

**Psychosocial needs of a group of older people  
in a residential facility**

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## PREFACE

The candidate chose to write an article for submission to the *Psychology and Aging Journal*<sup>®</sup> as the research topic accords with its aim and scope. *Psychology and Aging*<sup>®</sup> publishes original articles on adult development and aging. Such original articles include reports of research that may be applied, bio-behavioural, clinical, educational, experimental, methodological, or psychosocial. The aim of the article, the exploration of the psychosocial needs of the increasing older population, could contribute to putting in place policies that address the needs of older people more precisely and effectively.

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First and foremost I wish to express my gratitude to my Heavenly Father for granting me the special opportunity to follow this path and for giving me the strength and courage to complete the Master's degree.

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## OPSOMMING

'n Oorhoofse navorsingsprojek oor ouer persone se ervaring van hulle lewenskwaliteit in 'n residensiële fasiliteit, is onderneem. Hierdie studie fokus spesifiek op die psigososiale behoeftes van 'n groep ouer mense in 'n residensiële fasiliteit. Psigososiale behoeftes verwys na die ingebore sielkundige noodsaaklikhede wat doelgerigte, self-gerigte aksie onder ouer mense ontlok in 'n poging om hierdie behoeftes te bevredig en uiteindelik welstand te bevorder. Psigososiale behoeftes sluit behoeftes aan bemeestering, erkenning, sosiale interaksie en versorging in. In hierdie studie verwys ouer mense na individue van 60 jaar en ouer. Die groep ouer mense wat deelgeneem het aan hierdie studie, is almal woonagtig in 'n residensiële fasiliteit vir ouer mense. Residensiële fasiliteit verwys na 'n perseel of gebou waar ouer mense voorsien word van akkommodasie en toegang tot 24-uur sorg. Navorsing tot op hede, wat aandag gee aan die behoeftes van ouer mense, fokus hoofsaaklik op fisiese versorgingsbehoefte, binne die konteks van agteruitgaande gesondheid. Inaggenome dat baie ouer mense steeds gesonde en aktiewe lewenstyle handhaaf, is dit ook belangrik om die psigososiale behoeftes van hierdie meer funksionele ouer mense in residensiële fasiliteite te verken. Psigososiale behoeftes is aanvanklik deur Maslow, binne 'n hiërargiese stelsel waar psigososiale behoeftes slegs na vore kom wanneer fisiologiese behoeftes bevredig is, beskryf. Inaggenome die uitsonderings in literatuur van ouer persone wat die onvermydelike fisiese inperkinge wat met veroudering gepaardgaan oorkom, word Maslow se benadering as beperkend gesien in die beskouing van ouer mense. Vir die ondersoek van psigososiale behoeftes in hierdie studie, word die selfbepalingsteorie (SPT) as toepaslik beskou, as gevolg van sy holistiese en aanpasbare siening van mense, met die potensiaal om hul behoeftes, binne 'n sosiale omgewing, aan te spreek. SPT beskou menslike motivering ten einde hul behoeftes aan bevoegdheid, outonomie en betrokkenheid te bevredig. 'n Kwalitatiewe

benadering is gebruik om die psigososiale behoeftes van die ouer mense in die fasiliteit te beskryf. Die studie is onderneem in 'n residensiële fasiliteit vir ouer mense in Johannesburg, Gauteng. Die ouer mense wat deelgeneem het aan hierdie studie het 16 inwoners, drie mans en dertien vroue van 65 jaar en ouer, ingesluit. Die data is ingesamel deur gebruik te maak van die Mmogo-method®. Hierdie metode het behels dat elke deelnemer 'n stuk klei, stokkies en krale ontvang het, waarmee hul dan iets gemaak het wat hul ervarings van hul lewens in die residensiële fasiliteit uitbeeld. Vervolgens is beskrywende vrae gevra en is deelnemers die geleentheid gegun om hulle visuele voorstellings te bespreek.

Groepbesprekings, wat die geleentheid vir bevestiging of hersiening van perspektiewe van ervarings geskep het, het gevolg. Data is deur middel van sekondêre, tematiese en visuele analise geanaliseer. Die betroubaarheid van hierdie studie is verseker deur spesifieke riglyne, saamgestel vanuit verskillende modelle wat fokus op die vertrouenswaardigheid van kwalitatiewe navorsing, noukeurig toe te pas. Hierdie riglyne sluit die duidelike en samehangende skryf van die artikel; konseptuele koherensie; betroubare prosedure deur ervarings te toets onder deelnemers en deur veelvuldige perspektiewe en verduidelikings; asook sensitiwiteit vanaf die navorser vir haar eie moontlike vooroordele. Die navorsing is deur die etiese komitee van die Noordwes-Universiteit goedgekeur. Die navorser het die etiese riglyne, soos voorgeskryf deur die Raad vir Gesondheidsberoepes van Suid-Afrika, tydens en na afloop van die studie toegepas. Bevindinge toon vier psigososiale behoeftes, naamlik 'n behoefte aan outonomie, interpersoonlike interaksie binne 'n spesifieke konteks, 'n gevoel van veiligheid en transendentale behoeftes. Die behoefte aan outonomie, bestaan uit 'n behoefte aan vryheid van keuse, onafhanklike funksionering en aktiewe deelname. Op die interpersoonlike vlak, is daar 'n behoefte vir beide algemene verhoudings, waarin ervarings gedeel word, erkenning en versorging gegee word, (beide instrumentele en emosionele) sowel as naby familie en vriendskapverhoudings. Die behoefte aan veiligheid behels 'n

behoefte aan fisiese sowel as organisatoriese veiligheid. Op die transendentale vlak, is daar 'n behoefte aan ruimte en geleentehede om geestelike behoeftes uit te druk en aan te spreek. Hierdie bevindinge kan gebruik word vir beleids- en programontwikkeling wat daarop gemik is om die psigososiale behoeftes van ouer mense in residensiële fasiliteite, sowel as in ander omgewings, aan te spreek

*Sleutelwoorde:* Behoeftes, Mmogo-metode®, Motivering, Ouer mense, Psigososiale, Residensiële fasiliteit, Veroudering

## SUMMARY

This study, which is part of a research project conducted to explore the experiences of quality of life of older people living in a residential facility, focuses specifically on the psychosocial needs of these residents. Psychosocial needs refer to the innate psychological nutrients that prompt older people to take purposeful, self-directed action in an attempt to satisfy these needs and ultimately foster well-being. These may include needs for mastery, acknowledgement, social interaction and care. In this study the term “older people” refers to individuals aged 60 years and older. The group of older people who participated in this study all live in a residential facility for older people. “Residential facility” refers to premises or a building where older people are provided with accommodation and access to 24-hour care. Previous research concerning the needs of older people focused mainly on their physical care, in the context of deteriorating health. Considering that many older people are leading healthy, vigorous lifestyles, however, it is also important to explore the psychosocial needs of the more functional older people in residential facilities. Psychosocial needs were initially described by Maslow, within a hierarchical system, whereby psychosocial needs emerge only when biological needs have been satisfied. In view of the exceptions described in the literature of older people who overcome the inevitable physical strains that accompany ageing, Maslow’s bottom-up approach is seen as restrictive in its view of older people. In the present study self-determination theory (SDT) has been found to be applicable in exploring psychosocial needs, because of its holistic and adaptive view of people possessing the potential to address their needs within a social environment. SDT views people as motivated to gratify their needs for competence, autonomy and relatedness. A qualitative approach was used to describe the psychosocial needs of the older people studied. The research was conducted in a residential facility for older people in Johannesburg, Gauteng. The older



participants comprised 16 residents, including 3 males and 13 females, aged 65 and older. Data-gathering was conducted by using the Mmogo-method®. This required each participant to use a lump of clay, sticks and beads to make something that represents their experiences of life in the residential facility. Prompting questions were asked and each participant was given an opportunity to describe his or her visual presentation. Group discussions allowing for confirmation or revision of perspectives of experiences followed. Data were analysed by means of secondary, thematic and visual analysis. Trustworthiness was ensured by carefully applying specific guidelines which were produced by considering different models aimed at ensuring rigour in qualitative research. These guidelines included clear and coherent writing; conceptual coherence; ensuring a trustworthy procedure through member-checking, multiple perspectives and clarification, as well as the researcher's attentiveness to her own biases. The research was approved by the ethical committee of North-West University. The researcher applied ethical guidelines as prescribed by the Health Professions Council of South Africa while the research was conducted, and afterwards. Findings revealed four psychosocial needs, namely a need for autonomy, interpersonal interaction within a specific context, a sense of safety, and transcendental needs. The need for autonomy included freedom of personal preference, independent living and active participation. On the interpersonal level, there was a need for general relationships, in which sharing, acknowledgement and caring were present (both instrumental and emotional), as well as close family and friendship relationships. The need for safety covers both physical and organisational safety. On the transcendental level, there is a need for space and opportunities to express and address spiritual needs. These findings may be used to facilitate the development of policies and programmes which aim to address the psychosocial needs of older people in residential facilities as well as in other living arrangements.

