

THE ROLE OF A CAFÉ ON THE PREMISES OF AN AGED CARE FACILITY IN FACILITATING MEANINGFUL OCCUPATION FOR RESIDENTS AND THEIR FRIENDS/FAMILY.

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INTRODUCTION

This article is a reflection on the concepts of 'place' and 'health' in relation to the findings of a research project which explored the value of a café on the premises of an aged care facility. The participants, who were all users of the café, consisted of residents of the facility and their friends and family members. Interpretative descriptive methodology was used in the data analysis of the primary data. The findings of the research highlighted the participants' appreciation of the café as a place, from both a physical and social perspective, as well as the way in which it provided opportunities for meaningful occupation for residents and their family/friends.

Background

The built environment of Aged Care Residential Facilities (ACRF) can have a major impact on the quality of life of its residents (Bicket et al., 2010; Parker et al., 2004; Barnes, 2002). There are many variables to consider in the design of ACRFs; functionality, aesthetics, comfort, privacy, safety, and there is added complexity in that the building is a residence/home for some and a workplace for others. A recent drive to provide more homely residences rather than traditional institutional type environments has resulted in the development of several models of design. Some models have focussed on the design of the residence such as the 'Neighbourhood Model' whereby larger facilities are resized and renovated to smaller homelike proportions, which include separate dining, and living areas (Ragsdale & McDougall, 2008; Mitty, 2005). Others have focussed more on the residents' ability to engage with the environment such as 'The Eden Alternative' where plants, animals and children become an integral part of the residence which residents are encouraged to care for and interact with (Brownie, 2011).

The occupational wellbeing of older adults who reside in ACRF has become a significant issue of concern over the last several decades for the occupational therapy profession (Wilcock & Townsend, 2009). Occupation is defined as "an activity or group of activities that engages a person in everyday life, has personal meaning, provides structure to time and is seen by the individual as part of her/his identity" (Creek, 2006, p.205). Research has shown that older people in aged-care residential facilities spend the majority of their time, 69%, inactive and alone (Morgan-Brown, Ormerod, Newton, & Manley, 2011; Harper-Ice, 2002). The person who has moved into a residential facility has frequently left behind a home, garden, local community as well as the occupations embedded within those environments. Hocking (1996) asserts that the most significant feature of entering residential aged-care is the discontinuity with the previous environment and an older person's occupations which are not easily translated to the new residential environment (Walker & McNamara, 2013). In addition, the older person, due to the fact of having been admitted to a residential care facility, will likely be experiencing complex health conditions and functional decline (Rodriguez-Blazquez et al., 2012) which will compound the impact on their occupational participation.

METHOD

This article is a reflection on the concepts of place and health in relation to the findings of a research project which explored the value of a café on the premises of an aged care facility. The original research project used interpretative descriptive methodology and data was collected through semi-structured interviews. Participants consisted of both residents of the aged care facility and their family and friends who were users of the café. Recruitment was achieved by the manager of the facility initially compiling a list of regular users of the café and invitation letters were sent to residents she identified had the communicative and cognitive capacity to participate in an interview. The manager had a working knowledge of the café users and was able to screen the possible participants according to the health status of this vulnerable population. There was no other exclusion criterion established on regularity of café use as all users (frequent or infrequent) were relevant to the study. Thirty-two residents and twenty family/friends were invited to participate in the study; eleven residents and nine friends/family consented to be interviewed. Both written and verbal consent was gained from each participant. The Southern Regional Health and Disability Ethics Committee (NZ) approved the study, in 2010.

Data analysis in the original research was carried out according to the seven phases outlined by Marshall and Rossman (2011), three major themes were established and are illustrated in Figure 1. The flow of themes represents the way each created the opportunities for the following, rather than a hierarchy of importance.

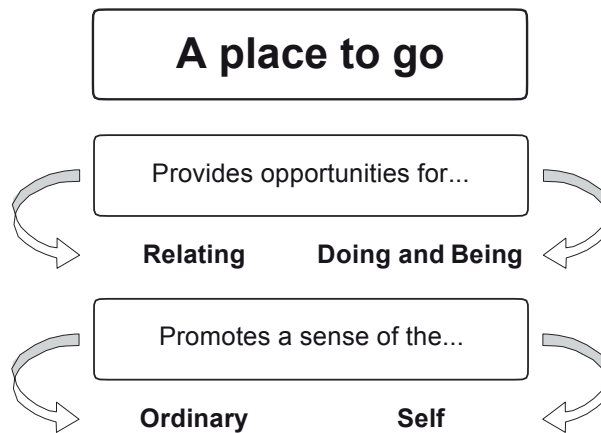


Figure 1. Participant themes. Source: Author

Following reflection, a clear congruence between themes established in the original research and concepts of place and health were evident and a further two themes have been created to illustrate the compatibility of concepts; "Attributes of Place" and "Meaningful Occupation". Quotes are used to illustrate themes and are presented according to the following key:

R = Resident

F = Family/Friend

Pseudonyms are also used to differentiate the participants.

