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Thriving in nursing homes in Norway: Contributing aspects described by residents

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Abstract

Background and objectives: Knowledge about residents' perception of what contributes to well-being and thriving in nursing homes is scarce. The aim of this study was to investigate mentally lucid residents' perspective on what contributes to thriving in a nursing home.

Design: A qualitative study with a descriptive-exploratory design.

Settings: Two nursing homes in Norway.

Participants: 26 mentally lucid nursing home residents.

Methods: Data collection comprised participant observation and open-ended interviews.

Results: Two core aspects contributing to thriving were identified: The residents' attitude towards living in a nursing home and the quality of care and caregivers. The residents' attitude was the innermost core aspect. Five additional aspects contributing to thriving were identified: Positive peer relationships, participation in meaningful activities, opportunities to go outside the ward or nursing home, positive relationships with family, and qualities in the physical environment.

Conclusion: Several factors contribute to an experience of thriving. The findings challenge the 'traditional' passive role of residents by documenting their active contributions to their level of thriving in a nursing home.
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Keywords: Nursing homes; Nursing home residents; Residents' attitude; Residents' perspective; Thriving; Well-being

What is already known about the topic?

- The concept of thriving is described as a process of growth and development and as an emotional state of satisfaction or psychological wellbeing.
- Quality care, family and peer-relations, participation in activities and a nice and pleasant environment contribute to well-being among residents in nursing homes.
- An attitude of 'making the best of it' and having a legitimate reason for nursing home admission can make it easier to settle down and come to terms with life in a nursing home.

What this paper adds

- In a nursing home context, a perception of thriving is the result of person-environment interactions that

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accommodate the individual needs and preferences of the residents.
- Mentally lucid residents hold different attitudes towards living in the nursing home, which are decisive for whether or not they thrive.
- The impact of quality care on the experience of thriving depends on the resident's mental attitude towards living in the nursing home.

1. Introduction

A main objective of nursing homes is to make the residents' lives as good as possible in spite of their health problems, reduced level of functioning and extensive dependency. To make nursing homes a place for 'thriving, not just surviving' (Tremethick, 1997) has been proposed as an ideal goal (Bergland and Kirkevold, 2001; Slagsvold, 2000; Sosialdepartementet, 2003). Nevertheless, research has repeatedly described nursing home life as uneasy (Shield, 1988), constraining and dehumanizing (Fiveash, 1998), and characterized by loneliness, boredom and helplessness (Slama and Bergman-Evans, 2000). The term 'failure to thrive' has been introduced to capture unexpected and unexplained physical and mental deterioration among nursing home residents (Beattie and Francoeur, 2000; Bergland and Kirkevold, 2001; Hollinger-Smith and Buschmann, 1999). Originally, it was tied to organic causes. In recent years, psychosocial factors, such as loss of close relations, loneliness and helplessness (Beattie and Francoeur, 2000; Bergland and Kirkevold, 2001; Newbern and Krowchuk, 1994), as well as suboptimal interactions between the persons and their environment, have been proposed as possible contributing factors (Newbern and Krowchuk, 1994).

Although understanding 'failure to thrive' is important in order to identify, intervene or prevent unexpected and excessive decline, understanding its' positive counterpoint, *thriving*, seems equally important in order to promote a good life among the residents (Bergland and Kirkevold, 2001; Haight et al., 2002). So far, little research has addressed this topic. In this paper, we report on a study in which we explored thriving from the perspective of mentally lucid nursing home residents.

2. Literature review

The concept of thriving has been explored from different theoretical perspectives, particularly in the social sciences (Bergland and Kirkevold, 2001; Carver, 1998; Petersen, 1995). In the following, thriving is described as a process of growth and development and as an emotional state, and related to relevant research on nursing home residents.