*Keywords:* Ageing, Mmogo-method®, Motivation, Needs, Older people,  
Psychosocial, Residential Facility

**PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES**

The candidate opted to write an article, with the support of her supervisor. I hereby grant permission that she may submit this article for examination purposes in partial fulfilment of the requirements for the degree Master of Science in Clinical Psychology.

---

Prof. V. Roos

**DECLARATION BY RESEARCHER**

I hereby declare that this research manuscript, **Psychosocial needs of a group of older people in a residential facility**, is my own work. I also declare that all sources used have been referenced and acknowledged.

Furthermore I declare that this dissertation was edited by a qualified language editor as prescribed.

---

Anna Petronella Zaaiman

**DECLARATION BY THE LANGUAGE EDITOR**

I hereby declare that I have language edited the thesis **Psychosocial needs of a group of older people in a residential facility** by AP Zaaiman for the degree of MSc in Clinical Psychology.

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*September 2014*

## **LITERATURE REVIEW**

Research concerning psychosocial needs of older people in residential facilities focuses mainly on the physical care needs of older people. What remains uncertain is what the psychosocial needs of people in this particular context look like. As background to this question, which will be addressed in the article below, the literature review will include a broader discussion of a description of psychosocial needs, the psychosocial challenges associated with people in this particular life phase, appropriate ageing theories explaining psychosocial needs and the well-being of older people. Ageing in the context of residential facilities will also be discussed.

### **Psychosocial Needs**

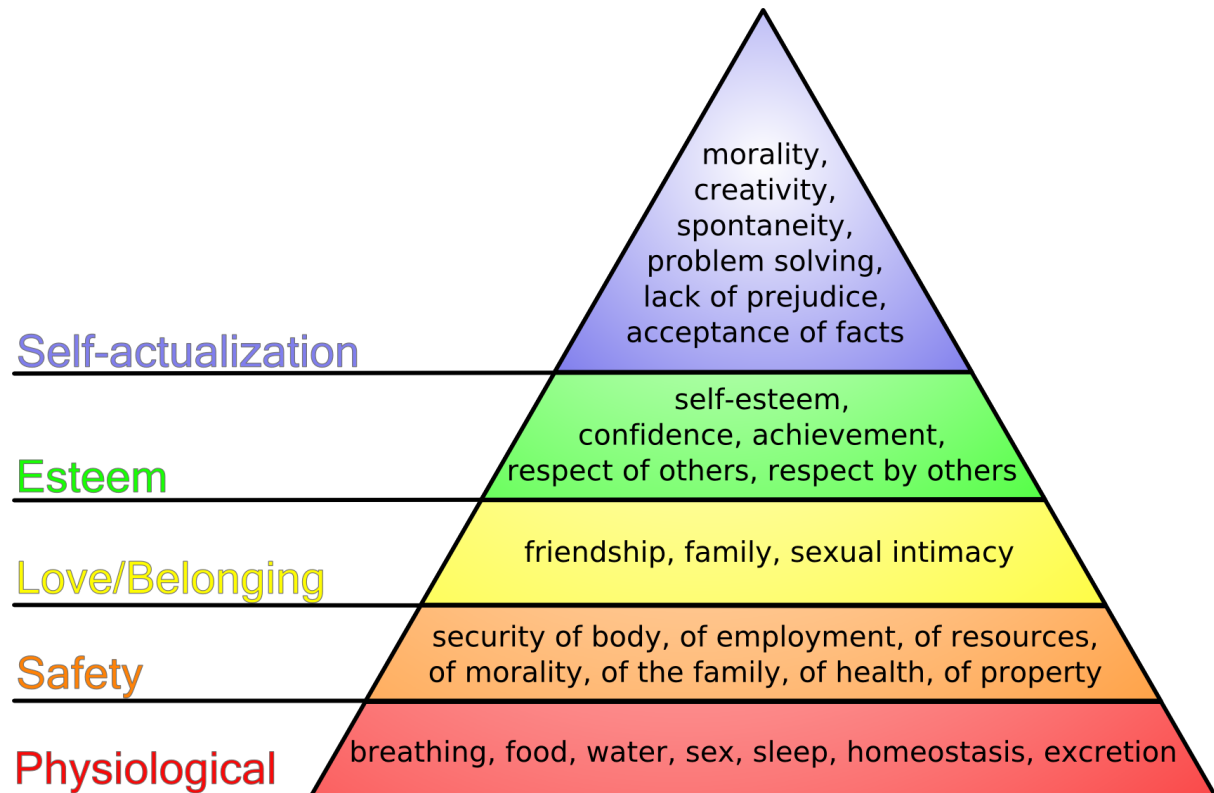
Psychosocial needs are regarded as innate psychological nutrients (Deci & Ryan, 2000) that arouse people to purposeful, self-direction action, in attempts to satisfy these needs (Alkire et al., 2005; Maslow, 1943). Psychosocial needs may comprise needs for inclusion, social interaction, belonging and to be cared for (Roos, in press). Furthermore the needs include mastery, recognition, confirmation, validation and a sense of purpose (Baumgardner & Crothers, 2010; Van der Walt, 2011).

Numerous theories were developed to explain the way in which needs motivate behaviour.

### **Theories Explaining Psychosocial needs**

For this purpose, the theory as proposed by Maslow (1971) and the self-determination theory (SDT) will be discussed. Maslow is regarded as the first to attempt to describe psychosocial needs of people, and SDT is used because of its holistic view, including the agency potential of people to address their needs within a social environment (Deci & Ryan, 2000).

**Maslow's Hierarchy of Human Needs.** Maslow's (1943) Hierarchy of Human Needs consists of five needs: physiological; safety; belonging and love needs; esteem; and self-actualisation needs (see Figure 1).



*Figure 1: Maslow's hierarchy of human needs*

The needs are arranged from lower (deficiency) needs, which must at least be partially satisfied before the higher (growth) needs become influential (Sadock & Sadock, 2007). This will be further explained in a brief overview of each of the levels of needs.

Physiological needs are considered the most dominant of all (Maslow, 1943). This means that if all needs are unsatisfied, the strongest motivation towards need satisfaction would come from the physiological needs. For instance, if you are severely ill and struggling to sleep, your motivation will be dominated by this physiological need, despite the fact that you may simultaneously have an unsatisfied need for belonging. The incidence of such emergency conditions, due to entirely unsatisfied physiological needs, is relatively rare and can be considered atypical (Maslow, 1943). The physiological needs, as active motivators of

behaviour, will cease to exist when they are chronically gratified (Maslow, 1943).

Accordingly, when older people's physical care and nutritional needs are fulfilled, their behaviour may be motivated by their need for social interaction.

Safety needs refer to the need for a safe, orderly and predictable world (Baumgardner & Crothers, 2010) and the absence of, or protection against, unmanageable, dangerous or harmful incidents (Maslow, 1943). For this need to be satisfied, a person must feel safe from wild animals, natural catastrophes and criminal offences such as assault or murder. Some older people, especially in the South African context where relatively high rates of criminal activity prevail, may be actively motivated towards achieving some sense of safety. This need for security is also one of the reasons why some older people choose to relocate to residential facilities (Bekhet, Zauszniewski, & Nakhla, 2009).

Love/belonging needs can emerge once physiological and safety needs are fairly well gratified (Maslow, 1943). The needs associated with belonging, including the needs for love, intimacy and attachment to others through relationships with family or friends (Baumgardner & Crothers, 2010), remain very important throughout life. Among older people, love and belonging needs may be impacted by losses of spouses, children who live far and relocation to residential facilities.

The need for esteem refers to a stable, firmly based positive regard for the self (self-respect) and for others (Baumgardner & Crothers, 2010). These are classified into two specific esteem needs: for strength, achievement and autonomy; as well as for reputation, recognition and appreciation (Maslow, 1943). Satisfaction of these needs can contribute to self-confidence and feelings of worth and adequacy among older people, despite diminishing social roles and responsibilities which accompany retirement.

Self-actualisation needs refer to the need for personal growth and fulfilment by pursuing your full potential (Baumgardner & Crothers, 2010). Maslow (1943) ascribed the



restlessness and discontent, which occur when an artist does not paint or a writer does not write, to this need for self-actualisation. Nearing the end of their lives, older people may reflect specifically on their life course and evaluate the extent to which they have achieved their full potential. This in turn may contribute to their experiencing either feelings of accomplishment or regret (Sadock & Sadock, 2007).

Later on Maslow added another need, at the top of his hierarchy, namely the need for transcendence (Baumgardner & Crothers, 2010). This includes religious and spiritual needs and an accompanying sense of purpose in life. Specifically, for older people the spiritual or religious domains of life increase in importance (Ward, Barnes, & Gahagan, 2012). They may therefore show increased interest in their religious lives by spending more time studying, strengthening and expressing their beliefs and taking part in religious practices. The meaning or purpose which accompanies the spiritual domain of life may become increasingly important because of the increased awareness of death.

