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**FACULTY OF SOCIAL SCIENCES  
DEPARTMENT OF PSYCHOLOGY**

**LIVED EXPERIENCES OF THE ELDERLY UNDER INSTITUTIONAL CARE. A  
CASE OF BATANAI OLD AGE HOME, GWERU, ZIMBABWE**

**By**

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**Dissertation submitted in partial fulfilment of the requirements for the Bachelor of  
Science Honours Degree in Psychology**

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**FACULTY OF SOCIAL SCIENCES**

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## **DEDICATION**

This research is dedicated to my family who supported me through this endeavor.

This research is also dedicated to all the families out there. Hope you will find this information worthwhile.

## **ACKNOWLEDGEMENTS**

I would like to thank my academic supervisor Mr. Maunganidze for being a clock-builder. Without your supervision, it would have been a very difficult task to complete this research.

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## ABSTRACT

The purpose of the study was to explore the lived experiences of the elderly under institutional care at Batanai Old Age Home in Gweru, Zimbabwe. The research explored the lives of the residents taking note of the reasons behind their admission into the institution, the positive and negative aspects of staying in an institution. The study also looked at the coping strategies that they adopted and the support systems required in nursing homes to ensure the wellbeing of the residents. The target population consisted of 10 residents at Batanai Old Age Home. Purposive sampling procedure was used and thus, 7 residents were found to be eligible for the interviews. The sample consisted of both males and females. Data was collected through the use of in-depth semi-structured interviews with 7 participants. The researcher used Thematic Analysis to analyze the data. The data was processed in the following 6 phases:

- i. Familiarizing with data
- ii. Coding
- iii. Searching for themes
- iv. Reviewing themes
- v. Defining and naming themes
- vi. Writing up

On the lived experiences, 8 themes were identified. The first 6 themes covered the negative aspects then the other 2 themes covered the positive aspects. The themes included: background information, relations with caregivers and other residents, security, dignity, longing for familial relations, “this is not our home,” autonomy and feeling optimistic about living in a nursing home. 4 coping strategies adopted by the inmates were: acceptance, rationalization, avoidance and passive coping strategies. The researcher observed that the inmates received more of physical, spiritual and social support than psychological support.

**Conclusion:** The residents do face some benefits and challenges by staying in a nursing home. In order for them to cope, the elderly invent some coping strategies as supported by Goffman’s Total Institutions theory. Psychological services are very important at an institution so that whenever the residents feel distressed, psychological help is made available to them.

**Recommendations:** There is need to ensure that psychological services are made available at the institution so that the elderly can be helped when they face challenges. The Caregivers should get some more training to enhance the upkeep of the residents.

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## **Chapter 1**

### **Introduction and Background to the Study**

#### **1.0 Introduction**

The study investigated the lived experiences of the elderly people being cared for at two old people's homes in Gweru, Zimbabwe. This chapter contains the background to the study, significance, purpose of the study, objectives, assumptions, research questions, statement of the problem, delimitations, limitations and definition of key terms. A chapter summary is also included.

#### **1.1 Background to the study**

Caring for the elderly people in institutional homes is a recent phenomenon. Traditionally, elderly people were cared for in their respective homes by their own relatives. Such care arrangement enabled elderly people to continue to have a sense of belonging to the family and also to be respected as past contributors to the development and welfare of the family. However, things changed with the advent of colonialism which introduced a style of life completely alien to the African (Ofor in Ikonne et al., 1991). Towns were established for the purposes of trading and with the growth of these towns, alien institutions like schools, hospitals, industries, etc. were formed. Men started migrating to the urban centres in search of greener pastures and as time went on their families followed them. According to Ofor (in Ikonne et al., 1991:32), "this shift loosened the cooperative ties binding the individual to his clan and lineage members," Gradually, the extended family was dissolved into a nuclear family: the parental couple and their children leaving the grandparents in the rural areas (Giddens, 1982; 1986).

The maintenance of links between parents and their urbanized children unfolded along various approaches. These saw the hiring of workers to take care of the elderly back in the rural areas;

staying with the aged parents in the urban area; and/or engaging the grandparents in nursing homes.

The main focus of this research was to therefore explore the lived experiences of the elderly people under institutional care. An 'experience' is subjective and different according to one's own explanation and background. The researcher was therefore not limited to the daily experiences of the elderly under institutional care alone but traced the reasons that brought them into the institutions, their past and current experiences and how they were coping. The feelings and thoughts of the elderly in these institutions were also considered paramount given that they were ripped off of their culture where they earned respect as the epitome of wisdom.

The nursing home does not adjust in order for a person to fit, but it is the individual who should try to adjust and fit into the system. Thus upon entry into a nursing home, there are several changes that take place in one's life that can cause stress and other psychological problems. These include change in social status, lack of autonomy, reduction in habitual activities, the change in social contacts, etc. thus affecting a person's identity (Riedl et al., 2013).

A study carried out in Masvingo by Madungwe, Mupfumira and Chindedza (2011) showed that sending of the elderly persons to a nursing home is alien to the blacks. They discovered that the whites were at ease and very comfortable with living in institutions. On the other hand, the blacks were traumatized. The study also established that differences in emotional states bordered on the reasons that brought these elderly into institutions. It was revealed in this study that some whites actually planned beforehand to come and live in institutions after they had retired. They even saved their own money in order to be admitted into the institutions. The Africans however took that it was customary for one to give care to one's children so that they would conversely look after their aged parents in fulfillment and confirmation of the Shona proverb '*chireremangwanachigozokurerawo*.' However, given that nursing homes are among alien institutions brought by colonialism and thus products of a borrowed culture, the researcher saw the need to explore the psychological and emotional impact of institutionalized care on the African elderly.

It is against this background that the researcher sought to investigate whether the elderly are pleased or traumatized to live in nursing homes by focusing on the inmates' relations with their caregivers and families, matters of security, autonomy, daily activities and privacy, among others.

### **1.2 Statement of the problem**

Various studies have been carried out in different countries in order to find out the lived experiences of the elderly in institutions. Against the expected role of the family in caring for the aged, this study problematizes the adequacies or inadequacies associated with the institutionalized care of the elderly Africans. The aim is getting a deeper understanding and insight into the experiences of the elderly staying in nursing homes.

### **1.3 Significance of the study**

The study is very important and will benefit the following groups of people: the participants, caregivers, government, families and professionals.

#### The Participants (the elderly)

This research offers a platform for the interaction between the elderly people and the caregivers. The elderly hold certain expectations which caregivers might not be aware of while the caregivers might also be found wanting in terms of services they have to provide. This research connects the two camps and acts as a form of therapy for both.

#### The Caregivers

The caregivers will get a deeper understanding of the experiences of the elderly. A study which was carried out in Sweden by Svanstrom et al. (2013) found out that the elderly in institutions were suffering mainly because of the inability of the caregivers to be present when the inmates called for help and their failure to spare their time to talk with them. This in turn caused an increase in the feelings of insecurity, loneliness and alienation among the residents. My study

is set to educate the caregivers on the possible strategies and techniques of dealing with the elderly.

#### The Government including policy makers and advocates

This research is very important in that it will pave way to the understanding of how the elderly feel under institutionalized care and help the government to make informed decisions. The results of this research will help in policy formulation and feed into recommendations on relevant changes to the policies to deal with the elderly. Sometimes policies are implemented without first carrying out a research on that certain area. Thus, through this research, the authorities will gain an insight on where exactly an intervention is required and thus they can make informed decisions.

#### Families

The study will also help other families to make informed decisions before they take their parents to the institutions as they would have already heard the reviews of the elderly who are already staying in the nursing homes.

#### Professionals

People who are interested in working with the elderly will also benefit as this research will give them a glimpse of how the elderly live. The research will assist them in finding the right ways to deal with traumas and help the elderly to live meaningful lives.

### **1.4 Purpose of the study**

The main purpose of the study was to explore the positive and negative experiences of the elderly living under institutional care. The research also aimed at finding out the reasons behind their admission into the institution together with the coping strategies and support systems provided. The research was carried out with the hope of assessing the extent to which institutions have managed to fill the gap of generational relationships in a family. The study was also intended to evaluate the level and success at which the socio-emotional and psychological aspects of the aged are dealt with through institutionalized support.

## **1.5 Objectives**

The specific objectives of the study are:

- i. To explore the lived experiences of the African elderly under institutional care.
- ii. To examine the coping strategies and support systems provided by institutions towards the welfare of the elderly.
- iii. To establish the challenges and possible solutions associated with the institutionalized care of the aged.

## **1.6 Research Questions**

In order to achieve the objectives and streamline the focus of the study, the following research questions were designed:

- i. What are the lived experiences of the elderly staying in institutions?
- ii. How are the elderly in institutions coping?
- iii. What support do they need?

## **1.7 Assumptions**

- i. Elderly people living in nursing homes have positive and negative experiences to share concerning their welfare in nursing homes.
- ii. The Africans have been greatly affected by the advent of alien institutions like the nursing homes and the inmates are still trying to adjust to living in institutions.
- iii. Some of the old people living in nursing homes are not living there by choice.

## **1.8 Delimitation**

The researcher chose Batanai Old Age home in Gweru, Zimbabwe for various reasons. Most of the studies done in Zimbabwe just looked at the conditions of the nursing homes and how they affected the residents. Perhaps the experiences of the elderly in Gweru are different from those in Harare, Bulawayo, Mutare and any other places. Batanai Old Age home has got black

residents only. There is only one Zimbabwean while the rest are foreigners. This made Batanai a unique area of study in that it housed people with different cultural beliefs and historical backgrounds. The sample of the study will be determined by data saturation.

### **1.9 Limitations**

The research topic was sensitive in nature in that it required people to reveal the history of family relationships and related personal experiences which had the potential of causing emotional instability. As a result, some participants refused to share more of their life experiences which could have been helpful to the study. To understand the experiences, perspectives and thoughts of participants, the researcher required to establish a relationship of trust with the participants in order to gain more information. As a result of intrinsic research bias, some information might have been interpreted and conclusions given according to the understanding of the researcher. Qualitative research is subjective in nature such that the way the researcher interprets the results might be different from what the participant was saying. The probability that the fear of opening up closed wounds through revealing some secrets compromised the quality of research findings cannot be ruled out.

Qualitative research requires repetitive interviews in order to gain more accurate information. The researcher had to make several trips to the area of study. Limited financial resources denied multiple visits which might have afforded the observation of non-verbal cues relating to how the elderly conducted their day to day activities. In addition, some informants requested financial assistance which the researcher could not afford. This might have resulted in informants deliberately withholding crucial information. In spite of the above challenges, the researcher tried to maintain the accuracy of the research.

### **1.10 Definition of key terms**

**Lived experience** refers to the knowledge gained and personal experience of individuals through exposure to living in and outside nursing homes. It covers what the person has been through in the past and their current experience under institutionalized care.

**‘Elderly’** refers ageing as a function of physical, social and psychological changes. In Zimbabwe, the term ‘elderly’ can also be used to refer to retired persons who are now eligible to receive pension benefits. In this study, it refers to people who are now old and staying in nursing homes and aged 65years and above.

**Nursing Homes** also known as Old Peoples’ Homes are places where the elderly people live so that they can be cared for by nurses and workers. The aim of nursing homes is to maintain the physical, mental and social abilities of individuals through interaction with other residents of the same age range.

### **1.11 Chapter summary**

The chapter has provided the background and purpose of study, its significance, statement of the problem, objectives, limitations, delimitations, research questions and assumptions. The definitions of key terms have been given to provide contextual meanings.



## **Chapter 2**

### **Literature Review**

#### **2.0 Introduction**

This chapter presents the literature review of the study. It discusses the purpose of literature review particularly how this study is informed by other researches done elsewhere. The chapter also provides comparative experiences of the elderly in other institutions for purposes of enriching the production on the coping strategies and the kind of support they provide.

#### **2.1 Definition and Purpose of Literature Review**

Literature review is defined as the assessment of a body of research that seeks to address the research questions of a study (Ewing & Johnson, 2015). The aim of the literature review is to describe, summarize, evaluate and clarify the information gleaned from various researches.

By so doing, it helps the researcher to identify the flaws in one's own research and eliminate the potential weaknesses, whilst bringing to the fore the potential strengths ("Why are literature reviews important?" n.d., para 1). Aveyard (2014) suggested that through reading of different literature related to one's own study, the researcher will be able to: identify the relationship between concepts, develop ideas for further research, and create their own critiquing strategy through comparison of one's study and the researches that have already been carried out.

Boote and Beile (2005) identified other purposes of literature review as providing a context and justification for the research. It is done in order to make sure that one's research is not a replication study. By illustrating how similar studies have been done before, highlighting the flaws in previous studies the literature review affords the researcher an opportunity to identify knowledge gaps and strive to fill them and also show how the research fits into the existing body of knowledge.

## **2.2 Nursing Homes in Zimbabwe**

In Zimbabwe, the Department of Social Welfare under the Ministry of Public Service, Labour and Social Welfare is responsible for running nursing homes. Batanai Old Age Home is governed by this department and the government is responsible for supporting them. However, some nursing homes are not run by the Ministry but by a board of trustees. An example of such is Boggies Trust in Gweru which is run by the Rotary and has its own board of trustees.

According to Atchley (1985), Old Age homes are classified into two categories namely independent households and group housing. Independent households in most cases refer to households which are self-contained, self-sufficient and where residents carry out their own house chores. They pay for the accommodation but they do not accommodate elderly people who can no longer do things on their own or who are disabled because they do not have any caregivers or nurses to take care of these people.

Group housing is another type of Old Age homes and under this category there is the skilled nursing facility which is where the residents in that institution need total care, despite being able to take care of themselves (Atchley, 1985). The care ranges from personal care, health care and household functions. This is the case for Batanai Old Age Home. There is only one house which has several rooms with two beds where people share. There is a common dining room and people eat together as well. It is not an independent institution where people buy their own food and do their own things. They do not pay any rent and thus they stay there for free. It is the responsibility of the government and well-wishers to help these elderly persons.

In the past, Old Age homes in Zimbabwe mostly catered for white people who mostly saw them as retirement homes. They also accommodated the old and destitute blacks from neighbouring countries who neither had a family nor income to sustain them. Nowadays, even black Zimbabweans are also found in these institutions.

