

relationship with the self. Similarly, staff look forward into their unlived lives and strive, "To create a life in which I matter". This is living and working with a sense of wellness.

The advent of change in an organisation brings with it the prospect of destabilisation - staff, in particular, wonder whether they will be up to the job and whether they will continue to matter. An important aspect of organisational wellness, therefore, lies in the ways staff view the organisation's perception of staff performance and their contribution to the organisation.

The key factor in determining the value of staff performance and contribution - from the perspective of staff co-researchers - was external praise from the administrators. This need for praise and recognition by their superiors is intimately connected with the staff's sense of self worth and their need to believe that they as individuals matter. For many of the staff co-researchers this was a major criticism of the administrators, particularly in the present climate of funding cuts, staff shortages, and general policy uncertainties. Comments, such as Emma's, were not uncommon:

We're undergoing so much change at present and there is an insurmountable pressure to get things done on time. No one praises our efforts, no one thanks us for staying back late (without overtime) to get this done. Why do I bother - we're constantly criticised anyway and still nothing change (Emma's journal, July 1997).

Generativity

Wellness within nursing homes can also be viewed within the context of generativity. The concept of generativity is based on the notion of interconnectedness between each person with the past and future. In this way generativity can be seen as both the practical contribution to society and as a spiritual process of inner exploration. Those who write on generativity (Erikson, 1963; Friedan, 1993; Kotre, 1984; Rubinstein, 1994 & Tornstam, 1994) describe it as a part of an inner quest to wholeness. Wholeness, in this sense, refers to the totality of human existence; it is a cohesion of spirit, culture, emotion, and physicality. Wholeness implies the unity of both the banal and the sacredness of being. Generativity, therefore, is what flows from the wholeness of old age when

people are enabled to affirm their life as it has been - not romanticised or sanitised to save the family name - but truly authenticated and owned.

Erikson's (1963) original definition of generativity as "an interest in establishing and guiding the next generation" has gradually evolved. Rubinstein (1994) extends the definition by describing generativity as pragmatic spirituality in that it deals with a transition from late life to death - with all its concerns for human well being and for the health of self to the condition of others. The following components, identified by Rubinstein, essentially define the generative process: A caring, nurturing or loving attitude; concern for the self through others; concerns about the post death condition of the self; the possible equation of godliness with otherness; and care of the self through diffuse concern with the condition of the world - of leaving the world a better place than you found it. These components also parallel Johnson's definition of wellness (1986). Thus, generativity can be viewed as an outcome of wellness that links rather than divides people, and emphasises the promotion of wellbeing for all people.

Generativity was exemplified by the narratives of the Tjilpi Pampa Tjutaku project's co-researchers (Ngaanyatjarra, Pitjantjatjara & Yankunytjatjara Women's Council 1995). As indicated earlier, the old people, in holding the keys of spiritual and cultural knowledge and rituals, keep alive the Dreaming for future generations. When cut off from their wisdom of the past the rest of the community are equally cut off from their future (refer to Chapter 6).

Friedan (1993) describes the urge to generativity in older people as the drive "to be part of the community, to be part of something than oneself, to contribute somehow to the ongoing human enterprise, to pass on some legacy to the next generation" - this is the vital need in old age the final act of productiveness. Generativity, therefore, can imply not only personal responsibility for being who we are but also for taking personal social responsibility for the future of the world. These acts of generativity can also be explained in terms of Csikszentmihalyi's concept of flow where flow is experienced as both giving and receiving of something of value. Such acts

contribute to personal and collective creations of wellness. Moreover, generativity can be viewed as an altruistic outcome of wellness.

Researchers, such as Rubinstein (1994) and Tornstam (1994), focus heavily on the spiritual nature of generativity. However, generativity is also found in the every day mundane activities of the individual where its expression is directly shared with others. In this study it is the every-day activities rather than the lofty spiritual concerns that dominate the expression of generativity. These expressions have been particularly evident in the context of family life that frequently result in the resolution or reduction of family rifts and guilts.

This study indicates evidence of the expression of generativity in the nursing home. Even in the midst of extreme disability the frail aged can continue to live - albeit subtly - productive and well lives. For some staff co-researchers, such as Donna and Maggie, being sensitive to the residents' gifts of generativity enables them to continue with their work.

Replenishment

In observing the processes of creating meaning by nursing home residents and staff I noticed that both groups use a common process to sustain meaning. I use the term "replenishment" to describe this process. The Oxford Dictionary (1989) defines replenishment as:

The fact of being fully or abundantly stocked with things or qualities; and to be restored to the former amount or condition.