The hierarchical nature of Maslow's organisation of needs indicates that motivation occurs in a hierarchical sequence whereby the most basic needs must be satisfied before motivation from higher needs can occur (Schultz & Schultz, 2001). This suggests that any physical constraints or illnesses older people may experience will prevent them from being motivated to interact with others, because their unsatisfied physiological needs will require all their attention.

It is important to recognise, however, that the hierarchic order of need satisfaction, from the lower to the higher needs, is not always applied rigidly (Alkire et al., 2005; Maslow, 1954). Several writers proposed modifications to Maslow's (1943; 1954) original framework. Many railed against this theory, by saying that, like most early need theories, it suggests that human motivational inclinations are animal-like (Higgins & Pitmann, 2008) and focus primarily on physiological needs and drives (Alkire et al., 2005). Considering the

number of exceptions indicated in literature, specifically among older people, there are many whose physiological needs are not addressed due to serious or chronic illness, but who are still leading fulfilling lives while striving for self-actualisation.

It is argued, therefore, that Maslow's (1954) order of need satisfaction is too rigid and that although it is important to acknowledge the importance of physiological needs, their motivation towards action are considered atypical (Maslow, 1943).

Thus, in accordance with Alderfer (1969) and Dahlgaard and Dahlgaard (2003), conceptualisations of human needs not only include the consideration of "deficiency" needs, but also "growth" needs. This means that physiological needs are recognised as vitally important. However, when exploring older people's needs, it is generally not the physiological needs that motivate their behaviour in the first instance – either because those needs have already been satisfied, or because older people showed that they can rise above their physical constraints and still pursue growth. It is thus often the psychosocial needs which underlie behaviour – in pursuit of contentment, happiness and fulfilment. Although all older people, including those with physical constraints, have psychosocial needs, this study focuses only on the psychosocial needs of a group of more functional older people within a residential facility. A theory which specifically focuses on psychological needs directing self-determined behaviour, and the social conditions that promote it, is self-determination theory (Deci & Ryan, 2000), described below.

**Self-Determination Theory.** Self-determination theory (SDT) proposes a set of universal psychological needs, namely those for autonomy, competence and relatedness, which motivates human behaviour (Ryan, 2009). Autonomy refers to older people's sense that their actions are freely chosen and express their true nature (Deci & Ryan, 2000). Competence is the need to master experiences that allow older people to deal effectively with their environment (Compton, 2005). Relatedness refers to the need to have mutually

supportive interpersonal relationships (Compton, 2005). According to Deci and Ryan (2000) the fulfilment of these three needs is vital in the facilitation of optimal functioning, growth, constructive social development and well-being. The extent to which older people are able to satisfy these needs impacts on their psychological well-being (Roos, in press).

Although the need for autonomy, competence and relatedness may be universally applicable to all humans, it remains important to be sensitive towards specific life situations and the context of older people in a residential facility. This warrants the following overviews: older people's developmental stage, and residential facilities for older people.

### **Developmental Theories and Older People**

It is important first to define the group called "older people". There are different perspectives on the age at which people are considered to be "old". Because ageing is such a unique and individual experience (Grundy, 2003) it is quite understandable that there should be different views about the choice of particular age to mark elder status. For the purpose of this study, the South African perspective of "older" people as those who are aged 60 and over will be used.

According to Papalia, Olds, and Feldman (2009) this later developmental life phase can be divided in three domains, including physical, cognitive and psychosocial development. These domains of development correlate well with the needs, which exist on a physiological and psychosocial level. Thus, if developmental changes occur in any of these domains, the related needs will also change.

Since physiological needs, as motivators of behaviour, are considered atypical, the behaviour of older people will be viewed in this study, as strongly motivated by their psychosocial needs. Accordingly, the focus will be on psychosocial development during the stage of late adulthood.

During this period of late adulthood various developmental changes occur in the psychosocial functioning (Papalia et al., 2009) of older people. Some inevitable changes which accompany late adulthood include retirement and loss in the form of health problems, physical restrictions, a shrinking social world, and deaths of spouses and friends (Clement et al., 2013; Papalia et al., 2009). The loss of a specific role following retirement, may negatively affect the need for competence. Losses in the ability to function independently due to deteriorating health may impair satisfaction of the need for autonomy. The increasing losses of loved ones, which accompany the later years in life, impact on the need for relatedness (Papalia et al., 2009).

Other changes associated with ageing may include grandparenthood and increased opportunities to engage in preferred activities following release from work and financial responsibilities (Sadock & Sadock, 2007), which may again influence autonomy and relatedness needs positively.

It is helpful, when attempting to organise and explain behaviour and experiences of older people, to look at this complex concept of ageing within the coherent framework of theories (Stuart-Hamilton, 2006). An overview of four relevant theories of ageing follows.

### **Theories of Ageing**

Relevant theories explaining older people's development are: the activity theory; socio-emotional selectivity theory; the theory of selective optimisation with compensation; and the gerotranscendence theory.

The *activity theory* proposes that the more activities people take part in, the more satisfied they are with life (Papalia et al., 2009). Motivation towards involvement in a variety of activities may be an attempt to satisfy the need for autonomy, competence and relatedness. Previously, these needs might have been addressed by specific social roles and connections that were maintained. But psychosocial developmental changes, such as retirement, fewer

responsibilities, and the loss of loved ones, may leave older people's needs to participate in activities of choice (Deci & Ryan, 2000), to experience mastery and interpersonal connection (Compton, 2005), unsatisfied. This theory explains how activities can compensate for the losses these unsatisfied needs. It is worth noting, however, that well-being is not something that can be achieved solely by being active in old age, nor is it restricted to those who are able to maintain a high level of activity (Ward et al., 2012).

The *socio-emotional selectivity theory* suggests that older people's interaction networks reduce over time, but that a simultaneous increase in emotional closeness with significant others occurs (Johnson, Brengston, Coleman, & Kirkwood, 2005). They may therefore have fewer acquaintances but value more highly relationships with close relatives, either spouses or children and grandchildren, or close friends (Johnson et al., 2005). In residential facilities there may be opportunities for forming close friendships.

The *selective optimisation with compensation theory* describes how older people adapt to the various psychosocial developmental changes that occur in late adulthood (Baltes & Baltes, 1990) by compensating for their inevitable losses or decreasing resources by drawing on their remaining resources (Papalia et al., 2009). The selection of fewer and more meaningful activities to participate in and relationships to invest in, as well as the cautious use of resources that are still available, may enable older people to compensate for losses they have experienced (Baltes & Baltes, 1990). Older people may accordingly choose to invest their time and energy in a few significant relationships and selected activities which are deemed important.

The *gerotranscendental theory* suggests that with an increase in age a shift occurs in focus from a more materialistic to a more transcendental stance (Johnson et al., 2005). Changes in perception of time and space, life and death, the self, and social relations may develop. Consequently this theory can explain the increased prominence and importance of

the spiritual or religious domains of life among older people (Ward et al., 2012). Therefore behaviour, specifically in older people, may increasingly be motivated by the need for transcendence (Baumgardner & Crothers, 2010) and purpose in life.

A better understanding of the psychosocial needs of older people may also lead to a better comprehension of older people's overall well-being, especially if we consider how the satisfaction of these psychosocial needs (growth needs) contribute to this. It may also explain why well-being, as a construct, has frequently been applied in research into older people (Langhout, 1994) and is worth exploring in this study.

### **Well-Being in Older People**

The promotion of the holistic well-being, especially in relation to older people, has become an important focus of health and social policy. In the South African context, the Older Persons Act 13 of 2006 placed emphasis on the rights of older people to have access to opportunities aimed at promoting physical, social, mental and emotional well-being. If well-being is taken to mean perceived satisfaction of psychosocial needs (growth needs) in particular, it may imply that understanding of needs could contribute to the promotion of older people's holistic well-being. Conversely, the exploration of well-being among older people can contribute to the understanding of their psychosocial needs.

In an exploratory study by Ward and colleagues (2012), an attempt has been made to describe the well-being of older people from their perspective. It is noticeable that older people's own descriptions of their well-being correspond closely to psychosocial needs as put forward by Ryan and Deci (2000) and the ageing theories discussed above.

Interpersonal interaction, relationships and care are considered vitally important for well-being (Clement et al., 2013), coinciding with the need for relatedness as recognised by Ryan and Deci (2000). Coinciding with activity theory, the need for involvement in an active lifestyle, especially if the individual has always been active, was expressed (Clement et al.,

2013). The importance of having the choice of participating in activities was prompted by modern policies aimed at promoting older people's well-being by strongly encouraging independence (Ward et al., 2012). Furthermore, coinciding with the transcendental theory, the spiritual life received emphasis.