The café referred to in this research was established in a large 123 bed ACRF during a process of major redesign and renovation in 2006. This large ACRF has five different units; two rest-home level care, two-hospital level care and one dementia care. The café is situated in the foyer at the front entrance of the ACRF and is open seven days a week from 09.45hrs to 16.00hrs and services the residents of the facility, their family and friends as well as being open to the public. The café consists of three distinct areas; indoor tables and chairs, comfortable couches in front of a fireplace and an outdoor courtyard. The menu at the café offers barista coffee, tea, a variety of light meals, sandwiches and cakes, and is priced just below market rates. The café is funded and supervised by the management of the facility.

FINDINGS

Interviews with participants revealed the importance of the café as a place when discussing its value. The physical and social attributes were appreciated as well as the café being an ordinary place removed from the rest of the facility which is more clinical in nature.

Attributes of place

The resident participants described aspects of the physical environment they valued. The design and decor of the café and resulting ambience according to the seasons were highlighted. This resident described her appreciation of the indoor aspects of the café in winter:

...it is nice and cosy in front of the fire place, "cause in the winter time that fire's going and its beautiful sitting around on the comfy suite there and having a cup of coffee.

(Alice = R)

Another resident appreciated the ability to sit outdoors:

Yes I was in here over the summer or autumn or something and that was open so we sat out there and it was lovely, and you wait for the days where you can sit out there again.

(Anna = R)

This family member commented on the difference between the environment of the café and the environment of the care facility:

...it's different scenery, the sun's still shining on the pansies, there's still people buzzing around her and it just gives a nice feeling of, kind of different from the monotony of everyday in the hospital.

(Fiona = F)

The café environment was considered an ordinary place where people do ordinary things:

I mean the cafe's quite attractive, it feels like kind of a normal, it feels like you're out...

(Ruth = R)

Going to the café was also considered an outing for some residents, particularly those with mobility issues:

It's like going out, when you can't go out, its good food and its good coffee and you know you see everybody.

(Helen = R)

The residents and their family/friends also appreciated the social environment of the café, this resident commented on the friendliness of staff:

It's very friendly, the staff, the counter staff are all very chatty and friendly and it's like a big family.

(Helen = R)

Friends and family also spoke of the café as being the center of a community which they and the residents could feel a part of:

...and it is a community hub, so, um, you know if that cafe wasn't there it would just be awful.

(Fiona = F)

...it's my home away from home really I know, everybody knows him, everybody knows me.

(Sarah = F)

Meaningful occupation

The café enabled occupations for the residents and their friends and family and their meaning was attributed from a variety of perspectives.

Going to the café provided the residents with an everyday occupation which provides structure and routine and opportunities for choice in the residents' everyday lives. This resident described a regular arrangement to meet a friend:

Every Sunday we congregate down there and we have afternoon tea with them every Sunday.

(Irene = R)

The activity of making choices is also part of a normal daily routine. Family and friends specifically expressed the value of residents being able to make choices:

...it provides mum with something that she enjoys too which is making choices and decisions about what she wants hot chocolate or a cheese roll.

(Alice = F)

The presence of the café also enabled residents to continue to fulfill established life roles which are part of a person's identity, for example, hostess, friend, parent and grandparent. Residents and family reported on the value of the café as a place to host special family occasions such as birthdays. By hosting events at the café the resident is able to take part in important family celebrations:

...it'll be her birthday on the thirteenth of March, last year and the year before we had um a little birthday celebration for her in the café.

(Ella = F)

The café was described as resembling a family home which enables residents to show hospitality:

...be able to offer them a cup of tea, it's like, for her it's like family home, it's a way of showing hospitality.

(Susan = F)

Relocation of meetings by various community groups, such as book clubs and senior citizen groups, has enabled some residents to continue to belong and participate:

I belong to a clan and we have committee meetings with up to twenty in that for lunch and quite a lot of us now do different clubs and things and have lunch here.

(Dorothy = R)

The café is situated in the front foyer of the facility and generates a hub of activity and an atmosphere of liveliness within the core of the facility. The view from the café is the foyer of the ACRF, where the comings and goings of the facility are easily seen. The pastime of people watching, typical in a café environment, was described by a resident:

...we would watch people come in and the door opens and people go in and people go out.

(Greta = R)

Being at the café also keeps residents in touch with activities which are occurring within its proximity, this daughter commented on how the busy atmosphere lifts her mother spirits. F;

...because of where it's positioned it's near other things that are happening like there's a lot of activity in the chapel, it's a catalyst to engaging with what's going on around and I've found that kind of lifted Mum's wellbeing all round.