From a growth and development perspective, thriving is understood as a process and consequence of successful mastery of a stressful or adversarial event. It implies the effective mobilization of individual and social resources in the face of threat and results in positive physical, mental and/or social development (Carver, 1998). Applied to nursing home residents, it suggests that thriving residents have been able to adjust well to nursing home life. No nursing home research has been conducted explicitly from this theoretical perspective to date, but several research findings seem to be consistent with it. For example, Kahn (1999) and Daley (1993) found that an attitude of 'making the best of it' was important in order to adapt to nursing home life. This attitude made it easier to settle and come to terms with life in a nursing home. Similarly, Chenitz (1983) found that to accept a nursing home admission and settle down, residents had to have a legitimate reason for the admission and had to focus their energy on making life in the nursing home continuous with their previous life. These findings suggest that nursing home placement is a stressful and potentially threatening event. Individuals who are able to master this event in a positive way, may be assumed to grow and develop from the experience, be better prepared to deal with nursing home life and thrive in that context.

From an emotional state perspective, thriving is considered a state of satisfaction or psychological well-being, emanating from a positive balance between the expectations of the individual and the environment's capacity to meet the expectations (Petersen, 1995). From this perspective, thriving is a function of the interaction between the individual and his or her environment (Petersen, 1995). Indirectly, Newbern and Krowchuk (1994) seems to have worked from this perspective in their work on failure to thrive (FTT) among the elderly. They consider FTT to be the result of a deficiency in the interaction between the individual and the environment. Similarly, Haight et al. (2002) have proposed thriving to be an ongoing process of 'living life fully' (p. 16) and the result of an optimal interaction between the person and his or her human and non-human environment. To achieve a state of thriving from this perspective, nursing home residents have to adjust their expectations towards life in the nursing home in line with what is possible to achieve.

Few studies have specifically explored which factors contribute to thriving among nursing home residents. However, several studies underscore the importance of relationships with caregivers, family, friends and other residents (Grau et al., 1995; Guse and Masesar, 1999; Rantz et al., 1999). In addition, environmental factors, such as attractive, clean, spacious and homelike surroundings (Aller and Van Ess Coeling, 1995; Rantz et al., 1999) and having a private room (Guse and Masesar, 1999; Rantz et al., 1999) are important. When

a private room is not available, a pleasant and compatible roommate is emphasized (Rantz et al., 1999). Other contributing factors are feeling safe and secure (Mattiasson and Andersson, 1997; Nores, 1997), taking part in self-care and recreational activities (Aller and Van Ess Coeling, 1995; Raynes, 1998), getting out of the nursing home (Guse and Masesar, 1999; Raynes, 1998), and scheduling one's own day (Daley, 1993).

So far, these factors have generally been described as if they were of equal importance. Knowledge of whether some factors are more critical to well-being and thriving than others and how different aspects relate to each other is limited. The majority of the studies of residents' experiences in nursing homes are from the US (Grau et al., 1995; Kahn, 1999; Rantz et al., 1999). There are few studies from Europe (Hubbard et al., 2003; Reed and Payton, 1996a) and the Nordic countries (Liukkonen, 1995; Mattiasson and Andersson, 1997). As there are important differences between nursing homes in the US and Europe, both in relation to daily life and in terms of organizational and cultural aspects, more research is needed to study well-being and thriving in nursing home residents within a European context. The aim of the study was to gain increased understanding of thriving and to identify which conditions are important for thriving, from the perspective of nursing home residents. The study is conducted within a Norwegian context.

3. Method

This was a descriptive-exploratory study conducted within the interpretive tradition of Schutz (1962, 1975). In his social phenomenology of everyday life, Schutz (1975) argues that people live in a shared social world and that lived experiences are always interpreted by the individual persons. Schutz (1962) refers to these interpretations as 'common-sense constructs' (p. 5) or 'constructs of first degree' (p. 10). In order to develop systematic scientific knowledge about the meaning and significance people assign to their experiences, researchers interpret the individuals' interpretations, generating 'scientific constructs' or 'constructs of second degree' (p. 6). Second degree constructs are more abstract and general than first degree constructs and formulated within a disciplinary perspective. Nevertheless, they must be consistent with the first degree constructs in order to be scientifically adequate. This is formulated in Schutz' (1962) *postulate of adequacy* (p. 44). We have sought to develop further the emerging, but preliminary second degree construct thriving (Haight et al., 2002) by keeping closely with the first degree or common-sense interpretations of the nursing home residents in their every-day language. We have sought to incorporate the residents' own perceptions and interpretations when selecting scientific terms and developing our interpretations. For example, the terms that we use to describe the different aspects of thriving, e.g. mental attitude, was introduced by some of the study participants. However, we have interpreted and developed the 'common sense' constructs further by comparing and contrasting the individual interpretations and synthesizing them into a more general account. In the following, the particular measures taken to keep a close link between the first degree and second degree constructs are detailed.