### **Ageing Population and Residential Facilities**

Throughout the world, the ageing population is considered an important demographic issue. The observed and projected ageing of populations may be ascribed to various factors. The temporary, marked increase in the birth rate following the Second World War, known as the "baby-boom", is a widely accepted cause of population ageing. Since January 2011, baby-boomers have been reaching the ages of 60 and above, thereby contributing to a predicted doubling in the numbers of older people over the next 20 years. Population ageing is also ascribed to lowered fertility and mortality rates, accompanied by improved life expectancies (Grundy, 2003). The direct impact of progressive medical intervention on longevity, and consequently the ageing population, may be cautiously regarded as another impacting factor.

The population of South Africa, as in the rest of the world, is projected to continue ageing over the next two decades (Bradshaw & Joubert, 2006; Clement et al., 2013). While this demographic phenomenon is to be celebrated, it is also expected to place increasing demands on those who attend to the needs of the elderly population (Clement et al., 2013; Van der Walt, 2011), which may include residential facilities for older people.

Internationally, residential facilities are a popular housing choice for some older people (Nathan, Wood, & Giles-Corti, 2013) and increasing numbers of older people are moving into them (Stimson & McCrea, 2004). Within the South African context it is important to be aware of the fact that residential facilities for older persons were available exclusively for white older people before 1994. It was only in post-apartheid South Africa

that these facilities were opened up to all South Africans, regardless of race or colour (Department of Social Development, 2010). Nevertheless, these residential facilities remain concentrated within wealthier provinces and areas and are still mostly occupied by white older people.

Older people relocate to residential facilities in an attempt to satisfy their changing needs (Bekhet et al., 2009). Some of the psychosocial needs that motivate them to relocate to this kind of accommodation include a need for security, close proximity to friends, and support (Bekhet, et al., 2009), as well as access to services and facilities that provide a supportive environment and facilitate an active lifestyle (Nathan et al, 2013).

It is also important for these facilities to be aware of the needs of this group of older people in order to attend to them adequately. In order to ensure that their needs are addressed proactively (Clement et al., 2013) and that the appropriate preparation for their future growth is made (Stone & Barbarotta, 2011), more research aimed at understanding older people's needs is required.

There is no standard design for residential facilities globally or even within a country (Nathan et al, 2013). South African legislation describes a residential facility as “a building or other structure used primarily for the purposes of providing accommodation and of providing 24-hour service to older persons” (Older Persons Act 13 of 2006). The Act furthermore makes provision for the three categories of residential facilities, namely Category A – independent living; Category B – assisted living; and Category C – frail care (Older Persons Act 13 of 2006). Some residential facilities may offer all three categories on the same site, whereas others may provide only one of the categories.

### **Article Format**

The research conducted will be presented in an article format. The context will be highlighted by the literature background. It is the aim of this article to explore the



psychosocial needs of older people in a residential facility context. The findings will be discussed in the form of a typology. As a final point a critical reflection will set out how the study contributes to the field of gerontology.

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**TITLE PAGE**

**Psychosocial needs of a group of older people in a residential facility**

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## ARTICLE

### Abstract

Previous research into the needs of older people focused mostly on their physical care needs. This study aims to explore the psychosocial needs of older people in a residential care facility. Sixteen white male and female residents from a residential facility for older people in Johannesburg, Gauteng, participated in data collection. Data were obtained by means of the Mmogo-method® and analysed using thematic analysis both of textual and visual data. Findings revealed four major psychosocial needs, namely a need for autonomy, for social interaction within specific contexts, and for a sense of safety, and transcendental needs. The findings may be used to facilitate the development of policies and programmes to promote the satisfaction of older people's psychosocial needs.

*Keywords:* Ageing, Mmogo-method®; Older People, Psychosocial, Motivation, Needs, Residential Facility

### Introduction

This study forms part of a larger research project conducted in a residential facility for older people in Johannesburg, Gauteng. The purpose of the larger project was to explore the experiences of quality of life of older people living in the residential facility. Although themes such as active ageing emerged from the research, the present study will focus only on the psychosocial needs of the residents.

Research has been conducted mostly on the needs of older people who are frail, vulnerable or disabled and have specific physical care needs (Buswell, 2011; Persoon, Theunisse, Perry, & Van Kempen, 2010). The focus on people with deteriorating health corresponds to the medical model as well as the traditional view of older people as being in a process of deterioration and lowered adaptive capacity (Aiken, 1995; Langhout, 1994). It is important, however, to realise that, despite the challenges that accompany ageing, many older

people across the world are still energetic and leading vigorous, healthy lifestyles (Papalia, Olds, & Feldman, 2009). Therefore, when exploring older people's needs holistically, not only their physical needs but also their psychosocial needs should be considered. By focusing on frail older people and their physical care needs, the literature leaves a gap in research on the psychosocial needs of the more functional older people in residential facilities. Although all older people, including those in frail care, have psychosocial needs, the focus of this study will be only on the psychosocial needs of the more functional older people in the residential facility. Functional older people can be described as those who can still look after themselves, commute on their own, and are still actively engaged in their environment (Aiken, 1995). This is usually associated with mobility and cognitive intactness.

Psychosocial needs refer to the social and emotional needs of the older people. Social needs include social interaction, belonging, inclusion and care; and emotionally people need recognition, acknowledgement, validation and a sense of purpose (Baumgardner & Crothers, 2010; Van der Walt, 2011).

Psychosocial needs were initially described by Maslow (1971). His theory mainly focused on a bottom-up needs-driven process working from the biological needs up to psychosocial needs. The linear nature of this theory confines its application to different populations. For the purpose of this study, self-determination theory (SDT) is preferred when exploring psychosocial needs, because it accords with the holistic view of people, also including their agency potential to address their needs within a social environment (Deci & Ryan, 2000). SDT explains human motivation as the innate need for competence, autonomy and relatedness (Ryan, 2009). The starting point of SDT also views humans as adaptive and active growth-orientated organisms naturally inclined to engaging in interesting activities, exercising capacities, pursuing connectedness in social groups and integrating intra-psychic

and interpersonal experiences (Deci & Ryan, 2000). Therefore we can also view older people as motivated to growth and the satisfaction of psychosocial needs.

These experiences of growth and engagement of a group of functional older people will be explored within the context of a residential facility. In South Africa, the *Older Persons Act, Act 13 of 2006* defines a residential facility as “a building or other structure used primarily for the purposes of providing accommodation and of providing a 24-hour care to older persons” (Older Persons Act 13 of 2006). The Act furthermore makes provision for three categories of residential facilities, namely Category A – independent living, Category B – assisted living, and Category C – frail care (Older Persons Act 13 of 2006). It is important to note that some residential facilities include all three categories on one site, whereas others provide only the living arrangement as set out in a particular category. Some of the literature also refers to these facilities as residential care facilities. Since not all the residents within the particular facility studied receive care, the term residential facility will continue to be used..

Exploring the psychosocial needs of older people is particularly important in view of the well-recognised dramatic ageing of the global population (Papalia et al., 2009). It is estimated that by 2050 the two-billion mark will be surpassed, indicating an almost tripling of the number of older people, 841 million in 2013 (United Nations, 2013).

South Africa, with levels of ageing similar to many other countries, is no exception. In 2006 it was estimated that 7.3% of the total population in South Africa, about 3.5 million people, were above the age of 60 (Bradshaw & Joubert, 2006). By the year 2015 it is projected that this figure will double to 6.5 million, or 10.5% of the total population (Bradshaw & Joubert, 2006). The projected growth of the ageing population introduces various new potential challenges to consider. The challenge of addressing the needs of the increasing older population puts strain on available resources. One of the attempts to deal with the increasing number of older people is to choose residential facilities as a living



arrangement that can serve as a resource for their physical, psychological and social needs (Bekhet, Zauszniewski, & Nakhla, 2009; Donaldson & Goldhaber, 2012). Consequently, increasing demands are being placed on residential facilities to meet the needs of the ever-increasing aged population (Bradshaw & Joubert, 2006). It is important to note that in the South African context it was only after 1994, post-apartheid, that residential facilities were opened up to all South Africans regardless of race or colour (Audit of residential facilities, 2010). These facilities, being concentrated in the wealthier provinces and formal areas, are however still mostly occupied by white older people.

This study attempts to assist residential facilities to cultivate psychological growth and well-being in the ever-increasing aged population, by exploring how functioning older people perceive their psychosocial needs in a residential facility. The main research question can thus be formulated as: How do functional older people perceive their psychosocial needs in a residential facility?

## **Research Methodology**

### **Research Method and Design**

An explorative and descriptive research paradigm is applicable to this study. Qualitative research is explorative and attempts to collect rich descriptive data (Nieuwenhuis, 2007). A qualitative approach will therefore be followed to explore, describe and ultimately understand the psychosocial needs of functional older people in the context of a residential facility. Secondary data analysis was used for the purpose of this study. This means that the focus of the data analysis shifted from the original purpose for which the data was collected (Heaton, 2004), namely the experiences of older people, to their psychosocial needs specifically.