(Alice = F)

DISCUSSION

The way in which place affords an older person opportunities for occupation and social interaction is particularly important as the frail older resident spends the majority of their time within the facility (Parker et al., 2004). Rowles (2008), an environmental gerontologist, recommends focussing on the older person "being in place" (p.129), and refers to the space within the visual field of the older person's environment as "the surveillance zone" (Rowles, 1991, p.265). The café provides residents with a unique surveillance zone; participants commented on the value of sitting in the café and watching the people and the activity occurring within its proximity. In addition, visiting the café provides an opportunity which is normally experienced as an outing away from home. Residents expressed the notion that going to the café like going on an outing. The café provides a place, which due to its placement in the foyer; is on the cusp of the local community and provides residents with the experience of being connected to that community. Scheidt and Windley (2003) recommend that ACRF's should aim to "provide residents with the widest of environmental options that enrich and sustain life" (p. 44). A café on the premises of an ACRF is one environmental option that can enrich the opportunities available to the residents.

Prior to entering residential care older people are accustomed to exerting control over their environment and their everyday lives and this is pivotal in maintaining a sense of mastery and control. Loss of that control is significant for the older person in residential care (Anderberg & Berglund, 2010) and has a profound impact on life satisfaction (Jilek 2006; Kane et al., 1997). A person whose life was previously self-determined is now subject to rigid routines which are mainly designed to manage staff workloads (Kane et al., 1997). Recent research has demonstrated that environmental mastery has a significant impact on the mental health of older people in residential care (Knight, Davison, McCabe & Mollor, 2011). Opportunities for mastery included; timing of care received, deciding on the destination of an outing and the nature of social activities on site (Knight et al., 2011). The experience of going to the café provided residents with some opportunities for choice and control; choosing what they want to eat, when to go and eat it, who to go with and where to sit within the cafe.

Participation in occupations which reflect an older person's identity for example their life roles such as mother, housekeeper or gardener are hampered by an institutional environment where policies which focus on health and

safety often preclude residents from participating in occupations which are familiar and purposeful. Häggblom-Kronlöf, Hultberg, Eriksson and Sonn, (2007) examined the daily occupations of 99 year olds and highlighted the capacity of daily occupations to support the sense of self and build identity. The findings of this research demonstrated that participation in the café enabled continuation of residents' life roles such as mother, friend, club member and hostess. The role of hostess was especially significant for the resident participants; it meant being able to 'offer and give' (by hosting morning tea at the café and paying for it) in an environment where the resident is more regularly in receipt of care and attention. Shield, Tyler, Lepore, Looze and Miller (2014) confer that environmental enhancements in ACRF's can "skilfully connect residents to their identities and prior roles" (p. 396). Several community based clubs have been known to relocate their meetings to the café in this ACRF to enable a resident to continue their interests and membership. Continued contact with the residents' previous social networks and interests assists the resident to maintain their social identities in their new environment.

Older people living in residential care can experience occupational deprivation which is defined as "a state of prolonged preclusion with engagement in occupation of necessity and/or meaning due to factors that stand outside of the control of the individual" (Whiteford, 2000, p. 201). Wilcock and Townsend (2009) concur and propose that occupational injustice is prevalent in aged care facilities where residents sit alone or in other confined settings with nothing to do except watch others in the same situation or a television showing preselected programmes. Quality of life for older people in residential care has been addressed by the New Zealand Healthy Ageing Strategy (2016) and states that "for some people with high and complex needs, moving into aged residential care improves the quality of their lives in their remaining years" (Ministry of Health, 2016, p. 38). The opportunity for participation in meaningful occupation is a matter of justice and access to meaningful occupations which maintain connections with residents' life roles is paramount.

The link between participation in meaningful occupation and the health and wellbeing of older people is well established. A quantitative research project which employed a series of randomised controlled trials assessed the effectiveness of a preventative occupational therapy programme for older people living in the community. The programme focussed on older people understanding the significance of occupation in their lives and how to overcome barriers to participation (Clark et al., 2015). This research assessed the following outcome variables; physical health, social functioning, mental health and life satisfaction (Clark et al., 2015) and results demonstrated that participation in the aforementioned programme resulted in increasing the health-related quality of life for older people and that the results were sustainable (Clark et al., 2015). Similar quantitative research in aged care facilities titled "The Quality of Life Study" explored the connections between depression, activity and life satisfaction in residential aged care (Mozely et al., 2000). Results indicated that the "residents level of satisfaction with the amount of pleasure derived from things done in the home" (p. 17) had an impact on survival. Hearle, Rees and Prince (2012) concur "engagement in self-selected purposeful activities is positively related to physical and psychological well-being" (p. 125) for residents in RACF. The health and well-being of older people in ACRF's is able to be maintained through opportunities to engage in meaningful occupations which provide choice and engagement in life roles.

CONCLUSION

The nature of any environmental innovation in an ACRF needs to be carefully considered in terms of the opportunities it will afford for the residents and their families. The findings of this research, while not generalisable, indicate that a café on the premises of an ACRF can provide a unique place which offers residents opportunities to participate in occupations that are meaningful to them. Maintaining life roles and a sense of mastery over the environment can influence the health and well-being older people in residential care. Any ACRF of the future which claims to provide quality of life for residents must demonstrate a variety of ways in which the occupational needs of this potentially vulnerable population of older people can be met.

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