Replenishment is inherent in the residents' actions of moving from present identity and back through times past. The movement between these two temporalities involves replenishing the stocks of identity to return to the fullness that is the self. The same process is evident amongst staff who in their attempts at balancing personal and professional elements of identity constantly seek to replenish their vision of self. Replenishment is an act of nourishment whether, for example, it be physical (as in oxygen, water, and nutrients) or social (as in maintaining relationships) or spiritual (as in hope, love, or faith). It is a return to that which provides for the most banally profane to the most divinely sacred.

Receiving visits from family and friends sympathetic to the resident co-researcher's sense of self was one of the most common and readily observable acts of replenishment. For example, for Mr MacPherson being able to love and to receive love from his wife had become central to the way Mr MacPherson defined himself and his reason for living. In the simple act of being visited by his wife Mr MacPherson's sense of self, his roles as husband, companion and lover were equally replenished - not by physically enacting these roles but through the contact, communication and reaffirmation of who Mr MacPherson had been and continued to be for his wife.

Although not previously described as such, replenishment can be reviewed as an archetypal process in all of nature. Replenishment is quite separate from rebirth with the implications of death and renewal. Instead replenishment is the necessary precursor to equilibrium and harmony and, as such, is life sustaining. When the process of replenishment is no longer physically possible death occurs. The cessation of emotional and spiritual replenishment can be viewed as synonymous with meaninglessness; in such cases disease may accompany this meaninglessness (Jung, 1961). Thus, the failure or incapacity for replenishment denies or counteracts the possibility for wellness.

Summary

The possibility for wellness exists within Australian nursing homes, according to the findings of this study. Resident and staff co-researchers demonstrated their own ways of creating wellness, however, many also described experiences where the possibility to live with a sense of wellness was thwarted by organisational and micro-cultural restrictions. Staff and residents' sense of wellness were often experienced in spite of the nursing home, and for some their sense of wellness was buffered or even dependent on sources outside the nursing home - the "week-long tonic" described by my grandfather. Wellness, specifically in the nursing home, is closely connected with the belief that, "I matter" or that, "I can, or have, made a contribution". Such contributions lead to the concept of

generativity as being a positive outcome of wellness in the nursing home with benefits accruing beyond the nursing home members themselves.

As occupational beings it was important for residents and staff to be able to define themselves in contexts broader than their day to day occupations. Working within a context of wellness enabled co-researchers to view even the most ordinary activities as both important personal contributions to the nursing home community, and as positive reflections on who they are. These types of experiences are associated with flow, and provide the person with an opportunity to build a mental self portrait imbued with hope, pleasure, and optimism.

In revealing the importance of place to residents' sense of identity and meaning, this study also provides important insights into the interlinking roles and influence of place, identity, and meaning with wellness. In this sense the potential for wellness is primarily located within the self. Thus home, self identity, and wellness share close associations.

The process of accessing meaning was linked with the concept of replenishment and has much application for nursing home residents and staff. The present situation, in which the warehouse model of nursing homes predominates, is successful in delivering physical and social replenishment. However, the results of this study indicate that replenishment of emotional and spiritual aspects of the human experience - for both residents and staff - is seriously flawed.

Many of the staff saw their work only in terms of tasks. This is part of the warehouse culture of favouring activity over being. This was particularly so in the case of nurses. Nursing, as an occupation, is far more than a profession of technical skills, yet clearly many nurses define themselves solely in terms of their skills. Perhaps, given not only the culture of "busyness" and the over supply of tasks to be attended to within the nursing home, it is easy to understand how nurses lose sight of the "being" nature of their work. Consequently, these staff forgo vital opportunities for experiencing flow. In forgoing the possibility for experiencing flow, staff forfeit the potential to create a sense of meaning by reaffirming a personal reconnection with soul: that infinite depth of a person

comprising the many mysterious aspects that go together to make up identity (Moore, 1992, p. 200).

The Process of Heuristic Inquiry

This study has been from the outset a very personal exploration of phenomena of great personal significance. The conclusions I have arrived at and the personal insights I have gained have exceeded my expectations. Therefore, in this section I will review my involvement in the heuristic process, firstly in terms of the research process, and secondly in terms of my personal journey.