## **Research Context and Participants**

This study was conducted in a residential facility for older people in Johannesburg, Gauteng, which can be described as providing an active ageing environment. The facility has a lifestyle consultant, who focuses on structuring the environment and creating opportunities for the residents. This includes offering planned activities and gatherings aimed at fostering involvement in “physical”, “mental” and “social” activities, based on the expected needs of the residents (Bowling, McFarquhar, & Stenner, 2011). This study did not focus on the needs assessment process from an institutional perspective, but on how older people themselves perceive their needs within the residential programme.

In collaboration with the staff of the residential facility older residents were invited to participate in the research. A group of 16 older people, including 13 female and 3 male participants ranging in age from 65 to 84, was recruited. The group consisted of independently-living older people who were willing to and capable of participating in the data-gathering process. The participants were Afrikaans- and English-speaking white individuals, mostly female, and some male.

## **Procedure**

An independent, non-profit company which owns and manages residential facilities throughout South Africa approached the North-West University to explore the quality of life styles of its residents. A specific residential care facility in Johannesburg, Gauteng, was chosen for the project.

Residents who were interested were invited to take part voluntarily in the data-gathering process by posters put up in the residential facility and with the assistance of the personnel. The date, time and venue were announced. On arrival, a meeting was held with the management of the residential facility. At this meeting the research team, whom I (the author of this paper) was part of, was introduced. The staff members were thanked for their

cooperation and a brief overview of the research programme was given. An introductory meeting with the participants followed. This again involved introducing the research team, expressing appreciation for their willingness to participate, and explaining the voluntary nature of their participation. An explanation of the objective of the research project and how it might benefit them as well as a brief overview of the programme was given. Informed written consent was obtained from all the participants before the data gathering process began.

Different data collection methods were used, over the course of two days, in order to explore the quality of life of its residents. These included the Mmogo-method® (Roos, 2008; 2012), the World Café method, individual interviews and a Listening Group Technique. Although these different data gathering methods were used for the overall research project, this study only focuses on the data gathered from the Mmogo-method®. The Mmogo-method® was chosen due to its' projective nature which enabled a deeper understanding of the personal experiences of the psychosocial needs of older people, obtained in a group setting. In addition, group discussion in which members responded or added to what other participants shared also allowed for a better understanding of the collective experiences of these needs (Roos, 2012).

Participants were divided into two similar-sized groups, of eight participants, for the Mmogo-method® (Roos, 2008; 2012). This division was based on the indicated recommended group size of 6 – 10 members (Roos, 2008). Two separate rooms were assigned to the two groups, and participants, seated around a table, were given a lump of clay, colourful beads and sticks of different lengths (Roos, 2008). They were asked: *“Please make a visual representation with the materials provided that can tell us more about how you experience your life here at the residential facility.”* After the visual representations had been completed, photos were taken which served as visual data, and each participant was

given the opportunity to explain his or her visual representation to the rest of the group. The group members were then asked to add their own perspectives to that of the individual participant in order to confirm or revise the shared experience. All the conversations during the Mmogo-method® (Roos, 2008; 2012) discussions were recorded and transcribed to produce the textual data. As data analysis progressed, data saturation was achieved.

Considering that human behaviour is motivated by needs and that ongoing psychological growth, integrity and well-being rely heavily on the satisfaction of psychosocial needs (Deci & Ryan, 2000), the exploration of the experiences of the lives of the older people in the facility through the Mmogo-method® elicited rich data on their psychosocial needs.

### **Data Gathering**

The data gathering method which was chosen for this study, to elicit rich and deep data concerning the psycho-social needs from the participants, was the Mmogo-Method®.

**The Mmogo-Method®.** This is a visual projective research data-gathering technique. The visual representations become the stimulus material for each participant to view his or her perspective and for the group to discuss their shared experiences, which could lead to the social construction of the meaning attached to shared experiences (Roos, 2008; 2012).

### **Data Analysis**

The data were analysed using both thematic analysis of the textual data and visual analysis, which contributed to the trustworthiness of the themes that emerged. The 16 cases were described in detail (See CD for detailed analysis of all the cases). Thereafter themes across the entire data set could be identified.

**Textual data.** Thematic analysis is a method of identifying, analysing and reporting patterns or themes within data (Braun & Clarke, 2006). Familiarisation with the depth and

breadth of the data was obtained by transcription and repetitive active reading, while searching for meanings and patterns in the data and noting down initial ideas (Braun & Clarke, 2006). Subsequently initial codes were generated by coding interesting features of the data, relevant to the research question, in a systematic fashion across the entire data set, gathering data relevant to each code. The codes were then collated into potential themes. The themes were reviewed by checking if they worked in relation to the coded extracts and the entire data set. Next, themes were defined, named and refined. Finally, when writing the report, vivid, compelling extract examples were included and it was confirmed that the themes related to the research question and the literature (Braun & Clarke, 2006).

**Visual data** (photos of the visual presentations). Analysis was done by comparing the symbolic values the participants attributed to their representations to the specific research question (Roos, 2008). The projective nature of this method resulted in each participant's attributing personal symbolic value to his or her unique visual presentation. The participants were invited to explain their presentations. The visual presentations, with the research question in mind, remained a focal point of the ongoing discussion. The communicated values attributed to the visual presentations were used in combination with the textual data to substantiate and enrich the identified themes.

### **Trustworthiness**

The trustworthiness of this study was ensured by meticulous application of guidelines compiled from models aimed at assessing trustworthiness and ensuring rigour in qualitative research. The guidelines used to enhance trustworthiness were grouped into the following focal points: the article as product; conceptual coherence; the research procedure; responsiveness from the researcher's and the recipients (Finlay, 2006; Tracy, 2010).

Considering the article as a whole, the aim was to produce clear and coherent writing (Finlay, 2006) subject to an audit trail.

Conceptual coherence refers to the meaningful interconnection of the literature, research question, research design and method, and the data analysis as well as the findings and interpretation (Tracy, 2010). While conducting this research and writing up the article, care was taken to ensure conceptual coherence.

Specific care was taken to ensure trustworthiness of the research procedure. The method of data gathering was chosen specifically to obtain rich personal perspectives as well as a collective experience. Member checking during the Mmogo-method® (Roos, 2008; 2012) was applied to ensure that researchers did not draw their own conclusions, but relied on the participants to clarify information. The group members were encouraged to share their views, thereby adding to the perspectives of the individual participant (Ellingson, 2009). Sampling was done and participants and their valuable contributions were treated with respect and the necessary confidentiality. A number of qualitative researchers were included throughout the research process, which limited bias, as advocated by crystallisation and the Guba model of trustworthiness (Krefting, 1991; Tracy, 2010).

The researcher consistently sought responsiveness by demonstrating integrity and transparency and by being self-conscious (Tracy, 2010). The researcher intentionally remained mindful of her own perceptions, formed by experiences in relation to older people.

The recipients of the knowledge offered by this study were kept in mind throughout the research process. Accordingly, the request from the management of the residential facility, whose interest is to attend to the needs of the residents and to ensure their psychological well-being, was kept in mind.

### **Ethical Considerations**

Ethical approval for the project was obtained from the Health Research Ethics Committee of the North-West University, with ethical number (NWU-00053-10-S1). Access to the residential facility was obtained in collaboration with the company which owns and manages

the residential facility. The guidelines of the Health Professions Council of South Africa for Psychologists (Health Professions Act 56 of 1974) were followed throughout the study. Before data gathering began, the participants were informed about the aims of the research project what was expected from them; what the data would be used for; their freedom to withdraw from the project at any time during the course of the two days if they should decide to; confidentiality; and the safekeeping of records, material and recordings. Ethical approval, in the form of informed written consent, was obtained from the participants. The ethical considerations as outlined in the introductory discussions with the participants as well as in the written consent form were respected throughout the whole research procedure. All the collected research data, including records, material and recordings, were treated as private and confidential and kept safely by the North-West University. The research team consisted of a clinical psychologist and a group of clinical and research psychology students, as well as the personnel of the residential facility. The research team aimed set out to ensure an emotionally supportive environment, considering the sensitive, projective and potentially revealing nature of the research procedure. This entailed regular enquiries of the participants' levels of comfort and the availability of debriefing during the course of the data-gathering process and afterwards. Informed consent was received from the primary researcher and the research team to do secondary analysis on the primary research project's data in order to conduct this study. The purpose of this study, exploring the psycho-social needs of older people, is also in accordance with and supportive of the aim of the primary research project's focus on the quality of lives of these older people. The completed article will be sent to the residential facility's management.

## Findings

The dominant themes that emerged from the data were: a need for autonomy; a need for social interaction; a need for a sense of safety; and space and opportunity to accommodate spiritual needs.