3.1. The study settings

The study was conducted in two nursing homes in a large town in eastern Norway. The nursing homes had 152 and 108 residents, and eight and six wards, respectively. All the included wards had residents with both physical and mental impairments, and the mentally lucid residents constituted the smallest group (approx. 20%) in line with other Norwegian nursing home studies (Nygaard et al., 2000). The residents either had a single room or shared their room with one other resident. Both nursing homes had a philosophy of creating a homelike environment. All residents were strongly encouraged to bring their private furniture and belongings to the home, but there was considerable variation in the quantity and range of private furniture and possessions brought along. In the corridors and living rooms, attempts were made to create a pleasant and homelike environment. The wards varied according to their structure. In each nursing home, some of the wards had a relatively large combined dining and living room for all the residents. The other wards were divided into either two or three groups, having their own dining and living rooms. Both nursing homes had a reception area and cafeteria on the ground floor, where the residents could go alone or with family and friends, and which was used for organized gatherings.

3.2. Sample

A purposive sample was recruited, comprising 26 mentally lucid nursing home residents, 20 women and 6 men. Inclusion criteria were: (a) Being 65 years or older, (b) having lived permanently in the nursing home for two months or more, (c) assessed to be mentally lucid by the head nurses, (d) able to communicate, read and understand Norwegian and give their informed consent, and (e) assessed as able to participate in an interview by the head nurses, in some cases, together with caregivers who knew the resident well. The residents should not be demented, severely depressed or in a state of confusion. Three persons meeting the criteria died prior to inclusion. Eight did not give their consent. Demographic characteristics of the participants are described in Table 1.

The issue of assessing the cognitive competence of the residents using the Mini-Mental State Examination

Table 1
Demographic characteristics of the nursing home residents

	Women	Men
Number	20	6
Age (years of age)	74–103 (mean = 89.5)	81–99 (mean = 89)
Length of residence in the nursing home	2 months–10 years (median = 11.5 months) (mean = 14.4 months)[a]	4 months–26 years (median = 21 months) (mean = 20.4 months)[a]

[a]One resident with an extremely long period of residence has been excluded.

(MMSE) examination was considered, but rejected because experienced geriatric nurses emphasized the possible difficulties in establishing a relationship of trust with the residents after they had been exposed to the MMSE test. The literature also indicates that elderly people may perceive questions to assess their cognitive capacity as offensive (Reed and Payton, 1996b). Within the scope of this study, it was important to include persons who were able to describe their situation and perception of life in the nursing home. Residents may be able to give their views and perceptions of what is important to experience a 'good life' in the nursing home despite slightly reduced or variable mental capacity (Mozley et al., 1999). Consequently, it was not critical for the study to exclude residents according to a specific 'level of measurement', if they were clinically judged to be 'mentally lucid' and able to participate in the study.

3.3. Data collection

Data were collected in three phases through participant observation and open-ended interviews. The first and second phase, including 12 and 4 residents, respectively, encompassed participant observation and interviews. Phase three, including 10 residents, included only interviews. The aim of the second phase was to include men as none had been included in phase one due to few male residents meeting the inclusion criteria in the nursing homes. The third phase was conducted to further elaborate questions which had arisen during the analysis-process, to perform validity checks and to accommodate the recommendation of larger samples when conducting research among frail elderly people, to compensate for the lack of rich descriptions of their situation and for the fact that patterns may not emerge and repeat themselves as quickly as in other populations (West et al., 1991).

During the periods of observation, the aim of which was to gain a better understanding of the residents' everyday life in the nursing home, the researcher participated in the residents' daily activities including mealtimes and in other structured activities, such as bingo, entertainment, and religious events. The researcher also spent fairly long periods with the residents in the living room between the organized activities. During the fieldwork several informal conversations with the residents took place. Field notes were written immediately after each observation period and structured into four parts; observational, theoretical, methodological and personal notes (Richardson, 2000). The researcher also took notes in a small notebook during the observation periods, especially of significant statements made by the residents.

The interviews took place in the residents' rooms and were initiated by asking the residents open questions encouraging them to talk freely about their everyday life in the nursing home. They were encouraged to describe a 'good' and a 'bad' day and what contributed to an experience of thriving or non-thriving more generally. In most instances, the researcher conducted two interviews with each resident, partly due to the residents' health problems and limited stamina and energy, and partly to follow up the researchers' field observations and interviews, and to give the resident an opportunity to talk about a specific situation or activity.

Although, the risk of obtaining 'thin' data from interviews with frail institutionalized elderly people is described (West et al., 1991), there is little discussion of the specific challenges researchers meet when conducting interviews with frail institutionalized elderly people (West et al., 1991). In qualitative research, open-ended questions which encourage the interviewee to talk freely about the interview theme(s) are emphasized. These principles were applied in the current study. However, the residents' answers were often rather short. In an effort to secure sufficient qualitative descriptions, follow-up questions were used to encourage the residents to elaborate on their views and experiences. This led to richer data, but seldom to long uninterrupted descriptions. To encourage elaboration and give the residents an opportunity to respond to the researcher's interpretation of their views, the researcher identified the 'idea or theme' in the subjects' statements and returned it as a question. During the interviews, the residents frequently engaged in reminiscence (Robinson, 2000) to make comparisons or contrast prior experiences with their present situation or to underscore their statements.

The researcher asked the residents for permission to use a tape recorder during the interviews. Six did not give their permission, and in one case the interview was not tape-recorded because language difficulties made correct transcription exceedingly difficult. Tape-recorded interviews were transcribed verbatim by the first author immediately after the interview. When the interviews were not tape-recorded, extensive notes were taken during the interview and a detailed description of the conversation written immediately afterwards. These procedures were conducted to ensure as exact descriptions as possible of the residents' common-sense interpretations of their every-day life (Schutz, 1962).

3.4. Data analysis

The qualitative data analysis was geared towards identifying themes, patterns and qualitative descriptions in the material related to the residents' experiences of thriving (Kvale, 1997; Malterud, 1996,2001). Initially the complete interview and field observation text was read thoroughly, to identify preliminary main themes. The data was prepared for further analysis by identifying 'meaning units' related to the themes identified initially. The 'meaning units' were coded and copied into different files. To facilitate the analysis, the data were also written up in a 'condensed version', in which the specific content from the meaning units was abstracted and written in a more general form (Malterud, 1996). The next step in the analysis process was to read and reread several times the different 'thematic files' to identify the residents' perception of what was important to experience thriving in a nursing home. This step in the analysis process was undertaken one theme at a time for all the residents, and led to refinement of the thematic categories. After reading thoroughly through the different themes, the whole original text was reread to ensure that no main theme remained unidentified. In this phase, the residents' mental attitude towards living in the nursing home emerged as an essential category and 'second degree construct' (Schutz, 1962). In the next step of the analysis, the residents were grouped by differences in their mental attitude towards being in the nursing home, and according to whether they expressed thriving or not. By systematically contrasting these groups and the opposing accounts among the residents, patterns became clearer. These readings also helped us clarify the various aspects contributing to thriving and the relationships between them. The aspects were also made clearer by the residents' accounts about negative experiences in the nursing home. In the process of identifying aspects contributing to thriving and how these were related, we went back and forth through the text to examine the relationships that had been identified. The data was read and analyzed by both authors, and consensus achieved about the essential themes and structure.