Heuristic Inquiry as a Spiralling Process

Dialogue - with self and other - was central to the data collection process of this study. As described in Chapter 4, heuristic inquiry involves an internal search through which one discovers the nature and meaning of experience. Heuristic inquiry provides more than academic knowledge it also provides personal discoveries, insights and revelations for the researcher and co-researcher alike. Thus, the self of the researcher is always present. Throughout this process understanding gradually evolves around the issue under investigation. Emerging from this process comes an enhanced self awareness and deeper understanding of the researcher's own experience of that issue.

Moustakas (1990) recommends that the researcher initially explore fully the topic within her or his self and then collect the portraits of each co-researcher. In this way the researcher develops a bank of co-researcher stories and, thus equipped, sets about the task of analysis. However, during the period of data collection I became very conscious of another level of dialogue - albeit silent - flowing between the co-researchers and myself.

This other level of dialogue was of a spiralling nature moving between each of the co-researchers and myself, linking all our stories in a gentle but firm fabric of shared experience. Taylor (1996) alludes to this process when he says that

having listened to the stories of others, "I am changed forever, I can never go back to how or who I was". Singer (1972), in describing similar relationships within the context of psychoanalysis, supports this experience of being forever changed as a result of the stories of others. Writing on feminist research methods Oakley (1993) promotes a consciously "interactive" approach where interviewer and interviewee jointly engage in exploration.

In Chapter 4 I alluded to this spiralling process when I described the to-ing and fro-ing of my interviews and everyday conversations with co-researchers. My experiences as a counsellor, educator, group facilitator, and even psycho-analytic participant, have instilled a realisation that self awareness may come from deep inner examination but it is very often initiated by the comments and shared explorations of others. Thus, as I shared in the stories of others, new questions and insights arose within me. I observed that as this process occurred in me it also occurred in the co-researchers, although perhaps not always consciously.

For me this process resembles a spiral that takes me to deeper and more concentrated experiences enabling me to examine the same topics from increasingly focused and insightful perspectives. The top of the spiral can be described as representing non-awareness whilst the base of the spiral represents awareness and wisdom.

This image of the downward journeying spiral, as noted earlier, is analogous to Jung's definition of the process of individuation where knowledge of the self represents the final point of the spiral (Jung, 1961; Singer, 1972). The other co-researchers, my observations, the additional data, and every other experience I have had in connection with this study (whether it be directly or indirectly connected) assist me to move into greater depths along the spiral. In this way these insights provide the impetus and energy for this descent. (This process is also very much akin to the process of theoretical sampling used in grounded theory where decisions about the data to be sampled are based on the outcome of ongoing data analysis; Strauss & Corbin, 1990.)

In this study, therefore, I set about exploring my own experiences and then inquiring of the experiences of others. Using the analogy of a spiral staircase my

