EMPIRICAL STUDIES

Seniors’ experiences of living in special housing accommodation

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Abstract
This article presents a hermeneutic phenomenological analysis of interview material in which 12 seniors living in Special Housing Accommodation (SHA) facilities reflect on the experience of living in such facilities. Of particular interest in the analysis is living in a SHA as a phenomenon. The finding shows that the phenomenon of lived experience in a SHA seems to be a state of ambiguity regarding one’s existence, which is made up of several constituents (elements of meaning). The analysis contributes to the understanding of how the phenomenon of SHA living is coming into existence as a need, due to an individual’s failing health; however, the SHA is not considered to be a true home. Accordingly, this has consequences to the subject position for the seniors in that they have to navigate between existing and not existing. The seniors learn to cope with living in the SHA by lowering their expectations of life and existence while the SHA provides the prerequisites for their existence. An implication for promoting care is to support the seniors to enable a full existence of life within SHA living.

Key words: Seniors, lifeworld, lived experience, residential living, ambiguity of existence

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Introduction
This paper examines the phenomenon of living in Special Housing Accommodation (SHA) in the context of Swedish care for seniors. SHA means alternative forms of housing such as nursing homes, elderly homes, and group housing (Ministry of Health and Social Affairs, 2007, p. 2). One of the most important principles of Swedish policy relating to seniors, as provided in the official statements, is that public policy is to be framed in such a way that seniors shall continue living in their own homes for as long as they possibly can, even if they are in need of extensive health and social care. However, SHAs are available for people who are no longer able to live in their own homes (regular housing). The various SHA facilities usually have one-room apartments with jointly owned, home-like premises, where they typically offer meals. SHA services also provide 24-h scheduled and unscheduled personal care. In Sweden, however, housing policies for seniors’ care, have generally focused on the development of assisted living and care standards (supply-based care), rather than on adapting the SHA to the requirements of the individual residents (Hellström Muhli, 2010). This is despite the fact that the political discourse claims to offer care that is tailored to the individual’s needs (demand-based care). This poses some interesting questions. Specifically, what is the seniors’ experience living in a SHA when the accommodation mandates are based on both supply-based care standards and on the institutional order or discourse, rather than the individual influence? Can the SHA be viewed as a home where the person actually feels like being at home (Heidegger, 1927/1981)? Is the perceived life at a SHA experienced as something more than a solution to care requirements? Therefore, our analysis takes particular interest in living in a SHA as a phenomenon, understood in discursive terms, concerning the subject positions that are presented.

The subject position implicates that the phenomenon of SHA is seen from the phenomenological meaning and, therefore, cannot be defined in terms of something that can be observed by an external
viewer. With reference to Dahlberg, Dahlberg, and Nyström (2008), the phenomenological concept and the idea of the lifeworld implies an epistemology for human science research in which the question of meaning is primary and seeks to understand the lifeworld meaning, for example, in the everyday experiences. These meanings are often implicit, “tacit,” and taken for granted (p. 6). The experience of the phenomenon of SHA living is, thus, understood from the perspective of the lifeworld (Husserl, 1930/2004) expressed by means of narratives from the subjects. In other words, we are interested in determining how the things about the SHA living as a phenomenon come into being or into existence (Heidegger, 1927/1981) and how those things are verbalized by the individual subject.

This kind of analysis has its theoretical origins in the phenomenology and hermeneutics approaches, drawing on key ideas from Heidegger's existential philosophy (1927/1981) and Gadamer's (1989) hermeneutical interpretive tradition. Analyzing empirical data using existential phenomenology as a foundation is a methodology that has developed with the influence of Martin Heidegger and Maurice Merleau-Ponty, among others (Bengtsson, 1991, 2008; Seamon, 1996).

The data have been collected through interviews with the seniors (ages 74-94), who have moved into a SHA, and have lived there for a period of 8 months to 6 years.

The topics of lived experiences and lifeworld

Phenomenology, as a method, utilizes a distinctive method to study the structural features of experience and things as experienced. Both the concepts of lived experience and of lifeworld refer to Edmund Husserl’s phenomenological work (Husserl, 1930/2004) and that which is central to phenomenology, namely, objects as phenomenon. The word phenomenon originates from Greek: phainomenon meaning that which appears (Filosofia.fi, 2010), or as Heidegger (1927/1981) formulates it: das Sich-an-ihm-selbstzeigende. Phenomena are things as they appear for someone. In that sense, the concept of phenomenon comprises interdependency between the object and the subject. Consequently, this shows that phenomenology is the study of things as they appear (phenomena). Applied to the current study, the study of experience is based on the seniors’ world experience, as they perceive them, herein, lived experiences in a SHA. Therefore, we define phenomenology as Seamon does (2010, p. 2); namely, “as the exploration and description of phenomena, where phenomena refer to things or experiences as human beings experience them.” Thus, life in a SHA may not be best understood only through an analysis of living standards, staff density, or the care offered within the SHA, but also from the basis of the seniors’ experiences from living there.

In order to understand the seniors’ experiences, the analysis includes Heidegger’s concept of existence (dasein), being-in-the-world, and meaning to describe the human ordinary everydayness (Heidegger, 1971). The modern hermeneutical condition is a fact of human existence and is concerned with a phenomenological explication of a subject’s existence or being-in-the-world. According to Bengtsson (2001), the representatives of the modem hermeneutical phenomenology are inter alia Martin Heidegger (existential phenomenologist) and Hans-Georg Gadamer (hermeneutics). With reference to the subject’s existence in the world and to the temporality (time), these thinkers argued that the subject never has access to the “things” as pure; rather the “things” are mediated by the subject’s anchor strap in an historical period, in a social context, in a language, etc. (Gadamer, 1989; Heidegger, 1927/1981). Consequently, the subject is already in a world context, which among other meanings is a world of traditions, history, and culture. This multi-faceted world is also a world of other subjects (Dahlberg et al., 2008). Thus to be in the world, means being with others. In his investigation of the Phenomenology of Perception (1945), Merleau-Ponty (1962/1999) broadened Heidegger’s correction to include the active role of the body in human experience. These concepts constitute analytical contrasts to the Cartesian view of dualism of mind and body, the distinction between subject and object, and the very language of consciousness.

To get insights into how people make sense of certain phenomenon at the SHA, the hermeneutic interpretive phenomenological analysis must be made to interpret and describe the universal structure in the subjective orientation. That is the structure of the hermeneutical circle and, therefore, the things has to be interpreted. Schwandt (1994, p. 121) states that

[T]he hermeneutical circle is an “ontological” condition of understanding; [it] proceeds from a communality that binds us to tradition in general and to our object of interpretation in particular; [it] provides the link between finality and universality, and between theory and praxis.

The topic of being, home, and place

With reference to Hauge and Heggen (2008, p. 460), there are some significant similarities and
characteristics for what a home is. The home is a private space, the resident has the power to control this private space, the home is the predominant space for personal relationships with people who are close (family and/or friends), and the home has a strong symbolic power.

In recent years, the interdisciplinary field of studies with a qualitative approach has produced a growing body of research about the meaning of home and place (Cresswell, 2004; Relph, 1976; Tuan, 1977; Yantzi & Rosenberg, 2008), including also some that are specifically related to older adults (Burman & Chantler, 2004; Gubrium & Holstein, 2003; Hilli, 2007; Iwarsson, Horstmann, & Slaug, 2007; Paterniti, 2003; Porter & Clinton, 1992; Sarvimäki, 2006; Swenson, 1998). This research displays two main themes that are relevant to this study namely: (1) being, and (2) meaning of home related to place.

The first theme, being, relates to Heidegger’s philosophy of being-in-the-world, which is another term for lifeworld (Bengtsson, 2008). Heidegger argues that people do not exist apart from the world. There is an undissolvable unity between people and the world, a situation that is always given and never escapable (Seamon, 2010, p. 3). Being denotes the existence of the subject. Consequently, to understand life in the SHA means to understand it from the perspective of life itself. SHA constitutes a reference point that shapes the seniors existence as much as it is shaped by it.

Being-in-the-world (Heidegger, 1971) also involves the meaning of being at home, in the world, (the second theme, home and place). Heidegger uses the concept of dwelling (1971, p. 146), to describe the place for the subject’s existence in the physical context and describes dwelling as the fundamental characteristic of the human condition. “People need a dwelling where they can feel at home.” Heidegger (1971, p. 146) further states that words such as building, dwelling, staying in place, and being are linguistically related. Place is a central ontological structure that constitutes the founding of human experience (Seamon, 2010, p. 5). The meaning of place is related to Merleau-Ponty’s notion (1962/1999) the being-in-the-world, which means that we are bound by body to be in place. Cresswell (2004) describes place as a way of understanding the world and not just a thing. Relph (1976), in his analysis of places and placelessness, describes the phenomenon of the lived world—place and sense of place as inextricably bound together with all hopes, frustrations, and confusions of life. Seamon’s and Sowers’s (2008, pp. 43–51) comments on Relph’s clarification about this kind of feelings related to places (as insideness and outsideness), Seamon and Sowers says: “if a person feels inside a place, he or she is here rather than there, safe rather than threatened, enclosed rather than exposed, at ease rather than stressed./.../the more profoundly inside a place feels, the stronger will be his or her identity with that place.” Tuan (1977, p. 3) discusses space and place. He states that “place is security, space is freedom: we are attached to the one and long for the other.” Gubrium (1993) states that the subjective meaning of life and the experience of living in a nursing home have to be understood as what life has become, in relation to what it was.

Hilli (2007) states that the concept of home has an inner and an outer dimension, which has a reciprocal interaction with each other. The outer dimension relates to physical aspects, such as the place where the person grew up. To feel at home, on the other hand, refers to a person’s inner world and comprises the concepts inner dimension. The home also confirms identity and provides security. Being at home defines a place that offers freedom, tranquility, and privacy.

**The institutional context**

For the seniors, a SHA also implies living in an institutional accommodation. Goffman (2009) describes an institution as a place to live and work with a large number of people in the same situation. Each phase of the residents’ daily routine occurs in the accompaniment of other people doing the same thing, even though the individual may have a private room or accommodation, providing a certain amount of privacy. The activities are directed from above, by means of a system of formal regulations, which are implemented to fulfill the institution’s objectives and goals. A SHA is a type of institution that de-personalizes the self (Gubrium, 1993). Referring to personhood, in the context of an institution, Porter and Clinton (1992) describe nursing home residents’ encounters with institutional life and ask how seniors experience the changes associated with living in a nursing home. The authors state (1992, p. 475) that: “the residents implied that their adjustments to the institutional way of living were influenced by factors such as singular circumstances and unique aspects of their life histories.”

The effect of living in a nursing home on socialization in seniors has been studied by Jacelon (1995) in her review of literature, in nursing, sociology, psychology, and medicine from the United States, England, Northern Ireland, and Finland. She states that it seems that we devalue the existence of old people in our community at large. Loss of control over personal decision-making seems to affect the life
satisfaction of institutionalized elderly people, the seniors experience lower levels of well-being because the nursing home environment is iatrogenic in that it encourages residents to internalize a sick role definition of self. The problem of adequate care was not centered on physical care, which appeared satisfactory, but on the fact that care was routinized with minimal attention to individual needs or to notions of choice, privacy, and dignity.

According to Berglund (2007), the satisfaction with caring and living conditions of elderly persons in nursing homes is described as low regarding: altered health, influence on care, rehabilitation, and meaningful occupation. However, the author states that nursing homes were a good alternative for seniors, and the results present important evidence to guide the heads of nursing homes and those responsible for elderly care, which will help to improve the caring and living conditions of seniors.

A study by Wikström (2010) explored how 33 seniors (aged 80 or older) experienced their lives in congregate housing units. She asked them whether it was possible for them to adapt to this new way of living and to regard it as their home. It was clear that the subjects experienced their living situation differently, however, with some shared dimensions such as good adaptations, adaptation with time, and poor adaptation. She states: “A majority of the participants expressed feelings of loneliness, and of being forced by decisions made by other people. They repeated the words: ‘I had no choice’.” Adaptation to life, in general, varied among the respondents. Preserved identity, integrity, and a sense of meaningfulness of present and previous life were predictive for good adaptation to the new living situation.

As can be seen from the literature review above, the importance of the SHA as a place and as a home with the meaning of functionality and existentiality makes it necessary to develop knowledge about the care of seniors as an aspect of the human experience of the world; namely, the phenomenon of living in a SHA.

The study

Methods

Setting. This study was conducted from February to April 2009, at four different SHA facilities within one municipality in western Sweden with 12 senior residents, each with their own one-room apartment. The executive directors and branch heads gave their permission to conduct the study. The branch heads selected 20 potential participants based on the criteria for inclusion in the study. Those criteria were: (i) seniors living in a SHA, (ii) the seniors should have lived in the SHA for longer than 6 months, this to keep up with rich lived experiences enough about living at SHA, and (iii) the seniors could participate fully in an interview and be able to express themselves. From these 20 potential participants, 12 were purposely selected and prorated to the four SHA facilities. Purposeful sampling is most commonly used in phenomenological inquiry. The logic and power behind purposeful sampling lies in selecting information-rich (lived experience) cases for in-depth studies, not for generalization (Speziale & Carpenter, 2003). Phenomenological inquiry and interpretive phenomenological analysis challenges the traditional linear relationship between the number of participants and value of research (Reid, Flowers, & Larkin, 2005).

In accordance with Helsinki declaration of 1975 as revised in 2008 (WMA, 2008) and with the Swedish Government proposition (Reg. Prop., 2002/03:50; SFS, 2003: 460), Dnr for ethical analysis has been made and the different aspects have been discussed. The participants were informed about the study as well as the issue of privacy; that is, not to reveal the participants’ identities and, finally, the voluntariness of taking part. All 12 seniors agreed to participate before the data gathering (interviews) for the actual meeting and to answer any preliminary questions. Informed consent and permission was obtained at the time of the interview. Ethical authorization was obtained from the senior managers of the SHA. In addition, all interviewees also gave their written consent to participate in the study.

Participants. The elderly participants were between 74 and 94 years of age (six males and six females). They had lived in the SHA between 8 months and 6 years. The physical condition of the persons varied. They stated that the reason for moving to the SHA was loneliness, frailty, and perceived insecurity where they felt their body’s functions weakening. Diagnoses of stroke, herniated disc, and hip fracture were reported as reasons for moving.

Data collection. The data material was collected by face-to-face interviews (each participant had one interview) using an interview guide (Fontana & Frey, 1994), containing the question topics of (i) life situation now, (ii) experiences of dwelling, (iii) being at home, and (iv) life situation in the future. Examples of interview questions were: What is it like to live here? What does it mean to you to be at home? What does your life situation look like today? The interview questions, as shown below, were open-ended and the interviews modality was held as a dialogue (Kvale, 1997). The sense of the
Data analysis

A hermeneutic phenomenological method of analysis has been used, more specifically: (i) analysis of terms as verbal objectification of the SHA experience, and (ii) interpretation of how the SHA experience appears in the senior’s lifeworld. This was achieved by going beyond the level of words and by considering abstract structures of the phenomena. In other words, the hermeneutical analysis consisted of two parts: a close analysis of the subject oriented position of the experiences related to the context, and a more general analysis of the phenomenon oriented analysis. First, a systematic review of the researchers’ pre-understanding of the phenomenon was performed in order to become aware of and set aside preconceptions. This phenomenological reduction began with a suspension of beliefs, assumptions, and biases about the phenomenon under investigation (SHA) versus what was already known about the SHA. Furthermore, it also involved some reflection on the perspective and the knowledge about a SHA from all sides including, from the professional, researchers, and the institutional perspective. The researchers’ pre-understanding has been acquired through many years of working in senior care, as heads of department and assistance assessment officer, and as a researcher. To set aside the pre-understanding, in this instance, means to control and to challenge the pre-understanding, not to completely free oneself from it, as complete reduction may never be possible (Speziale & Carpenter, 2003). The transcribed interviews were read thoroughly several times to obtain an overall representation of the material. The materials components were then identified on an intuitive level followed by an interpretive reading to identify meaning in supporting units within the different components. These units were carefully read and re-read to note changes or nuances in the meaning. A close dialogue with the text was held (Gadamer, 1989) concerning questions of relevance to the research aim: what is the text about? This part of the analysis is described by Dahlberg (2006b) as being distant and then coming closer. Therefore, the researchers focus must be on how they choose their viewpoints, outlooks, distances, and perspectives when they try to understand something and how they make phenomena and their meanings explicit. This is about moving between figures and backgrounds. The hermeneutical analysis continued with the interpretation of the oral accounts of the senior’s experiences applied with sensible understanding of what the text was about and vice versa, thereby engaging the hermeneutic circle of having the meaning of the whole of the text inform the meaning of the parts of the text and vice versa (Schwandt, 1994). The dialogue concluded when meaning (“the thing”) was displayed in clearly defined statements. The relevant statements were separated and recorded. The statements of meaning were then collected into constituents and are also considered relevant to the phenomenon, here ambiguity in existence was found in the interviews. In the following, the results of the analysis are shown with an illustration of the data material.

The meaning of lived experience of SHA living

The phenomenon of lived experience in a SHA seems to be a state of ambiguity of existence. This phenomenon is manifested in the data material in the shape of varying constituents. Those are: (i) waiting as an embodied experience, (ii) managing their everyday experiences, (iii) adapting their lives to the institutional order and routines, (iv) adapting their lives to other residents, (v) adapting their lives to their physical limitations, (vi) adapting their lives to their identities as residents, and (vii) adapting their lives to the experience of not feeling at home. In the proceeding sections, we describe this structure in the subjective orientation of the phenomenological meaning of a SHA. In those sections, the repetition of the phrase “ambiguousness” aims to show how the phenomena of ambiguity fit in all the different constituents and how it is connected to one another. This is also to show the temptation to be subjective and involved in the particularities and at the same time to show the temptation to be abstract and general in the descriptions. In other words, the repeated phrase shows the general patterns of ambiguity of existence (the phenomena) in the whole data material.

Waiting as an embodied experience

In the following extract, the constituent of embodied experience of residential living is specified to show a state of ambiguity of existence. The embodied experience means that the senior is bound by their body to the experience of waiting. An ordinary day
in a SHA is experienced as a borderland between waiting, loneliness, and the joy of receiving help and care. This ambiguousness encompasses both joy as well as the dissatisfaction of waiting. On the other hand, the experiences of not being satisfied are considered justified because the staff is overworked and unable to satisfy all the wishes of the seniors, as they have actually experienced. First impressions of the living experience are very positive, but further reflection shows that living at a SHA means learning to wait. The question then becomes: What is one waiting for? An example of this is waiting for one’s own turn. This is a recurring topic in the data material. If the senior requires assistance to go to the bathroom, then they must be prepared to wait, thereby holding in their need to urinate. This is shown in the following extract:

Interviewer: What do you think is not satisfactory?
Woman: (4 sec) Yes, I suppose it is the waiting. You must wait (…) things can happen (…)
Interviewer: Can you give an example?
Woman: If I need to pee, then I may have to wait (…) a long time, and it’s hard (…) but you must learn to hold on (…) but it is not that easy (3 sec).

Life in the SHA is also seen as slow moving and uneventful. The seniors adjust to the slow lifestyle and defend the staff when asked why nothing is done to break this slow moving existence. A woman states that:

Woman: When I first came here I thought things were very slow moving.

The situation is the opposite for the personnel. There never seems to be enough time. They have many other tasks than just assisting the residents. Despite this, a senior states that in retrospect she is satisfied with her living experience at the SHA, and that she tries to solve this problem through help from family instead of staff. For example,

Woman: Yes, but it feels okay generally; I must say that it does.
Interviewer: Mm
Woman: Yes (2 sec) but there can be certain days and certain times (3 sec)
Interviewer: Mm
Woman: Have (4 sec)
Interviewer: What would you want in those moments?
Woman: Well, you know (4 sec) of course, in summer, it is nice to get out and such (3 sec) but they [the staff] don’t have the time, they sit us outside (…) but it would be nice to go for a walk (…) my sister used to do that for me.

Managing the everyday experiences

In the following extract, the constituent of managing everyday experiences in the SHA living is specified to show a state of ambiguity of existence. The ambiguousness relates to minimizing the demands of living and full living. This means that the seniors, themselves, lower their demands and expectations of “being-in-the-world.” The concept of ordinary that is taken for granted is observed in the fact that life cannot be the same as it used to be before moving to the SHA. This means that the seniors adapt to the lowered expectations. SHA living is seen as an alternative when the senior can no longer manage in his/her own home. Everyday life continues with occasional entertainment and other activities during the afternoons. Food, accommodation, care, and assistance are all generally available. This is shown in the statement, “then they have entertainment sometimes in the mornings (…) and nearly each week, there is something in the afternoon”/ “…/“we have everything we wish,” but this implies no further demands. On the contrary, the seniors are grateful for everything they receive. This life, free of demands, is managed and motivated implicitly, “it is easiest for one selves if you realize …” the fact that they have no alternatives. The manner of expression displays ambivalence between expectations of life and limitation to fulfill them. One woman states the following:

Interviewer: Is there anything here you would like to change?
Woman: No (…) I don’t have any demands of different.
Interviewer: Nothing?
Woman: Yes … it is easiest for oneself if you realize that we have everything we wish (3 sec) and then they have entertainment sometimes in the mornings (…) and nearly each week there is something in the afternoon.
Interviewer: Mm
Woman: [A]nd I don’t have any demands of anything else really, but rather I am grateful for what is (3 sec) that’s what it has become.
Adapting the life to the institutional order and routines

The constituent of adapting life to the SHA as an institution shows a state of ambiguity of existence. The ambiguousness relates to minimizing the self-regulating existence and adapting to the institution-regulating existence. The rules and regulations of the institution control life in the SHA. Being-in-the-world entails an adaptation to a life in which the seniors are no longer able to choose when they can go outside, to whom they will sit next to when dining. At the same time, being-in-the-world of the SHA means that the seniors can always have someone to talk to in the dayroom, can feel secure in their surroundings, and can receive the assistance they require. When the seniors require assistance, they accept the fact that one must comply with the institution’s routines as to when and how assistance is provided. This is decided by the representatives of the institution, in accordance with the established routines, current economy, and the prevailing laws. Under such conditions, it is difficult to be able to maintain control over one’s own situation. The seniors solve this problem by adapting her/his life and by being-in-the-world while adjusting to the routines of the institution. The fact that someone else decides when and how often one is allowed to shower becomes part of everyday life in the SHA. This is revealed in the following extract.

Woman: And we have a shower once a week.
Interviewer: Mm
Woman: Yes, so I don’t know.
Interviewer: Would you like to shower more frequently?
Woman: Yes, especially in the summer.
Interviewer: Mm
Woman: It would be nice (…) but they just don’t have the time.
Interviewer: Mm (…) is that something you have discussed?
Woman: Well, not directly (…) we have not (3 sec) no (6 sec).
Interviewer: Hmm (3 sec).
Woman: Yes, but it feels okay generally; I must say that it does.
Interviewer: Do you feel that you can decide for yourself what you want to do (…)?
Woman: Not really, you cannot do that so much (…) you have to stick to the routines.
Interviewer: Why is that?
Woman: *Yes, I don’t know* (…) no one here can really decide for themselves, I think.

In the excerpt above, the woman states that she wishes she could shower more often, at least in the summer when it is warm, however, the staffs do not have the time to assist her. It is interesting to note that neither she nor the other residents have discussed this limitation; however, they state that there is nothing they can do, that is, routines must be followed. Nevertheless, there are residents who have reflected upon this situation when life in a SHA is described in the newspapers and they have found discrepancies between what is written and their actual experiences. Despite this, the seniors defend the routines that deny a self-regulating existence, pointing out that if all the residents did as they wished, the staff would not be able to cope. This is indicated in the following extract.

Interviewer: But you can decide what you do each day?
Woman: No, I don’t believe that (…) it says in the newspaper that we can but it is not always the case (…) now we have all had to (…) get up, if there is someone who is still asleep when they do their morning rounds (…) but if everyone decided when they want to wake up it would be hard (…) the whole day would be disrupted (…) for the staff.

Adapting the life to other residents

The constituent of relationships to other residents shows a state of ambiguity of existence. The ambiguousness relates to being accepted or rejected as a fellow resident, due to one’s health situation. Seniors move into a SHA for different reasons. Some live there for security and state of mind, others due to their care requirements. It is quite common that the seniors compare themselves with other residents and are affected by how other residents feel. It is easy for one to imagine that one might soon be in the same situation as another resident, who is in a worse condition. This means that it may be difficult to sit together with others in the common rooms; therefore, it is not uncommon for residents to retire to their own apartments. Even though the living experience sometimes has a negative effect on the residents, there is also an understanding and acceptance of the situation of others, even an amount of altruism for their fellowman. This is shown in the following excerpt.
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Interviewer: Is there anything else you would like to tell about?

Woman: Yes (...) of course there are sick people here (...) um, calling out and such (...) but they cannot help that.

Interviewer: No.

Woman: So we should mention that (...) because next time it may be me sitting there shouting.

Interviewer: Do you think it is difficult when they sit and call out?

Woman: (...) It (...) maybe we shouldn’t mention it because it is not their fault (...) they need care and to be taken care of.

Despite the fact that living in a SHA offers social contact with other people in similar situations and in a similar age group, other residents are not seen as beneficial to other residents. The reason for this may be due to a difficulty in communication with several of the residents, depending on their type of ailment. One may be unable to talk to them. Instead, the residents often turn to the staff for social contact. Thus, the senior residents have the possibility to choose not to interact with other residents for social contact. This decision may initially seem positive, but can actually be detrimental for both parties in the long run, as indicated in the following extract.

Man: I sat with all the ladies over there, it was only women (...) one came and sat there but he had had a stroke (...) and he (...) he (...) he wasn’t eating, he was in a bad way (...) he was from xxx but you couldn’t talk to him (...) he answered in a (...) well, there was no sense in his answers (...)  

Interviewer: No.

Man: You couldn’t talk properly to him.  

Woman: I don’t think you should mix dementia patients and sick patients together.

Interviewer: Is that not good?

Woman: Well, I don’t think it is good for the rest of us; we sit and hear them all the time (...) yes she calls out all the time, calling for her mother a lot, even though she is 95 now (...) I just (...) I know they can’t help it (...) but I think they should keep them a little more separate.

Man: It is a little crazy up there sometimes (...) when it should be, what’s it called (...) one (...) she has been very sick I suppose (...) it drag the rest of us down when (...) she is not quiet, when she sits there and shouts.

Adapting the life to physical limitations

The constituent of adapting to the physical limitations shows a state of ambiguity of existence. The ambiguousness pertains to their life as it used to be when their body was healthy, and their life as it has now become due to an unhealthy body and the limitations it causes in their everyday lives. The loss of physical ability can lessen one’s expectations and desires in life. Consequently, desires in life are connected to the experiences of the body. In sickness, the body changes and with that, independence in life also changes. This also influences the manner of being-in-the-world through adaptation to daily life. Existence becomes as fragile as the subjective body. As the body changes and one’s physical capabilities become limited, one is forced to rely on others, which negatively affects one’s self-esteem and identity.

The body must be reinterpreted into something that no longer holds a given place in existence. In retrospect, life as it used to be is seen as a kind of utopia, as expressed herein.

Man: One is dependent (...) it’s the same for me, you must realize that (...) one must live with the resources one has (...) there is nothing else to do.

Interviewer: Does that feel okay?

Man: Sure it does (...) I know this is the best anyone could want (...) of course, the best is to be healthy, like before this happened (...) but that feels like a kind of utopia.

Interviewer: What are your experiences of living here?

Woman: (3 sec) Yes, actually it is positive.

Interviewer: Actually, it is positive.

Woman: Yes, it is just that I came here from my (...) my life, I lived in xxx and had a house and a family (4 sec) and now I have left all that (3 sec) but that’s what happens when you can’t manage. I am paralyzed on one side (...) the left side, and I cannot use that hand.

Adapting identity to the way of living at SHA

The constituent of adapting identity to SHA-living shows a state of ambiguity of existence. The ambiguousness pertains to their identity in the past
and their identity in the present. When the seniors talk about themselves, their identities of being independent and healthy in the past is shown. When the need for assistance becomes obvious and a move to a SHA is required, another identity must be created. The earlier identity, when the older adult did not require assistance and was independent, is viewed as very important. The feelings of being unable to perform certain tasks and the loss of independence become very apparent when moving into the SHA. These feelings affect identity. When the move to the SHA occurs due to an inability to manage themselves and one’s home, both a change in one’s self-image and the image that others have of the senior occurs. The study shows that the seniors have difficulty identifying themselves as living in a SHA. They do not want to be seen as a person needing help and assistance in their daily lives. It is important for them to discuss their experiences and feelings prior to the move. The senior positions her/himself as myself then rather than myself now. This shows ambiguous feelings regarding their own sense of identity between their prior and their current existence. This is shown in the following excerpt.

Interviewer: How have things changed?
Man: Yes, it was (...) it was like (...) it is like night and day, you see (...) when you consider it (...) because my life at home (...) it was (...) it was (...) people came to visit and I (...) I had a large lawn (...) I had a riding mower and a rotary hoe and tools and I grew potatoes (...) and (...) I had (...) pruned the trees and yes (...) now my son does all of that.

It is interesting to note that the subject of self, the “I,” was before moving to the SHA, “I,” who existed self-evidently, but the “I” now, Dasein just is not the “I” myself, as Sarvimäki (2006) puts it, and refers to what Heidegger describes as the authentic Self and the inauthentic Self. However, the inauthentic self has to exist as presence-at-hand, which is thing-like in the world of the others.

Adapting one’s life to living without the feeling of being at home

The constituent of acceptance of one’s life and living without the feeling of being at home shows a state of ambiguity of existence. The ambiguousness relates to the differences in the entities of “living in my home” and “living in my real home.” The seniors’ life experience of living in a SHA does not allow for an experience on their own terms, which can be noted from statements such as: “it can never be (2 s) like home, no”/ “because my home (...) my real home was in xxx (...) because I lived there (...) since 1929.” SHAs are, therefore, not experienced as a “real home.” The “real home” is something they left behind because their bodies had changed. This affects the manner in which the seniors are positioned in the world. This is evident from remarks such as: “Ah yes (...) I suppose I have to think that (...) (i.e., thinking of SHA as a home) but it’s the last place I’d imagine.” The home is described not only as a physical location, but also as a place of life and confirmed identity. The “real home” is integrated in existence and is described as “it was everything to me.” The seniors living in the SHA accept this life and lower their life expectations, even existence, because it is difficult to consider the SHA as a home. When the question regarding what it means to feel at home was asked, the individuals made references to their earlier home; however, they also accepted the SHA as their current home because they realize that they have no choice. This is shown in the following excerpt.

Interviewer: Do you feel that this is your home now?
Woman: No (...) not really (3 sec)
Interviewer: What would it take for you to feel at home here?
Woman: I am not sure (...) it can never be (2 sec) like home, no (2 sec).
Interviewer: When you think about your home (...) what does that mean to you?
Woman: Yes (2 sec) it meant everything to me (6 sec) ha (6 sec).
Interviewer: Yes (...) but now that you have lived here a while, do you feel that this is your home?
Man: Ah yes (...) I suppose I have to think that (...) but it’s the last place I’d imagine (...) that’s how it is here (...) because my home (...) my real home was in xxx (...) because I lived there (...) since 1929.

Discussion

The remainder of this paper, the analysis section will be discussed in relation to theoretical, methodological, substantive, and practical considerations.

Theoretically, this article, with its hermeneutical phenomenological approach, furthers the understanding of lived experiences and the lifeworld perspectives of seniors as having many ambiguities. The ambiguity of existence is a synthesis of the embedded
meaning and the characteristics of the phenomenon of lived experience of a SHA, that is, being-in-the-world (Heidegger, 1971), a manner of being-there. The facts (things as they appear) surrounding lived experience, in this case the experience of living at a SHA, present in the seniors’ lifeworld has been captured in their narratives and then analysed through an interpretation process. The underlying outcome of the synthesis is organized into constituents. These constituents provide the topics of the meaning of the phenomenon. The phenomenon represents commonalities across the participants’ narratives but also accommodates for the variations within the data. This balances the phenomenological descriptions with insightful interpretation, which anchors these interpretations in the narratives of the seniors. This theoretical approach has been an appropriate strategy to fulfill the aim of this study, which was to analyse the phenomenon of living in a SHA. The rational for selecting this approach was to capture the lived experience and express it in language form (Speziale & Carpenter, 2003). The approach allows for an account of space, time, and the world from the seniors’ perspective. In other words, the approach is concerned with the ontology (being) (Heidegger, 1971), and the hermeneutic phenomenological condition is a fact of human existence or being-in-the-world (Cuba & Lincoln, 1994). However, a possible alternative approach could have been a dialogic/dialectical analysis of the seniors’ accounts to capture the lifeworld perspective. But, instead of focusing on the matter of individual experiences, the dialogic/dialectical approach (as in discourse analysis) focuses the attention outward to the world of intersubjectively shared social constructions of meaning, knowledge, experiences, and acts, and reflects the notion that the world people create in the process of social exchange is a reality sui generis (Cuba & Lincoln, 1994). This constructivist persuasion blends the phenomenological interpretive perspective with critical hermeneutics to give voice to peoples lived reality. The weakness in the chosen approach is that there is a risk of uncertainty about the credibility and the transferability. According to Speziale and Carpenter (2003), the credibility refers to the activities that increase the credible findings. In this study, we have illustrated as clearly as possible the evidence and thought processes that led to the conclusions. Transferability refers to the probability that findings have meaning to others in similar situations (Speziale & Carpenter, 2003). However, we believe that the findings from this study are transferable to others in the sense that the findings provide support for the importance of person-centered care in health and social care settings as in the SHA. 

Phenomenological inquiry, however, brings to light perceptions of human experience of the phenomena, here the SHA. According to Hallberg, Dahlberg, and Ashworth (2010), this tension between the subject positions and the abstract general descriptions must be present in good qualitative research. On the whole, the essential knowledge from this article is to obtain an insight about the complexity of the meaning and to describe the universal structure in the subjective orientation. Because professional elder care practice is embedded in people’s life experiences, the theoretical approach in this study is well suited and important to caring, professional care, and to qualitative approaches in elder care practice.

Methodologically this paper reflects the special contribution of new knowledge that can be made by using a qualitative analysis to understand lived experience and lifeworld perspective in elder care. The accounts in the narratives about the experiences of living in the SHA (the phenomena) are viewed as aspects of an abstract context of discourse that comes to life through these accounts. These accounts illuminate the variations and the contextual nuances in the personal experiences. These kinds of individual oriented descriptions are of moral concern for the person (Hallberg et al., 2010). However, the descriptions provide the foundation for the meaning structure of the phenomena of living in a SHA. From these descriptions, we have moved our orientation in the analysis to grasp the very phenomena and distinguish it from descriptions of living in regular housing. In order to enlighten and describe the person oriented experience, as well as clarify the theoretical abstractions of the phenomena and their embedded meanings, we have presented detailed extracts to help readers to understand and follow the interpretive process and the validity in that very process. Seven, meaning structural, constituents have been presented with supporting verbatim, descriptive expressions from the seniors. This adds to the authenticity and trustworthiness of the findings.

Concerning the interpretive process, we remain aware and critical as to how well we have been able to be faithful witnesses to the accounts in the data. We have tried to remain receptive and flexible in understanding the interviewees’ accounts. The value of the data material is confirmed in the analysis. To further secure authenticity, the interviews were transcribed soon after being held. Being three researchers also helped in obtaining as detailed descriptions of the experience of the seniors’ lifeworld as possible. This is also in line with Dahlberg (2006a), who states that: “We must pay attention to how, in what way, we make phenomena and their meanings explicit.” The methodological innovative—
ness of this study expands and deepens the understanding of the experience of living in a SHA. Substantively, this analysis contributes to understanding how the SHA is accepted as a necessity due to failing health, but it is never considered to be a real home by the seniors in this study. This ambiguity is clearly seen throughout the analysis. The fact that the SHA is accepted as a necessity due to failing health is supported by other research (Berglund, 2007; Jacelon, 1995; Wikström, 2010). The study shows that the individual is not satisfied with life at the SHA in several aspects, yet they cannot or will not demand more from life. If the senior cannot demand more from life, it seems to be the condition of beingness as Heidegger describes it. However, if the senior will not demand more of life, then it is a possible issue of choice. Accordingly, the seniors express a denial of a full existence. The experience of living in a SHA is both good and bad. On the one hand, there is a feeling of happiness because the seniors can no longer manage living at home. On the other hand, the seniors are not entirely happy with the institutional routines that steer and limit the experience of being-in-the-world. Thus, living in a SHA involves an altered understanding of life, due to the fact that the seniors can no longer manage or remain in their own home. This way of experiencing the residential living is probably due to the seniors’ view of the SHA as a total impression, without dividing mind and body or dividing space and place, home and security, and freedom and identity. Ambiguity is also seen in the fact that the seniors have difficulty living with others or being with others who are less functional than them. A similar result was reported by Hauge and Heggen (2008, p. 460), who stated that “the relationship among the residents is fragile, and the residents who can, withdraw from the common living room.”

Theoretical considerations and generalization

With regard to theoretical consideration, the findings point to the existence of the individual person as well as to the group level concerning the phenomena of a SHA. However, the interpretive hermeneutic phenomenological analysis must be conducted in order to interpret and describe the universal structure in the subjective orientation. The findings support the theory that the seniors have to navigate between being and not being. The seniors cope with living in the SHA by lowering their expectations of life and existence, while the SHA provides the prerequisites for existence. As this study shows, the residents must change their existence, partly to the institutions regulations and rational, partly to the living body, and also partly to a dignified lifeworld. Furthermore, the reality of living in a SHA is that of waiting, which is comprehended by embodied experience of embodied time and chronological time and waiting in turn. In this respect, the time has to be understood in terms of being-in-the-world and place as well as the chronological time. The existential aspect of time has to be brought out because it is a central ontological structure that constitutes the basis of human experience (Heidegger, 1927/1981). It is in this light, of tempus description, that we have to interpret and understand the reality of living in a SHA and of finding meaning by accounting the identity as past and as present and embodied control of life and uncontrolled living. For example, Heidegger’s idea of “imbedded knowledge” posits that any relationship between individuals and objects must come through their spatial “being-in-the-world” (Heidegger, 1927/1981); that is, all knowledge is embedded in places.

Practical considerations

With regard to practical consideration, these findings are of more than just academic interest. They also shed light on significant nursing and elderly care issues. It would be valuable for the facility heads to be aware of how the seniors’ health may affect and be affected by other residents where the older individuals cannot choose with whom they can live. This also means that when planning, more consideration should be given to the allocations of accommodation. Finally, personnel on all levels must reflect over how the SHA can offer a dignified life, provide an attachment to the meaning of home related to place, and to identity as well as provide support for establishing the individuals own identities as active agents. Good care and good quality in SHA living means to avoid experiences of separation between oneself and the world.

The methodological innovativeness of this study expands and deepens the understanding of the experience of living in a SHA. Substantively, this study offers an excellent example of the importance of person-centered care in health and social care settings such as a SHA. The lessons learned of this study, which provides important evidence, is to guide the heads of SHAs and those responsible for elder care and thereby help them to improve the caring and living conditions of the seniors.

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References
Bengtsson, J. (1991). Den fenomenologiska vorelsen i Sverige. Mottagande och inflytande 1900–1968 [The phenomenological movement in Sweden. In receipt of and influence 1900–1968]. Göteborg: Daidalos.

Bengtsson, J. (2001). Sammanfattningar: Husserls och Merleau-Pontys fenomenologi [Interlaces: The Phenomenology of Husserl and Merleau-Ponty]. Göteborg: Daidalos.

Bengtsson, J. (Ed.). (2008). Med livsvärden som grund [The life-world as a basis] (Version 2.6). Lund: Studentlitteratur.

Berglund, A.-L. (2007). Satisfaction with caring and living conditions in nursing homes: Views of elderly persons, next of kin and staff members. International Journal of Nursing Practice, 13, 46–51.

Burman, E., & Chantler, K. (2004). There’s no-place like home: Emotional geographies of researching “race” and refuge provision in Britain. Gender. Place & Culture: A Journal of Feminist Geography, 11(3), 375.

Cresswell, T. (2004). Place a short introduction. Oxford: Blackwell.

Cuba, E. & Lincoln, Y. (1994). Competing paradigms in Qualitative Research. In N. Denzin & Y. Lincoln (Eds.), Handbook of Qualitative research. (pp. 99–105). London: Sage Publ.

Dahlberg, K. (2006a). The essence of essences—The search for meaning structures in phenomenological analysis of lifeworld phenomena. International Journal of Qualitative Studies on Health and Well-Being, 1, 11–19.

Dahlberg, K. (2006b). The individual in the world—The world in the individual: Towards a human science phenomenology that includes the social world. Indo-Pacific Journal of Phenomenology, 6(Special Edition), 1-9.

Dahlberg, K., Dahlberg, H., & Nyström, M. (2008). Reflective lifeworld research. Lund: Studentlitteratur.

Goffman, E. (2009). Totala institutioner [Total institutions]. Stockholm: Norstedts förlag.

Gubrium, J. F. (1993). Speaking of life. Horizons of meaning for nursing home residents. Piscataway, NJ: Aldine Transaction.

Gubrium, J.F. & Holstein, J.A. (eds.) (2003). Ways of Aging. Malden, USA: Blackwell Publ.

Halleberg, L., Dahlberg, K., & Ashworth, P. (2010). Editorial. International Journal of Qualitative Studies on Health and Well-Being, 5, 1–2. doi: 10.3402/qhw.v5i1.4897.

Hauge, S., & Heggen, K. (2008). The nursing home as a home: A field study of residents’ daily life in the common living rooms. Journal of Clinical Nursing, 17, 460–467.

Heidegger, M. (1927/1981). Varat och tiden 1 [Sein und zeit (Being and time)] (R. Matz, Trans.) Lund: Dona Press. (Original work published 1927).

Heidegger, M. (1971). Poetry, language, thought (A. Hofstadter, Trans.). New York: Harper Colophon Books.

Hellström Muhli, U. (2010). Accounts of professional and institutional tension in the context of Swedish elderly care. Journal of Aging Studies, 24(1), 47–56.

Hilli, Y. (2007). Hemmet som ethos [The home as an ethos]. Akademisk avhandling. [Doctoral dissertation]. Abo: Åbo akademin förlag.

Husserl, E. (1930/2004). Ideer till en ren fenomenologisk och fenomenologisk filosofi [Ideas for a pure phenomenology and for phenomenological philosophy] (J. Jakobsson, Trans). Stockholm: Stiftelsen bokförlaget Thales. (Original work published 1930).

Iwarsson, S., Horstmann, V., & Slaug, B. (2007). Housing matters in very old age yet differently due to ADL dependence level differences. Scandinavian Journal of Occupational Therapy, 14(1), 3–15.

Jacelon, C. S. (1995). The effect of living in a nursing home on socialization in elderly people. Journal of Advanced Nursing, 22, 539–546.

Kvale, S. (1997). Den kvalitativa forskningsintervjun [The qualitative research interview]. Lund: Studentlitteratur.

Merleau-Ponty, M. (1962). Knoppens fenomenologi [The phenomenology of the body]. Selection by J. Bengtsson. Swedish translation by William Vovet (of Phénoménologie de la perception). Göteborg: Daidalos.

Ministry of Health and Social Affairs. (2007). Care of the elderly in Sweden. Stockholm: Government Offices of Sweden.

Paterniti, D. (2003). Claiming identity in a nursing home. In J. Gubrium & J Holstein (Eds.), In ways of aging. (pp. 56–75). Oxford: Blackwell.

Porter, E. J., & Clinton, J. F. (1992). Adjusting to the nursing home. Western Journal of Nursing Research, 14(4), 464–481.

Reg. prop. (2002/03:50) [The government propel]. Etnikprövning i forskning [The ethical probation]. Stockholm: Utbildningsdepartementet [The Department of Education].

Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. The Psychologist, 18(1), 20–23.

Relph, E. (1976). Place and placelessness. London: Pion Limited.

Seamon, D. (1996). A singular impact: Edward Relph’s place and enology of the body]. Selection by J. Bengtsson. Swedish translation by William Vovet (of Phénoménologie de la perception). Göteborg: Daidalos.

Schwandt, T. (1994). Constructivist, interpretivist approaches to human inquiry. In N. Denzin & Y. Lincoln (Eds.), Handbook of qualitative research (pp. 118–137). London: Sage.

Seamon, D. (1996). A singular impact: Edward Relph’s place and placelessness. Environmental Phenomenology Newsletter, 7(3), 5–8.

Seamon, D. (2010). Phenomenology, Place, Environment, and Architecture: A Review Environmental & Architectural Phenomenology Newsletter. Retrieved January 20, 2010, from: http://www.arch.ksu.edu/seamon/Seamon_reviewEAP.htm
Seamon, D., & Sowers, J. (2008). Place and placelessness, Edward Relph. In P. Hubbard, R. Kitchen, & G. Vallentine (Eds.), *Key texts in human geography* (pp. 43–51). London: Sage.

SFS. (2003: 460). *Lag om etikprövning av forskning som avser människor* [The government bill of ethical review of research on human beings]. Stockholm: Utbildningsdepartementet [The Department of Education].

Speziale, H. J. S., & Carpenter, D. R. (2003). *Qualitative research in nursing. Advancing the humanistic imperative* (3rd ed.). London: Lippincott Williams & Wilkins.

Swenson, M. (1998). The meaning of home to five elderly women. *Health Care for Women International, 19*, 381–393.

Tuan, Y. (1977). *Space and place. The perspective of experience*. Minneapolis: University of Minnesota Press.

Wikström, B.-M. (2010). Seniors’ experiences of congregate housing in Sweden. *Creative Nursing, 16*(2), 87–94.

WMA. (2008). World Medical association declaration of Helsinki, Ethical Principles for Medical Research Involving Human Subjects. 59th WMA General Assembly, February 10, 2011, Seoul. Retrieved February 10, 2011, from http://www.wma.net/en/30publications/10policies/b3/17c.pdf

Yantzi, N., & Rosenberg, M. (2008). The contested meanings of home for women caring for children with long-term needs in Ontario, Canada. *Gender. Place and Culture, 15*(3), 301–315.