Advantages of institutionalization are that they are responsible for the promotion of the welfare of the family by reducing the burden of care giving at home. Old age homes also aim to maintain the physical, mental and social abilities of individuals through interaction with other residents of the same age range. However, experiences differ amongst people. Some elderly find it as a great advantage to stay in an institution whilst for another person basing on

the challenges they face, they might not feel comfortable with this idea of staying in an institution. Therefore, this study was able to find out the various advantages and disadvantages of staying under institutional care from the mouth of the elderly who are already institutionalized.

### **2.3 Reasons for admission into institutions**

There are several reasons why people come to stay in institutions. For some people it is not by choice but it is because of circumstances surrounding them that lead them to being institutionalized. Several studies were carried out by scholars in order to find out why the elderly had been institutionalized.

A study was carried out at Bumhudzo nursing home in Chitungwiza by Gutsa and Chingarand (2009). It revealed that care at this institution for black elderly people is no longer exclusively for those people who originally came to Zimbabwe as labor migrants from neighboring countries but Zimbabwean indigenes were now staying in this institution. Reasons for admission of these Zimbabweans were because of the need for hospital care under the supervision of qualified health personnel as well as destitution. The researchers noted that the Europeans and some Colored residents entered the institution because they wanted security since they had had enough of being robbed, their houses were too big and they had found it difficult for them to stay alone. No European inmate stated destitution as the reason behind their admission. On the other hand, the researchers noted that among the African and some Colored respondents, no one had entered the institution in search of security. Their main reasons circulated around destitution, physical disability, strained relationships with family especially daughters-in-law, children and other relatives, ill-treatment by their husbands and loneliness.

Nyanguru (1990) also carried out a pilot study in and out of Harare and Chitungwiza with the aim of establishing the reasons behind institutionalization. His findings revealed that the Europeans and some Coloreds got into a nursing home of their choice for reasons such as security or the house being too big, and the majority showed that they were very happy and content with staying in the institution. However, the Africans felt that they had been forced

into the institution because of circumstances surrounding them. Most of them reported of being picked up in the streets by the police and social welfare officers. They were not even happy with staying in the nursing home.

A research was carried out in Masvingo by Madungwe, Mupfuma and Chindedza (2011) for the purpose of comparing life experiences of the elderly on a skilled nursing facility in a high density area and low density area. The researchers established that the white residents at the low density facility actually made a choice to come to the facility and even saved money to come and retire at the home. On the other hand, residents at the high density nursing home came because they were forced to by situations such as poverty, and negligence by children and relatives. From the findings it appears that nursing homes are a haven for whites. It is in their culture to grow old in institutions, so they come willingly to the facility. However, for the black person, the nursing home is a strange environment and stay there for mere survival.

Nyanguru (1990) propounded that urbanization and industrialization in Zimbabwe with its concomitant emphasis on the nuclear family, resulted in a loss of security and prestige for a growing proportion of the nation's aged. Knall (2009) in his study in United States of America, also acknowledged that in the past, it was considered a stigma for older African-American adults to spend their final years in a nursing home, because it is an indication that they have no family to take care of them. Townsend (1962) suggested that the elderly are deprived of intimate family relationships through institutionalization and this results in a gradual process of depersonification.

From the above works, one can note that the reasons that bring the elderly into the institutions vary for the whites and blacks. The reviewed works provide insights for this study as I also seek to establish reasons why the elderly came to Batanai.

## **2.4 Experiences of the elderly living under institutional care**

A study carried out in Sweden by Anderberg and Berglund (2010) showed that nursing home residents appreciated care that was offered to them, and for some it was a relief mainly because of the reasons that had brought them into the institution. Some participants reported

having positive relationships with their caregivers whilst others reported having negative relationships with nurses. Those who felt abandoned by the caregivers also experienced poor communication with staff. The elderly also complained about lack of privacy and autonomy since they felt that the caregivers had authority over them. They also felt powerless when they saw co-inhabitants' health becoming worse.

James, Blomberg and Kihlgren (2014) carried out a study in Sweden. The aim of their research was to describe the residents' experience and knowledge about obstacles, opportunities and solutions to developing a meaningful daily life for those living in nursing homes. From the study, the elderly revealed that the obstacles they faced included lack of autonomy, and having to adapt to staff and routines. The residents also complained that the staff did not have time to sit down and talk or do activities with them, they were always left alone, had no space to be themselves and they felt insecure. However, the residents acknowledged some positive experiences or opportunities they had at the institution and these included: opportunities to manage on their own and being appreciated. Some of the elderly experienced affection and a reciprocal relationship between themselves and staff, felt connected with others, and had a sense of belonging to family. Opportunities also included having something to do, learning new things, going outside and remembering all of which implies freedom. Based on the results, they concluded that it is the nursing home staff and the reciprocal relationship they create with elderly people that is the difference between obstacles and opportunities for a meaningful daily life.

Furthermore, an investigation was carried out in Sweden by Svanstrom, Sundler, Berglund and Westin (2013) in order to elucidate and gain a deeper understanding of elderly dementia patients' experiences of suffering in relation to institutionalization. This study revealed that the residents experienced suffering due to caregiver's inability to be present and failing to meet the patient whether in need or not. This left the elderly with feelings of insecurity, loneliness, alienation and this seemed to be the foundation for patients' experiences of being outside a human community.

A study by Knall (2009) in United States of America showed that the elderly mostly complained about the incongruence between the services provided by the institution and the

life they were used to before admission especially on the kind of food they were being offered. Some participants however, felt that the environment of the nursing home was pleasant but still they found it difficult to call it “home.” The residents categorized the staff members as either good or bad but none of them reported having a close relationship or receiving special attention from the employees of the nursing home.

Furthermore, Choi, Ransom and Wyllie (2008) in their study in United States of America found that the elderly residents felt isolated and lonely and they had few or no visitors. They felt trapped or stuck in the institution. The residents experienced loss of independence and freedom due to being under institutional regime and regulation. They lacked privacy since they had roommates and shared bathrooms. There were no meaningful in-house activities but however, some residents were happy with some of the activities that were offered at the institution.

Kimondo (2012) made a research in Finland on how the needs of nursing home residents are met through identification of the benefits and challenges associated with living in nursing homes. From the findings, the benefits that were highlighted by the elderly were that nurses and caregivers were always available to provide the care required by residents such as assistance with bathing, toileting, grooming, dressing and meals. The various activities offered in the institution kept the inmates occupied and helped to eliminate boredom and monotony, thus creating a sense of meaning in life. The participants also encountered some difficulties. One of the major issues they reported was lack of autonomy which denied residents the possibility to make independent choices. This resulted in loss of independence, dignity and control over their lives. Residents’ sense of loss included not only loss of material possession, but loss of previous roles. They also felt that their personal space or territory was being evaded through lack of privacy due to sharing bathrooms, having roommates and no private place for residents to entertain their visitors. The elderly reported that there was lack of meaningful activities within the homes which resulted in feeling bored and lack of meaning in life was one of the difficulties that residents had to deal with.

Fiveash (1997) did an investigation on the lived experiences of the elderly staying in nursing homes in Australia. The results of the research showed that nursing home residents felt lack of

purpose in life. They felt that they had no control in respect to relationships with their caregivers, and they experienced loss of contact with the outer world, enforced idleness, loneliness, loss of personal friends, independence and privileges. They also experienced physical and psychological abuse especially through rough handling by nurses. Inmates experienced lack of decision-making lack of control, lack of privacy and had minimal powers in respect to their living arrangement. Despite the negative experiences, they expressed their contentment with the type of meals offered, they enjoyed bathing, watching television, and engaging in various activities.

Andresen, Runge and Hoff (2009) made a research in Denmark, residents reported that they did not get the opportunity to make choices, they felt a loss of control, helplessness and lack of autonomy. Some residents did not value themselves since they were not offered decision-making opportunities. However, residents liked meals, physical training, social and creative activities.

A study carried out by Chang (2013) in Korea confirmed the positive and negative emotions that elderly people typically experience while in nursing homes. The findings revealed that residents perceived nursing homes as facilities not homes. The elderly felt that upon entering the nursing home, it proved to be a difficult task maintaining long term good relationships with family, friends, and neighbors both in times of joy and sorrow. Thus, because of this, they felt completely isolated from the outside world as even their own children no longer visited them as much as they used to do. They perceived the monotony and boredom of their daily lives as suffering. They felt anxious about their own future upon observing other residents who were very sick with ailments like dementia. However, they felt optimistic about living in a nursing home since some of the participants who lived alone or with busy family members would easily skip daily routines like meals or medications but after entering the nursing home, they received the help and care they wanted regularly and thus they really appreciated this gesture.

However, in Zimbabwe, no studies were carried out which explored the day to day experiences of the elderly in the nursing institutions. The studies only looked at the reasons behind their admission into the institutions and went further to just look at the environment

not individual feelings. Thus, the researcher saw it as a great opportunity to be able to carry out a study which looked specifically at the lived experiences of the elderly in institutions in Gweru, Zimbabwe.

The above studies that were carried out in other countries made it easier for the researcher to be able to know some of the challenges faced by the elderly in institutions. The researcher managed to draw some conclusions based on these experiences as highlighted by the research findings.

## **2.5 Coping strategies of the elderly living in institutions**

Living in an institution might leave a person with no option but to come up with coping strategies in order to survive. According to Chang (2013) in a study that he carried out in Korea, some of the elderly realized that going back home to their families would mean placing a burden upon their loved ones. Thus, they were willing to stay in nursing homes and look for alternative ways to endure life in the institutions.

Zhao (2014) defined 'Coping' as referring to how active efforts of an individual attempt to respond to threats or demands. In his study on the coping strategies of the elderly in institutions, Zhao (2014) identified two forms of coping strategies namely problem-focused and emotion-focused coping strategies. Problem-focused coping is when an individual concentrates on a particular situation in order to modify or to prevent it in the future. Some residents still kept their previous life styles and remained active at the nursing home. They also improved their physical condition by going for shopping, visiting friends and participating in daily activities. In this situation, they had a sense of responsibility to maintain their physical and mental wellbeing by creating new social roles and activities (Sviden et al., 2002). Emotion-focused coping is whereby individuals attempt to manage emotional distress by escaping, distraction, downplaying, avoiding the threatening situation, or working through the threat (self-expression) (Zhao, 2014). Some residents did emotion-focused coping through making new friends and keeping close ties with their families.



Madungwe et al. (2011) in their study in Zimbabwe noted that no entertainment was provided at the high density nursing home and thus in order to cope with this, residents entertained themselves by singing and talking about their past experiences, brooding over their lost identity. On the other hand, at the low density facility, residents had a television in the lounge and a library, and they could go out to watch plays at the theatre.

Singh and Mahato (2014) also carried out a research and they found out that there were two types of coping strategies that were used by the elderly in order to survive in institutions that is cognitive and behavioral coping strategies. Cognitive strategies: the majority of the respondents tried to cope with their problems by finding comfort in their religion and spiritual beliefs. Some adopted negative coping strategies like avoiding social contacts with others. Behavioral coping strategies: Some respondents found solitude through praying to God and reading religious books, visiting religious places, and participating in religious or social welfare activities.

In line with the above, a study carried out by Vitorino and Vianna (2012) in Brazil also supported the notion of the use of religion as a coping strategy. The results of their investigation showed that the older group presented more significant religious behaviors and attitudes than the less elderly, therefore valuing spirituality. It was observed that the elderly felt comfortable in their use of religious or spiritual beliefs and behaviors, as a support in the resolution of their problems, and to prevent potential negative emotional consequences and stressors in their daily lives in the institutions. The study also revealed that mental health was related with greater use of the positive religious/spiritual coping and associated with less depression and better quality of life. The positive religious/spiritual coping revealed a greater sense of attachment and confidence in the higher power and thus, levels of comfort, support and security were enhanced.

A study carried out by Timonen and O'Dwyer (2009) in Ireland revealed several coping strategies of the elderly in institutions. These include: Humor- the residents would sit together and share some jokes. Sometimes it would be after being ill-treated by a nurse and therefore in order to forget, the elderly would engage in something entertaining. Some of the elderly appeared to "accept" the negative elements of life in the institution. They would do this by

distracting themselves or keeping busy especially through knitting, reading, playing cards, etc. Other residents tried to “rationalize” the negative aspects of their lives by suggesting that things could have been worse if they had not been admitted into the nursing home or that they should not expect much more, given their age and level of dependence. Other inmates attempted to “avoid” trouble by keeping quiet even after experiencing poor treatment in the hands of their caregivers to ensure an easier life at the institution.

Bacurin(n.d) carried out four case studies and came up with three types of coping strategies. The residents made use of reactive coping strategies for example confrontation, diversion to watching television programs, praying for God’s guidance and help, chatting and joking around with fellow elders, seeking strength from the laughter and smile of the caregivers managing the institution. Proactive coping strategies used included praying, taking some time alone and thinking about how to manage the problem properly, discarding unhelpful memories and keeping those worth-keeping, staying away from things which caused the series of unfortunate events in the past. Preventive coping strategies used were having the medications to combat illness.

The various coping mechanisms used highlight both the difficulties associated with living in a residential care setting, the residents’ desire to be treated with respect, and their frustrations with the lack of opportunities for personal growth.

## **2.6 Support systems for the elderly under institutional care**

There are various kinds of support systems that exist in nursing homes. These include social support, physical support, and psychological support.

*Physical Support.* As people grow old, they experience physical changes such as reduction of body size, increased fat tissue and wrinkled skin. Some of these body changes of an elderly may affect movement and an elder’s safety thus resulting in falls and fractures (Berman et al., 2008). Elderly people experiencing difficulties in movement require support in tasks such as doing personal hygiene, mobility and assistance due to inability of performing activities independently. The importance of nursing homes is that there are trained professionals who

are aware of these problems and thus the safety of the elderly is ensured. The use of supportive devices such as hearing aid, walking sticks and other instruments can facilitate independence of an elderly. Some elderly have poor sight due to blurred vision and blindness and would therefore need orientation assistance and sometimes help in reading. Physical support also includes making sure that they have enough food to eat. These are some of the physical support systems offered in nursing homes.

*Psychological Support.* The elderly phase of life is associated with various body and mental changes. Diseases in the elderly community usually affect their hope and optimistic behavior concerning health condition in regard to the future (Ruikka et al., 1992). Most elderly think of death when affected by diseases. Some elderly experience diminished or complete loss of memory due to old age or diseases such as dementia, which impairs an individual cognitively. Elderly that have poor memory require constant orientation of the surrounding environment, current events, etc. To help such individuals, the nurses are specially trained and they have patience, attention and communication skills necessary. Some of the elderly enter a phase of denial especially when they start suffering from age-related ailments such as blindness, dementia, Alzheimer's disease, etc. The inmates also require counseling especially when they face negative experiences in the institution. Thus, through professional care, they are made to be optimistic despite the prevailing situations.

*Social Support.* Social support can be defined as an interaction within a social network of family members, friends, acquaintances, caregivers, and significant others (Kimondo, 2012). According to Lansford et al. (1999), research has shown that although frequency of social contacts decreases with age, satisfaction with social network tends to increase among the elderly. It was discovered that lack of social support can reduce an individual's capacity to deal with social stress thus causing mental health problems (George et al., 1989). Social participation and having friends and family around is important in the maintenance of morale, self-esteem, feeling loved, security, autonomous self-image, prevention of loneliness, wellbeing and mental health among older people (Silverstein & Parker, 2002).

Nurses offer social help to residents through celebration of events, singing, taking walks with them and doing a lot of activities, etc. Maintenance of social contacts and experiencing social

support from family members and significant ones are important in offering social needs to an elderly (Liu & Yeh, 2003:12).

A study was carried out in Finland by Mutafungwa (2009) with the purpose of finding out the nurses' perceptions on elderly loneliness in institutions and the methods they used to support lonely elderly in nursing homes. According to findings, residents and their families contribute to the loneliness of an elderly residing in a nursing home. Therefore, in order to curb this, they engage in different social activities. The elderly participate in psychosocial rehabilitation groups whereby there is an opportunity of exchanging ideas among the group members. This enables them to hear each other's ideas and be made to realize that they are not the only ones in that situation.

Kimondo (2012) also identified how nursing homes reduce social support and social network of residents. Factors that were identified included: rules and regulations of the institution concerning visiting hours, lack of a private place where residents could entertain their visitors. Nurses were too busy to take the residents out of the nursing home resulting in feelings of isolation from the outside world. Some residents who were cognitively intact had roommates who could not speak and thus, they cannot communicate with each other properly. Some residents had family members who lived far away and therefore, they would rarely come and visit them in the institution.

Thus, through the various support systems, lives of the elderly living in institutions are made easier.

The above researches provided avenues worth exploring in a bid to establish the lived experiences of the elderly at Batanai.

## **2.7 Theoretical Perspective**

This research is informed by the Total Institution theory which was developed by Erving Goffman.

According to Ritzer (2007), Erving Goffman created the concept of the total institution in his essay, "On the Characteristics of Total Institutions" published in 1961 in *Asylums*. Goffman (1961) offered this definition:

*"A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (p xiii).*

In his total institutions theory, Goffman stated five groups of total institutions and one of them that is relevant to this study is Institutions that care for those who are incapable of caring for themselves but are considered harmless for example the aged.

The Total Institutions theory is aimed at exploring the social world of the inmates and their subjective, lived experiences. This research was also looking at the lived experiences of the elderly with the goal of understanding how they viewed life in the institution. According to this theory, when people enter an institution, they somehow feel powerless considering the reasons that brought them into the institution (Ritzer, 2007). This view helped the researcher to understand the residents when they said they could not do anything other than keep quiet because at least they were assured of food and shelter. When a person is powerless, they feel that they do not have power to influence their situation and thus, according to this theory, inmates realize this as soon as they enter the institution.

The theory also states that there is a great split between the staff and the residents. The staff who happen to be the caregivers have their own way of interpreting the inmates for example in the case of the elderly, they might see them as people who are bitter, annoying, stubborn and secretive (Goffman, 1961). On the other hand, the inmates can consider the caregivers to be mean and very strict as shown by the way they treat them. This particular point also helped the researcher in order to understand the kind of relationship that exists between the caregivers and the staff. Relations play a part in shaping the experiences of people. Thus, the researcher wanted to know whether these perceptions were right and how it affected the relations between caregivers and the elderly.

According to this theory, the staff consider themselves to be superior and righteous which then creates a sense of inferiority, feeling guilty and weak in the inmates. Despite suffering the loss

of their socially constructed identity, residents strive to reconstruct their social self and protect themselves from the mortification of the self so characteristic of life in total institutions. Inmates tend to adopt secondary adjustments through various practices that do not directly challenge the staff but allow inmates to obtain satisfaction hence claiming an inner soul beyond the reach of institutional profanations (Goffman, 1961). Residents tend to achieve a certain degree of personal reorganization and recovery of self through conformity to house rules and the opportunities and rewards available to them through the privilege system. Residents construct sad tales to explain how bad luck or forces outside their control brought them to the institution as their home. Most inmates adopt a combination of secondary adjustments and coping strategies, in order to maximize their chances of getting out of the institution without physical or psychological injury. This acted as a guide on the issue of how the elderly coped with staying in institutions despite the challenges they faced.

Thus, as has been noted, the main aim of this theory is to investigate and explore the lived experiences of residents in an institution. Just like this study, it is interested in the unique experiences of how people view life in an institution from their own point of view. Furthermore, the theory goes on to look at the kind of relationship that exists between the staff and residents. The way these 2 groups perceive each other can have detrimental effects on the way they relate. The theory also looks at the coping strategies that are used by the inmates as a way of surviving in the institution. All these concepts that have been discussed above are linked to the research questions and objectives of this study.

Therefore, the researcher can say Goffman and the Total Institution theory inform this research because it highlights the experiences of the elderly in institutions, how they suffer, the coping strategies that they develop and the support systems available in the institutions.

## **2.8 Knowledge gap**

The researcher noted that in Zimbabwe, there are no studies that have been done so far that look specifically at the lived experiences of the elderly in institutions. Therefore, the researcher wants to fill in that knowledge gap so that people can become aware of the negative and positive lived experiences of the elderly staying in institutions.

Furthermore, researches have been done showing how the African elderly perceive staying in institutions and thus the researcher wants to find out more concerning this issue and see if it has an impact on the current experiences.

Also, since nowadays it is considered normal to take the elderly into institutions, the researcher wants to find out the views of the elderly staying there especially the Africans in order to be able to enlighten other families who are of the opinion that staying under institutional care is a better way of dealing with the elderly.

## **2.9 Chapter summary**

The chapter managed to look at the purpose of literature review, reasons for admission in nursing homes, positive and negative experiences of the elderly in institutions, coping strategies of the elderly in institutions and the various support systems available in nursing homes.

## **Chapter 3**

### **Research Methodology**

#### **3.0 Introduction**

The chapter presents the Research Methodology of the study. It focuses on the definition of research methodology, nature of study, research design, population of study, sample of the study, sampling method, research instruments, data collection, data analysis, ethical considerations and the chapter summary.

#### **3.1 Definition of Research Methodology**

Research methodology refers to the procedures involved in obtaining, organizing and analyzing data (Polit&Hungler, 1995). In other words, research methodology is a work plan of research where the research approaches and methods used in the collection of data are outlined. According to Rajasekar et al. (2013), research methodology equips one with the necessary skills in the selection of methods, materials, scientific tools and training in techniques relevant for the research.

#### **3.2 Nature of study**

This research is informed by the Qualitative research paradigm. According to Harwell (2011), the qualitative research paradigm mainly focused on discovering and understanding the experiences, perspectives, and thoughts of participants. Qualitative researchers are interested in natural things meaning that their main focus is on the way life is experienced in real life situations (Woods, 2006).

The aim of qualitative research is to enable the researcher to gain an insight, explore the depth and discover meaning from the way participants have experienced a certain situation (Al-Busaidi, 2008). Through the use of in-depth interviews, the researcher is able to discover the underlying motives and desires of participants. Wilmot (2012) noted that qualitative research



does not impose pre-ordained concepts, hypotheses and theory but all these are generated as the research progresses.

The selection of the qualitative research paradigm was generally influenced by the topic under study which is mainly focused on the lived experiences of the elderly under institutional care. The researcher wanted to discover the thoughts, views and perceptions of the people who are already staying in nursing homes and thus it required a kind of approach that would allow the researcher to get firsthand information from the elderly. This type of approach helped the researcher to gain a richer and deeper insight into the phenomenon under study. Through in-depth interviews, the researcher was able to learn more on the circumstances leading to the participants' admission into the institution, the negative and positive experiences, coping strategies and the support systems. The researcher also noted that some participants had unique and subjective experiences through the probing questions that were asked. All this information was gained because of qualitative research which enables a researcher to get into the natural setting and see things from the participant's point of view.

### **3.3 Research design**

Parahoo (1997) defined research design as “a plan that describes how, when and where data are to be collected and analyzed” (p.142). In other words, a research design is there to structure the research and make sure that all the elements of the study work together (Universal Teacher, 2013). A research design is not just a work plan (New York University, n.d). This is so because a work plan entails what has to be done in order to ensure the completion of a research but the work plan will only flow from the project's research design.

The purpose of the research design is to make sure that all the data collected enables one to answer the research problem as unambiguously as possible (New York University, n.d). Because of the research design, a researcher does not move away from their line of research since a plan which describes the sources and kinds of information related to the research problem has already been made. At the end of the study, all the elements of the data should be in unison because the research has been down through a research design. Thus, a research design is what makes the entire research project work because without it, even if there is a lot

of material, there is no way one is able to make sense of it without the research design (Universal Teacher, 2013).

This research is informed by the Phenomenological research design. According to Biddix (2015), “Phenomenon” refers to an occurrence or experience while “logical” refers to a path toward understanding. Thus, phenomenological research can be defined as a way of trying to understand the essence of a phenomenon by examining the views of people who have experienced it (Boyd, 2015). Nisrin (2011) acknowledged the foundational question in phenomenology as, “What is the meaning, structure, and essence of the lived experience of this phenomenon by an individual or by many individuals?”

The basic assumption of phenomenology is that life experiences are subjective and unique to an individual. This means that there are several ways of interpreting the same experience and this is what constitutes reality (McMillan, 2010). The goal of phenomenology therefore, is to describe accurately the lived experiences of the people involved in a certain situation other than generating theories or models of the phenomenon under study (Ploeg, 1999).

The researcher chose phenomenology as a research design because its main aim is to be able to explore a person’s experience of a situation. Each and every individual has a way of explaining a situation. Experiences are subjective and that is why sometimes it is hard to generalize results among a large group of people especially when it has to do with hearing their own point of view. This is the case with this research which has to do with the lived experiences of the elderly under institutional care. There was need for the researcher to hear the personal accounts of the participants and how they interpreted their life situations. Therefore, in order to gain such information, the researcher had to make use of in-depth interviews with every individual so as to hear the subjective experiences. Through the research design, it can be noted that the researcher was able to select a research tool after discovering the kind of study that she was carrying out. Through a process called “bracketing,” the researcher had to set aside her own preconceived ideas concerning the elderly in order to keep from biasing the observations.

### **3.4 Population of Study**

Population of the study also known as the target or research population is a well-defined collection of individuals known to have similar characteristics on which an investigator wishes to draw a conclusion on (Explorable.com, 2009; Degu&Yigzaw, 2006). The research population should be a group of people who have characteristics which are relevant to the study.

The target population of this research were the elderly staying in nursing homes specifically Batanai Old Age Home with their age ranging from 60years and above. This is so because the researcher wanted to get first hand experiences from the residents in institutions not just any elderly person. There are elderly people who are not staying in institutions and thus the main focus of this research was on those who are already staying in nursing homes.

### **3.5 Sample of the Study**

According to Degu and Yigzaw (2006), sampling involves the selection of a number of study units from a defined study population. This refers to the sum of those individuals within a specific territory, or a small portion of a population, a smaller representation of a larger whole, intended to reflect and represent the character, style or content of a population from which it is drawn (Brink, 1996).

The goal of sampling in qualitative research is to identify specific groups of people who hold characteristics or live in circumstances relevant to the phenomena under study (Al-Busaidi, 2008). In this way, identified informants are expected to enable enriched exploration of attitudes and aspects of behavior relevant to the researcher. Sampling decisions are made for the explicit purpose of obtaining the richest possible source of information to answer the research questions (Ploeg, 1999). Explorable.com (2009) noted that the major function of the sample is to allow the researchers to conduct a study on individuals from the population so that the results can be used to derive conclusions that will apply to the entire population.

The researcher went into the field without a definite number of participants she wanted for the sample as it was going to be determined by data saturation. However, at the time of the

interview, there were 10 residents at Batanai Old Age Home with an age range of 66-95 years. Therefore, 3 residents were dismissed because of the following reasons: one was mentally disturbed, the other was partially blind and deaf then the other inmate refused to participate in the interviews. Hence, the researcher ended up with a sample of 7 elderly residents and managed to get all the information she wanted. Of the 7 participants, 6 were foreigners and only one was Zimbabwean.

### **3.6 Sampling Method**

The Qualitative paradigm focuses on non-probability sampling which refers to sampling techniques for which a person's likelihood of being selected in the sample is unknown (Blackstone, 2015).

A sampling method is the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 1996). A sampling method is thus a way devised to select the population eligible for the research study.

The type of sampling which was used in carrying out the study is Purposive sampling also known as judgmental, selective or subjective sampling method. According to Wilkinson (2015), purposive sampling is when a researcher selects specific type of people that are relevant to the study. Degu and Yigzaw (2006) propounded that purposive sampling is a type of qualitative research method that is typically used when focusing on a limited number of informants, who are selected strategically so that their in-depth information will give optimal insight into an issue about which little is known.

The researcher went to Batanai Old Age Home in order to find out how many elderly people resided there. With the help of the matron, the researcher found out that there were 10 residents only at the institution. The researcher was bound to use purposive sampling because she wanted to concentrate on people with particular characteristics who would be able to assist with the relevant information. However, of the 10 participants, 3 of them were excluded from the research because of reasons already stated. Burns and Grove (1997) suggested that the number

of respondents in qualitative research is not as important as the research is conducted to describe and promote understanding of human experiences that cannot be quantified. Since purposive sampling has many techniques, the researcher adopted the *total population sampling* technique. Total population sampling is a purposive sampling technique where the researcher chooses to examine the total population based on their experience, skills, knowledge and exposure to an event (Lund Research Ltd, 2012). Thus, the researcher ended up interviewing the 7 participants that had been selected through purpose sampling.

### **3.7 Research Instrument**

According to Biddix (2012), instrument is the generic term that researchers use for a measurement device.