3.5. Ethical considerations

The study was approved by the Norwegian Social Science Data Services and the Regional Ethical Committee for Medical Research. The directors of the two nursing homes gave their permission for the study to be conducted. The head nurses identified residents who met the inclusion criteria, and conveyed written information about the study to them. Participants gave their consent to the head nurse. Oral and written information emphasized that participation was voluntary and that refusal would have no impact on their situation in the nursing home.

4. Findings

Several aspects, of differential importance, were described by the residents to contribute to thriving. Before discussing these aspects, it is important to clarify the perspective from which the residents talked about thriving in the nursing home.

4.1. Premises for the experience of thriving in nursing homes

The residents were careful to point out that their discussion of thriving was based on certain premises. They clearly stated that their present feelings and perceptions of thriving were qualitatively different from what they had associated with this term earlier in life. Becoming a resident in a nursing home had caused a major shift in their life. Most had explicitly reduced their expectations for their present life. Life in the nursing home was conceived as something quite different than life 'at home'. Their previous life was regarded as positive, but at the same time as history. The following statement illustrates this perspective: 'You know, it is not like it was earlier in life. It is quite different. These are two different ways. I was more content at home.' The residents who were able to leave their previous conceptions of thriving behind, as no longer relevant, were able to re-conceptualize thriving within the constraints of their current life situation. Participants who were not able to redefine thriving, seemed unable to thrive in their nursing home situation. These issues are outlined below.

4.2. Aspects contributing to thriving in nursing homes

Two aspects were found to be critical, and thereby constituted the core in terms of experiencing thriving in the nursing home: The residents' mental attitude towards living in the nursing home and the quality of the care and caregivers. Of these, the resident's attitude was the most essential (see Fig. 1). The core aspects were

Fig. 1. Core and additional aspects contributing to thriving in a nursing home.

identified as essential because the residents talked of them as being most important to their thriving. In addition, these themes were most frequently mentioned and often repeated by the residents. The importance of different aspects of the care to the experience of thriving was also identified through residents' descriptions of episodes with unsatisfactory care.

Additional aspects that contributed to thriving included positive relationships with other residents, participation in meaningful activities in the nursing home, opportunities to go outside the ward or nursing home, relationships with family, and qualities in the physical environment. However, these aspects were less essential, in that they did not promote thriving in the absence of the core aspects. Additionally, they appeared to have differential impact depending on whether the residents were thriving or not. In the following, the aspects will be elaborated.

4.2.1. Core aspects contributing to thriving

As illustrated in Fig. 1, the residents' *mental attitude towards living in a nursing home* was found to constitute the innermost core. The study identified three different mental attitudes: An attitude of being determined not to thrive, ambivalence towards living in a nursing home and an attitude of being determined to thrive.

An attitude of *being determined not to thrive* implied making up one's mind not to thrive in the nursing home, demonstrating a will not to thrive and a wish to leave the nursing home which was perceived as a strange place impossible to settle down. Only one resident demonstrated this attitude. Nothing could change her mind, she stated. Whatever the caregivers did to try to make her life as good as possible she would never thrive. The following quotation illustrates her point of view:

> Researcher: Is it possible to say more about why you don't think you will ever thrive?
>
> Resident: It depends on me, because I do not want to thrive.

An attitude of *ambivalence* was identified in six residents and reflected a kind of thriving or a degree of thriving, but at the same time clearly wishing and hoping for an independent life in their former home. The ambivalent residents appeared not to have come fully to terms with the fact that their dependency left them no option but to live in the nursing home. As one of them

claimed: 'I thrive in the sense that I would just have wished it to be different … It is possible to stay here, but I would rather have lived at home.'

Both the resident who did not want to thrive and the ambivalent residents looked back on their lives and expressed the hope that they would return to their homes, even if they more or less recognized that this hope was unrealistic.

An attitude of *being determined to thrive* in the nursing home was identified in 19 residents. This attitude implied that they had made a deliberate decision that the nursing home was the only possible place for them to live for the rest of their life, due to their present state of health and level of functioning. The two following statements illustrate this attitude: 'Your attitude is the main thing. You have to come to an agreement with yourself that you are going to stay here … I am content … You have to make up your mind to be content.' 'It is a matter of one's own willpower …, but it is a tough decision.' This attitude also implied that the residents perceived the nursing home as their present home, although different from their earlier homes. A typical statement was: 'I consider this my home now, but not a home the way I am used to. I have a totally different attitude towards my surroundings now.' This mental attitude also included deciding to 'make the best of it', to focus on the positive aspects of the nursing home life and to distinguish between one's previous life and nursing home life. This mental attitude did not inspire a diffuse hope of being able to live independently.

