

Physical activity in care homes for older people: What happens and why?

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Introduction

Physical activity (PA) — any bodily movement produced by skeletal muscles that result in energy expenditure — improves function and quality of life across the life course. Despite well-documented health benefits, PA levels in care home residents are low. Surveys consistently show that residents spend around 80% of their waking time inactive [1].

Little is known about the ways in which interactions between staff and residents and characteristics of the physical care home environment influence PA levels in care home residents.

This qualitative study used non-participant observations to explore how social interactions between staff and residents and the physical care home environment influenced PA levels.

Methods

Design: Qualitative ethnographic study using focussed non-participant observations.

Sample: Five care homes in the east of Scotland were purposively selected according to size (large, small) ownership (publicly owned, private, chain operator) and construction (old, converted, purpose built).

Data collection: 54 hours of focused non-participant focused ethnographic observations. Observations were conducted in public spaces — communal rooms, hallways, and dining room areas. Social ecological models [2,3] combined with theories of dependence [4] provided an analytic lens to map the informal everyday practices of care home staff and their interactions with residents and the physical care home space. Detailed handwritten fieldnotes were made in full view of staff and residents, and later transcribed for coding and analysis.

Analysis: Transcribed fieldnotes were subjected to thematic analysis [5]. The approach was a hybrid process of inductive and deductive analysis through the integration of data-driven and theory-driven codes. Initial open coding was conducted, followed by a second stage of data condensation where codes from the initial open coding process were merged where similarities existed or modified to incorporate new data. Social ecological models and theories of dependence provided an analytic framework to guide development of the final themes. These are presented in the model shown in figure 1.

Findings – main themes

Job role identity: The role of care home staff in facilitating PA was ambiguous. This stemmed from staffs' perception of their job role, and was particularly evident in homes where PA facilitation could be delegated to a designated 'activity coordinator'.

Staff challenges to capability: Often, staff made judgments about residents' capabilities that did not reflect what residents could actually do. In this way, staff underestimation of residents' capabilities came to define the nature of the assistive relationship. This could stem from safety concerns, and could lead to increased resident dependency. Nonetheless, care home staff appeared to be integral to the resident's social network which could have a facilitative effect on PA.

Use of available care home space: PA was influenced by the ways in which care home residents and staff utilised the available physical space. Homes with open plan communal lounges become 'containers' for residents making it easier for staff to monitor and attend to residents' needs. Having everything to hand meant that care home residents did not need to move to different parts of the care home to address their needs. In homes without communal lounges, various areas of the care home became 'behaviour settings' — separate physical areas in the care home that served specific needs.

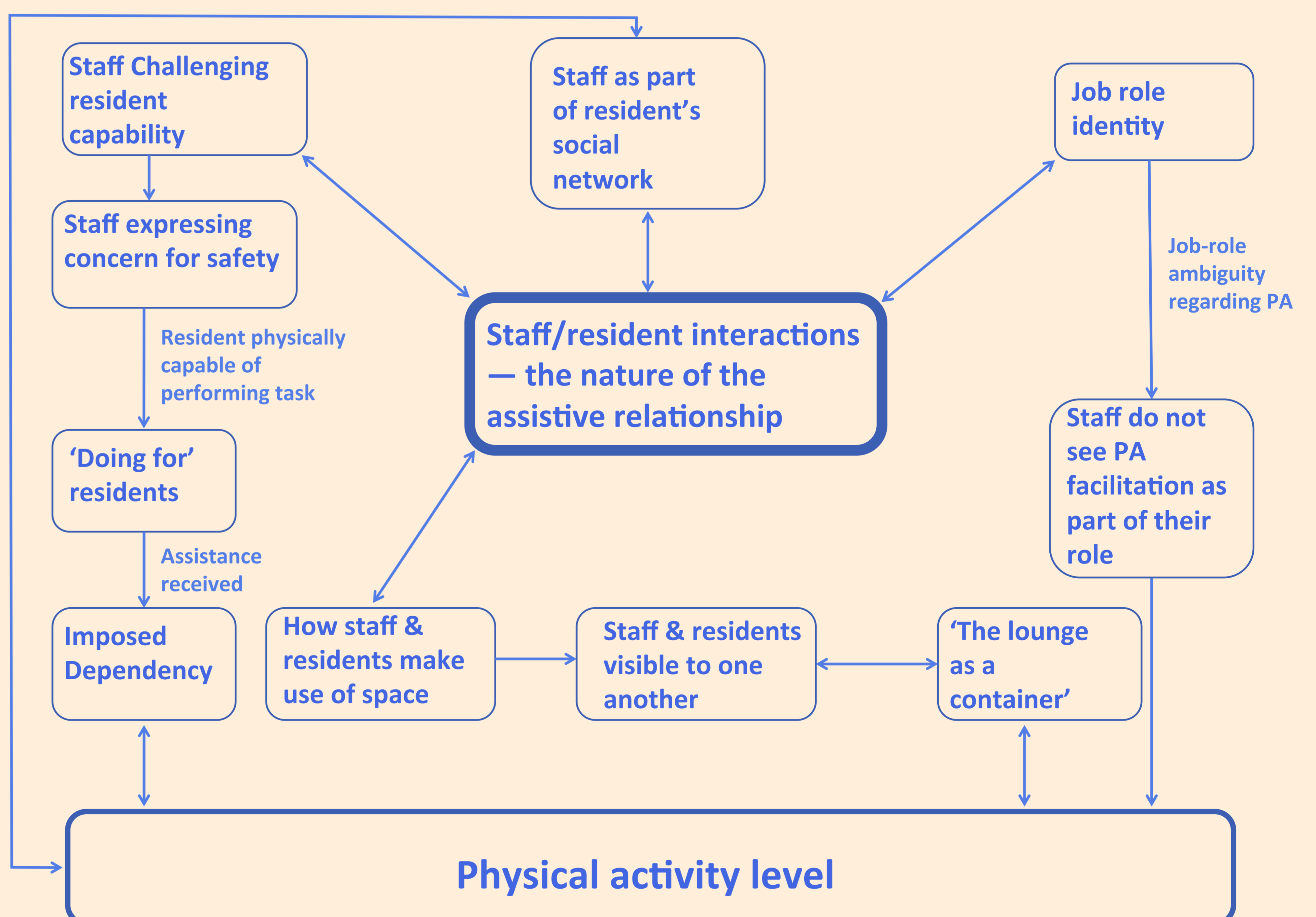


Figure 1: Model showing the effects of job role, staff-resident interactions, and the use of the physical care home environment on PA

Conclusions

The way in which the available physical care home space is used, combined with apparent ambiguity around care staff's role with regard to PA, and work practices that risked imposing dependency appeared to create conditions which influenced limited PA participation. Redefining the job role of care home staff to make PA facilitation explicit, and encouraging wider use of the physical care home space available may increase PA levels among residents. Observation data will be combined with interview data to develop a nuanced understanding of care home routines and interactions. This work will inform contextually relevant and theoretically-considered interventions to increase PA levels in care homes.

References

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