The researcher used the interview as a research tool so as to get in-depth information from the participants. According to James (2007), interviews are a one on one question and answer session where the researcher may use a variety of techniques. They reveal information about the worldview of a single individual. The researcher used the semi-structured type of interview so as to be able to get an insight into the experiences of the elderly.

An interview schedule was drawn up to be used during the interview using the research objectives or research questions as guidelines. In this way, it was ensured that data was collected in a relatively systematic way and that important data was not forgotten. The advantages of using the interview method in data collection for this research were:

- i. Non-verbal behaviour and mannerisms were observed and noted by the researcher since the interviews were carried out face to face.
- ii. Questions and views were clarified where it was not clear enough for the participants and the interviewer.
- iii. In-depth responses could be obtained by asking more insightful questions on a particular aspect where the researcher needed more information.

This type of interview acted as a reflective conversation wherein the elderly provided their analyses and reflections upon staying in nursing homes. It also allowed the interviewer to

stimulate and maintain the respondents' interest. The researcher was able to clarify a response through summaries and asking probing questions. The interview elicited people's own issues and descriptions and had the benefit of uncovering issues or concerns that were not anticipated by the researcher.

### **3.8 Data Collection**

Data collection is the systematic approach of gathering data from a variety of sources to get an accurate and complete picture of an area of interest (Rouse, 2013). According to Degu and Yigzaw (2006), data collection is important in that it enables one to collect rich data and get a deeper insight into the phenomena under study. Data collection helps to ensure the integrity of research (Ask.com, 2015). The researcher is enabled to answer research questions and other researchers can be able to repeat and validate the same study without any difficulties.

In order for the researcher to be able to collect data, there was need to gain authority in order to carry out the research. Hence, the researcher was given a letter of permission by Midlands State University to carry out the research in the desired nursing home. Thereafter, the researcher went to the Ministry of Public Service, Labour and Social Welfare which is responsible for the government-owned nursing homes. The research was approved and the researcher was given a letter of permission to go and start the interviews at Batanai Old Age Home. The matron at Batanai also allowed the researcher to carry out her study and a date was decided when the interviews would take place.

On the day of the interviews, the researcher met each participant individually before the interviews and informed them about the research. The caregivers had already explained to the residents that a student from Midlands State University was going to come and interview them. The researcher informed the participants in detail what the research was all about and that they were free to participate or not. All the 7 participants agreed to take part in the research, being fully aware of what the research encompassed with the ethical considerations in mind. This was done verbally.

Since there was no other private and secluded area to carry out the interviews, the matron offered her office as a venue for the interviews. All in all, the interviews took 3 weeks to be completed. This is so because on the first day of the interviews, the 2 female participants had gone to a church conference and would be back after one week. Thus, the researcher interviewed the 5 male participants in one day. Each interview per person took one hour at most since the elderly participants would take time while explaining. The interviewer wrote some notes during the interviews so as to be able to analyze the data later on.

The researcher had prepared an interview schedule before coming for the interviews and it acted as a guide throughout the session. The interviewer spoke with the participants in Shona because that was the language they could best understand. In her notes, that is when the researcher translated some of the statements to English. The questions asked during the interview were asked spontaneously as the interview developed. This was done in order to elicit more information on certain aspects, but with the research objectives in mind.

The researcher found that the respondents responded honestly and openly. While the researcher conducted the interviews, field notes were taken of the non-verbal communication cues of the participants and the general feeling or atmosphere that prevailed.

The researcher made use of the following communication techniques to facilitate the process:

- i. Clarifying: where the researcher had not understood, she asked the participant for clarification on the matter.
- ii. Probing: The researcher asked probing questions where she needed to learn more information for example when she said, “Can u tell me more about it?”
- iii. Silence: the researcher used silence during the interview to motivate the participant to elaborate on what they were saying. She avoided talking too much and interjecting as the participant spoke so that she could hear more.
- iv. Minimal verbal response: the researcher used minimal verbal responses such as, “...Hmm-hmm...” to encourage the participant to continue with their explanation. This gesture also assured the participant that the researcher was listening very attentively.

- v. Non-verbal encouragement: the researcher nodded her head to encourage the participant to continue with his/her explanation.
- vi. Summarizing: The researcher summarized some issues so that the participant would correct her if she had misinterpreted them.

The interviews were rounded off by re-affirming that all the questions had been exhausted. The researcher thanked each participant for sparing their time and contributing to the research project.

### **3.9 Data Analysis**

According to Degu and Yigzaw (2006), qualitative data processing and analysis involve describing, summarizing and interpreting of data obtained for each study unit (or for each group of study units). Before engaging in the analysis process, the researcher translated the interview scripts from the language spoken by the respondents (Shona) to English and an independent English language expert was asked to check the accuracy of the translations. Thereafter, Thematic Analysis was used to draw themes and patterns of meaning from the translated interview scripts. The researcher followed the steps below in the analysis of data:

#### Phase 1: Familiarizing with data

The interviewer had to read the data collected so as to be familiar with every detail. Since the researcher was immersed with the data, it helped in the creation of themes and taking note of the patterns.

#### Phase 2: Coding

This stage involved the generation of codes which identified the significant features of the data relevant in answering the research questions of the study. The researcher had to code the entire data so that it would help in the formation of themes.

#### Phase 3: Searching for themes

This phase involved examining the codes that had been formed at phase 2 in order to identify important broader patterns of meaning (potential themes). Thus, the researcher placed each



code under each and every theme so as to see that each piece of relevant information had a theme.

#### Phase 4: Reviewing themes

This stage involved checking the themes against the data in order to determine that they were in line with the data and research questions. The themes were refined meaning that some of them were split, combined or discarded.

#### Phase 5: Defining and naming themes

At this step, the researcher developed a detailed analysis of each theme, making sure that the themes had informative names which explained the research findings in detail.

#### Phase 6: Writing up

In this final phase, the researcher joined together the analytic narratives, data extracts and contextualized the analysis in relation to the existing literature. Thus, this led to the final presentation of the results.

### **3.10 Ethical Considerations**

Ethical considerations refer to the moral principles, rules, or standards a researcher upholds while conducting a research. Prior to carrying out this research ethical approval was obtained from the Department of Psychology at Midlands State University while the Ministry of Social Welfare granted the researcher permission to carry out the research. Participants consented their participation in the study after the following details of the study were provided: purpose of the research, objectives, data collection procedures and duration of the study. The researcher avoided causing participants any physical or emotional discomfort. All interviews were conducted in a private room provided by the Home administrators and participants were not identified by names but by numbers. The participants were assured of confidentiality as the researcher vowed not share information obtained during interviews with unauthorized persons without participant permission.

### **3.11 Chapter Summary**

The chapter discussed the research methodology, nature of study, research design, population of study, sample of the study, sampling method, research instrument, data collection procedures, data analysis and ethical considerations.

## **Chapter 4**

### **Results**

#### **4.0 Introduction**

This chapter presents the research findings obtained from interviews conducted with the elderly staying under institutional care at Batanai Old Age Home in Gweru, Zimbabwe. Data saturation was reached when 7 out of 10 interview scripts were processed. The findings are presented in accordance with the research questions which were formulated for the study. In fact, eight themes, coping strategies and support systems are covered in this chapter.

#### **4.1 Demographic statistics**

At Batanai Old Age Home, there are 10 elderly people of which 8 are males and 2 are females. There are no couples at the institution. There are 3 caregivers including the Matron at Batanai and all of them are ladies. According to the Matron of the institution, the number of residents varies each time as some of the elderly die or leave the institution. Of the 10 residents, 7 of them were interviewed, 5 being males and 2 females. All the participants volunteered to take part in the research and they were aware of what the study entailed. The other 3 inmates were not interviewed because of the following reasons:

- a. The first participant was willing to take part in the interviews but it turned out that he was partially deaf and blind. Thus, it was difficult to carry out the interview and he was dismissed on that basis.
- b. The other inmate was mentally ill.
- c. From the caregivers' report, the resident always stays indoors and does not go out. So the person was not willing to take part in the interviews.

The participants ranged in age from 66-95 years. 3 participants fell in the 66-69 age range and 4 in the 80 years and above age group. There were no participants in the 70-79 age group.

People are admitted into the institution through the department of Social Welfare and in most cases they receive people who are above 60years. In rare cases do they receive someone who is 50 and above.

The length of stay at the institution ranged from one to 14years. At the time of the interview, one participant had been at the institution for 1year 3months; 4 had been there for 3-5years and 2 from 10 & 14years. Most of the residents stay there till they die. Sometimes, the other residents leave the institution of their own accord because they feel that they can now take care of themselves or when they have found their relatives.

Foreigners dominate at this institution and there are blacks only. 5 participants were Malawian nationals, 1 from Mozambique and 1 from Zimbabwe. The inmates came to the institution not out of choice, but they were forced by circumstances beyond their control. The inmates live for free at the institution, they do not pay anything.

Batanai Old Age Home was officially opened on the 16<sup>th</sup> of July 1988 by the late Vice President of Zimbabwe Comrade Simon Muzenda.

## **4.2 Results**

The results are presented in themes and subthemes. These themes fall under the research questions of this study and they shall be presented in the following order:

1. What are the lived experiences of the elderly staying in institutions?
2. How are the elderly in institutions coping?
3. What support do they need?

After each theme, a tentative interpretation shall follow in order to explain the subthemes in a nutshell. Themes 1 to 6 cover the elderly people's challenges while themes 7and 8 capture the positive experiences of the elderly. Table 1 (see appendix A) presents the summary of the themes and subthemes and their definitions as used by the researcher to explain the results.

## **4.2.1 Lived experiences of the elderly**

### **Theme A: Background information**

#### ***Subtheme 1: Biographical information***

##### Educational Background

All the participants (n=7) reported that they had not gone to school except one female participant who said that she had gone to school up to Standard 3 only. The participants gave various reasons for not going to school. Some said that it was due to lack of money, they could not afford to pay school fees and that is when they decided to come to Zimbabwe in search of greener pastures. One participant said that most of the time he would run away from school with his friends since they were very mischievous. Even though his parents struggled to pay his fees, he ended up dropping out of school and engaged in selling fruits to earn some income. The other participant also stated that she grew up with no parents and therefore, her guardians managed to send her to school up to standard 3 only.

##### Working experience

All the participants (n=7) reported that they came to Zimbabwe in search of employment. They came when Zimbabwe was still called Rhodesia, way before independence. Because of lack of education, 3 of the participants managed to acquire jobs in towns like Triangle, Chiredzi, Sanyati, Gokwe, etc. where they would work on cotton, sugar, coffee, and tobacco farms. One female participant worked as a housemaid first before working on farms. The other female participant worked as a nanny on a temporary basis, meaning that she did not work on a permanent basis. Only one participant stated that he had worked in Johannesburg before coming to Zimbabwe. One of the participants also drove tractors in order to get more money. Another participant reported that when he came to Zimbabwe, he first worked at Thornhill Airbase then he went to Harare and worked at a construction company for 22 years where he made bricks.

#### ***Subtheme 2: Reasons for admission into the institution***

All the participants (n=7) came to the institution alone. No relative brought them to the institution since they all said that they did not know anyone. They claimed that they had left

their families and relatives back in their countries of origin. Most participants reported that they came to the institution because they could no longer work because of their age and deteriorating health. It was becoming difficult for them to make a living and be able to take care of themselves.

One participant actually said,

*“The problem is the one which drives you to the institution.”*

Another elderly person also said,

*“No one told me or forced me to come to this institution. I came from Malawi, I had no relatives in Zimbabwe, no money, and all my strength was gone. I thought of going back to Malawi but I didn’t because I feared my relatives would not recognize me.”*

A female resident from Zimbabwe stated that after the death of her husband and 3 children, she found it very difficult to sustain her life. Thus, she went and searched for employment at a white man’s farm despite her age. Though he refused, she insisted because she was homeless and she was given a job to work in the farms. Some inspectors later on came to the farm for inspection and took her to the Department of Social Welfare after noticing that she was now old and her health was deteriorating. Social Welfare then sent her to stay at Batanai and that is how she came to the institution.

One participant (female) was the only one who reported that she had been divorced by her second husband who was Zimbabwean and her children also chased her away. Therefore, since she was now homeless, she went to Social Welfare who took her to Batanai.

### **Interpretation**

It was very important for the researcher to know the personal information of the participants and the reasons that drove them to the institution. This information helped the researcher to understand more as they shared their experiences of staying in the institution. As has been shown, lack of education made these people to work on temporary and informal jobs. One of the participants actually regretted to why he had run away from school considering the

challenges that he faced and thus ending up at the institution. All these participants were not brought to the institution by their families but they came of their own accord. The trials and tribulations they faced forced them to come to the institution so that they could not end up being homeless.

## **Theme B: Relations with caregivers and other inmates**

### ***Subtheme 1: Verbal and Emotional Abuse***

Some of the participants reported that sometimes they are verbally abused. One participant actually stated that she was once scolded by one of the caregivers to the extent that even now she has not yet forgotten the incident. Her typical words were,

*“I was told painful words by one of the caregivers such that even now the words are still engraved in my heart.”*

The participant also said that some of the residents and caregivers are so racist and they gossip about her even if she is close-by. She also quoted one statement she heard when they were gossiping which said,

*“People who go to the SDA church are full of pride. They want to show the whole world that they can pray.”*

The researcher observed that the woman was really hurt by this and she almost cried when she talked about her ordeals. At some point, she even talked in a shrill voice but managed to recover before she could breakdown.

### ***Subtheme 2: Failure to adapt to others***

Most of the participants reported that they had no close relations with the caregivers and even amongst the residents themselves. One participant stated that there is also need to talk to the caregivers so that at least they can respect the elderly at this institution. He even said that maybe it is because of the difference in knowledge levels that makes the caregivers exercise their superior powers over the elderly. He even urged that people should come out clean and confront each other.

The magnitude of having negative relations was shown in this conversation:

*Interviewer: Do the caregivers find some time to talk and listen to your pleas or just have small talk?*

*Respondent: If you know that this person is your enemy, you do not bother to talk to them. There is no close connection with people at this institution. There is no relationship with these caregivers because they exercise their power over the elderly.*

Another respondent stated that she had negative relations with the caregivers and other inmates because they are racist. They intimidate her because she is the only Zimbabwean at the institution and thus, she has failed to adapt for the 1 year and 3 months she has been at the institution. She even went to Social Welfare and filed a complaint after she had failed to adapt to others:

*“There is nothing exciting here because they are racist. They say this is not a home for the Karanga people.”*

However, some participants reiterated that they have a good relationship with their caregivers. In contrast, to what the other participant had said, the resident said that the caregivers had time to talk with them. They even said that when they face problems they do not hesitate to tell the caregivers because of the bond that exists between them.

Thus, this shows that some participants have already adapted to the caregivers and residents whilst some are still finding it very difficult. One participant who has been there for 10 years highlighted that he failed to connect with the people showing that some have not yet adapted to the residents and way of life at the institution.

### ***Subtheme 3: Lack of trust in employees and other residents***

One of the participants voiced out his concern on one of the caregivers. He said that he did not trust her because of the way she handled things and she has been at the institution for a very long time. He even suggested that if possible, she should leave the post and someone new should come and takeover. Another participant noted that what they only do amongst themselves is to greet each other but there is no trust:



*“We just greet each other with the residents, nothing more because you can’t read what is in another person’s mind. A person can change anytime and therefore it becomes hard to trust.”*

Another respondent also stated that it is difficult to trust people at this institution because they gossip a lot. It is very hard to trust a person whom one knows that he or she goes behind her back and says all sorts of ungrounded things.

### **Interpretation**

Various factors affect relations amongst people. Only a few participants said that they had a good relationship with the caregivers. The rest of the participants stated that they had failed to adapt to others because of verbal and emotional abuse, gossip, racism, among other factors. Hence, experiencing life at the institution is difficult because of lack of trust. They are not related in any way except that they met at the institution and they stay together and this can also be the root cause of the negative relations that exist between them.

### **Theme C: Dignity**

#### ***Subtheme 1: Lack of respect***

Some participants stated that there is no respect among the residents and the caregivers. One respondent said that there is no respect because the caregivers exercise their power over the elderly to the extent that they override issues of respect. He stated that there is need for these people to respect each other so that there can be peace. They should avoid scolding them as if they are talking to children when yet they are talking to the elderly.

#### ***Subtheme 2: Integrity***

Integrity has to do with being honest and having strong moral principles. Even if one tries to violate those principles, the person is able to stay whole and undivided. However, the participants especially the females complained that the male residents did not respect their moral principles, in fact, they violated them. One female participant described some of the male residents using the word “*umburu*” meaning that the moment they see women who come at the institution, they would want to have sexual relations with them. She stated that some

come under the guise of wanting to get married and if the lady refuses, they will make sure that one does not enjoy their stay there. One female participant also said that one of the male residents undresses whilst the door is open and does not care whether anyone is seeing him, of which according to the woman's explanation, he does it intentionally. The female respondent said:

*“I go to church and I have my own moral principles that guide me. How can I at this age wish to become someone's wife? These men try to violate my principles each time but I won't give in no matter what.”*

### **Interpretation**

Things like respect are supposed to be learnt from the elderly because they are the ones who uphold these values. However, in this case it shows that there is no respect especially for the women and they feel that this is a clear violation of their morals. In other words, these men somehow see the women as sexual objects. The caregivers also tend to exercise their superiority over the elderly of which they forget that these are the elderly and in some cases they should not talk to them as if they are children. One can say that the elderly are stubborn and they need to be scolded but there is a limit as well, they should be told in a good manner other than scolding them all the time when they do something wrong.

### **Theme D: Security**

Wherever a person stays, they want to be assured of safety. It is one of the basic needs of a person to feel secure at any place. However, one participant stated that she did not feel secure at the institution. She felt that the institution is not a good place for women to come and stay because of the intentions of the men who want sexual relations. There are only 2 female residents out of 8 males at this institution. This respondent even stated that one of the residents tried to use juju (mubobobo) on her after she had refused to “marry” him. Each time she tried sleeping with lights turned off (rule of the institution), she would not sleep well. She filed a complaint to the Social Welfare who allowed her to sleep with the lights on and at least she

could sleep well again. The respondent voiced out her concern that there is lack of security at the institution especially for the women.

### **Interpretation**

Security in this case refers to the art of being free from threat or danger. A person is supposed to feel safe, to know that no harm be it physical or anything shall come to them. Therefore, in this instance, security is one of the things that is missing on the females' side. There is need for them to be protected because men might end up taking advantage of them.

### **Theme E: "This is not our home"**

Most residents showed that they had failed to accept the institution as home. Some even said that if only they had money, they would go back to their home country as soon as possible. They think of their hometowns so much such that they wished to leave the place:

*"I think of my village in Malawi where I came from, and given the chance I will surely go back home."*

Another participant even stated that at some point she even wished she would go and stay under the bridge because this institution was not home to her. She even went to the Social Welfare and requested that if there is any other institution for the elderly, she would like to be transferred or else she would rather be homeless. She stated that there is no peace at the institution.

Moreover, some inmates despite not feeling at home, they felt stuck or trapped at the institution. They felt that even though they wished to leave the place, there are factors which had to be considered first. In order for a person to leave the institution, the Social Welfare says that one should have relatives who can identify the person and are willing to take the elderly person with them. Now this is a challenge to these residents because all of them left their home countries over 30years ago and they fear that they might not even be recognized by anyone. Some do not even know where their siblings are or where they stay. Thus, they fear

that if they decide to leave the institution and go back to their home country, will their relatives be able to recognize them:

*“I fear that my relatives will not recognize me and so it is much better to stay under the government’s care.”*

The other respondent stated that she came to the institution because she was homeless and thus, if she decides to leave the nursing home, she won’t have anywhere to go. Thus, although they did not accept the institution as home, they were forced by circumstances surrounding them.

### **Interpretation**

The residents failed to accept the institution as home. The researcher noted that even if there are other positive things that they experience at the institution, they are overshadowed by the negative ones. Factors like failure to connect with/adapt to others, lack of trust, feeling insecure, among other reasons can affect a person and make them wish to go back to their own homes. However, in this scenario, they are bound by some factors that they fear may cause them to regret their decisions such as failure to be recognized by relatives. One of the participants even stated:

*“I left my home country a long time ago and even if I decide to go back now, I might find great grandchildren who might fail to recognize me. So it is much better to struggle here, even though I don’t like this place.”*

Thus, this just shows that these residents yearn to go back home but it seems impossible because of the circumstances beyond their control.

### **Theme F: Longing for familial relations**

The participants longed for their relatives they had left back in their home countries. The institution only accepts people who claim that they do not have relatives or they cannot manage on their own. Therefore, these elderly came to the institution claiming that they do not have relatives and thus, ever since they came to the institution, they have not received visits

from relatives. Only one participant stated that he has a relative in Gweru. He said that one day the relative came to visit the elderly person and when one of the caregivers learnt of this, she shouted at the visitor and told him that why could he not take care of his relative. So from that day onwards, the person did not come back again and this did not settle down well with the resident.

Other participants also said that when an elderly person comes with a relative with the intention of leaving him or her there, they are told to go back because they only accept people who claim to have no relatives or someone they know. Most of the participants were divorced, widows and only one participant said that he had never got married but he dated a lot of women just for pleasure.

Hence, these elderly people longed to go back to their home countries to see their relatives again.

### **Interpretation**

There is no one who does not have a relative in this world. However, these residents claimed that they do not have relatives for them to be admitted because they felt that if they go back to their country, those relatives might not recognize them. Familial relations are very important and they long for the happiness that comes when one knows that they have a relative who can accept them. Blood is surely thicker than water.

### **Theme G: Autonomy**

#### ***Subtheme 1: Independence***

The participants reported that they were so independent at the institution and they could even make choices according to their own freewill. They are not restricted from visiting places. One participant even said that if he gets the chance, he would want to visit Mutapa which is one of the high density suburbs in Gweru. They are allowed to go to church conferences even if they last for a week or more. At the time when the researcher went to do the first interviews, the

female participants were not around. They had gone to a church conference and they were going to spend the whole week there.

They are also allowed to buy their own food stuffs if they have money and they are allowed to cook for themselves. One male participant said with a smile on his face,

*“When I get some money, I go to Senga shops and buy things like sausages and eggs then I come and cook for myself.”*

This shows that being independent is so important to these people such that despite age, they are able to go around freely and enjoy life as if they are at their own homes.

### ***Subtheme 2: To manage on your own***

The researcher managed to learn that the elderly at this institution are still able to manage on their own. From what the participants said, it showed that the caregivers at the institution encourage these elderly people to engage in different projects that are done at the institution if they are able. At Batanai, they take care of their own chickens, rabbits and they have got a large piece of land at the institution which they use as their garden. Thus, the participants felt happy because it felt like reliving their past lives when they could farm and do all sorts of projects.

One of the participants was so happy when he told the researcher of him being a good farmer. The fact that each person was given a piece of land to work on, made them feel happy. In terms of relish, most of the participants stated that they do not worry because they do take care of their own poultry. They are still well able to take care of things without much assistance.

### **Interpretation**

The aspects of independence and being able to manage on their own were one of the positive factors that came out of the research. Because they are given the liberty to work with their own hands and make their own choices, they feel like young men and women who have a long and fruitful life ahead of them. They felt that they are leading meaningful lives and they still have strength besides their age.

## **Theme H: Feeling optimistic about living in a nursing home**

All the participants expressed that they are happy and content with the food, toiletry and clothes they receive from the visitors who come. They are given enough food every day and if one does not like the meal, they are given a substitute. As for clothes, they have so many clothes and blankets such that they have lost count of them. They barely pass a week without someone donating something at the institution. One respondent even stated that it is much better to stay at the home where one is assured of shelter and food than under the bridge.

They really like the visitors who always come there. Some are from various churches who also come to pray for them, there are also some white people who come with food every end of month, researchers who come doing their studies, and other individuals. One of the participants acknowledged the interviewer by saying:

*“Thank you for coming to talk with us. I now feel as if I have been relieved of the burden that was in my heart. I have shared all my worries with you of which I have never told anyone the things I have shared with you.”*

They are happy because meals are prepared for them and also they are taken care of. They are satisfied with the care they receive.

## **Interpretation**

The way to a person's heart is through the stomach. Maslow's hierarchy of needs starts with physiological needs at the base because they are very crucial to a person. This is why these elderly feel happy, because they are given enough food and clothing to sustain their lives. The fact that there are many people who come to visit, makes them most times to set aside their worries as these people give them hope for the future.

### **4.2.2 Coping strategies of the elderly under institutional care at Batanai Old Age Home**

Various coping strategies emerged from the interviews that were carried out. The elderly developed mechanisms that would help them live at the institution without looking for trouble.

One of the respondents said that though he does not like one of the caregivers, he can do nothing else other than just like her the way she is. He used the avoidance coping mechanisms:

*“In order for me to avoid trouble, I avoid taking things to heart and this is how I cope with the bad relations that we have at this institution.”*

Most participants used this avoidance type where they could just avoid disturbing the “peace” and keep it to heart. One of the respondents even said that she keeps all the things in her heart and fears that if she talks, it will only add to the trouble. Even her roommate confirmed that she is so quiet, even if she is scolded, she just keeps quiet.

Another participant stated that he tries to avoid arguments because already he does not trust the people at this institution. So most of them also resorted to farming or sitting alone for the greater part of the day so that they would be at peace.

Some of the participants tend to “rationalize” the negative aspects of their lives. These people tend to think that it is worth it to just ignore and focus on one’s life because they are being cared for and what more would they want in life. Despite the challenges, they saw it as much better to live at the institution where they are assured of food and shelter.

Some also made use of passive coping strategies:

*“I always stay in my room and read my books, especially the bible. I always go to church and I’ve learnt to put my trust in God. He will fight my battles for me.”*

This participant found solitude in God, and she reiterated that although people say what they want, she has found security in God.

Whenever there is a church conference even for a week, they go there and come back afterwards. Also since each person was given a small piece of land to cultivate, most of them keep themselves busy through farming and taking care of the poultry.

Despite the challenges, they have learnt to accept their situation and developed coping mechanisms that will make their stay bearable and enjoyable.



### **4.2.3 Support systems**

From the research, the researcher found out that at the institution the most common support systems are social, physical and spiritual support.

#### Social support

The residents received social support through the visits they received from various people. Some visitors are from churches who come to pray for them and share some scriptures with them. The researchers who also come at this institution and spend time with them also provide some social support. A week before the interviews, some soldiers came every day for a week just to spend time with the elderly. It is their habit of coming to the institution and they call it 'The Soldiers' week.' A certain group of white people also visits every month end and they spend some time with these elderly doing various activities. They also celebrate Christmas and Easter in style because some organizations and other well-wishers in and around Gweru sponsor these events for them. Also, the caregivers find time to talk with the elderly whenever they find time. The participants showed that they are really happy with the visits they receive from groups and individuals.

#### Physical support

The participants acknowledged that they have more than enough to eat and wear. They receive a lot of food stuffs from the well-wishers. As for clothes and blankets, they have lost count of them. They are also provided with toiletries such as bathing and washing soap, Vaseline, etc. In case they fall sick, they are sent to the hospital and treated free of charge which is also another aspect they were happy with.

#### Spiritual support

The residents get this kind of support from people from various churches who come and pray with them and share some scriptures. Also there is freedom of worship, one is allowed to go to any church they want. They are not restricted from going to church either on weekends or during week days. They also go to church conferences. Most of the participants go to the Seventh Day Adventist church. This is why some of the participants have resorted to trusting God as they have freedom of worship.

However, there is no psychological support at the institution. There are no counseling services provided as well of which this is a requirement. One of the participants said,

*“I am relieved and happy that you (interviewer) came and showed interest in what we are going through. I feel that a burden has been lifted.”*

Due to the various challenges they face, some elderly people end up getting stressed and they continue bottling up their worries. What they need is someone who is keen to talk and listen to them and provide some psychological support. It does not mean that they should get this support every day, but at least once in a while. Some have resorted to keeping quiet and ignore as if nothing happened and yet they still remember every detail of the words that were spoken. Psychological support helps individuals to heal emotional wounds and be able to rebuild social structures. All these challenges they face can also be curbed by offering psychological services.

Therefore, all the other support systems are available but psychological support is the missing element.

### **4.3 Chapter summary**

The chapter has managed to cover all the research findings that were collected through the in-depth interviews. The various themes and their subthemes, coping strategies and support systems were looked at.

## Chapter 5

### Discussion, Conclusion and Recommendations

#### 5.0 Introduction

The chapter discusses the research findings in relation to the theoretical framework and other studies that were carried out in and around Zimbabwe. The findings are discussed according to the research questions. The conclusion, recommendations and chapter summary will follow.

#### 5.1 Discussion

This study was mainly concerned with the lived experiences of the elderly at Batanai Old Age Home. In the following discussion, each theme will be discussed independently under the main research questions of this study.

##### 5.1.1 The lived experiences of the elderly

###### Admission into the institution

The results showed that the respondents were forced to be admitted into the institution because of circumstances surrounding them. Many reported that they came to the institution because they were now sick and could not fend for themselves. Some had no money to go back to their home countries, others had been rejected by their families and were now homeless. In relation to this study, the researcher managed to talk to the Chairman of residence at Boggies Trust which is also a home for the aged in Gweru. This institution is characterized by white population and there is only one black person. The Chairman highlighted that some of the residents that came to the institution saw it as a retiring home where they could spend the rest of their lives, others came because their land had been repossessed. Some of the residents came because the spouse had died and they felt lonely. Others even planned to come and stay at the institution by saving their money and applying in advance for residency. The residents at this institution even have their own properties which other people rent so that they can get

income to pay their rent at the institution. Therefore, this shows that the reasons that brought these people into the institution are quite different from those at Batanai.

This is also supported by other research findings that were carried out in Zimbabwe on the reasons of admission. The study which was carried out in Chitungwiza by Gutsa and Chingarand (2009) showed that the Africans were mostly driven to the institution because of destitution, physical disability, and strained relationships with their families. However, the Europeans and Coloreds entered the institution for security reasons and they were lonely. Another pilot study that was carried out by Nyanguru (1990) in and out of Harare showed that Africans were brought to the institution by police officers and social welfare who had found them on the streets.

Thus, one can note that generally for most Africans, it is because of destitution, homelessness, strained relationships with their families, poverty, etc. that drive these people into institutions. It is not by choice that they come to the nursing homes but at most times the circumstances surrounding them make them realize that it is better off to stay in an old people's home where one is assured of food, shelter and security. These reasons of admission can have a bearing on how these elderly people view life at the institution. From the interviews, the researcher was able to learn that most of the issues that were discussed by the elderly had a close relation with the reason for admission. Most of the elderly felt trapped at the institution because leaving the institution meant that they would have to return to the horrible situations that brought them to the institution in the first place.

#### Relations with caregivers and other residents

Relations have to do with the mutual connections amongst persons or groups, the way they feel about or behave towards each other (Oxford Dictionaries, 2015). The residents at Batanai however, complained about the kind of relations that existed between them and their caregivers. There was no trust among them and thus they failed to adapt to each other. Some residents had been at the institution for more than 5 years and still they complained about having negative relations. This is supported by Erving Goffman and the Total Institution theory. Goffman stated that there is a great rift between the staff and the inmates. The caregivers exercise their superiority over the inmates and thus this leads to negative

perceptions by the residents. Some caregivers exercise their power to the extent that they override issues such as respect for the elderly. Thus, this leads the residents to be bitter and view the caregivers as mean, rude and disrespectful and hence this negative perception leads to negative relations amongst these groups. This is also supported by a research that was carried out in Sweden by Anderberg and Berglund (2010). Their results showed that the residents complained about having poor communication with staff and thus this in turn affected their relationship. They felt that the staff exercised a lot of authority over the residents such that they felt powerless. Fiveash (1997) also did an investigation on the lived experiences of the elderly staying in nursing homes in Australia. The residents also experienced physical and psychological abuse especially through rough handling by nurses. This therefore, suggests that in most cases, strained relationships exist between the residents and caregivers because of the way they interact and the care they receive.

According to Kimondo (2012), the negative relationships that exist between the caregivers and the residents can be as a result of various factors. It can be as a result of pressure from work due to understaffing, interpersonal conflict and aggression on the part of some clients. In relation to this point, at Batanai there are only 3 caregivers and they rotate duties. Thus, from morning to afternoon there will be one caregiver then from evening up to the next morning there will be one caregiver as well. As a result this kind of understaffing may lead to forms of aggression on both parties. One can imagine that a single person will be responsible for these elderly people for most part of the day. Hence, these negative relations can be caused by understaffing as well.

However, in another study by James et al. (2014), some of the elderly experienced affection and a reciprocal relationship between themselves and staff. They felt connected with others, and had a sense of belonging to family. Even at Batanai, there are some elderly residents who claimed that they had a positive relationship with the caregivers and whenever they faced problems, they would quickly report to them. Hence, it all varies with people and how they perceive the actions of people around them.

## Security

Lack of security arose as a major concern in this research. Security implies being free from threat or danger. A research which was carried out by James, Blomberg and Kihlgren (2014) in Sweden also showed that the residents complained about feeling insecure. Security is not only about staying behind locked doors and have maximum security in place. In this scenario, security has to do with the way people feel in each other's company. In connection with the point on relations, as long as there are negative relations and lack of trust amongst residents, some may end up feeling insecure. This is so because one does not know what the other person is capable of doing and so people tend to live in fear for the most part of their lives. Hence, because of insecurity, people have problems in establishing healthy relationships. These people become paranoid and end up being victims of fear which impairs their freedom to do what they want. Therefore, there is need for residents to feel secure so that they can be able to maintain healthy relationships.

## Dignity

Furthermore, dignity is another aspect that arose in this research. Hicks (2013) propounded that dignity is the inherent value and worth that human beings are born with. What people want is to be seen, treated fairly, to be heard, recognized and understood. When all these seem to get violated, that is when people feel disrespected and having their integrity put to the test. Thus, as was noted in the findings, some residents felt that they were not being given the respect they were supposed to enjoy as the elderly. No-matter they are at an institution or in their homes, the elderly feel that they should be respected because they have seen more than their counterparts. In the African context, the role of the elderly is to give advice, direct and lead families and society according to traditional values and norms (Nhongo, 2004). Thus, when these elderly residents are disrespected by the caregivers who are younger than them, they feel that their dignity and integrity have been violated. Thus, dignity is a concept that has to be given attention to.

## “This is not our home”

The participants of this study highlighted that they did not consider the institution as home but as a place of shelter. Shelter and home are two different things. According to the Merriam-

Webster Dictionary (2015), shelter is a place that provides food and protection for people that need assistance. On the other hand, home is more than just a place and where the heart is (Klinkenborg, 2012). A study which was carried out by Knall (2009) in United States of America revealed that the participants had a hard time considering the institution as home. These participants were provided with good services but they still did not manage to accept it as their new home.

According to Klinkenborg (2012) on the aspect of the home, there is a big psychological difference between feeling at home and being home. Feeling at home implies that the not-home-ness of the institutions has diminished since arrival. On the other hand, being home implies that the person feels connected to a certain place such that they feel other places are alien to them. As they move in their lives, some people rediscover home again and again, some never find another after once leaving home whilst others never leave the one home they have always known (Klinkenborg, 2012). Thus, in relation to this study, the residents still find it difficult to consider the institution as home despite having stayed there for long. Some yearn to go back to their home countries but when they think that they might not be remembered by their families, they just lose hope. They just stay there because they want food and shelter but they long for that day when they are going to be able to return home.

#### Longing for familial relations

The fact that these elderly people found it difficult to accept the institution as home, made them to long for their families they left in their home countries long back. Having a family is very important especially as people grow old. This is the time when the elderly need family care, assistance and attention more than they ever did in the past. However, for these participants they did not receive any visits from relatives. When they came to the institution, they said that they had no relatives and this is because they had separated from their families long back and did not know their whereabouts. Thus, some participants said that given a chance they would go back to their homes but most of them said even if they decide to go back, they feared that they might not be recognized.

At the institution, the only relation that exists is that of people living together who came at the institution because of almost the same circumstances but besides that, they are strangers. They

have not been able to accommodate each other as family although this is what is supposed to happen. In Korea, Chang (2013) discovered a similar aspect of growing apart from familial relationships. The participants reported that they felt isolated from the outside world and their families because they no longer visited them as much as they used to. In a similar case, Choi, Ransom and Wyllie (2008) in their study in United States of America found that the elderly residents felt isolated and lonely because they had few or no visitors.

In the past, intergenerational family relations contributed more to the health and wellbeing of the elderly persons through association, help and support (Tesch-Romer et al., 2002). Nowadays, certain tasks that were performed by families are now covered by services. This implies that residents and caregivers should become a substitute family (primary family) that resembles the family of origin (Sternberg, 2015). Caregivers are supposed to assume the role of the parents while the residents take the role of siblings. This recasting of the family of origin will help members to form interpersonal healthy relationships and feel that despite being away from their families, they still have an immediate family at the institution.

### Autonomy

The participants felt that there was a positive side of staying in an institution after all. They liked the fact that they were independent and they could still manage on their own. James et al. (2014) in his study also found that the elderly really appreciated the fact that they were independent and could do most of the things alone without assistance. However, in most research findings, residents reported having lack of autonomy. In a study carried out by Murphy, O Shea and Cooney (2006) in Ireland, the elderly revealed that there was lack of autonomy since they could not make their own choices. They were not allowed to do things that they were capable of doing, everything was done for them. In a similar case, Teeri et al. (2006) in Finland found that the residents complained about lack of autonomy, they were forced to do things according to the routine of the institution. This shows that the aspect of autonomy is a very important issue in the lives of the elderly. If they are allowed to do things on their own, they won't feel weary and useless. They can feel that they are still capable of doing something in life despite age.



### Feeling optimistic about living in a nursing home

Despite the challenges that they faced, the elderly at Batanai felt optimistic about living in a nursing home. They highlighted that it was far much better than being homeless. They were happy with the food, clothing, toiletry and the regular visits that they received from the outsiders. Kimondo (2012) carried out a research in Finland and found that the elderly were pleased with the nurses and caregivers who were always available to provide the care required by residents such as assistance with bathing, toileting, grooming, dressing and meals. The various activities offered in the institution kept the inmates occupied and helped to eliminate boredom and monotony, thus creating a sense of meaning in life. In Denmark, Andresen, Runge and Hoff (2009) found that the residents liked meals, physical training, social and creative activities that were offered at the institution. Residents in one of the institutions in the United Kingdom were satisfied with the food and activities as well (Train et al., 2005). Custers et al. (2010) in their study on the lived experiences of the elderly in Netherlands found out that they were happy and appreciated the kind of care they received from the caregivers at the nursing home.

Despite the positive outcomes of staying under institutional care, the negative experiences seemed to overshadow the positive experiences as highlighted by the research findings at Batanai. This was seen when the researcher at the end of each interview asked for the general overview of the institution and their experiences. Most of the respondents still felt that the place was not good for them and that they wanted to leave the place despite the care they received.

#### **5.1.2 Coping strategies**

According to Taylor (1998), coping strategies are, “specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.” The participants of this study managed to reveal the coping strategies that they used in order to ignore the challenges they came across.

Once the inmates realize their fate, they try by all means to adjust in their new residence. It depends on how a person interprets the actions of the others. In this study, the participants resolved to different coping strategies depending on how much the challenges affected them.

Goffman in his theory stated that inmates tend to adopt secondary adjustments through various practices that do not directly challenge the staff but allow inmates to obtain satisfaction hence claiming an inner soul beyond the reach of institutional profanations (Goffman, 1961). As was observed in the results, some participants stated that since they did not want to offend the caregivers as well as other residents, they resorted to keeping quiet and praying so as to avoid any more trouble. One participant in particular stated that she locked herself in her room and read books so that she could avoid quarreling and having arguments with others.

Residents tend to achieve a certain degree of personal reorganization and recovery of self through conformity to house rules and the opportunities and rewards available to them through the privilege system (Goffman, 1961). In this study, the researcher managed to identify 4 categories of the coping strategies that were utilized by the residents. These categories are: Avoidance, Rationalization, Passive coping strategies and Acceptance.

Avoidance coping plays a great role in the formation of psychological problems such as anxiety, stress, and lack of self-confidence. According to Boyes (2013), people who use avoidance coping tend to avoid actions that trigger painful memories. This was seen by the researcher in her results when she came across a resident who said that she avoided talking about her problems because she did not want to remind herself of the painful words that she had been told by the caregivers. People with the avoidance coping strategy choose to stay under the radar (Boyes, 2013). These kind of people do not speak up when they are treated badly. They choose to keep quiet because they think that if they speak, they will create more enmity between them and other residents. They no longer have confidence in themselves. Thus, during the interviews, another participant stated that she stayed in her room every time even though people gossiped about her. At one time, she actually heard other residents and caregivers gossiping about her and she just went away. She feared that if she spoke her mind, she would be scolded even more and regret taking such a step. This is supported by a study which was carried out by Timonen and O'Dwyer (2009) in Ireland. The results revealed that

some of the inmates attempted to “avoid” trouble by keeping quiet even after experiencing poor treatment in the hands of their caregivers to ensure an easier life at the institution. Thus, this shows that avoidance is one of the coping strategies that the elderly use.

Another type of coping is called Rationalization. When something happens that is hard to accept, some people tend to find a logical reason to cover up what has happened (Changing Minds, 2015). People tend to comfort themselves by justifying something wrong that has happened to them. During the interviews, a participant stated that even though he did not like staying at the institution because of the bad relations, it is far much better to stay there other than to stay under the bridge. Another respondent said that probably his relatives would fail to recognize him if he returned to his home country, therefore, it is better for him to stay at the nursing home other than being rejected. Timonen and O’Dwyer (2009) in their study also found that the residents tried to “rationalize” the negative aspects of their lives by suggesting that things could have been worse if they had not been admitted into the nursing home. The residents even said that they no longer expected much more, given their age and level of dependence. Hence, this shows that the elderly tend to rationalize the difficult situations that they went through.

Furthermore, some residents made use of passive coping strategies. These refer to withdrawal and surrendering control over pain. Some of the residents tended to withdraw themselves from the other inmates and lived their own lives. They spent most of their time tending to the garden or poultry. Others kept on talking to the caregivers and inmates as if nothing had happened between them. Some residents resorted to prayer as a way of coping. In support of this, a study carried out by Vitorino and Vianna (2012) in Brazil also supported the notion of the use of religion as a coping strategy. The results of their investigation showed that the older group presented more significant religious behaviors and attitudes than the less elderly, therefore valuing spirituality. It was observed that the elderly felt comfortable in their use of religious or spiritual beliefs and behaviors, as a support in the resolution of their problems, and to prevent potential negative emotional consequences and stressors in their daily lives in the institutions. The study also revealed that mental health was related with greater use of the positive religious/spiritual coping and associated with less depression and better quality of life. The positive religious/spiritual coping revealed a greater sense of attachment and

confidence in the higher power and thus, levels of comfort, support and security were enhanced.

Acceptance is also another coping strategy that the residents made use of. Some of the elderly in the institution had already learnt to accept each challenge they faced in their lives. They saw it as a waste of time to stress over their problems and thus they had to accept each problem no-matter how big it proved to be. In their study, Timonen and O'Dwyer (2009) also found that some of the elderly in the institution appeared to “accept” the negative elements of life in the institution. They would do this by distracting themselves or keeping busy especially through knitting, reading, playing cards, etc. This shows that in order for the elderly to continue living in the nursing home, they chose to accept challenges which came their way.

The various coping mechanisms used highlight both the difficulties associated with living in a residential care setting, the residents’ desire to be treated with respect, and their frustrations with the lack of opportunities for personal growth.

### **5.1.3 Support systems**

There are various kinds of support systems that exist in nursing homes. These include social support, physical support, spiritual support and psychological support.

The results revealed that the residents at Batanai had physical support systems in place. This system has to do with the physical needs which are critical to the survival of the human body and these include water, air, food, warmth, etc. The respondents stated that they were very happy because their physical needs were well catered for. They had a lot of clothes and blankets which they got from well-wishers. They had even lost count of them. In terms of food, they never passed a day without eating. After each meal they felt satiated and they really appreciated this. If one does not like the meal that has been cooked, they tell the caregiver who will make sure that they are given a substitute. The caregivers also helped the elderly who could no longer manage to bath on their own or manage every daily duty alone. One of the elderly residents who has poor sight and is deaf also received special care for him to be able to lead a normal life.

Furthermore, the participants in this research highlighted that they had freedom of worship thus showing that they had spiritual support. They were not restricted to attend church functions. Even the visitors that regularly visit the premises from the various churches always prayed with them and shared the word of God. Thus this shows that despite the challenges they face, they found solitude in prayer.

The residents also received social support. In order for people to avoid ailments like depression, anxiety or loneliness, they need to feel accepted, supported and loved by others. Social support systems have to do with interpersonal relations amongst people. This is when relationships are formed and maintained. This is where people feel connected to different groups of people be it family, caregivers, other residents, etc. According to Lansford et al. (1998), research has shown that although frequency of social contacts decreases with age, satisfaction with social network tends to increase among the elderly. It was discovered that lack of social support can reduce an individual's capacity to deal with social stress thus causing mental health problems (George et al., 1989). The elderly at Batanai were really happy with the visits they received from outsiders. This made them to forget about their problems for a moment and have hope for the future. Engaging in activities also made them to feel young and energetic and they really enjoyed this. Social participation and having friends around is important in the maintenance of morale, self-esteem, feeling loved, security, autonomous self-image, prevention of loneliness, wellbeing and mental health among older people (Silverstein & Parker, 2002). At times when people engage in various social events together, it helps in the formulation of strong relationships amongst people. Thus, there is need to increase social activities so that these elderly people can learn to connect with other residents at the institution other than just to those people who come and go. Mutafungwa (2009) noted that at institutions for the elderly, there must be different social activities. She suggested that the elderly can participate in psychosocial rehabilitation groups whereby there is an opportunity of exchanging ideas among the group members. This will enable them to hear each other's ideas and be made to realize that they are not the only ones in that situation. Thus, this shows the importance of social support in the nursing home.

However, the researcher noted that there is no psychological or emotional support at Batanai. What made the researcher to notice this is because, many respondents felt disconnected and

unable to trust other people. They still had those bad memories of the challenges they faced even though they tried to suppress them. One of the participants almost cried when she remembered the day she was verbally abused at the institution. No forms of counseling are done at this institution. One of the respondents felt relieved when she shared her problems with the researcher. Feelings of insecurity, feeling helpless and vulnerable is a result of traumatic experiences. Thus, there is need for these elderly to receive some counseling so that they can be optimistic about their future. Some of the residents even now have low self-esteem, they no longer have self-confidence because they fear that if they talk, something terrible might happen to them. Therefore, psychological support is a need that has to be attended to.

Thus, through the various support systems, lives of the elderly living in institutions are made easier.

## **5.2 Conclusion**

The research findings revealed the lived experiences of the elderly at Batanai Old Age Home, their coping strategies as well as the support systems available to them.

The first research question focused on the lived experiences of the elderly. The researcher was able to learn of the reasons behind their admission into the institution. The residents came to the institution not of their own accord but because of circumstances beyond their control. They came because of homelessness, some were no longer able to take care of themselves and others feared that if they returned to their home countries, they would be rejected. Other themes that were identified include: security, dignity, relations with caregivers and other residents, longing for familial relations, “this is not our home,” autonomy and feeling optimistic about living in a nursing home. The researcher noted that these experiences of the elderly were congruent with studies that were carried out in other countries. The findings were even supported by the Total institution theory. The negative experiences tend to overshadow the positive outcomes and thus this has seen the residents longing to go back to their home countries. However, despite desperate efforts to do so, the elderly tend to think of the worst situation they can encounter after leaving the institution. From the literature review and the

results of this study, one can conclude that the elderly in institutions are going through difficult times in nursing homes. Of course they do appreciate some of the activities but these elderly persons find it very difficult to stay in institutions.

The second research question looked at the coping strategies that were adopted by the elderly living in the institution. When one has learnt their experiences, there is need to know the strategies that these people use in order to survive. The kind of coping strategies that were identified by the researcher were also in line with other coping strategies found in other institutions around the globe. The residents made use of 4 coping strategies namely: acceptance, avoidance, rationalization and passive coping strategies. Some residents had stayed for more than 5 years at the institution and through these coping strategies, the elderly were able to cope with the difficult times they went through. Even the Total Institution theory suggested that in order for the residents to overcome obstacles, they come up with several coping strategies that make them gain pleasure without creating trouble. Thus, one can conclude that the various strategies that were adopted by these elderly at Batanai made them to overcome their difficulties.

The third and final research question investigated the support systems that were available at Batanai Old Age Home. The research findings revealed that physical, social and spiritual support systems were the most prevalent at the institution. The elderly were very pleased with the support they received and this made them to forget most of their worries. They were happy with the visitors who came at the institution, the food stuffs, clothing, blankets and toiletry they received and being able to go to church. Only the psychological support system was lacking. The researcher noted that the participants bottled up most of the painful things and these affected them emotionally. They could remember most of the bad things that they had gone through and therefore, in order to overcome them, there is need for counseling and emotional support. Thus, as has been highlighted in the literature review, old age is a crucial point in life where all these support systems are very significant in an elderly person's life. They need support at this stage more than they ever did in their early years of life in order to ensure their wellbeing.

This research was a life changing experience as the researcher came across various issues that shed some light on the plight of the elderly in institutions. New knowledge was gained in this area and hopefully the research findings will be an eye opener to some authorities. The participants were very cooperative and helped in the success of this research. The researcher realized that the elderly people still need their respect and care for them to feel optimistic about life. The elderly are not interested in material things but they pay more attention to things which enhance their wellbeing and relations with other people.

Therefore, in a nutshell, several issues came out of this study and there is need to pay particular attention to these elderly residents and be able to help them where possible.

### **5.3 Recommendations**

As has been noted in this research, there are more of negative experiences other than positive ones. Hence, it is very important to find ways and means to improve the conditions of nursing homes as well as the lives of the elderly already staying there.

There is need to increase the number of the caregivers who will take care of the elderly residents at the institution. There are only 3 caregivers at Batanai of which they rotate duties one person at a time. This can cause them to be strained and thus, one can say that it is because of this understaffing that these caregivers sometimes verbally abuse these elderly residents. There is need also to train these caregivers on the way to handle and interact with the residents. Sometimes they might not be aware of after-effects of rough handling of these elderly, and thus there is need for them to be trained by other professionals who are well versed with the elderly.

Psychological programs should be put into place so that people can learn more on the elderly aspects. These elderly residents do need counseling so that they can be able to regain their self-confidence again and not live in fear for the rest of their lives. There is need to hear from the elderly who have already experienced life in the institution in order to be able to deal with challenges they face.



The government should also pay more attention to the elderly in the institutions and make sure that all the missing programs are put in place. They should introduce workshops for the caregivers so that they can be taught on how best to take care of the elderly.

Future researchers in this field should study on how residents relate to each other, how they can connect with others despite their differences and how strained relationships can affect the elderly's wellbeing.

Thus, these are the recommendations that have been offered and if they are implemented, positive experiences of the elderly can be enhanced.

#### **5.4 Chapter Summary**

This chapter which happens to be the final chapter managed to cover the discussion of all the research questions of the study. The conclusion and recommendations to the various authorities were also outlined.

## References

- Al-Busaidi, Z. Q. (2008). Qualitative research and its uses in Health Care. *Sultan Qaboos University Medical Journal*, 11-19.
- Anderberg, P., & Berglund, A. L. (2010). Elderly persons' experiences of striving to receive care on their own terms in nursing homes. *International Journal of Nursing Practice*, 64-68.
- Andresen, M., Runge, U., & Hoff, M. (2009). Perceived autonomy and activity choices among physically disabled older people in nursing home settings: A randomized trial. *Journal of Aging and Health*, 20-50.
- Ask.com. (2015, May 15). *What is the purpose of collecting data?* Retrieved from Ask.com: [www.ask.com](http://www.ask.com)
- Atchley, R. C. (1985). *Social forces and Aging*. California: Wadsworth Publishing Co.
- Aveyard, H. (2014, March 15). *Doing a literature review in health and social care: A practical guide*. Retrieved from Libguides: [libguides.library.cqu.edu.au/litreview](http://libguides.library.cqu.edu.au/litreview)
- Bacurin, T. D. (n.d). *Life satisfaction, happiness and coping among institutionalized elderly*. Retrieved from Academia: [www.academia.edu](http://www.academia.edu)
- Berman, A., Erb, G., Kozier, B., & Synder, S. (2008). *Fundamentals of Nursing 8th edition*. New York: Pearson Education.
- Biddix, P. J. (2015, May 25). *Qualitative research design*. Retrieved from Research Rundowns: [www.researchrundowns.com](http://www.researchrundowns.com)
- Biddix, P. J. (n.d). *Qualitative research design*. Retrieved from Research rundowns: [researchrundowns.wordpress.com](http://researchrundowns.wordpress.com)
- Blackstone, A. (2015). Sampling in Qualitative Research. *Principles of Sociological inquiry: Qualitative and Quantitative methods*, 1-20.
- Boote, D. N., & Beile, P. (2005, May 25). Scholars before researchers: On the centrality of the dissertation literature review in research preparation. *Educational Researcher*, pp. 3-15.
- Boyd, N. (2015, July 15). *Phenomenological design: Definition, advantages and limitations*. Retrieved from Study.com: <http://www.study.com>
- Boyd, N. (2015, January 28). *Sampling*. Retrieved from Study.com: [www.study.com](http://www.study.com)
- Boyes, A. (2013, May 5). *Avoidance coping*. Retrieved from Psychology Today: [www.psychologytoday.com/](http://www.psychologytoday.com/)

- Brink, H. L. (1996). *Fundamentals of Research methodology for health care Professionals* . Cape Town: Juta and Company Ltd.
- Bugzova, R., & Ivanova, K. (2011). Violation of ethical principles in institutional care for older people. *Nursing Ethics*, 64-78.
- Burns, N., & Grove, S. (1997). *The practice of Nursing Research conduct, critique and utilization 3rd edition*. New York: WB Saunders Company.
- Changing Minds. (2015, April 15). *Rationalization*. Retrieved from ChangingMinds.org: [www.changingminds.org](http://www.changingminds.org)
- Choi, N. G., Ransom, S., & Wyllie, R. J. (2008). Depression in older home residents: The influence of nursing home environmental stressors, coping and acceptance of group and individual therapy. *Ageing and Mental Health*, 536-547.
- Chung, S. J. (2013, March 20). Lived experiences of nursing home residents in Korea. *Asian Nursing Research* , pp. 83-90.
- Custers, A. F., Westerhof, G. J., Kuin, Y., & Walvaren-Riksen, M. (2010). Need fulfilment in caring relationships: Its relation with well-being of residents in somatic nursing homes . *Ageing and Mental Health*, 731-739.
- Degu, G., & Yigzaw, T. (2006, September 20). Research Methodology. *Ethiopia Public Health Training Initiative*, pp. 1-127.
- Ewing, E., & Johnson, M. (2015, June 16). *The literature review: A research journey*. Retrieved from Harvard Library: <http://guides.library.harvard.edu/literaturereview>
- Explorable.com. (2009, November 15). *Research Population*. Retrieved from Explorable: <http://www.explorable.com/research-population>
- Fiveash, B. (1997). The experience of nursing home life. *International Journal of Nursing Practice*, 166-174.
- Galvin, C., & De Roiste, A. (2005). Living in care: Older persons' experiences of nursing homes. *Irish Journal of Applied Social Studies*, 77-91.
- George, L. K., Blazer, D. G., Hughes, D. C., & Fowler, N. (1989). Social support and the outcome of major depression. *The British Journal of Psychiatry*, 478-485.
- Giddens, A. (1982, 1986). *Sociology: A brief but critical introduction Second Edition*. Hampshire: MacMillan Press Ltd .
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Anchor Books.

- Gutsa, I., & Chingarand, S. D. (2009). Changing residential composition in a home for the elderly? The case of Bumhudzo Hospital Home in Chitungwiza, Zimbabwe. *Journal of Sustainable Development*, 1-17.
- Harwell, M. R. (2011, July 16). Research design in Qualitative/Quantitative/Mixed methods. *Sage Publications*, pp. 147-150.
- Hicks, D. (2013, April 10). *What is the real meaning of dignity?* Retrieved from Psychology Today: <https://www.psychologytoday.com>
- Ikonne, C., Oko, E., & Onwudinjo, P. (1991). *African Literature and African Historical Experiences*. Ibadan: Heinemann Educational Books Nigeria PLC .
- James, I. (2007, June 25). Chapter 4: Qualitative Data Collection. *Participatory Action Research for Educational Leadership*, pp. 65-84.
- James, I., Blomberg, K., & Kihlgren, A. (2014). A meaningful daily life in nursing homes- a place of shelter and a space of freedom: A participatory appreciative action reflection study. *BMC Nursing*, 1-13.
- Kimondo, J. W. (2012). Benefits and challenges encountered by elderly living in nursing homes. *Arcada*, 10-56.
- Klinkenborg, V. (2012, May 20). *The definition of Home*. Retrieved from Smithsonian Web site: [www.smithsonianmag.com](http://www.smithsonianmag.com)
- Knall, M. G. (2009, January 1). The lived experiences of older African Americans residing in urban nursing homes. *Wayne State University Theses Paper 58*, pp. 5-50.
- Lansford, J. E., Sherman, A. M., & Antonucci, T. (1999). Satisfaction with social networks: An examination of Socioemotional Selectivity Theory across cohorts. *Psychology and Aging*, 544-552.
- Liu, Y., & Yeh, S. (2003, March 20). Influence of social support on cognitive function in the elderly. *BMC Health Service*, pp. 12-13.
- Lund Research Ltd. (2012, April 20). *Purposive sampling*. Retrieved from Laerd Dissertation: [dissertation.laerd.com/purposive-sampling.php](http://dissertation.laerd.com/purposive-sampling.php)
- Madungwe, L. S., Mupfumira, I. M., & Chindedza, W. (2011). A comparative study of the culture of skilled nursing facilities in high and low density areas: A case for Masvingo urban in Zimbabwe. *Journal of Sustainable development in Africa*, 1-12.
- McMillan, J. (2010, January 1). *Qualitative and Mixed method research: Objectives and Outline*. Retrieved from Companion Website for Educational Research: <http://www.pearson.edu.com>
- Merriam-Webster Dictionary. (2015, March 21). *Definition of Shelter*. Retrieved from Merriam-Webster Web site: [www.merriam-webster.com/](http://www.merriam-webster.com/)

- Murphy, K., Shea, E. O., & Cooney, A. (2006). Quality of life for older people living in long-stay settings in Ireland . *Journal of Clinical Nursing*, 350-380.
- Mutafungwa, E. (2009). Nurses perceptions and support of elderly loneliness in nursing homes. *Laurea*, 4-29.
- New York University. (n.d). *What is research design?* Retrieved from New York University web site: [www.nyu.edu/](http://www.nyu.edu/)
- Nhongo, T. M. (2004). *The changing role of older people in African households and the impact of ageing on African family structures.*
- Nisrin, M. A. (2011, September 19). *4 major types of qualitative research.* Retrieved from Universiti Teknologi Malaysia:  
<http://www.southalabama.edu/coe/bset/johnson/lectures/lec12.htm>
- Nyanguru, A. C. (1990). The quality of life of the elderly living in institutions and homes in Zimbabwe . *Journal of Social Development in Africa*, 25-43.
- Oxford Dictionaries. (2015, September 5). *Relation.* Retrieved from Oxford:  
[www.oxforddictionaries.com](http://www.oxforddictionaries.com)
- Parahoo, K. (1997). Nursing research: Principles, Process and Issues. *Palgrave*, 416-430.
- Ploeg, J. (1999). Identifying the best research design to fit the question Part 2: Qualitative designs. *Evidence-Based Nursing*, 36-37.
- Polit, D. F., & Hungler, B. P. (1995). *Nursing research. Principles and methods.* Philadelphia: Lippincott.
- Rajasekar, S., Philominathan, P., & Chinnathambi, V. (2013, June 15). *Research Methodology.* Retrieved from Physics: [www.arxiv.org](http://www.arxiv.org)
- Riedl, M., Mantovan, F., & Them, C. (2013). Being a nursin home resident: A challenge to one's identity. *Nusing Research and Practice*, 15-40.
- Ritzer, G. (2007, September 15). Encyclopedia of Social Theory: Total Institutions. *SAGE* , pp. 844-846.
- Rouse, M. (2013, June 27). *Data collection definition.* Retrieved from TechTarget:  
[searchio.techtarget.com/definition/data-collection](http://searchio.techtarget.com/definition/data-collection)
- Ruikka, I., Sourander, L. B., & Tilvis, R. (1992). *Vanheneminen ja sairaudet.* Finland: Werner So-serstrom Osakeyhtio.
- Silverstein, M., & Parker, M. G. (2002). Leisure activities and quality of life among the Oldest Old in Sweden. *Research on Aging*, 528-547.

- Singh, R., & Mahato, S. (2014). Coping strategies adopted by the institutionalized and non-institutionalized elderly in Kathmandu, Nepal: A comparative correlational study. *International Journal of Research and Development of Health*, 11-18.
- Sternberg, B. S. (2015, May 15). *Group Therapy*. Retrieved from Mental Disorders: [www.minddisorders.com](http://www.minddisorders.com)
- Svanstrom, R., Sundler, A. J., Berglund, M., & Westin, L. (2013). Suffering caused by care-elderly patients' experiences in community care. *International Journal of Qualitative Studies*, 8-20.
- Sviden, G., Wikstrom, B., & Hjortsjo-Norberg, M. (2002). Elderly person's reflections on relocation to living at sheltered housing. *Scandinavian Journal of Occupational Therapy*, 10-16.
- Taylor, S. (1998, April 29). *Coping strategies*. Retrieved from MacArthur: [www.macses.ucsf.edu/](http://www.macses.ucsf.edu/)
- Teeri, S., Leino-Kilpi, H., & Valimaki, M. (2006). Long term nursing care of elderly people: Identifying ethically problematic experiences among patients, relatives and nurses in Finland. *Nursing Ethics*, 120-140.
- Tesch-Romer, C., Motel-Klingebiel, A., & von Kondratowitz, H. J. (2002). Importance of family for quality of life of the elderly in a social and cultural comparison. *Z Gerontol Geriatr*, 335-342.
- The University of Auckland . (2015, January 1). *About Thematic Analysis*. Retrieved from The University of Auckland School of Psychology: [www.psych.auckland.ac.nz](http://www.psych.auckland.ac.nz)
- Thomas, S. (2015, February 25). *What are social needs in Maslow's hierarchy? Definition and examples*. Retrieved from Study.com: [www.study.com](http://www.study.com)
- Timonen, V., & O'Dwyer, C. (2009). Living in institutional care: Residents' experiences and coping strategies. *Social Work in Health Care*, 1-30.
- Townsend, E. (1962). *The last refuge: A survey of residential institutions and homes of the aged in England and Wales*. London: Routledge and Kegan Paul.
- Train, G. H., Nurock, S. A., Kitchen, M. G., & Livingstone, G. A. (2005). A qualitative study of the experiences of long-term care for residents with dementia, and their relatives and staff. *Aging and Mental Health*, 119-128.
- Universal Teacher. (2013, October 14). *Importance of Research design*. Retrieved from Universal Teacher web site: [www.universalteacher.com](http://www.universalteacher.com)
- Vitorino, L. M., & Vianna, L. A. (2012). Religious/spiritual coping in institutionalized elderly. *Acta paul.enferm*, 1-6.

- Why are literature reviews important?* (n.d.). Retrieved from [www.researchproposalsforhealthprofessionals.com/](http://www.researchproposalsforhealthprofessionals.com/)
- Wilkinson, B. (2015, May 15). *Purposive sampling*. Retrieved from Enkivillage: <http://www.enkivillage.com>
- Wilmot, A. (2012, February 20). *Designing sampling strategies for qualitative social research: With particular reference to the office for National Statistics' Qualitative Respondent register*. Retrieved from National Statistics: <http://www.adatum.com>
- Woods, P. (2006, July 15). *Qualitative Research*. Retrieved from RESINED: <http://www.socialresearchmethods.net/kb/>
- Zhao, X. (2014). Emotional experiences of elderly during the transition from home to institution. *ARCADA*, 1-51.





# Appendix B Turnitin

Precious Varaidzo Tarugarira User Info Messages Student - English - Help Logout



Class Portfolio Peer Review My Grades Discussion Calendar

NOW VIEWING: HOME > PSY

**Welcome to your new class homepage!** From the class homepage you can see all your assignments for your class, view additional assignment information, submit your work, and access feedback for your papers. ✕  
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### Class Homepage

This is your class homepage. To submit to an assignment click on the "Submit" button to the right of the assignment name. If the Submit button is grayed out, no submissions can be made to the assignment. If resubmissions are allowed the submit button will read "Resubmit" after you make your first submission to the assignment. To view the paper you have submitted, click the "View" button. Once the assignment's post date has passed, you will also be able to view the feedback left on your paper by clicking the "View" button.

Assignment Inbox: psy			
	Info	Dates	Similarity
dessertation		Start <b>22-Sep-2015</b> 11:38AM Due <b>29-Sep-2015</b> 11:59PM Post <b>30-Sep-2015</b> 12:00AM	2% <i>Precious Varaidzo</i> <i>9/10/15</i>
dessertation		Start <b>30-Sep-2015</b> 10:25PM Due <b>31-Oct-2015</b> 11:59PM Post <b>16-Oct-2015</b> 12:00AM	

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Appendix C Approval Letter from MSU

Midlands State  
University



Established 2000

P BAG 9055  
GWERU

Telephone: (263) 54 260404 ext 261  
Fax: (263) 54 260233/260311

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FACULTY OF SOCIAL SCIENCES  
DEPARTMENT OF PSYCHOLOGY

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Date: 03/08/2015

To whom it may concern

Dear Sir/Madam

RE: REQUEST FOR ASSISTANCE WITH DISSERTATION INFORMATION  
FOR: PRECIOUS V. TARUGARIRA  
BACHELOR OF PSYCHOLOGY HONOURS DEGREE

This letter serves to introduce to you the above named student who is studying for a Psychology Honours Degree and is in his/her 4<sup>th</sup> year. All Midlands State University students are required to do research in their 4<sup>th</sup> year of study. We therefore kindly request your organisation to assist the above-named student with any information that they require to do their dissertation.

Topic: LIVED EXPERIENCES OF THE ELDERLY STAYING UNDER INSTITUTIONAL CARE IN GWERU ZIMBABWE

For more information regarding the above, feel free to contact the Department.

Yours faithfully

  
P. Ngwenya  
Chairperson



Appendix D Approval Letter from the Department of Social Welfare

Batinda Old People's Home  
Box 935  
GWERU



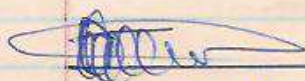
04/08/15

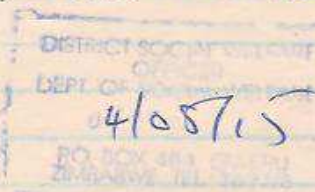
RE : PRECIOUS Y TARUGARIRA: MIDLANDS STATE UNIVERSITY STUDENT: REQUEST TO CONDUCT A RESEARCH STUDY

The above-mentioned is conducting a research project on lived experiences of the elderly staying under institutional care in Gweru Zimbabwe. She wishes to interact with staff and inmates at your institution.

We are therefore kindly requesting to allow to conduct her research study.

Your usual cooperation would be greatly appreciated

  
MUBZVOVA J  
DSSO



## **Appendix E Interview Guide**

1. What year were you born?
2. Where were you born – city & state?
3. Tell me about your educational background and work experience.
4. When did you come to Zimbabwe? (foreigners)
5. What is your marital status?
6. What factors led to your placement in a nursing home?
7. What are your experiences of staying in a nursing home? (Positive & negative)
8. How do you cope with living in a nursing home? (after stating the experiences)
9. What kind of support systems are you offered at this institution?
10. What is your own overall assessment of life at the institution?

### Appendix F Audit Sheet

DATE	ACTIVITY	SUPERVISOR'S COMMENT	SUPERVISOR'S SIGNATURE	STUDENT'S SIGNATURE
18/04/15	PROPOSAL	Rework	<i>L Mangandze</i>	<i>Pangania</i>
20/04/15	PROPOSAL	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
02/05/15	CHAPTER 1	Rework	<i>L Mangandze</i>	<i>Pangania</i>
18/05/15	CHAPTER 1	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
05/06/15	CHAPTER 2	Rework	<i>L Mangandze</i>	<i>Pangania</i>
25/06/15	CHAPTER 2	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
01/07/15	CHAPTER 3	Rework	<i>L Mangandze</i>	<i>Pangania</i>
10/07/15	CHAPTER 3	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
18/07/15	RESEARCH INSTRUMENTS	Rework	<i>L Mangandze</i>	<i>Pangania</i>
23/07/15	RESEARCH INSTRUMENTS	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
20/08/15	CHAPTER 4	Rework	<i>L Mangandze</i>	<i>Pangania</i>
30/08/15	CHAPTER 4	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
15/09/15	CHAPTER 5	Rework	<i>L Mangandze</i>	<i>Pangania</i>
20/09/15	CHAPTER 5	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
28/10/15	FIRST DRAFT	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
02/10 15	SECOND DRAFT	Proceed	<i>L Mangandze</i>	<i>Pangania</i>
07/10/15	FINAL DRAFT	Submit	<i>L Mangandze</i>	<i>Pangania</i>

## Appendix G Marking Guide

MIDLANDS STATE UNIVERSITY

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

A GUIDE FOR WEIGHTING A DISSERTATION

Name of Student **TARUGARIRA PRECIOUS V**

REG NO **R121066Y**

	ITEM	Possible Score	Actual Score	Comment
A	RESEARCH TOPIC AND ABSTRACT clear and concise	5		
B	PRELIMINARY PAGES: Tittle page, approval form, release form, dedication, acknowledgements, appendices, table of contents.	5		
C	AUDIT SHEET PROGRESSION Clearly shown on the audit sheet	5		
D	CHAPTER 1 :Background, statement of problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2: Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics	15		
F	CHAPTER 3:Appropriateness of design, target population, population sample, research tools, data collection, procedure, presentation and analysis	15		
G	CHAPTER 4:Findings presented in a logical manner, tabular data properly summarized and not repeated in the text	15		
H	CHAPTER 5 :Discussion (10)Must be a presentation of generalizations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical, implications, conclusions (5)Ability to use findings to draw conclusions .Recommendations (5)	20		
I	Overall presentation of dissertation	5		
J	References	5		
	TOTAL	100		

MARKER.....SIGNATURE.....DATE.....

MODERATOR.....SIGNATURE.....DATE.....