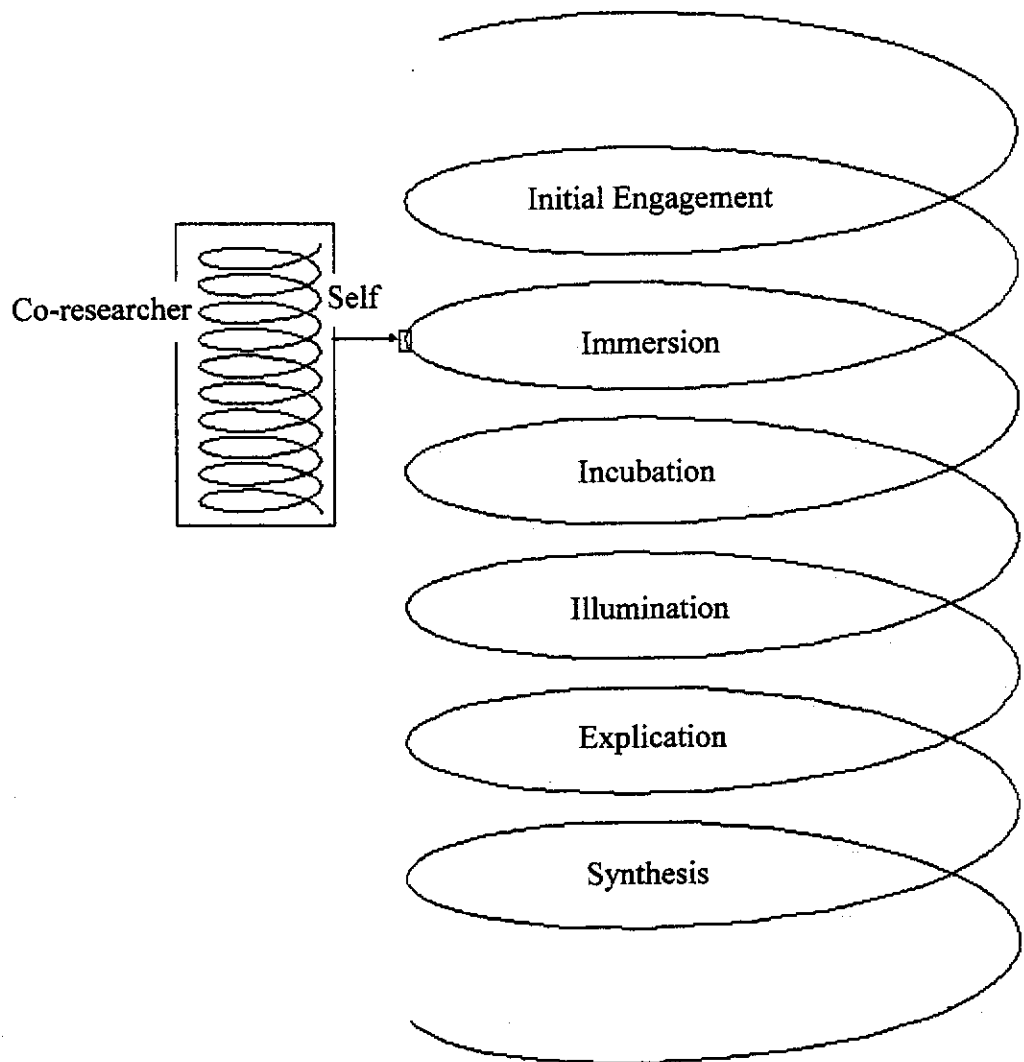
inquiries are like small landings that give the traveller a steady base or even respite from the dizzying spin of the spiral. Invariably the co-researchers' responses led me to further explorations - allowing me to take the next steps along the staircase. Sometimes a verse in a poem would set me on a new path, at other times it may be a few moments of conversation with a friend. In this way I remained central to the whole process. Furthermore I feel as though I have been able to move deeply within the collective experience. Figure 6 provides a diagrammatic representation of heuristic inquiry as a spiralling process.

This spiralling process did not just occur between the co-researchers and myself. The spiral also encompassed the totality of nursing home co-researcher experience enmeshed as they were with my own. Even the writing of this report involved a spiralling between my preconceived expectations of how this report should be with how the report unfolded in its own way. Kleinman (1993) describes this as a natural emotional response to the writing of all field based research and is, in the case of this study, an integral part of the experience of heuristic research. Exploring this spiralling process further, Heshusius (1994, p. 16) describes the research process as being one of participatory consciousness: an awareness of a deeper level of kinship between the knower and the known. Participatory consciousness assumes an inner desire to let go of perceived boundaries of ego that leads not to the loss of self, but to heightened feelings of aliveness and awareness - not unlike those described by flow. Thus, eventually the spiral became a spiral of spirals in much the same way that the component parts of a hologram represent a miniature yet complete and coherent picture of the whole (Capra, 1975).

Unifying the Creative Syntheses

By way of expressing the totality of this experience I wrote the following poem as a unifying creative synthesis - melding the creative syntheses of both residents and staff. This poem encapsulates my journey to awareness based on

Figure 6. Heuristic inquiry as a spiralling process



the entwining of shared mystery and discovery with all the co-researchers. In a sense this poem resembles a Celtic knot reflecting the infinite experience of being - without beginning or end.

Beyond Self

Opening into the space
 Time ceases to exist
 Who I am, what I've been
 Who I may become,
 Flow and swirl
 Spiralling downward
 Creating a pattern -
 My own mosaic
 Of being.
 Space holds all
 Father, mother, brother,
 Child.
 Over there my old teacher
 And here,
 The one not yet known.
 Space
 Whose invisible doors
 Obey but one command -
 Faith.
 Enter this doorway
 Let memory be the key,
 Another by dream and vision.
 And in this life
 So richly lived
 Do those of past
 Live on still
 Their faces held
 In timeless pose
 Their bonds with me
 Unbroken.
 These fruits of memory
 Ripen eternal
 Where time conspires
 With human passion
 To fold one moment
 Into all.
 And in these
 Swirling place
 Of mind
 I am in all I be.

Heuristic Inquiry as a Personal Journey

Participating in this study has been a remarkable experience both for my intellect and my soul. Whilst it is true that the study arose from my feelings of despair and doubt, I have arrived at a point of quiet optimistic realisation of the myriad possibilities for experiencing meaning within nursing homes. I have had so many experiences in sharing the stories of others: some have been uplifting, whilst others have been deeply moving, and even others comforting. My sense of hope about the possibilities for living and working with a sense of wellness has been nurtured, and my optimism for the future of nursing homes, as a context for meaningful life and work, has been renewed.

Following the spiralling process I have also frequently found myself in places that more closely resembled “the blind dark alleys” referred to by Miss Newton (1979). I was confronted by the first such alley quite early in the study. One evening, as a participant-observer, I was asked to assist a man (whom I refer to as Mr Perkins) with his meal. I carried the tray, holding Mr Perkins' evening meal, into his room and placed it on his table. To my utter horror and shame I felt a creeping sense of revulsion as I assisted him with his meal:

His thin body is contorted, his mouth filled with missing and broken teeth, one eye is clouded over with a senile cataract and his mouth opens to repeat “mince and potatoes” or “fruit and jelly” as I offer them to him. According to the registered nurse this man regularly aspirates on food - despite positioning and a special diet determined by the dietitian and speech therapist. Every mouthful is agonising - as much for him as for me - and each mouthful results in an eerie gurgling sound and eventually an explosion of coughing (Field note, March 1996).

What confronted me most about this episode was my apparent lack of compassion. Recalling the times when my young sister and I had visited our great grandmother all those years ago, I too doubted that this man was actually human. Later, recalling other comments from my grandparents, my father, and so many elderly patients, I realised that my reaction was a reflection of the universal terror surrounding old age and nursing homes. From this perspective, this man represented the zenith of collective fear. I spoke with staff who had known Mr

Perkins since admission, they were upset by his condition - but not repelled. The staff had watched him deteriorate over the past year but for them he remained the Mr Perkins he was on admission. A week later he died. Having encountered, confronted, and then integrated this episode I never experienced it again.

In another incident I met up with three bed-ridden women whom I had cared for more than five years previously. Each of these women was almost unrecognisable as they lay in their beds in moribund states not unlike Mr Perkins. Yet because I had known these women when they were relatively well I experienced only delight in reconnecting with them again. This type of process happened many times, although not always on such a scale. Sometimes the confrontation came through my dreams as was the case in the following dream:

I am working in the bathroom of what seems to be a nursing home in Mother Teresa's home for the destitute elderly. I have finished showering someone and I am cleaning up. I spray down the floor only to discover a thin layer of plastic pathetically concealing a layer of shit that cannot be washed away (Dream diary, July 1997).

The imagery of this dream haunted me for many days until finally I was able to discuss its symbolism with the Jungian analyst with whom I had been working. Whilst this dream can be interpreted on several levels I was conscious of holding an issue at that time around nursing homes as commercial enterprises and the way that I perceived the warehouse model serving profit oriented business. The image of Nirmal Hriday (Mother Teresa's Calcutta home for the dying and destitute elderly) was central in its contrast with the Western approach to nursing homes: so although Nirmal Hriday is physically extremely basic, its foundation is located in spiritual salvation and compassion. The Western model of nursing homes, on the other hand, appears far cleaner and more modern yet its foundation is generally entrepreneurial. I interpreted the endless layers of shit - so carefully covered by the flimsy veneer of plastic - as reflecting the collective guilt, so prevalent in the West, of the nursing home care of our elderly.

Not all my experiences were so negative. There were moments of real exhilaration when I experienced deep connection and intermingling of souls with residents and sometimes staff. At such times I reflected that compassion is surely

the key to my sense of meaning from this work. I worked with a nurse one shift who displayed an inordinate amount of empathy for the residents. Her empathy was an intermingling of respect, affection, and acceptance. She knew exactly how to handle the frail and frequently painful old bodies of her residents as she turned, washed, and repositioned them. Working with staff such as this bolstered my sense of optimistic faith in the future of nursing homes.

Implications of the Findings

In this final section of the chapter the implications of the study's findings are discussed in relation to clinical practice and nursing home policy; community education; and further research.