Table 1

Psychosocial needs

<u>Autonomy</u>	<u>Freedom of choice</u> <u>Independent and active lifestyle</u>
<u>Social Interaction within Particular Interpersonal Contexts</u>	<u>Needs in a general social space</u> - <u>Sharing</u> - <u>Acknowledgement</u> - <u>Care</u> - <u>Instrumental care</u> - <u>Emotional care</u> <u>Needs in a close social space</u> <u>Negotiation strategies and limiting factors in social interaction</u>
<u>A Sense of Safety</u>	<u>Physical safety</u> <u>Organisational safety</u>
<u>Spiritual Needs</u>	<u>Allowing for religious expression</u> <u>Opportunities to exercise religious practices</u>

### **Autonomy**

Autonomy refers to a need for freedom of choice; independent living; and active participation. Despite growing older, participants expressed a need to function independently as far as possible.



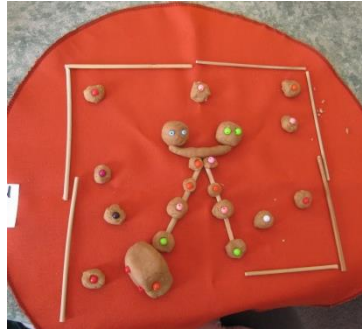
**Freedom of choice.** This involves the freedom to make life decisions and exercise personal preferences. Freedom of choice means that residents are able to choose for themselves whether to participate in activities, be involved in interpersonal interactions, and to come and go freely. Participant 2 explained, referring to his visual presentation (see Figure 2): *“If you open the tap, you can participate in many activities within the facility as well as outside...; that is right, you can turn it open or close it...”*



*Figure 2.* Presentation of a tap which can be opened or closed – freedom to choose when you want to participate in activities

Thus older people have the freedom of choice to *“participate in whatever (you) wish, which is very good, or stay by yourself. It is completely up to you, whether you want to do things or whether you can stay in your room and be quiet”* (Participant 11).

Independent decisions about life, include deciding to relocate to a residential facility. There is a need to decide independently to make the move to the facility to retire, despite discouragement from children (Participant 9) or friends (Participant 12). Once in the facility, there is a need to have a choice whether you want to remain there or whether you want to go out at any time. Participant 4 described this need by using her visual presentation (see Figure 3): *“The gate is open for me to come and go as I please. That is why I placed the car there. Because, my husband and I often go... at least once a month to different places.”*



*Figure 3: Enclosed facility with an open gate through which car is leaving – freedom to come and go as you wish*

Participant 5, the husband of Participant 4, confirmed: *“We can hit the road whenever we want to. You just lock up and there is not a problem. And we travel all over the world”*. The need to have the freedom to come and go as you wish, including weekend excursions or holidays spent with children (Participant 12), as well as being involved in activities or organisations outside the facility (Participants 8 and 11), is an essential part of being autonomous.

**Independent and active lifestyle.** Independence refers to the older people’s ability to perform everyday duties and basic self-care activities without support from others. It appears that there are two threats to independence, namely: insufficient finances and deteriorating health status.

Participant 2 explained how financial problems, caused by the insufficiency of *“small pensions”* can hinder independent living. The loss of financial independence led to many older persons who *“had to return to their children”* to reside with them.

Furthermore, a concern for many of the older people, especially those who are living alone, is that they may lose their ability to function independently because of deteriorating physical health. The need to live independently is so strong that some residents kept *“on and on in their little old house and eventually even become unkempt”* and *“they cling to their little house where they can live independently”* (Participant 2).

Participant 8 emphasised this need to maintain independent living by stating that he would rather be “[*put*] to sleep”, than to “*suffer in frail care*”. This strong reaction against dependence, “[*I*] would hate to be like those people, suggests that the loss of independence may be considered a threat to overall autonomy: “*They don’t have a clue what they’re doing... everything got to be done for them*” and according to him “...*that is not a life.*” The loss of independence, to these participants, also includes the loss of autonomy.

There is an expressed need to “*be busy*” and to be perceived as living a full life as well as living life to the fullest. The need to “*be very busy*” by actively participating in activities contributes to a sense of having and maintaining the ability to organise and be involved in everyday life. The need for being involved for as long as possible was described by Participant 11: “*I am quite busy and I love it, I love it. As long as I can, I will do it!*” The activities each participant chooses to participate in are based on individual preference. Participant 8 described his “*very full week*”: “*we play snooker on the Tuesday and Thursday mornings... then at 3 o’clock we go [for a] walk... Wednesday we have sing-a-long... afternoon I walk again another five kilometres*”. The need to “*be busy*” is crucially important, because through this you can experience “*enrichment in your life*”, “*stimulation of your brain*” and a sense of contributing in life.

### **Social Interaction within Particular Interpersonal Contexts**

Social interaction refers to reciprocal processes of relating between people, depending on the nature of the interpersonal context. This context depends on how the participants described the social distance between them and other people, either as a more general social space or a more close social space. The reciprocal nature of relating means that older people are simultaneously the receivers of needs satisfaction, and the providers of need satisfaction for others.

**General social space.** The general social space is where people interact according to social rules that guide the interaction. Within this space older people identified specific needs such as sharing, acknowledgement and care in relation to other residents in the facility and other acquaintances.

**Sharing.** There is an innate need to share life with others. Sharing may occur in everyday activities. Sharing in this study included: the sharing of “*a cup of tea or coffee*” or a meal, as a social event (Participants 11 and 16); shared participation in activities; and “*shared life experiences*”. The various shared activities to address the need for interaction with other people, include: participating in “*choir gym*”; “*sing-a-long*”; “*snooker*” (Participant 8); going “*for walks*” (Participant 9), as well as many other activities. The purpose is to interact and relate with other people and to “*have fun together*”. Participant 12 described how she and her friend “*can have so much fun dancing together*”.

**Acknowledgement.** Acknowledgement refers to being affirmed. Many participants described talents or opportunities for which they seek affirmation. Participant 8 indicated that his snooker team had “*won the league*” for the “*last five years*”. Participants 4 and 5 described the opportunity they had “*two years ago*” to travel to, among other countries, “*Russia, England, Norway, Sweden and Germany*”. It appears that participants often understated these experiences or their own abilities. Participant 7, who can play a variety of instruments, sings, dances and creates various functional items, requiring skilful and creative handwork, reacted dismissively and with humility to other members’ admiration for her talents. She described her musical abilities as “*I play a little guitar*”, “*a little bit of flute*” and “*a little bit of piano*”. Similarly, Participant 13 dismissed her own ability (to sing): “*me there who is singing a little...now I am not a singer, it is only me who practises...*” Participant 6, when presenting his visual presentation, stated that: “*the detail is not so good, but at least it presents a pair of binoculars*”. This dismissive statement prompted the researcher to

acknowledge his creation by protesting: “No, it is excellent!” Participant 8 also showed a need to receive acknowledgement for his current predicament. He explained that his “*wife's the most important*”, but that her current chronic medical condition meant that he spent “*a hell of a lot of time with my wife*”. This expression sparked a remark from another participant: “*I can vouch that he is a very, very good husband.*”

As providers, Participants 2, 15 and 16 described how they “*greet everyone*”, by “*waving and greeting*” or “*say[ing] 'hallo'*”. In this way they respond to the need for acknowledgement of other people in the social interaction.

**Care.** The care needs expressed by participants are considered within an interpersonal context and can be expressed as a need to receive or give care. These needs can be divided into one of two kinds of care: instrumental care or emotional care.

*Instrumental care needs* refer to the need to receive care which enables and eases day-to-day living. Participants mentioned their “*garden being watered*” which enables them to travel (Participant 5); the provision of nutritious and balanced meals on a daily basis (Participant 12); and physical health care, including the personal delivery of medication, care of chronic medical conditions and education in self-care (Participant 11). Instrumental care was also offered by participants: “*will give you a lift*” (Participant 4); “*renting wheelchairs out*” (Participant 1); and “*working as a nurse in the frail care unit*” (Participant 14). Instrumental care specifically within the spousal subsystem included preparing food for a terminally ill wife (Participant 8); and dressing a disabled husband every morning (Participant 14). The instrumental care offered, especially for a disabled or unwell partner, may be considered a reaction to the need for receiving instrumental care from the partner, rather than a need to give the care.

*Emotional care needs* refer to compassion and support with regard to difficult feelings, expressed within the context of: losses experienced; bad news received; experiences

of health or other problems; and feeling down. Participant 10 expressed a wish to “*encourage people when they are ill*”. Emotional needs were predominantly expressed as a wish to receive this care. Participant 12 described how when “*you have a problem or received bad news, you can always go to your friend and receive care*” which may contribute to new “*strength*” and “*enrichment*”. Participant 3 described how everyone “*supported and assisted*” her “*during the time of [my] husband’s illness and death.*” However, Participant 3’s words, “*you know, I feel as if I don’t have that help and if I don’t reach out to other people, people don’t reach out to me*”, as well as the fact that her “*children are overseas*” may be indicative of an unsatisfied need for emotional care. Her visual presentation (Figure 1), in conjunction with her words, also shows a significant gap which needs to be bridged in order to receive the necessary care from others. The consequences of unsatisfied emotional needs may be “*isolation*”, “*loneliness*” and a fear of becoming “*depressed because of what has happened*” (Participant 3).



*Figure 4.* Distance between participant and three other residents – need for emotional care

**Close social space.** This is a space where family and friends are cherished. Both Participant 2 and Participant 4 indicated the importance of family relations by stating that they were “*very family bound*”. Family relationships can be divided into a spousal relationship as well as relationships with children and grandchildren. Participant 7 and

Participant 1 also indicated that it was considered important “...to make friends” and to “have many friends”.

Family relationships, specifically the spousal relationship, are considered important: “[I am] privileged still to have a husband in my life”; “... we’re really joined at the hip” and “my wife’s the most important”. Within this relationship there also appears to be a need for communicated physical and emotional interdependence: “I cannot go without him and I hope he cannot go without me.”

Relationships with children and grandchildren, as expressed by Participant 4 and Participant 7 are “very, very important” and “very close to [my] heart”. Within these relationships there is a need for regular contact. This contact is specified as physical contact, by seeing each other, especially by receiving visits from children. Participant 2 and Participant 4 said respectively: “You have to see them... and [you] come together... then you are satisfied” and “if only I have them around me... the other things in my life are almost of no concern.” In fact “if you don’t see them”, as Participant 2 said, concerns such as “aren’t they interested anymore?” are raised. This need for regular contact may also entail a need to remain “influential in the lives of [their] children and grandchildren.”

However, the availability of family relationships and regular contact may be constrained by deaths of spouses as indicated by three participants whose “husband[s] passed away” and “many [of our] children” who “live overseas”. It seems as if adjustments are made in these cases in an attempt to address the need for family relationships by developing a sense of family among residents who enjoy activities together: “With all the activities... We are a big family”. Friendship relationships may therefore become increasingly important.

**Negotiation strategies and limiting factors in social interaction.** Both effective and ineffective strategies to satisfy these needs in the social environment emerged. An effective strategy to attain social interaction, described by Participant 16, was to “share positive

*experiences with other people – whether it is with friends, neighbours or strangers*”. Within this social environment, both self- and relational regulation was applied. Participant 13 demonstrated self-regulation by approaching this facility in a manner in which she “*got involved*” in order to “*get to know people*” and to eventually “*fit in*”. Relational regulation was deemed especially important, considering the inevitable and regular contact between residents: “*Inside the facility we have many people... Everyone knows everyone since you live in a small block.*” Participants acknowledged the individual needs of residents with regard to interpersonal contact or privacy: “*Yes it is important to be alone sometimes. Look, you get people who are ... they chatter all the time and you have to accept that, but you also have people who need their own time, their own space and that you have to accept too*” (Participant 8). Therefore there is a need to be able to negotiate interpersonal contact, which “*requires judgement and tact*” (Participant 13). Experiences of residents who “*intrude into your space*” may have raised an awareness of the importance to “*guard against becoming selfish*”, to “*be sensitive*” and thoughtful in how you “*treat each individual*”.

Ineffective strategies to connect with people were demonstrated by participants’ indicating that “*one must either get along with others, despite inevitable differences, or avoid people you do not get along with*”. Participant 7 stressed her “*strong dislike of fighting and conflict*”. Therefore, in order to connect with other people, one must either avoid conflict or avoid people. Participant 15, in an attempt to prevent further conflict, “*stopped going to the gym*”, “*stopped popping at others’ for tea*” and “*stopped walking through the complex*”.

The need for social interaction may at times be compromised by factors outside one’s control. Situations that might compromise the satisfaction of these needs could include the demand for extensive support because a spouse is disabled or ill. The necessity of attending to the needs of an unwell partner may require compromising own needs. Participant 1 described how her sister’s “*life was complicated to the extent that she cannot go out*



*anymore*” after her husband “*had a stroke*”. Consequently the needs of the supporter may be frustrated: “*I spend a hell of a lot of time with my wife*” and “*I’m with her the whole day*”, which may interfere with the need for participation in activities and social interaction with friends (Participant 8).

Consequences of the unattended need for social interaction are isolation and loneliness. Participant 16 described the experience: “*There’s nothing worse than loneliness. That’s true. We all know that.*”

### **A Sense of Safety**

There is a need to experience a sense of safety. A few participants indicated that the need for “safety” was one of the determining factors in their decision to move to the residential facility. Safety, in this study, includes physical safety as well as organisational safety.

**Physical safety.** Physical safety includes the need to be protected against any criminal violation (security) as well as the need for physical protection/assistance in case of a medical emergency. Safety in terms of security is guaranteed by the enclosed and guarded facility. Participant 4 said: “*Some nights we sleep with the front door open, we forget to lock the door, and you are safe.*” Participant 7 elaborated on what “*everyone said*” – that “*it is safe here*”. She explained how living inside the facility “*is different from when you lived outside in a big house*” where you “*used to feel like you have to lock all the doors and put the alarm on.*” Now “*you can sit with your doors open until you go to bed*”.

Physical safety is further ensured by the availability of immediate assistance in case of medical emergencies. Participant 7 elaborated: “*What is also great is that we all have a panic button*” which is “*very important*” since it contributes to the assurance that “*if you have a heart condition and you get a heart attack*” or “*in case you fall*” “*you just press the button and within minutes they are here to help. Twenty-four hours there is someone who*

*will come to help you.*” Furthermore, knowing that someone, a staff member or a neighbour, will notice if something is not quite as it should be, contributes to a sense of safety.

Participant 11 explained: *“They wake us in the morning round about 6.30 and if you don’t answer they know there is something wrong... If I don’t go for a meal, if I don’t go for breakfast then they will come looking for me...If I don’t go for lunch they will come for me.”*

She also described a card system for people who live alone: *“There are cards...if you live alone...with the days of the week...hanging outside your door... if it is two days ago then someone will know something is wrong...”* The fulfilment of the need to feel safe relieves tension, brings peace of mind, and allows you to sleep soundly: *“You are never troubled or concerned at night, you do not worry about anything...peace”* (Participant 12). *“So day and night you feel safe”* (Participant 7).

**Organisational safety.** Organisational safety is ensured by an environment which is characterised by structure, routine and predictability. Participant 2 explained that: *“You feel so safe, because you know it is well organised. We do not stand on our own”*. A competent staff and superb management received acknowledgement for ensuring an orderly environment.

### **Transcendental Needs**

Transcendental or spiritual needs refer to religious beliefs and values, religious practices and relationships specifically within a religious context. A need for space and opportunities to exercise religiosity was expressed.

**A space allowing religious expression.** There is a need to have room for and the freedom to express personal religious beliefs and values, but there is uncertainty about whether this need is acceptable. Participant 8 said *“[you] don’t know how that person is going to react to your Christian view”* and Participant 4 expressed uncertainty *“whether religion may be brought into conversation”*. On a personal level religious beliefs may

contribute to a sense of guidance and purpose, as Participants 7 and 9 described how *“the Lord led me here”* and how she *“believes that Jesus wants to use me here”* and how she *“is awaiting all the opportunities”* that she will receive. Furthermore, in the face of the awareness of the inevitably approaching death the faith in life after death, which is part of religious beliefs, brings assurance: *“I know that I have been saved by the Lord ... because that particular day is coming up now, and it means everything to me”* (Participant 11).

**Opportunities to exercise religious practices.** Opportunities to attend religious practices were described: *“the main thing [for me] is ... church on a Sunday morning”*; *“services held at the residential facility catering for all denominations”*; *“individual prayers and meditation”* (Participant 11); and *“reading or studying the Bible and other religious books”* (Participants 6 and 11). The opportunity to form relationships within the religious context - a religious community - were also described: appreciation for *“people who think like me, who loves the Lord as I love Him”* (Participant 7); *“nice to know that everybody ...on a spiritual level”* Participant 8). There is a need to have opportunities to be involved in religious activities with others: *“Bible study groups for each church”*; *“many pastors who comes to visit us”* (Participant 9); *“collective weekly services and praying”*; *“we talk about something from the Bible and [you] get that strength again”* (Participant 12).

### Discussion

It appears that the psychosocial needs in this group of older people, within an enclosed environment – the residential facility – occupy different levels. These include personal, interpersonal, environmental and transcendental levels.

On the personal level there is a need for autonomy; to be able to make decisions independently – to exert control over what you do, when you do it, with whom you do it and where you do it – thus a need to remain in control of the management of everyday life (Deci & Ryan, 2000). Threats to the autonomy of older people may be experienced through

financial difficulties or inevitably deteriorating health, as confirmed by Papalia, et al (2009). Interestingly, in this research older people differentiated between autonomy and independence. Autonomy is expressed and confirmed in literature as the individual's sense that his or her actions are freely chosen and expressive of the true self (Deci & Ryan, 2000). In contrast, independence refers to the ability to perform basic self-care activities without assistance (Covinsky et al., 2003). How older people distinguish between autonomy and independence is not clear and further research could investigate the importance of these concepts. In promoting the autonomy of older people in residential facilities, it is recommended that the facilities construct an environment which enables older people to maintain their autonomy for as long as possible. This could include intentional sensitivity towards the autonomy needs of older people, as well as the creation of opportunities for independent decision-making.

Independence is also expressed as the maintenance of an active lifestyle. This refers to the ability to organise one's days, filled with various activities, as contributing to a sense of autonomous living. It seems, therefore, that on this personal level there is a need to retain the control to decide for oneself, with regard to one's own space orientation and in relation to other people.

On an interpersonal level, the findings revealed the context in terms of social closeness or social distance. This research confirms the convoy model, namely that three levels of closeness can be distinguished in ageing people's social relationships. The inner circle consists of vitally important, very close relationships, and the middle and outer circles of people who are less close but still important (Antonucci, Akiyama, & Takahashi, 2004; Thomése, Van Tilburg, Van Groenou, & Knipscheer, 2005). In the general relationships (the outer two circles), there is a need to share in the life of someone else and also to share your own life with someone else. Sharing can involve shared activities, shared stories or shared

experiences, within different social contexts. Within the general interpersonal space there is a need to receive acknowledgement for individual abilities as well as hardships experienced. The need for acknowledgement is an innate psychological nutriment (Roos, in press). Within these general relationships there is also a need for care, both on instrumental and emotional levels. This is not surprising, since various studies indicate how people, as they grow older, show increasing needs for instrumental care (Miller, 2012). However, we should be cautious, with the focus on active ageing and the medical model, not to disregard emotional care needs. These come to the foreground especially when losses occur. Losses in the form of deaths of spouses and friends, health problems, physical restrictions or a shrinking social world are inevitable accompaniments of ageing, as was also confirmed by Papalia et al. (2009).

The close social space is very specifically described as a close circle of relationships with close family members and friends (Antonucci et al., 2004). The increasing importance of close family relationships (Antonucci et al., 2004) with increasing age (Thomése et al., 2005) was characterised by a cherished closeness, almost to the extent of interdependence, within remaining spousal relationships, and the need for regular physical contact with children and grandchildren. However, when circumstances such as losses interfered with the availability of close family relationships, increased interest in close friendship relationships (Thomése et al., 2005), was noted.

Various effective and ineffective strategies to satisfy the need for interpersonal interaction emerged. Effective strategies included self- and relational regulation, by purposefully getting involved and interacting with others and by negotiating the regularity of contact and the manner in which interpersonal interaction is conducted. Ineffective strategies included the avoidance of conflict or interaction. Factors outside the control of older people may also lead to the frustration of needs. The interwoven nature of needs, specifically within the spousal relationship, may cause frustration of need satisfaction for one partner, who has to

give extensive support to the other, whose functioning is declining. The consequences of unattended or frustrated social interaction needs may be isolation and loneliness.

On an environmental level, the need for safety, on two levels, emerged. These are a need for physical safety as well as organisational safety. Physical safety in terms of security, especially relevant in the South African context, is guaranteed by the walled and guarded facility (Donaldson & Goldhaber, 2012). This contributes to a feeling of security and protection from the “others” in the outside world (Donaldson & Goldhaber, 2012). In line with a study conducted by Bekhet et al. (2009) on the reasons for relocation to residential facilities, security or “a sense of safety” was one of the deciding factors in older people’s decision to move to the facility. An organised environment, with structure, routine and predictability (Donaldson & Goldhaber, 2012), is associated with organisational safety.

On the transcendental level, there is a need for space and opportunities to express and address spiritual needs. According to the recently developed gerotranscendence theory, there is a shift from a more materialistic vision, in middle adulthood, to a more transcendent vision in late adulthood (Marcoen, 2005). The increased awareness of and involvement in their spiritual lives is widely recognised as an extremely important contributor in the life satisfaction (Marcoen, 2005; Papalia et al., 2009) and total well-being of older people (Moberg, 2012). In accordance with the aforementioned right to participate in religious activities of choice (Older Persons Act 13 of 2006) there are many opportunities offered to the older people in the facility to practise their religion. However, some may feel hesitant about the acceptability of expressing their religious beliefs. Considering the increasing awareness of the importance of spiritual needs among older people (Moberg, 2012), specific attention should be given to creating an appropriate environment or space for the expression of religious views.

### **Implications of Findings**

The focus in literature, driven by the medical model, on the physical care needs of older people, left a gap for exploration of their psychosocial needs. The knowledge offered in the findings of this study may enable residential facilities for older people to further improve their efforts to create an environment which provides opportunities for needs satisfaction. We recognise that there may be differences in the manner in which and to what extent the needs of older people in a community setting are addressed. It would therefore be interesting to explore and compare the psychosocial needs of older people in other settings.

It is worth noting that there were cultural similarities between the researcher and the participants. Although this may have been helpful in forming relationships and a deeper sense of collective understanding, it also posed challenges. The closeness of this study to the cultural assumptions of the researcher may have impaired her ability to recognise some finer nuances. Group discussions among participants, as well as the involvement of other researchers during the data analysis process, were used to address this challenge.

It appeared that staff of the facility in this study went to great lengths to address the psychosocial needs of their residents. Numerous opportunities are offered for participation in a variety of activities. This study also found that the innate need for autonomy is strongly associated with the experience of independence. The inevitable decrease in independence that accompanies ageing leaves room to further explore ways in which facilities could acknowledge the autonomy of older people, despite their loss of independence.

The need for social interaction, on different levels of proximity, appeared to be largely satisfied. Although instrumental care, specifically on the part of the facility, is appreciated, the need for immediate emotional care, especially after the experience of loss, may be being neglected. The purposeful introduction of supportive groups or individual

therapeutic intervention, after the occurrence of losses, could address the currently unsatisfied needs for emotional support. The spontaneous descriptions of strategies implemented to negotiate social interaction within the residential facility indicated the potential of older people to regulate themselves and their relational lives in accordance to their needs. The facility could foster these effective strategies, but might also consider addressing ineffective strategies. A space where the free expression of even opposing views is encouraged may lessen the careful avoidance of conflict among residents. Although many opportunities are offered for participation in religious practices, some residents may be hesitant to express their religious views and beliefs.

### **Conclusion**

The four psychosocial needs of older people that emerged in this study are the need for autonomy, for social interaction within particular interpersonal contexts and a sense of safety, and transcendental needs. It would appear that there is a difference between autonomy and independence and that independent living may be viewed as a prerequisite for an experience of autonomy. Various effective and ineffective strategies to achieve satisfaction of interpersonal needs, as well as obstacles to these, emerged.



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## CRITICAL REFLECTION

This study has focused specifically on the psychosocial needs of functional older people within a particular environment – a residential facility. Research up to the present has tended to focus on the frail care needs of older people (Buswell, 2011), strongly influenced by the medical model (Langhout, 1994), which does not take into account the psychosocial needs of the more functional older people. If we accept that needs, including psychosocial needs, direct human behaviour (Dahlgaard & Dahlgaard, 2003; Maslow, 1971), it is important to explore the psychosocial needs that underlie the behaviour of this group of older people.

The psychosocial needs that emerged from the study were: the need for autonomy; the need for social interaction, within specific contexts; a need for a sense of safety; and transcendental needs.

This research also highlighted some of the strategies older people apply to negotiate certain needs. This could inform recommendations aimed at promoting satisfaction of the psychosocial needs of our ever-increasing older population.

### **The Mmogo-method®**

This method enabled the researchers to explore critically the psychosocial needs of older people and to obtain different perspectives of the self within the social environment. The projective nature of the visual presentation (Roos, 2012) offered insight into the participants' subjective lived experiences. Projection is described as the attribution of one's own unconscious thoughts, feelings or motives to something other than the self (Weiten, 2007), in this case the visual presentation. Furthermore, the opportunity offered by this method for interaction among participants where experiences can be discussed, revised and confirmed, contributed to a clearer understanding of individual as well as collective experiences. To date, research done in the field of gerontology, focusing on the needs of the

older population, has relied for the most part on questionnaires and observations. This deprived older people of personal involvement in the exploration of their needs. The theory on which the Mmogo-method® is based implies that people are relational in nature, and that any visual presentations created in terms of this assumption will also be a projection of the self and the social context in which one lives (Roos, 2008). The Mmogo-method®, in exploring both personal and collective experiences, was considered an appropriate research method for this study.

### **Conclusion**

This study has addressed a clear gap in the literature regarding the needs of older people. The research was conducted by using the Mmogo-method®, which enabled the researcher to collect rich descriptions of the psychosocial needs of older people. Four major needs emerged from the data, namely a need for autonomy, a need for social interaction, a need for a sense of safety, and a transcendental or spiritual need. This research contributes to gerontological literature because it can be used to facilitate the development of policies and programmes which aim to address the psychosocial needs of older people in residential facilities as well as in other living arrangements.

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