The fact that the resident's mental attitude represented the innermost core, is underlined by the following quote: When asked if there was anything in the nursing home that could influence her situation and make her feeling better, one of the residents answered: 'No! It depends only on me!'

On the other hand, *the quality of care and caregivers* was found to be essential to thriving in the sense that inadequate care, including negative experiences with caregivers, could undermine the resident's own efforts to thrive. Similarly, receiving good and adequate care from supportive and friendly caregivers supported the resident's own efforts. The core aspect quality of care and caregivers interacted differently with the residents' various mental attitudes and had different impacts on the residents' experience of thriving. Residents determined to thrive claimed that good care, including good caregivers, had an important effect on their mental attitude, and contributed considerably to their attitude as well as to their experience of thriving. Ambivalent residents and the woman being determined not to thrive claimed that good care and being helped by nice caregivers eased their nursing home life, but did not alter their mental attitude or make them thrive.

A feeling of safety, that is knowing for sure that one will get the help one needs and that daily needs will be taken care of, made a very important contribution to the experience of thriving. A typical statement was: 'It is safe and good to be here. Here I am showered and cared for, every single day.' Being helped in a way that was adjusted to one's own needs and wishes and the daily changes in their health state without having to instruct the caregivers was also of great importance, as illustrated in the two following quotes:

> I am so glad when she is here! [Referring to her favorite caregiver]. We know each other so well. It is so important *who* comes into my room in the morning. We do not have to talk so much, because she knows exactly how I want to be helped. I am so glad I do not have to explain.

Another resident stated:

> …that they know what to do [is important], because my breathing is so poor and everything. ….It is very difficult for me to instruct them, if they come into my room and say: I have never helped you before, you have to tell me what to do. That is difficult!

The importance of skillful and knowledgeable caregivers who knew the particular health problems, diseases, medical treatments and possible consequences associated with frailty and old age and were able to provide adequate medical assistance, is further elaborated in the following excerpt from a conversation during the field observations:

> She stated that she feels that the staff has poor knowledge about gallstones and her bile problems. She says that she wished the staff knew more about this issue: Once I was in terrible pain, because I had been given fried pork and no one had told me that I should not eat it. I didn't know anything, was only in pain. None of the 'sisters' knew what the reason could be. They ought to know about the problems I have. I just sat there in pain and did not know what to do.

Being helped with what they regarded most important (e.g. to get a dry pad without having to ask for it) was emphasized. Maintaining a good balance between helping and letting the residents do what they were able to, help with physical exercise and good food were also stressed. Continuity among the caregivers was stressed by several but not all residents. One resident stated: 'I would prefer to have the same and the best nurses to help me every day. But that is not possible.'

The residents emphasized the importance of caregivers being respectful, kind, friendly, and showing an interest in the old person and in doing their best for him or her, as illustrated in this typical statement: 'They [i.e. the good caregivers] listen to what I have to say. They do not degrade me. That is the most important … They

show an interest in helping me.' Positive relationship with the caregivers, and feeling that the caregivers had time to talk to them, was extremely important to the majority of the residents.

4.2.2. Additional aspects contributing to thriving

As shown in Fig. 1, the study identified five additional aspects contributing to thriving. The fact that these aspects alone did not contribute to thriving was demonstrated by the ambivalent residents and the woman determined not to thrive. Although describing positive relationships with family and other residents, or having a nice room, this did not secure thriving.

Positive relationships with other residents contributed to the experience of thriving among those residents determined to thrive who deemed them important and were able to establish such relationships. This implied establishing contact with residents with whom they could talk properly and share experiences of the nursing home and their earlier life as well as visiting each others' room and spending time together both in organized activities and on their own. Although valued as important by several residents, peer-relationships were described as less important compared to relationships with caregivers. One resident stated: 'Contact with the others who live here is important for my experience of thriving. But I would say that most important to my experience of thriving is all the nice 'helpers' we have got.'

Participation in meaningful activities organized by the nursing home or initiated by the residents themselves could also contribute to an experience of thriving. Certain activities were described as pleasant and meaningful (e.g. musical events, religious services and physiotherapy); others (e.g. bingo) were valued as pastimes. Residents who organized their own daily activities usually did this by reading and/or watching TV. One resident stated: 'I live through the books I read. They fill up my days.'

Opportunities to go outside the ward and nursing home: To leave the ward for shorter or longer periods contributed to a positive day, and to the experience of thriving for some. The same applied to activities outside the nursing home, for example, visiting family, participating in organized tours, going to church or experiencing nature.

Relationships with family: Regular visits from family contributed to the residents' feeling of thriving. Days with visits from family were valued as better days than those days without visits. If the visitors brought coffee and/or cakes, this made the visit to a pleasant event for the residents.

Qualities in the physical environment: Several aspects of the physical environment in the nursing home could contribute to a feeling of thriving. An attractive, bright, clean and tidy environment and a private and preferably spacious room were underscored: 'I am very grateful that my room is big enough, so that I have space for some private furniture.' 'It is important to have my own furniture. In a way I feel more at home when I can sit among this furniture.' Residents who shared a room with another resident claimed this was working because their room-mate was nice and quiet, but all preferred a single room.

Having a private bathroom was an important factor, valued by residents who had one and strongly desired by most of the residents who did not have one. A typical statement was: 'To have my own bathroom and toilet is the best. Everyone should have it like this.' One resident who did not have a private bathroom asserted: 'To go to the toilet at night, that, I think, is very inappropriate here. Imagine if I could have a little toilet that was only mine'.

4.3. Differential importance of additional aspects related to the residents' mental attitude and to thriving and non-thriving residents

The study identified differences between residents being determined to thrive and the other residents in terms of how actively they were able to take advantage of some of the additional aspects, especially participating in activities and establishing relationships with other residents. The ambivalent residents and the resident determined not to thrive seemed more reluctant to participate in organized activities and establish peer relationships compared to residents with an attitude of being determined to thrive. The majority of the residents who were determined to thrive participated in activities and about half had managed to establish a positive relationship with at least one other resident. Thriving residents who were reluctant to participate in organized activities, managed to initiate meaningful activities on their own. Residents determined to thrive generally also emphasized a nice physical environment as contributing to their thriving and many had furnished their room with private possessions and deemed this as important to their experience of thriving. For residents with an ambivalent attitude and the resident determined not thrive private furniture and belongings could be a constant reminder of the home they were longing for. There were no differences among the residents in terms of relationships with and visits from family.

5. Discussion

Several of the identified aspects contributing to thriving have been identified in the literature (Aller and Van Ess Coeling, 1995; Rantz et al., 1999). As in our study, the importance of caregivers has been emphasized (Chou et al., 2002; Rantz et al., 1999). However, the

identified aspects have generally been discussed as if they were of equal importance (Guse and Masesar, 1999). Our findings indicate that this is not the case and that the different aspects impact differently depending on the residents' mental attitude towards living in a nursing home and whether they are thriving or not.

The finding that the residents' mental attitude was the most essential to experience thriving, underlines their active contribution to their own life in the nursing home. The identification of different mental attitudes towards living in a nursing home has not been previously discussed in the literature, to our knowledge. However, Chenitz (1983) seems to have identified similar processes when indicating that the old persons' perception and understanding of the nursing home admission shaped their reactions and behavior in the nursing home. These findings are also consistent with research indicating that personal factors appear to be more important to satisfaction with the nursing home and to psychological well-being than organizational factors (Kruzich et al., 1992; Wahl, 2001). An attitude of 'making the best of it' in the process of adaptation to life in a nursing home has been identified (Kahn, 1999), but is described as if all residents strove to develop this attitude. Our findings suggest that this is not the case.

Social gerontological research has described different adaptive strategies and mental processes that elderly people use to maintain a relatively stable experience of well-being and contentment when experiencing irreversible losses, deteriorating health and reduced level of functioning (Baltes and Baltes, 1990; Brandtstädter and Rothermund, 2002). So far, however, these perspectives have not been thoroughly discussed in relation to frail elderly persons within a nursing home context. The importance of the residents' attitude towards living in the nursing home suggests that frail nursing home residents use similar strategies to sustain a relatively stable level of thriving. Brandtstädter and Rothermund's (2002) dual-process model of assimilative and accommodative coping, focusing on the interplay between goal pursuits and goal adjustment and on assimilative and accommodative processes to reduce discrepancies, is consistent with our findings. Accommodative strategies, such as rescaling goals, rearranging values and adjusting aspirations to the given situation, are found to be most efficient in buffering the emotional strain of irreversible losses in old age. The thriving residents in this study had lowered their expectations to achieve an acceptable level of thriving, as they emphasized that thriving in nursing homes was different from thriving in their earlier lives. Having made up their mind that the nursing home was the only possible place to live due to their deteriorating health and limited level of functioning, they had downgraded blocked goals, such as living in their own home. Instead, they had rescaled their goals and rearranged their values by focusing on what could be achieved in their present life within the constraints of a nursing home life and to make the best of their situation. Ambivalent residents and the resident who was determined not to thrive apparently had not been able to accomplish this process. These findings support a conception of thriving as an emotional state based on an adjusted balance between the expectations of the individual and the capacity of the environment to accommodate the expectations.

Strategies such as lowering one's expectations and reducing the level of aspiration are often described as passive coping strategies (Filipp, 1996). However, the residents with an attitude of being determined to thrive made an active, deliberate decision to make the best of their present life situation, not just to adapt to the situation passively. This is in line with Kahn (1999), who suggests that accepting an undesirable situation in old age is not necessarily passive behavior, but a result of efforts to make the unfavorable, but uncontrollable, situation internally acceptable.

From the perspective of Chenitz' (1983) discussion of nursing home admission, residents with an attitude of being determined to thrive had *legitimated* their nursing home admission by realizing that they had no choice but to live the rest of their life in a nursing home. By more or less hoping for a life outside the nursing home, the resident determined not to thrive and the ambivalent residents apparently had not fully legitimated or found an acceptable reason for staying in the nursing home. In light of thriving as an adaptive process, in which the individual is able to effectively mobilize individual and social resources to deal with a potential threatening event, our findings suggest that the thriving residents had indeed been able to deal with nursing home placement in a successful way, thereby strengthening their ability to deal with the adverse event of giving up their home. The non-thriving and ambivalent residents had not been able to accomplish this process.

Although the present study identified the residents' attitude towards living in a nursing home as being the innermost core aspect, a close relationship between the residents' mental attitude and the quality of care and caregivers was also found. The residents' mental attitude constituted an important personal resource closely interacting with these resources or 'system qualities' in the nursing home. In this way, an attitude of being determined to thrive could not ensure thriving in the absence of quality care and supportive caregivers. Residents determined to thrive claimed that quality care and pleasant and kind caregivers made it easier to develop this kind of attitude. The other residents claimed that neither good care nor thoughtful caregivers could alter their attitude, but nevertheless eased their nursing home life. This indicates that a perspective focusing on the relationship between the person and the environment is decisive. This is also stressed by

Petersen's (1995) and Haight et al.'s (2002) discussions of thriving. Similarly, Newbern and Krowchuk (1994) maintain that failure to thrive is a result of dysfunctional interaction with the environment or a lack of necessary environmental resources. Consequently, good and adequate environmental or system resources like quality care, positive relationships with caregivers and peer-residents as well as environmental qualities like nice single-rooms with a private bathroom, may support frail residents' efforts to maintain a positive experience and promote thriving in spite of their vulnerable situation. More knowledge is needed to understand the complex interplay between the efforts and resources of the frail elderly residents themselves and essential qualities in the nursing home.

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