Practice and Policy Implications

Since maintenance of self identity is central to the experience of meaning for nursing home residents the implications of this study are directed at enhancing residents' opportunity for maintaining connection with their sense of past identity. An increasing emphasis on the social and personal histories of nursing home residents - especially on admission - would provide residents with an initial opportunity to define themselves as individuals with unique interests and backgrounds. Whilst many staff express a desire to do this, time and staffing constraints generally diminish the success of their intentions. As nursing home residents themselves admit feeling pressured and choose not to "over-burden" staff with what they see as unnecessary, this change in practice needs to be staff initiated. Regular staff with ongoing responsibility to allocated residents, rather than random allocations, would also enhance the possibility for residents to feel as though they are really known. When residents are unable to share details of their lives - for whatever reason - family or friends can be asked to provide a profile. It must be recognised, however, that even families cannot always be expected to know the full extent of residents' interests and preferences.

The culture of caring within nursing homes needs to move from physical maintenance to a whole-person focus. Creating a wellness orientation would enable nursing homes to see people as occupational beings and to support both residents and staff in their creation of meaningful lives and work. Perhaps institutional expectations of tidiness and busy-ness need to be sacrificed to ensure that residents are able to reconnect and hold on to their sense of self, strengthening their inner reserves in preparation for death. Changing this entrenched culture will take time and further research needs to be conducted to identify the best means for achieving this outcome. Promoting increased personal awareness of people as occupational beings, as supported by this study, may be a valuable starting point.

These types of changes would be best conducted through in-house education programmes. The direct dissemination of the results of this study would provide staff with an increased awareness of the psycho-spiritual needs of residents and enhanced skills in communication - particularly listening skills. Formal training programmes at both vocational and tertiary levels need also to focus on the elderly person as an individual with an increased emphasis on the social, emotional, and spiritual needs of nursing home residents.

Whilst organisational mission statements, philosophies, and objectives are essential components of organisational leadership, it is important that nursing home administrators recognise the personal significance that staff's individual philosophies have on their professional performance. Personal philosophies and visions are also significant in that they enable staff to create and re-create meaning in difficult contexts. Therefore, changes to staff practices - whilst technically fulfilling organisational objectives - may be counter-productive if these changes are in opposition to staff's personal philosophies. This is not to say that organisations should abandon their formal objectives in favour of a conglomerate of individual philosophies. However, if organisations were able to take into consideration the deeply personal objectives of staff, and actively seek to maintain a sympathetic attitude to them, then nursing homes may find they have staff who are more motivated and committed to the organisation.

This conflict between staff and organisational values was particularly evident in relation to the issue of multi-skilling. Economically, multi-skilling may be highly attractive to organisations in providing a workforce that is flexible and competent in a range of roles. However, this study found that loyal and efficient single skilled workers, when asked to take on new roles through the auspices of multi-skilling, frequently viewed these roles as anathema to their personal philosophy. In such instances the nursing home was left with disgruntled and even resentful staff members whose loyalty and productivity could no longer be counted upon.

Amongst nursing home domestic workers, views on multi-skilling ranged from being considered as exciting opportunities to develop diverse skills (including the prospect of experiencing a sense of flow) to insulting slurs on the individuality and integrity of the staff member. One co-researcher reported that she would do as she was told because she needed the job but that her heart could never be in this new job. On the other hand, another co-researcher, when asked to take on personal care work said that if she had wanted to be a nursing assistant she would have applied to be one in the first place. In this case the woman resigned and took up a position elsewhere where she could carry out the skills in which she felt most confident - psychologically and technically.

Community Education Implications

Based on this study's findings in relation to nursing home residents - that meaning is found through maintaining a connection with an enduring sense of self - members of the community now have access to tangible means by which they may assist nursing home family members to maintain a sense of meaning and wellness in their lives. Having experienced this role six times in my life, and having been asked countless times by residents' families, "What can I do to help?" family members may now feel a new sense of hope and even empowerment. Fundamental to the creation of meaning and wellness is that residents have their life stories witnessed, acknowledged, and accepted. The following list provides an

outline of ways by which nursing home residents may be assisted to maintain a sense of meaning and wellness in their lives.

Personal

- memories and reminiscence based on individually significant rather than generic topics
- personal choice, including old and new favourites, of books, music, TV, radio programmes
- encouragement to air one's views and opinions, to make decisions consistent with those views
- maintain former interests/activities at appropriate level
- personalised collection of objects, furniture etc, and encouragement to discuss why these are so important
- non-judgemental witnessing of dreams or other non-ordinary states of being
- spiritual/ religious practices or rituals
- time alone as desired rather than constant involvement in activities

Social

- contact with significant people from the past - even if indirect: cards, messages
- discussion about past and present day relationships
- involvement in discussion on current affairs and everyday activities and how this are similar or different from the past
- news about former neighbourhoods and neighbours

Environmental

- visits to places of significance
- metaphorical visits to places of significance via photographs, books, television programmes, reminiscence, or discussion
- momentos from significant places
- bus trips that incorporate a mixture of places both familiar and new
- active respect of residents' room space as "their place" in same way that their home would have been respected
- privacy as a basic right where even necessary breaches of privacy are never assumed or taken for granted

As can be seen, most of these points require active involvement on the part of the resident's support person or persons. Assisting residents to create meaning in relation to their life in the nursing home, and their lives in their entirety, requires a conscious commitment to the above processes. For the friends and family members of nursing home residents to play highly significant roles in assisting their loved ones to live and die well, they too require support, education, and encouragement. In this way staff need to be cognisant of the potential role of family and friends and actively engage them in dialogue. Viewing themselves, the

residents, and the residents' families as occupational beings staff can set in motion relationships that honour activity without compromising being-ness.

These suggestions, although requiring further research, may be equally applicable to non-nursing home community living elderly in assisting them to live meaningful and well lives.

Research Implications

As indicated earlier, this has been an exploratory study investigating the sources and nature of meaning for nursing home residents and staff. Although touched upon in this study, the experience of gero-transcendence and the way that staff might assist nursing home residents to experience more fully this final stage of psychic development is deserving of further investigation. Likewise the connections between personal meaning - gero-transcendence - and preparation for death is also worthy of additional exploration.

Although extensive research has been documented on the problems associated with translocation from home to nursing home (reviewed in Chapter 3), maintaining a sense of connection with those places associated with defining moments of identity may create a bridge of wellness for newly admitted nursing home residents. The role of place in defining identity - particularly within the context of gero-transcendence - also warrants further research. Place represents the essence of identity for Aboriginal people but does it also constitute an archetypal element of identity for non-Aboriginal people?

Blaming all the ills of the nursing home culture on lack of time, resources, and staff is not only unproductive but also short-sighted. Many of the problems identified in this study would be alleviated with increased time and staff, however, some problems appear attitudinal rather than organisational. This is particularly so in relation to the overwhelming culture of busy-ness and activity in nursing homes. My experience is that many staff wish to change this yet are thwarted by a core culture of "doing" over "being". As indicated earlier in the discussion on the historico-social model of Australian nursing homes, activity and attendance to physical needs have been central to nursing home culture. This needs to be

changed if residents and staff are able to maximise their opportunities for meaning and wellness as evidenced from this study. This is a major issue and one that is probably best approached with a trivariate approach - clinical, educational, and research based. Until nursing homes represent a harmonious blend of "doing" with "being" the possibility for wellness amongst its members - residents and staff - will continue to be elusive.

Summary

The findings of this study have various implications, particularly for those working at a grass-roots level. Residents and their families need to be given the knowledge and skills to help residents maintain connection with their past sense of identity, just as administrators would do well to view their staff as unique individuals whose value to the organisations is expressed openly. Throwing money at nursing homes may alleviate many problems but until changes are made to the underlying culture of warehousing and staff activity, the possibilities for creating wellness and meaning as occupational beings will continue to be thwarted.

Conclusions

This study has investigated heuristically the nature and sources of meaning experienced by residents and staff living and working in an Australian nursing home. The study found that meaning for residents is located in their ability to maintain connection with their sense of self identity. This is achieved by accessing personal, social and environmental experiences of their past. Meaning enables residents to come to terms with nursing home life. It assists them to deal with change, to make decisions and it also facilitates their ability to reconcile with the future.

For staff, meaning is found in their ability to balance their personal and professional aspects of identity to access a vision of their ideal self. Achievement of this process provides staff with the opportunity to affirm who they are, to

validate what is valued by them, and to live out their vision of who they wish to be. Both residents and staff perform this process of meaning making in the present time, although residents focused essentially on the past and staff focused primarily on the future. Yet both move across time and in doing so link their dreams and visions with recall of the past.

As occupational beings we are more than just our social and personal occupations. Our sense of being is served partly by our occupation but also by another force existing beyond ourselves. When this force is recognised and nurtured co-researchers were able to experience a sense of meaning thus opening up to the potential for living and working with a sense of wellness. Meaning making in this sense holds a totality of experience bridging the abyss between past and future.

In this study I have tried to do justice to all that I have experienced and discovered. I hope that this study reflects compassionate intelligence (Relph, 1981) in enacting the ability to see the extraordinary in the commonplace, and to care what happens to the co-researchers in a manner both unpretentious and humble, free of domination or manipulation.

I realise now that when I began this study I was caught in a view dominated by the doing and busyness of nursing home life. I no longer found meaning in simply doing. Like Emma, any experience of flow did not arise from my day to day tasks. So caught, was I, in this negative and despairing mind set that I had lost sight of the unbearably delicate and invisible dimension of being. At that point I defined myself by what I did: "I am what I do". Participating in this study - especially to the extent that I have - has been a heroic journey. Like the mythological heroes I have left my "home" of non-awareness only to return with new understanding, self awareness, and a sense of humility not previously held. Doubtless this is not the end but the beginning in a different guise. And so, in agreeing with Mahfouz (1997) that "the present is a light between two darkneses", I see this study as but one step along the infinite road to knowing.

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APPENDIX A

Curtin University of Technology

School of Occupational Therapy

RESIDENT CONSENT FORM

Title: **Meaning, identity, and wellness: The experience of living and working in Australian nursing homes.**

My name is Anthea Kingsley and I am a research student in the PhD programme in the School of Occupational Therapy, Curtin University of Technology. The aim of my study is to investigate how members of a nursing home feel about living in a nursing home.

To ensure that this information is completely accurate I will need to either take notes or tape record the interview. I will ask several questions of you but you are not under any obligation to answer them all. During the interview you may request that I stop taking notes if there is any material that you would prefer not to be recorded. You may also terminate the interview at any time. The interviews will then be typed, however no identifying material will be included and your name will not appear on the

(continued over page ...)

typed copy (unless you would like me to use your name). You will be at liberty to read the typed copy if you desire. I must keep the typed interview sheets for five years in accordance with University regulations.

If you require any more information or are unsure of any aspect of this form please contact me on 9361 0896. You may also contact my research supervisor Dr Loretta do Rozario on 9266 3651.

Thank you for your assistance, Anthea Kingsley.

PARTICIPANT'S STATEMENT

I, _____, have read/had read to me the above information on the research study. I have received a copy of the consent form and am aware of the aim of this study, and know who I may contact should I have any questions. I recognise that my participation in the study is voluntary and that I may withdraw at any time without any personal repercussions.

Signed _____ Resident

Signed _____ Researcher Date _____

APPENDIX C

Overview of the Occupational Life of Nursing Home Residents

- 6 - 7am • residents already awake offered hot drink, assisted to freshen up in preparation for breakfast
- 7 - 8am • residents who are awake assisted to freshen up
- 8 - 9am • breakfast in dining room for those residents who prefer to eat in dining room
- other resident offered breakfast tray in rooms - residents not woken for breakfast - breakfast available until 10.30am
- residents requiring help with meals assisted by staff
- 9 - 11am • residents attend to personal hygiene, or given assistance
- residents requiring nursing or allied health interventions provided with therapy or care (includes physical and occupational therapy, podiatry)
- participation in recreational activities and therapy activities (eg. Hydrotherapy)
- some residents prefer to sit in lounge with other residents, others spend morning in rooms - reading, listening to radio, watching TV, chatting with staff as they attend to other residents/ clean rooms/ deliver laundry
- visits from family/friends
- attendance at medical appointments outside the nursing home
- attend hairdresser (visiting) once a week
- participate in religious activities - weekly or fortnightly depending on denomination
- 11.30 - 12md • lunch - served either in dining room, sun room, or residents' rooms
- residents requiring assistance with meals provided by staff
- 12.30 - 1pm • residents wishing to have an afternoon rest are assisted onto beds
- 1.30 - 3pm • recreational and social activities available: bus trips, concerts, films, bingo, wine and cheese parties
- visits from family/friends
- 3pm • afternoon tea served either in rooms or lounge areas
- 4 - 5pm • quiet time - no organised activities, many visitors come at this time
- 5 - 6pm • evening meal - taken either in rooms, dining rooms, sun rooms with assistance available for those requiring it

6pm

- resident wishing to prepare for bed - wash, change into nightwear, settle into bed - given assistance if required (not required to do so)
- some visitors
- residents watch TV, read, listen to radio either in their rooms or in communal areas - many get ready for the night then sit in room reading, watching TV, or sitting in communal areas

9pm

- most resident are usually in bed by this hour, many already asleep