

The Meaning of Intimacy to Older Adults in Assisted Living: A Phenomenological Perspective. by Liz Macera, PhD, RN, NP-C and Mats Christiansen, MNSc, RN
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The purpose of this phenomenological study is to elicit the lived experience and meaning of intimacy among residents of an assisted living facility (ALF) in a large urban area. The researcher will gather data using group interpretive and individual interviews. The participants will be a purposive sample of individuals not living with a partner who are able to give their own consent for participation in the study. The researcher will hold at least one group with men and another with women to identify the prominent features of the phenomenon. Each group will consist of no more than five participants and will last between one and two hours. The researcher will identify several participants from the groups for individual interviews. Each interview will be about one hour in length and held in the location of the participants' choice. The purpose of the individual interviews is validation and clarification concepts and events presented in the group interview, to reflect on the researcher's preliminary analysis of the interpretive group data, and to pursue new questions that arise during analysis. All interviews will be digitally recorded and transcribed verbatim. The researcher will use Atlas-Ti software to identify themes and paradigm cases to illuminate the meaning of intimacy as it is constructed in the interviews.

The specific aims are to gain information directly from the residents regarding their experiences of intimacy, especially since relocating to the assisted living facility (ALF). Data will be collected on men and women separately to glean differences between the genders.

This pilot study investigates the subjective experience of closeness and intimacy in older adults in a group living situation. Since there is a dearth of literature on this subject, the study seeks to elicit descriptions of close personal ties from the participants that may identify areas of further study. This study also pilots the group interpretative modality as a methodology for collecting data on intimacy and whether gender differences exist that merit further investigation.

Background and Significance

Berkman and Syme (1979) first documented the link between social contacts and longevity. Close relationships (marriage and contact with close friends) had a greater effect on longevity than did the more distant contacts (church or group association). While subsequent studies have confirmed the connection between social support and mortality, the reason social contacts are beneficial is not known (Friedman, 1993; House, Landis, & Umberson, 1988; Kaplan, 1988; Lyyra & Heikkinen, 2006; Schoenbach, Kaplan, Fredman, & Kleinbaum, 1986). Hordern and Currow (2003) define intimacy as the sharing of identity, mutual acceptance, and reciprocated support. When speaking of older adults who are dependent upon caregivers, intimacy can be physical or mental and may involve peers, volunteers,

health care personnel, and the individual's family and friends (Barker, 2002; Mattiasson & Hemberg, 1998).

There is a body of work on sexual activity in nursing homes, but little on the broader concept of intimacy and how it affects quality of life and health in general. The researcher was only able to identify one article (in German) on intimacy in older adults in residential care. Since over one million older adults live in ALFs nationwide (ALFA, 2007) and ALFs are the fastest growing residential option for older adults in the United States, it is critical that we understand the link between this environment and the physical and mental health of elders.

This pilot is designed to uncover basic information and concepts regarding how older adults in ALF define intimacy and how their intimacy needs are met. This work will guide subsequent studies that will help us understand how to create healthy living environments for older adults.

Methodology

Examples of statistical analyses include:

Calculation of descriptive statistics such as mean, median, SD, range, tallies.

- *Examination of graphs such as outcome vs. time, scatterplots of two variables, Kaplan-Meier curves.*
- *Estimation of differences between two groups with comparison by t-test or Mann-Whitney test.*
- *Estimation and testing of within-person changes by matched t-test or Wilcoxon signed-rank test.*
- *Multiple linear regression, logistic regression, or Cox proportional hazards regression.*
- *Repeated measures models (usually requires the help of a statistician).*

For qualitative research

All interviews will be transcribed verbatim. Thematic analysis will proceed with the use of Atlas-ti 5.2 qualitative software. As the researcher identifies themes she will note additional or clarifying questions that need follow-up in the subsequent interviews. As the analysis progresses, interpretations will be presented to a research team for validation. Paradigm cases and contrary cases will be identified and described.

Because the data source is participant interviews, the researcher will not accept consent by proxy. Those who cannot give consent on his or her own will be excluded from participation. Ability to give informed consent will be measured by the ability to explain the procedure and consent back to the researcher. Research has shown that consent is incident-specific and that verbalizing understanding of the research procedure is an appropriate method for determining capacity to consent to the study (Mezey, 2006, personal communication).

The staff at the Pacific Institute, who is the PI's liaison to the facility, will identify subjects and obtain preliminary consent. The interested participants will then be referred to the PI, who will explain the study and obtain the written consent. The PI and co-PI will not have access to the medical record or any residential records kept by the facility.

Estimates are that approximately 50% of residents of ALFs nationwide have some degree of cognitive impairment (AARP, 2007). Participants with mild dementia that is able to consent for them can participate. Because this is a preliminary study on a subject about which little is known, the researcher has chosen to exclude those unable to give consent. When more is known about the topic, the researcher intends to include those with more severe cognitive impairment as they compose a significant number of ALF residents.

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