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# Older Adults in Long-Term Care: Fostering Hope Amidst Loss

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Older adults in long-term care: Fostering hope amidst loss

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

There are an increasing number of older adults who are facing major life transitions and significant losses as they age. Finding a sense of hope among the losses and changes these older adults face is one way they can maintain a quality of life or as some researchers have termed it – successfully age. Social workers are often the front line workers with these older adults and therefore can play an integral role in fostering a sense of hope. The purpose of this qualitative study was to understand social workers' perspectives on their role in fostering a sense of hope among older adults in long-term care facilities. Seven social workers participated in individual semi-structured, flexible interviews, answering ten questions regarding their perspectives of the needs, losses, strengths and hope of older adults in long-term care facilities and how their knowledge and perceptions of those categories influenced their practice. The interviews with these social workers uncovered themes of resilience, family, purpose, humor, time and physical presence and community. Developing an increased understanding of each of these areas will assist social workers as they continue to work with and prepare to work with the increasing population of older adults and their need for hope to maintain a quality life.

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**Table of Contents**

Introduction	5
Literature Review	8
Conceptual Framework	22
Methods	25
Results	30
Strengths and Limitations	40
Discussion	42
References	48
Appendix A – Flyer	52
Appendix B – Informed Consent	53
Appendix C – Interview Questions	55

According to the United States Administration on Aging, the number of older adults, ages 65 and older will grow astronomically over the next twenty years. It is projected that this generation, otherwise known as the “baby boomers” will help the United States’ aging population reach 72.1 million by 2030 (Administration on Aging, U.S. Department of Health and Human Services, 2011). As the number of older adults grows, it will be essential for social service professionals to prepare to meet the increasing clinical service needs of this population. In 2009, about 1.5 million older adults (age 65+) lived in an institutional setting such as a nursing home (Administration on Aging, U.S. Department of Health and Human Services, 2011). As the population of older adults increases, the number who will face important life transitions, such as moving into a care facility will increase as well. It is important during these times of transition, from an independent to a dependent lifestyle, to help older adults maintain their quality of life as best they can. Helping older adults recognize hope and meaning that it brings to their life is one important way that social workers can assist older adults in preserving their quality of life.

Hope is a term that is often associated with looking to the future. But as people age and begin to realize the limited time they have left, their sense of hope can disappear. Bergin and Walsh (2005) suggest that as individual’s age, they become increasingly mindful of the fact that they will one day die. This can often bring up many uncertainties in life. While death is a loss that many older adults start to consider as they continue to age, other losses such as declining physical health, declining cognitive functioning and losing significant others can also contribute to loss of hope in older adults (Bergin & Walsh, 2005; Cheavens & Gum, 2000; Nakashima & Canda, 2005; Richards, 2005).

A choice that many adults will encounter as they age is whether or not to move into a long-term care facility where they can receive needed assistance. The loss an older adult experiences when transitioning into a long-term care setting can sometimes be enough to negatively impact that individual's mental health and can lead to depression (Richardson & Barusch, 2006; Westburg, 2003). Research over the years has suggested that hope, resiliency and maintaining a sense of meaning in one's life can help older adults better cope with the transitions they are facing (Cheavens & Gum, 2000; Cutcliffe & Grant, 2001; Greene & Cohen, 2005; Nakashima & Canda, 2005; Pentz, 2005; Westburg, 2003).

Much of the literature surrounding hope, resiliency and maintaining a sense of meaning in lives of older adults suggests that the individuals who show increased levels of hope are naturally hopeful people (Nakashima & Canda, 2005; Westburg, 2003). That then leads to question about help for those individuals who are not naturally hopeful. Is there any way for them to receive assistance in developing a sense of hope or meaning for their lives? Some of the literature suggests that professionals working with older adults in these settings can be an important factor in helping foster or maintain a sense of hope (Chapin & Cox, 2001; Cheavens & Gum, 2000; Cutcliffe & Grant, 2001; Greene & Cohen, 2005; Westburg, 2003). However, there is little said about whether or not social workers in long-term care settings believe they play an integral role in helping develop a sense of hope in their residents or how they go about doing this.

Social workers in long-term care settings who have a good understanding and knowledge of where their residents find their sense of hope, resilience and meaning will be better prepared to address issues of hopelessness and loss with residents who are

experiencing transition into their facility. These social workers will also be better equipped to work with current residents who may have trouble tapping into their own personal source of hope. Creating an atmosphere of hope, resilience and a sense of meaning in the lives of residents who live in long-term care facilities will improve the overall quality of life for the growing population of older adults within the United States. The purpose of this study was to find out social workers' awareness of where their residents find hope, resilience and meaning to their lives and how they use that knowledge to foster a sense of hope in all the residents they serve in long-term care settings.



### **Literature Review**

In order to better understand social workers' awareness of where and how their long-term care residents find hope, consideration must be given to what creates a need for hope. Therefore, it was important to gain a clear understanding of why maintaining and fostering hope is vital as individual's age. A review of the literature regarding loss, successful aging, ways in which hope is manifested in older adults and how social workers practically respond in these areas provided some insight into these topics.

### **Definitions**

The terms: older adult, hope and long-term care are all terms used throughout the research literature and were also used throughout the course of this study. Researchers and learners alike may come to this study with their own preconceptions of how to define each of those terms. Therefore, these terms are defined here for the purpose of maintaining a sense of clarity throughout this study.

**Older adult.** The words senior and elder are common terms used when referring to an individual over the age of 65. These terms have been adopted when referencing this age because it has been common practice until recently that many individuals retire at age 65. Upon reaching that age though, many individuals might not consider themselves as old. This is in part due to the fact that life expectancy in the United States has continued to increase over the years, and individuals who Pipher (1999) considers as "young-old" live well into their 70s, 80s, and 90s. For the purposes of this study and maintaining a sense of consistency, the term "older adult" will most commonly be used to describe individuals aged 65 and older.

**Hope.** Hope is a subjective term that can be defined in many ways. It is most commonly thought of as a term for looking toward the future (Cutcliffe & Grant, 2001). According to the Merriam Webster Online Dictionary, “hope” can be used as a verb: “to cherish a desire with anticipation; to desire with expectation of obtainment; to expect with confidence.” It can also be defined as a noun: “a desire accompanied by expectation of or belief in fulfillment; expectation of fulfillment or success; someone or something on which hopes are centered on” (Merriam Webster, 2012).

It is important to acknowledge the place that hope has throughout the course of an individual’s life. Bergin and Walsh (2005) discuss the importance of looking at the course that hope takes throughout a person’s life. They comment on how the individual’s past experiences of hope can help determine treatment plans for the present and future. Hopes that are achieved and those that are lost over the course of a person’s life will impact how they respond to situations requiring hope in the future.

In Cutcliffe and Grant’s (2001) overview of hope, they found that hope appears to have several key elements. They state that these elements “appear to indicate hope is: multidimensional; dynamic; empowering; central to life; related to external help; related to caring, oriented towards the future, and highly personalized to each individual” (p.428). Part of their overview takes into consideration a working definition of hope that was developed by Ferran, Herth, and Popovich (1995):

Hope constitutes an essential experience of the human condition. It functions as a way of feeling, a way of thinking, a way of behaving, and a way relating to oneself and one’s world. Hope has the ability to be fluid in its expectations, and

in the event that the desired object or outcome does not occur, hope can still be present (p. 6).

This study's definition of hope will focus on the concept that an individual's hope is influenced by a person's past, present, and future and is also a fluid experience – an individual is not expected to maintain a constant level of hope throughout their lifetime.

**Long-Term Care.** According to Richardson and Barusch (2006), long-term care services were created to help those who were struggling with long-lasting illnesses to help maximize their functioning. Long-term care services can be provided in the form of in-home services or adult day programs (Gelfand, 1999). For the purposes of this study, long-term care will focus on the residential facilities available for older adults. These residential facilities include a variety of settings, but are not limited to: nursing homes, assisted living facilities, board and care homes, and private homes.

### **Loss in Older Age**

As individuals age, it becomes more and more likely that they will experience a significant loss. This may be due to the regular process of aging or may be due to physical or mental health problems that are out of their control. Nakashima and Canda (2005) completed a study of sixteen terminally ill older adults. Through their interviews with these older adults they found the most significant losses that were experienced included deaths of their loved ones, physical frailty, and relocation. They discovered that these significant losses had a negative impact on the older adult's sense of independence and satisfaction. The majority of the participants commented that these changes flattened any sense of pride or independence that they had. Suggs and Suggs (2003) also discuss losses in relation to the many transitions that older adults have to make as they age.

These include retirement, empty nest, moving, death of family and friends, and loss of physical functioning.

As individuals age, Cheavens and Gum (2000) argue that it is important to not only achieve past-oriented goals, but to also have future-oriented goals. They recognize though, that these goals can be blocked by three major issues that older adults face: declining physical health, declining cognitive functioning, and loss of significant others. Impediment of future-oriented goals and thinking can result in loss of self worth as was described in the study by Nakashima and Canda (2005). Westburg (2003), used The Hope Scale developed by Snyder, Harris, et al., (1991) to measure the levels of hope in 24 residents in an assisted living facility. There were six males who participated and she found that the majority of male residents in this study had low levels of hope. Three of the six males had the lowest hope scores in the entire sample. Westburg questioned if the outcome of low hope levels in these men was due to the fact that it was a small sample size or if these men had lost their hopefulness when they lost their independent living after moving into the assisted living facility.

Loss of physical health, loss of cognitive health, losing friends, losing family members, and many other issues often precipitate the decision made by an older adult to seek additional assistance and whether or not a move to a long-term care facility to receive additional help is necessary. It appears from the literature that the culmination of some or many of these losses can result in a sense of hopelessness. Developing and using resiliency throughout these losses can contribute to a sense of future-oriented goals and hope. Greene and Cohen (2005) stated: "Resilience is considered a dynamic phenomenon that depends on an individual's life context and is most important at life

transitions” (p. 369). Assisting older adults to work through these transitions and develop resilience and hope promotes the opportunity for them to find meaning and success as they continue to age.

### **Successful Aging**

The term “successful aging” can be conceptualized differently depending on the individual. In a study regarding quality of life of residents from a variety of long-term care settings, Cohn and Sugar (1991) found that residents’ perceptions of their quality of life was mainly based upon their morale or outlook on life, while caregivers and family members viewed quality of life for the resident based upon the care that was given.

Successful aging may also be recognized through an individual’s specific characteristics and resources. If older adults experience loss of those characteristics and resources as they age, it does not mean they have not aged successfully (Gutheil & Congress, 2000). In their study, Nakashima and Canda (2005) reflected on the relationship between resiliency and positivity in older adults in regard to their life experiences and their view of themselves. Many researchers would agree that healthy, successful aging takes place when an individual has been identified as resilient and is able to recognize the positive factors in their life.

The term positive aging has been used in conjunction with the term successful aging. Ellor (2005) describes that these two terms are common in that they both are based upon the idea that as older adults experience loss, they need to make adjustments in their view of life to maintain or reach a level of happiness. It could therefore be argued that the idea of successful aging and an overall satisfaction of life is correlated with levels of high hope as individuals age (Cheavens & Gum, 2000).

### **Hope Manifested in Older Adults**

Hope is manifested in older adults in a variety of ways. These include an older adult's life experiences, narratives/storying, personal relationships, spirituality, and goal development.

**Life experiences.** Researchers have suggested that hope is fluid and develops over the course of one's life (Bergin & Walsh, 2005; Ferran, Herth, & Popovich, 1995). Erik Erikson is known for developing his theory regarding the psychological stages of development in life. In his final stage, he theorizes about the crisis that many adults face: ego integrity versus despair (Erikson, 1963). During this stage, Erikson believes that older adults look back at their life and reflect on their experiences over the years (Erikson, 1963). Zastrow and Kirst-Ashman (2007) write: "If they appreciate their life and are content with their accomplishments, they are said to have ego integrity....Such people enjoy a sense of peace....Others who have failed to cope successfully with past life crises and have many regrets experience despair" (p. 258).

Cheavens and Gum (2000) took Erikson's theory into consideration when they discussed how acceptance of one's previous life experiences helps give meaning and satisfaction to an individual's future. Greene and Cohen (2005) also referenced the benefit of gaining awareness through review of an individual's life experiences and how one can benefit from this process. Personal understanding of how one has coped with difficult incidents over the course of many life experiences can offer insight into how one can continue to develop coping skills and hope for difficult situations in the future.

**Narratives/Storytelling.** Similar to life experiences, reminiscing through telling stories and narratives of one's life can play an integral part in an older adult's ability to

develop a new sense of hope. Borden (1992) discusses the use of narrative perspectives to help individuals overcome negative life experiences. He writes that narratives can be helpful in that they can encourage coping skills and self-awareness in the midst of change.

In their interviews with sixteen older adults who were diagnosed as terminally ill, Nakashima and Canda (2005) found that all of their participants found benefits behind telling their story through the interviews.

These older adults used storytelling in a manner to generate self-reflection and insights that helped their adaptation to their illnesses. The narrative method uncovered and revitalized older adults' strengths from their past and assisted them to use these and new resources both inside themselves and in connection with their environment (p.117)

Connecting with one's strengths and how one has overcome past life obstacles are some of the key factors that assist in developing resiliency in individuals. Twelve women who participated in a study completed by Lamb, Brady, and Lohman (2009) displayed their strength and resilience from over the course of their lifetime through their storytelling to the researchers, rather than their weakness, fears or vulnerabilities.

Allowing older adults to tell their story and leave their legacy to someone who is willing to listen can be another extremely important part of developing a sense of hope (Richards, 2005). Not only is storytelling beneficial for the individual who is allowed to reflect on their life and their strengths and resilience, but also it is valuable for those who will listen.

**Personal Relationships.** Positive personal relationships are built upon the idea of giving and receiving. In addition to their storytelling skills mentioned above, older adults have been found to have valuable interpersonal skills such as listening and humor, which help to maintain their relationships with caregivers (Nakashima & Canda, 2005). Older adults and their caregivers, whether they are family or staff, need to find reason to invest in their relationships.

Cutcliffe and Grant (2001) completed semi-structured interviews of nurses, asking them how they give hope to cognitively impaired older adults. They identified four key variables that the nurses commented on in regard to how they inspire and instill hope. One of the key variables was interpersonal relations and the impact that verbal and non-verbal communication has on both the client and the nurse. Three elements of interpersonal relations were specifically mentioned. These included the nurse's activity of preparing for an interaction with a client, the mutual participation between the two parties and the nurse's response to the interaction. Hope can be developed through verbal and non-verbal communication as well as staff just being present for the clients they work with.

In Marty Pentz' (2005) qualitative study of thirteen individuals who had diagnoses of cancer, Pentz found that eleven of the thirteen participants made frequent references throughout the interviews to what they considered a strong support system. Pentz found that strong support systems appeared to be a component of these individual's resilience in later life. One participant in the study reflected on the significant role the relationships built with hospice workers played in encouraging him to continue living.



Recognizing a strong social support system helped these participants identify meaning even at the end of their lives.

Hope through the relationship of caregiving goes beyond the paid staff that works with older adults. Special relationships with family, friends, faith communities and other groups are important in maintaining the sense of meaning and hope individuals need as they age (Richards, 2005). Having a caring individual consistently invest in the life of an older adult can be an important component in helping the older adult maintain their hope amidst loss.

**Spirituality.** Caring for the physical and mental needs of an older adult are extremely important, but caring for the whole person – especially the spiritual perspective can play an important role in manifesting hope for an individual. A spiritual outlook may even influence how a person responds to regular every day activities such as getting dressed or eating a meal (Richards, 2005). It is essential to emphasize the significance of caring for the whole person when working with older adults.

Connecting with a greater power rather than relying on one's own strength empowers older adults to look past what they may perceive as limitations (Nakashima & Canda, 2005). For many individuals, their reliance upon their faith helps them cope with what seems to be impossible. In the study Pentz (2005) completed, twelve out of the thirteen individuals interviewed spoke of the importance faith and spirituality played in their life. Individuals expressed feelings of gratitude and being blessed, which in turn helped them cope with their diagnosis of cancer. It is through the relationship with a divine power that older adults can develop a sense of peace and meaning to life. For

some this peace and meaning comes all of their lives and for others it can come in their final years.

**Goal Development.** Another way that the literature suggests older adults manifest hope is by setting goals. Yet it is not only through the process of setting goals, it is also the extent to which the goals are being met. As individuals age and find themselves experiencing losses and limitations (e.g. physical decline, cognitive decline, etc.) they may no longer be able to go down what Cheavens and Gum (2000) reference as the “pathway to their desired goals” (p.207). Therefore, older adults may need to develop new goals or change their thinking about past-oriented goals.

Some research has suggested that goal development for older adults can be more beneficial than life review. Klausner et al. (1998) completed a study, which found that while both life review and goal-focused therapy were effective in reducing symptoms of depression, goal-focused therapy had higher outcomes of improving hope and social functioning. This relates back to the idea of hope and future thinking. Developing future-oriented goals allows an individual to consider the possibilities outside of the losses they are currently experiencing. Westburg (2003) administered The Hope Scale to residents living in an assisted living facility and found that those with high levels of hope had high levels of goal-directed pathways and high levels of inner determination. This might suggest that some individuals are just characteristically hopeful, while others are hopeful because they are able to change their focus from the negative to positive future-oriented thinking.

**Negative Well-Being and Hopelessness**

There are instances where individuals lose their sense of hope. This can cause their overall well-being to be negatively impacted. Negative well-being and depression can be influenced by a lack of social supports or a lack of awareness of one's social supports (Pentz, 2005; Richardson & Barusch, 2006). It has also been found that issues such as lack of resources for care, struggles with relationships, long-lasting mental illness, and a number of other barriers can cause negative impacts on an older adult's well-being (Nakashima & Canda, 2005). When well-being is affected negatively, feelings of hopelessness can develop. Feelings of hopelessness in individuals, families or social workers have the potential to hinder any form of resilience they may have (Lamb et al., 2009). Hopelessness develops when an individual is experiencing discouragement because their life goals are not being met or it appears their life situation has become too difficult for them to handle (Farran et al., 1995). It is therefore important for social workers to come alongside individuals experiencing hopelessness to work with them to assist in developing a sense of hope, which will help them to age successfully.

**Social Worker's Interventions**

The tendency for many professionals dealing with hopelessness in older adults is to become hopeless themselves. This will often occur because the professionals can no longer see a means to resolving the discouragement the older adults are experiencing. Richardson and Barusch (2006), argue that this should not be the initial reaction to older adults who are viewed as "beyond hope." They state: "...as seniors have demonstrated time and again, hope springs eternal. The way Americans care for their elders, like the way they care for the dying, should reflect their hopes for this and future generations"

(p.377). It is in fact, part of a social worker's position within a long-term care setting to work with the interdisciplinary team to respond to the client's psychosocial needs (Patchner & Patchner, 1996). Their response to the psychosocial needs can come in a variety of approaches. Many of the social work interventions found in the literature correspond with the research described above regarding how hope is manifested in older adults.

**Individuals and Groups.** Focusing on the individual and their specific situation is an important intervention when working with older adults who have lost their sense of hope. Strategies including psychotherapy, psychopharmacological treatment and electroconvulsive therapy have been found to be useful in treating older adults with depression (Richardson & Barusch, 2006). Individual case management and counseling relationships have also been mentioned as interventions when working with older adults (Pentz, 2005). Deeply investing in an individual by modeling an attitude of being fully present when working with an older adult is one of the most essential and valuable roles a social worker plays (Richards, 2005). Even in old age, when feelings of hopelessness arise, it is important for individuals to feel they are being heard and cared for.

Engaging older adults in activities that involve multiple individuals who are in a similar situation or who belong to the community is another way in which social workers can help promote hope in later life. Encouraging volunteerism, facilitating support or reminiscing groups, assisting in developing peer support relationships and connecting older adults to meaningful activities such as spiritual events are all techniques that social workers can use to foster a sense of hope among older adults (Pentz, 2005; Richards, 2005).

**Environment.** Cutcliffe and Grant (2001) found that one of the key concepts nurses spoke about in regard to inspiring hope in older adults residing in long-term care settings was that nurses can play an important role in organizing and planning day-to-day activities. Arranging the physical living environment, encouraging clients to use their own belongings and maintaining a regular schedule for clients to access community resources are some specific ways in which the environment can contribute to developing a sense of hope (Cutcliffe & Grant, 2001). Many long-term care settings have decided to undergo a culture change within their facilities. Koenig and Spano (2006) reference Fagan's Pioneer Network and the framework it provides for a culture change. Important aspects of this culture change include preserving familiar routines for residents, encouraging self-determination in every-day choices, involving residents in agency changes, and fostering a sense of belonging and community among residents.

**Rituals.** Another intervention technique that can be used by social workers in long-term care settings is the development of individual as well as community rituals. Suggs and Suggs (2003) recognized in their research that there are not many rituals used when helping older adults deal with the many transitions they face. They promote the use of rituals in a long-term care setting because of the importance a ritual can have on helping an older adult cope with the changes they are facing. "The use of rituals can bring comfort and some feeling of stability to the residents' lives. They can become an important means by which the resident can maintain the connection with their lives before the nursing home and continue their connection with family and friends, and with areas of meaning in their lives (Suggs & Suggs, 2003, p. 20). Richards (2005) suggests the importance of developing rituals for celebrating important events in an individual's

life, remembering an individual who has passed away or a special day can all be important ways in which social workers can help promote a sense of meaning and hope in the life of an older adult.

### **Conclusion**

The literature reviewed in this study appears to agree with the idea that continuing to develop hope and a sense of meaning in life will only benefit an older adult as they encounter losses in later life. In Westberg's (2003) review of the literature, she found that individuals who were more hopeful compared to their less-hopeful peers fared better when facing physical, cognitive and emotional losses and experienced major life changes. However, little research was found regarding what social workers perceive their role is in helping foster a sense of hope in older adults and the practical ways in which they do this. If it is truly part of a social worker's position to address the psychosocial needs of the clients within their care at a long-term care facility, it is important to have an understanding of how they can nurture hope within their clients. The purpose of this study was to determine social workers' awareness of where their residents find hope, resilience and meaning in life and how they used that knowledge to nurture hope in the residents they served in long-term care settings.

### **Conceptual Framework**

Hope focuses on the idea of future-oriented, positive thinking. When an older adult has experienced some kind of loss, it is important for social workers to help refocus the situation to review the strengths the older adult brings to the problem. It is then the social worker's role to help empower the older adult to make the changes needed to foster a sense of hope in that situation. Therefore, this study will look to the strengths perspective and empowerment models as guides for the theoretical frameworks to direct this study.

#### **Strengths Perspective**

The strengths perspective is rooted in the idea that it is easier for social workers to help clients overcome problems in their lives and to create lasting change by focusing on their strengths rather than their limitations. Sheafor and Horejsi (2006) define strength as: "anything important and positive that the client is doing, can do, or wants to do" (p. 93). Tapping into and recognizing the many strengths a client has can create a motivation for positive change.

This framework has been recognized by a variety of researchers as very beneficial in working with older adults. Part of the benefit is because of its emphasis on self-determination and maximizing consumer choices not only in long-term care settings, but also everywhere in the community (Nelson-Becker, Chapin, & Fast, 2006). Using this perspective with older adults also helps affirm the importance of realizing that they still retain the ability to be involved in the process of setting and determining their own goals (Chapin & Cox, 2001). Lamb et al., (2009) describes the strengths-based perspective "as an ideal fit for gerontological social workers in that it provides a focus for identifying and

encouraging coping strategies and life enhancing alternatives rather than dwelling on deficit management” (p. 714). Focusing on an individual’s strengths from the past and present will help uncover their resources and resilience (Nakashima & Canda, 2005).

This in turn can help individuals overcome their loss and develop hope.

### **Empowerment**

Empowerment-oriented theory is also a valuable framework when working with older adults. Cox (2002) focuses on the importance of using the empowerment process. Steps to this process include personal analysis of an individual’s outlook and opinions in regard to problems; mutual support of an individual’s experiences; expanding one’s knowledge and skills that are pertinent to the situation; and taking action (Cox, 2002).

Life review is another technique that can be used to empower older adults. Life review helps older adults use experiences from their past to provide insight and change into current or future struggles. Use of the empowerment model in long-term care settings has been found to be beneficial in helping older adults learn new ways to cope with the many changes they face (Cox, 2002). This can be especially relevant when an older adult has just moved into a long-term care setting and has lost their sense of independence in the community.

### **Strengths Perspective & Empowerment**

The strengths perspective and empowerment-oriented theory provide a strong framework for working with older adults. When the social worker is able to acknowledge an individual’s strengths, they will better be able to understand the mezzo and macro systems that are affecting the older adult. This deeper understanding then allows the social worker to empower the client to make changes in their environment



(Kivnick, 2005). Gutheil and Congress (2000) discussed the natural tendency for these two frameworks to work together. Focusing in on strengths makes way for individuals or groups to discover and utilize the resources within and around them (Gutheil & Congress, 2000). Combining these two theories helps to develop a solid framework to gather data regarding the development of hope for older adults in long-term care facilities.

The strengths perspective and empowerment oriented frameworks will guide this study in forming the questions used to interview social workers in long-term care facilities. The questions developed for the qualitative semi-structured interviews in this study will seek to gain reflection of social workers' awareness of the hope and strengths their clients in long-term care facilities possess and how this knowledge informs their practice with this population.

## **Methods**

### **Design**

The purpose of this study was to determine social workers' awareness of where older adults find hope and meaning in their lives and how social workers use that knowledge to nurture hope in the residents they serve in long-term care settings. This qualitative study relied on semi-structured interviews of social workers that worked with older adults in long-term care settings or were facing long-term care decisions. The qualitative, exploratory nature of this study allowed for participants to answer questions in a way that reflected their own experiences and observations about hope and how they nurtured hope in the older adults they worked with. Results from this study can be used to help inform gerontological social workers as well as practice in long-term care settings for the present and also the future.

### **Sampling**

Social workers who actively worked in long-term care settings or with older adults who were dealing with long-term care decisions were the primary participants for this study. The researcher for this study contacted five different long-term care organizations located in a Midwest metropolitan area, requesting their assistance in recruiting the social workers within their organizations to participate in the study. These organizations wrote a letter of support - affirming their willingness to assist the researcher in contacting potential participants by sending out a flyer (see Appendix A) either through email or distributing the flyer during team meetings. In order to keep the study voluntary, the social workers that were willing to participate were asked to communicate with the researcher directly using the contact information provided on the

flyer. Flyers were distributed to a total of 35 social workers across the five organizations involved.

### **Participants**

Seven social workers responded and participated in interviews as a part of this study. All but one of the organizations that were contacted initially had representatives from their facilities volunteer to participate in this study. Four of the social workers that participated in this study currently worked with older adults in long-term care facilities. One participant was a hospice social worker, working with older adults in long-term care settings. Two of the participants were social workers in Transitional Care Units (TCUs) who worked with many residents and their families facing long-term care decisions. All of the participants in this study were Caucasian females who had been working as social workers from five months to 20 years. Three of the participants were practicing as Licensed Social Workers (LSW) and four were practicing as Licensed Graduate Social Workers (LGSW).

In order to better understand the perspectives of these participants, it was important to note the differences and similarities in how the participants described their roles. Social workers from the different groups were unique in some of their responses. The four participants from long-term care facilities indicated that a big part of their role was to help meet basic needs of the residents who live there. The two participants from TCUs indicated one main part of their role was next-step and discharge planning. The hospice social worker emphasized the importance of education about end of life changes and decisions to individuals and families.

Even though participants were working at different stages of the long-term care process with older adults, they also described a number of similarities in their roles as social workers. All participants indicated that their roles as social worker are difficult to define because they “do a little bit of everything.” Common tasks they described completing were regular assessments and evaluations to meet Medicare/Medicaid requirements, documentation for insurance purposes, communicating with family members and interdisciplinary team members, coordinating care conferences and providing education about their specific facilities.

### **Protection of Human Subjects**

Prior to completing any research for this study, the process and methods were reviewed and approved by the University of St. Thomas Institutional Review Board to safeguard participants from any form of undue harm. An informed-consent form (see Appendix B) was developed to explain the purpose of the study, why the individual was selected, the procedures that would be taking place and how the information from the interview would be used, risks and benefits, issues of confidentiality, and finally the voluntary nature of the study. The consent form was reviewed together by the researcher and participant before every interview. Participants were asked to sign the consent form, showing their agreement to participate and were also provided a copy for their personal records. Participants were also provided the opportunity to ask any questions about the study and their involvement before and after the interview. Due to the voluntary nature of this study, participants were allowed to withdraw their records from the study up to one week after the interview was completed. Participants were informed that any identifying information would be kept for no longer than three and a half years and at that

point would be destroyed. All identifying information of participants was kept in a lock box or a password protected computer to ensure confidentiality.

### **Data Collection**

This qualitative study used semi-structured, flexible interviews to collect data from participants. The researcher met with participants at a time and location of their choice to complete the interviews. Most interviews were completed at the participants' offices, but two participants chose to complete the interview at a local coffee shop. All interviews were audio recorded and lasted 20 to 90 minutes. Participants were asked ten open-ended questions (see Appendix C) with additional exploratory questions as needed. These additional questions were asked to help clarify or obtain further detail regarding the response the participant gave. The primary questions for this study were developed based on the information presented in the literature review of this study. These questions were also developed to keep in mind the concept that hope is a fluid experience and is influenced by a person's past, present, and future. Questions covered areas including basic demographics, social worker's perspectives of needs and loss of older adults in long-term care facilities, social worker's perspectives of strengths and hope of older adults in long-term care facilities, and how social workers use their knowledge and perceptions to influence their practice.

### **Data Analysis**

Interviews with participants were audio recorded for the purpose of further in-depth analysis. During the interviews, the researcher began to consider and develop ideas of themes between participants' responses. Once the interviews were completed, the researcher transcribed the interviews and used Thematic Analysis to analyze the

interviews. Transcripts of the interviews were read and reviewed for common words or themes. These themes were then grouped together and analyzed further for sub-themes. Throughout this process, common words and themes from individual participants were also noted in order to determine if those themes were unique to the different groups of social workers interviewed. The content from this analysis is reported in the results section and further analyzed in the discussion section of this study.

## **Results**

There were a variety of themes that surfaced among the interviews with this study's participants. Within the participant's definitions of hope were ideas of future-oriented thinking, overcoming challenges, and positivity. Throughout the rest of the interviews arose major themes of resilience, family, purpose, humor, time and physical presence and community. There were two unique perspectives that arose in the interviews where participants commented on the significance of pets and rituals in the lives of older adults. In addition to the themes listed above, there were other themes already discussed in the research literature. These included the importance of faith and the variety of losses (physical and cognitive abilities, independence, and tangible items) experienced by older adults, all of which were evident throughout the interviews. The findings here will focus on themes that shed new light to the topic.

### **Definitions of Hope**

Two of the participants in this study commented on how the word hope can be very different and very personal for everyone. They felt this was true for their residents, but also for themselves. While each participant's definition of hope was worded differently, common themes of future-oriented thinking, overcoming challenges and positivity could be seen across their definitions (see Table 1). Recognition of these themes shows that even though hope is a very personal concept, individuals may share common beliefs about what hope is for them.

Table 1

*Definitions of Hope*

<b>Future-Oriented Thinking</b>	<b>Overcoming Challenges</b>	<b>Positivity</b>
“Maintain the thought that these good things could happen to me. Things I want, things that I have always dreamed about.”	“Acknowledging the challenges that they’ve faced before and that they’ve brought them to where they are now and that long-term care isn’t the end. It’s just a new chapter.”	“Whatever life situation, whatever life throws at you...that you are still able to look at your life, your abilities and find hope or joy or fulfillment out of that.”
“Having something to look forward to. Having your own dreams and possibilities for yourself.”	“Hope comes from your ability to continue to want to move something emotionally or physically or relationship wise or whatever that piece is...to move forward with different ways of how you cope with the burden, the challenge, the situation.”	“Hope would be that little kind of light at the end of the tunnel. Something that you know is going to get better. You know that there is a little light that’s going to shine sometime in your life.”
“The expectation that tomorrow will be better. Or at least as good as today.”		

**Resilience**

The participants of this study were quick to recognize that one of the major strengths of the older adults they worked with was their resilience. One participant commented: “I think resiliency is a big one [strength]. It’s hard to give up everything. Some of them, you know, everything went awry....” The older adults these social workers work with have faced many losses and hard times in their lives and are currently facing new challenges and changes as they age. Yet their ability to work through and overcome these difficulties in life is what appeared to stand out to participants. One participant commented:



They've lived through life, so they've seen their share of hard times. A lot of them, I hear all the time that 'I grew up in the depression, I...' you know, they've buried their children, and yet they have still seemed to persevere and kind of roll with life and go with the changes and try to accept the changes.

Another participant reflected:

They are incredibly resilient and have been through, God knows, I don't even know what a lot of times. So many of them are in their 90s now and are still joking and have had so much loss and grief in their life and are still truckin' along and making jokes and just being very content...so that is the cool part about 'em is that they are just...they bounce back from everything.

Over time, the older adults these social workers worked with have developed the ability to cope through difficult situations. "They have gone through losses before and they know how to adapt." They have come to acknowledge that struggles and hardships will happen in life, but some have come to find ways to manage and work their way through those tough times. The concept of resilience appeared to be strongly related to the idea of hope for participants. One participant put it this way: "So it's seeing what the challenges are, seeing what the obstacles are, but still being able to rise out of that. And that's hope."

### **Family**

Families were a reoccurring topic in all of the interviews. The participants viewed families as being an integral support system that encouraged hope in older adults. Participants also commented on how they often fall into a dual role of fostering a sense of hope in both residents and families.

**Support systems.** The participants in this study frequently remarked about how important families were in developing a strong support system for older adults as they encountered long-term care related decisions. Participants believed that having a strong support system with one’s family was an indicator for hope in the residents they served. But even with a strong, supportive family, participants still believed that the older adults they worked with struggled with the emotions of loss regarding their family. That is why participants viewed their role in maintaining the connection between residents and their families as extremely important to foster a sense of hope (see Table 2). One participant personally felt the importance of family support. She reflected: “I think that I try to keep in mind what I would be feeling if I was 80 years old and didn’t have my parents anymore.”

Table 2

*Family Support Systems*

Loss and Developing Hope	Participant Statement
Loss	“I think once you’re not in your family environment, you’ll always have loneliness or a desire to be with your family. And even the ones with very supportive family, who come multiple times a week – they still miss them.”
Loss	“Maybe seeing what others have or don’t have. Like say you have somebody who has a roommate who has a family that comes a lot that brings you special treats, special sheets and takes you out and you don’t have that.”
Loss	“Family dynamics are huge. Things that have been pushed under the rug for 30-40-50-60 years sometimes come to a head when they’re faced with a big challenge.”
Developing Hope	“Most have good family support and we encourage that. And if there are issues, we

	really help try to sort out what those issues are to why because that really does help somebody thrive.”
Developing Hope	“I think the family visits and cards and phone calls really mean a lot. Them [the resident] feeling part of the family still is really important.”
Developing Hope	“They guys who have families have very devoted ones. And they come in every day, they come in twice a week, I mean, they’re here a lot. And really, that keeps a person hopeful, if someone still loves them and cares about them and they’re still important to somebody.”
Developing Hope	“I think it’s a lot of hope through the families as well. Families coming. They’re changing. They’re now becoming the child in this and when they’ve been the parent...so knowing that your daughter’s going to step-up or your grandkids are going to step up, I think is, displays a lot of hope.”

**Dual Role.** Social work participants also commented that fostering a sense of hope among family members is central to working with older adults. “Hope would transpire also to the family. You know, we do as much social work supporting the family as we do the resident. Some families have a very hard time, they feel like a failure...to succumb to the system in putting them in a facility rather than keeping them in their home.” Working in this dual role was especially true for the TCU and hospice social workers that participated in this study. One of the social workers that worked in a TCU reported that in her role, “residents might be okay with going to long term care, but it’s convincing the kids that it’s a good idea.” When families are such an integral support system to a person, offering them the support they need to support the resident can be invaluable. “I provide a level of support to the family and more than the staff there can

give...I can invest a little bit more and then ask more personal questions about how are you coping?"

### **Purpose**

In the mixture of losses that many older adults face when entering long-term care can come a loss of independence and identity. Or as one participant put it: "They do talk about that loss [independence] and they talk about, you know, they don't have a purpose." Lack of purpose, independence and identity can lead to a sense of hopelessness. Older adults continue to want to have purpose in their lives. It is part of what gets them up in the morning and helps them through the day. "That kind of, feeling needed. I think we need to be doing more of that type of thing. I've got one lady who just wants to clean her roommate's side of the room and she's like, 'does anyone else need cleaning?'"

Therefore, a number of the facilities these participants work for have sought to create opportunities for residents to find that sense of purpose. They have created opportunity for purpose through work programs, volunteering, small jobs and assigning responsibilities. "I've heard so many times how purposeful that [work program] is for people and how important just doing this little two hour a week sort of job is." Purpose does not only come through the facility-sponsored activities. In one case, residents have been encouraged and found hope in finding purpose through their relationships with each other. A participant described the following interaction with some of her residents: "It was cool, in the support group, this lady was saying 'I have no purpose' and this other lady was like 'You come here every week and help us. You have a purpose, you help us through things and this and that.'"

### **Humor and Fun**

The next major theme among the interviews was regarding the significance of humor and fun. One participant commented that one of the many strengths her residents possess is that “they’re very funny.” Participants reflected that both residents and social workers used humor and fun in their work together. Some commented about how humor and fun can be used as a coping mechanism and a way that their residents display hope. “The biggest way I see it [hope] is when they’re socializing with each other. You know, they’re able to joke with each other or they’re able to talk about the things that were in the past...” Residents that these social workers work with often would make jokes about their losses, but would keep in mind what they still could do – such as dancing in their wheelchairs instead of using their legs. Another participant, when asked how the individuals she works with display hope responded: “I would say by laughter, by strong relationships, by continuing to adjust to their new norm and verbalizing it.”

Humor and fun were also used by social workers in developing relationships with older adults. One participant stated: “I think humor is a great way to form trust.” Being able to laugh and joke with someone during a time of high stress and loss can bring some of the anxiety down and back into perspective. Another participant often tells her residents: “You know, I’m here to help you try to figure out how to make it happen. If nothing else, we’re going to have fun in the process.” She felt that coming alongside someone when they were in need and putting forth a positive attitude could make a big difference in the outcome.

**Time & Physical Presence**

The theme of spending time in conversation and physically being present with residents appeared in many of the interviews. One of the most prevalent needs that participants reflected on was the need their residents had for support. In some cases, participants reflected that the only support residents had was the support of the long-term care staff. One of the most effective ways participants felt this need could be addressed was through spending time, talking with residents, and physically being present with them (see Table 3).

Table 3

*Need of Support, Time, and Presence*

<b>Need of Support</b>	<b>Time and Conversation</b>	<b>Physical Presence</b>
"...there are a lot of guys who have burned all of their bridges and so there are a lot of men here who are kind of like, in a way, orphaned....I am sometimes the only support someone has... And so it's kind of like they just need someone to look in on them and let them know that we're here."	"I'll stay with you and we can talk until someone can help you."	"I have a lot of residents that don't have family or they have family that can't visit. And their needs are really having that body. Whether it be a nurse or an aide or the activities coordinator, someone to sit down and talk with them and to reassure them and to make sure they know that we're here even though your family can't be here – so we're kind of like everyone's second family."
	"Sometimes you don't need a solution, you just need someone to let you blab it all out. Just let me talk to you for a while and then I'll feel better when I'm done talking. You don't have to fix anything cause there's nothing you can fix."	
	"They can talk with us confidentially and they can ask for things and they can get us to connect."	"In our environment and I think in any nursing home, that's really how you connect with someone and if they want a hug, you're giving them a hug, they're going to kiss your cheek."
"I also have a lot of clients who come to my office	"I think that just, just doing that little bit to say hello,	"I feel like I'm just another person providing a level of

everyday and just need a little TLC.”	how are you doing, what’s going on, you know, chew the fat a little bit, makes such a huge difference in someone’s life....I try very hard not to turn anyone away because I’m busy....I really believe a lot in the relationship part of my job. Showing that you care and know about this person just makes a lot of difference.”	presence and or somewhat emotional support for just a moment...because with memory loss it’s hard to track with that...an opportunity to sit and touch somebody.”
	“Just taking that extra time...just that extra mile, I think is a lot on how we kind of facilitate that hope.”	“Being able to listen and to hold someone’s hand and say when they’re crying, I am so sorry. But I’m here to listen.”

**Community**

Finally, being part of a community of support was another important theme. This community was made up of all the residents as well as the staff in long-term care settings. “There is just such a sense of community and the staff here are very close with our residents and they are just very content with wherever they’re at in their life.” When residents are isolated, struggling physically, emotionally, cognitively, having a support system put in place can provide a sense of relief. One participant described it: “They’re here, they’re really secure, they’re getting all of their meals, the outings are paid for, and different things. So for some of them it’s a very secure feeling that they’re being taken care of, especially the people that don’t have a lot of support on the outside.”

**Other Perspectives**

There were two additional unique perspectives that came up during the interviews. One participant, when commenting on the importance of family relationships

also brought up the significance of pets in residents' lives. Many individuals have to give up their pets when they transition to long-term care, which can be a huge loss because their relationship with their pet has been central to their lives. She stated: "It's a huge thing if a pet has to be given away or where's the pet or what are we going to do..." This participant believed that encouraging continued contact with pets or other visiting pets can be fundamental in fostering a sense of hope.

Another unique perspective was offered by one of the TCU social workers. She brought up the idea of goodbyes and honoring the significance of material items in a person's life before they make the transition to long-term care. She encouraged the individuals she worked with to have a ritual of going through the house and touching everything. She reflected that saying those goodbyes and taking the most special items with you could be significant in helping a person transition and keep a sense of hope. "You say goodbye to everything that you're getting rid of, you know, you go through the house one last time and you touch the walls and you take pictures of everything.... I think that instills some hope."



### **Strengths and Limitations**

This qualitative study had a number of strengths, but also limitations. One of the strengths was that participants in this study were currently working directly with older adults who were experiencing loss and hope in later life. Their role as social workers made it likely that they played an important role in processing and assessing these emotions with the older adults, giving them good insight into how hope played a role in the lives of the residents. It was also beneficial to this study to meet with social workers that have worked in the field for such a wide range of years and in a wide range of experiences. This allowed for a variety of perspectives based on time in the field, but also at all stages of the transition process – from Transitional Care Units to Long-Term Care Facilities to Hospice. Meeting individually instead of in groups with participants to complete the interviews allowed for them to reflect on their own professional experiences and not on the experiences of others. Another strength to this study was that the questions were developed based off of themes already found in the literature. This provided the framework to compare this study to other studies that have previously been completed.

On the other hand, there were some limitations to this study. This qualitative study was designed to gather individual social workers' experiences and perspectives about their role in helping foster hope in older adults in long-term care. Therefore, it cannot be generalized to all social workers that work with older adults facing long-term care decisions. There is also a limitation in that all social workers that were involved in these interviews were Caucasian and from the same Midwest metropolitan area, which limited the study's ability to be generalized to other areas of the United States.

Participants in this study were second-hand reporters of the hope experiences of older adults and may have been basing their responses only off observations of those they served. Finally, the terms used in this study, such as hope and loss, are subjective terms and participants were providing their responses based upon their personal views and definitions, which has the potential to impact whether or not results can be used universally.

## Discussion

### Interpretations

The results from this study provided strong support for previous research that has been done regarding social workers' perspectives on their role in fostering a sense of hope in older adults. A focus on personal relationships and strong support systems was of shared importance in previous literature as well as this study (Cutcliffe & Grant, 2001; Nakashima & Canda, 2005; Pentz, 2005; Richards, 2005). Personal relationships include relationships built between older adults and their family members, older adults and social workers as well as family members and social workers. Having strong, supportive, positive relationships when coordinating care for an older adult helps maintain a sense of hope that someone cares for them, views them as important and will continue to invest in their lives.

Participants in this study commented frequently about their encounters with family members of older adults. Many even reflected that their role as a social worker helped foster a sense of hope in the families, which in turn helped foster a sense of hope in the older adults. It appears that there is a cycle of when the family is hopeful, the older adult is more likely to find hope and when the older adult finds hope, the family is more likely to be hopeful. So it becomes a dual role and relationship in which the social worker must find balance, asking themselves, "who is my client?" and then possibly broadening their perspective, coming at it from a family systems approach.

Nakashima and Canda (2005) found in their study that older adults used skills such as listening and humor to help maintain relationships with caregivers. Similarly, this study found that personal relationships could be cultivated through conversation,

taking the time to talk with residents, the use of physical touch, and through humor and fun. This researcher hypothesized during the beginning stages of this study that due to the number of demands placed on social workers in these settings, they would indicate a struggle to find enough time to spend with residents. Therefore, it was surprising to this researcher to hear participants reflect on how spending time with residents was a personal priority and how positively they viewed managing this time with other work demands. Only one social worker explicitly stated that she wished she had more time to spend with the residents. The rest of the participants indicated that they made the time in their busy days to invest in the older adults they came into contact with. Their willingness and desire to take extra time out of their busy days would seem to indicate they feel a deep awareness of the importance in building personal relationships to foster a sense of hope.

Relationship through community was another connecting factor between the previous research and this study. Former research has indicated that social workers can help foster a sense of hope through group work and engaging older adults in activities, volunteerism, and peer relationships (Pentz, 2005; Richards, 2005). In this study, participants spoke of the community life and support that residents found through relationships with each other and staff. They discussed how residents came to feel secure and appreciate the fact that their needs were now being taken care of in a long-term care facility.

It is not just through meeting the needs of the older adults that a community of hope is developed. It also appears that helping create a sense of purpose again in someone's life plays an important role. Previous research has indicated that goal development and the extent to which goals are being met are aspects of creating a sense

of hope (Cheavens & Gum, 2000). Participants in this study did not specifically mention goal development, but drew on the importance of continuing to feel and name one's purpose in day-to-day life. They suggested that feelings of purposefulness could be developed through volunteering, offering support through groups, cleaning, and many other ways in which each person individually finds their purpose.

An individual's life experiences often play a role in how they experience hope. Previous studies have suggested that reflecting on one's past experiences and coming to a personal understanding of how one has coped with difficult situations can be beneficial in coping with the here and now (Greene & Cohen, 2005). Many practitioners know this as resilience. Greene and Cohen (2005) wrote, "...a resilience approach can lead practitioners to consider what contributes to an older adult's sense of continuity, especially in his or her ordinary routines of daily life. How can the older adult continue to live in an understandable, meaningful, and manageable world" (p. 369)? Through this study, many of the participants reflected on the resilience that many of the older adults they work with have. Participants reflected on the stories the older adults share of the hard times and losses they have encountered and the ways in which they have overcome these losses. They felt that being able to acknowledge and claim their resilience was a major strength and was part of the process in helping develop a sense of hope in the lives of the older adults they worked with.

### **Implications for Social Work Practice**

Cultivating relationships is key for social workers that are working with older adults in long-term care facilities. Once strong, supportive, positive relationships are built, there are good grounds to help foster a sense of hope among older adults.

Therefore, ensuring that social workers have the time to invest in developing these relationships is essential. According to the responses of participants in this study, the role of social workers often involves documentation, paperwork and assessments. All of these are necessary and critical aspects of the job, but it is evident that in order to assist older adults in developing a hope-filled quality of life, it is imperative for social workers to focus on the relationship. It is important for them to recognize and find time to invest and purposefully meet individual residents where they are at; listening to their stories, and helping them thrive. In order to do this effectively, as the aging population continues to grow, more social workers will be needed to invest in those relationships – both with individuals and their families. It also is evident that social workers desire to have personal relationships with their clients. If they did not, they would not make time during their busy days to spend time with clients.

There are many demands that can be placed on social workers in long-term care related settings. These demands can lead to a higher rate of burn out. Investing in an individual's life takes time. Investing in their family's lives that will take even more time. Social workers often desire an interpersonal relationship with the older adults they serve. If they are unable to take the time to develop those relationships, they might be at a higher risk for burn out. Ensuring that social workers have the time, resources and manpower to invest in personal relationships with their clients, may reduce the rates of burn out.

### **Implications for Policy**

There are a number of implications for policy that rise out of this research. One area to make note of is in relation to the importance of how having a sense of purpose can

instill a sense of hope in older adults. Many of the participants who took part in this study referred to volunteer programs or work programs that are in place at their facilities. They believed that these programs were extremely helpful to the older adults in creating a sense of purpose and hope and one participant even commented that she believed they needed more programs. Due to funding concerns and the need for budget cuts among many social service organizations, it is possible that these programs could be seen as non-essential and cut from facilities. Advocating for these programs to ensure they are continued and also promoting their increase in long-term care facilities would be helpful to social workers as they try to foster a sense of hope among the individuals they serve.

Another area related to policy that is important to consider are increased positions and funding for social workers in long-term care facilities. As stated previously, this research found that social workers are willing to take time out of their days that are full of assessments, meetings, and treatment planning in order to talk with the residents – providing them with the support system and personal relationship that they desperately need and want. With many upcoming changes to health care reform, advocating for an increased number of social workers and the funding to support them in these facilities would only help establish better communities and environments for individuals as they grow old.

### **Implications for Research**

There were a number of themes that came up during the course of this study where additional research would prove beneficial to the field of social work and older adults. First, this study only looked at social worker's perspectives of the role they play in fostering a sense of hope among older adults. It would be important to also interview

older adults and their experience with hope to determine if these social work perspectives are accurate.

Second, it would be helpful to develop a better understanding about the social worker's relationship with the families of older adults in need of long-term care and their role of fostering a sense of hope among families facing long-term care decisions. More information on the social worker and family relationship and how that can better be developed would provide assistance in fostering hope among older adults facing losses.

Third, a number of questions and further study could be completed on some of the small themes and perspectives that came up. This could include: the role pets play in an older adult's level of hope, the role rituals and goodbyes during transitions play in fostering a sense of hope and finally, what practical ways a community of support can better be established to help develop a sense of hope among older adults.

Fourth, it would be interesting to consider the idea of hope in relationship to the social worker. Are the social workers that find it a natural part of their role to foster hope in the residents they serve less likely to experience burn out? Are they more efficient in their work? What impact does an attitude of hopefulness have on job satisfaction among social workers?

Finally, it would be interesting to consider if there is any correlation between whether or not an individual's sense of hope has any impact or correlation between their physical health, utilization of resources and health care costs.



## References

- Administration on Aging, U.S. Department of Health and Human Services. (2011). *A Profile of Older Americans: 2011*. Retrieved 09/18/12 from the World Wide Web: [http://www.aoa.gov/AoARoot/Aging\\_Statistics/index.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/index.aspx).
- