TRUTH-TELLING IN AGED CARE: A QUALITATIVE STUDY

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KEY WORDS

Truth-telling, aged care, nursing home, meaning, harm, autonomy, perspectives, caring, time, social constructionism, symbolic interactionism, personal care assistants, registered nurses, residents, thematic analysis, grounded theory, personal journal, group discussion, interview, researcher field notes, rigour, atypical case, member checking, triangulation, thick description, peer review, relationship, role, residency

ABSTRACT

This thesis argues that truth-telling in high level (nursing home) aged care is a fundamentally important aspect of care that ought to reside equally alongside instrumental care. The health of the resident in a nursing home, as with individuals in other care contexts, is directly linked to care provision that allows the resident to be self determining about their care and thus allows them to make reasonable choices and decisions.

This qualitative study explores the meaning of truth-telling in the care provider-resident dyad in high level (nursing home) aged care. Grounded within the epistemology of social constructionism and the theoretical stance of symbolic interactionism, this study relied on oral and written text from care providers (personal care assistants and registered nurses) and residents. Thematic analysis of data relied on practices within grounded theory to determine their understanding and the conditions and consequences of their understanding about truth-telling in the nursing home.

Through an understanding of the relationship-role-residency trinity, truth-telling in high level (nursing home) care comes to be understood. It has been determined that the link between truth-telling and the nature of the care provider-resident (and residents' families) relationship is that both personal carers and nurses in this study premise their understanding of truth disclosure on knowing a resident's (and resident's family's) capacity for coping with the truth and therefore catering for the resident's or family's best interests. The breadth and depth of this knowing and how the relationship is perceived and described determine what care providers will or will not tell. That is, the perceptions both personal carers and nurses have about the relationship – how they describe themselves as 'family like', 'friend' and 'stranger', has implications for the way disclosure operates and is described.

Additionally, how care providers perceive and understand their role determines what care providers will or will not tell. That is, the perceptions both carers and nurses have about their own and each other's role – how they describe themselves for example as 'hands-on' carer and 'happy good nurse' has implications for the way disclosure operates and is described.

Furthermore, care providers' meaning and understanding of truth-telling in aged care is not possible in the absence of an appreciation of how the care providers give

meaning to and come to understand the care circumstance – residency, the aged care facility, the nursing home. That is, the perceptions both personal carers and nurses have about the aged care facility – how they describe residency as 'Home away from Home' (and what this means), as a place of little time and a plethora of situations have implications for the operation of truth-telling as a whole.

Recommendations from the study include the implementation of a telling audit to better serve the truth-telling preferences of residents and the reorientation of care practices to emphasise affective care (talk rather than tasks). Furthermore, it is recommended that changes occur to the care provider roles, that care providers define themselves as facilitators rather than protectors, and education be ongoing to improve communication with and care of residents with dementia and those dying. Finally, the language of residency as 'home' needs to capture an alternate philosophy and attendant practices for improved open communication.

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Journal Article

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STATEMENT OF AUTHORSHIP

The work contained in this thesis has not been previously submitted for a degree or diploma at any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signed:…………………………..

Date:……………………………..

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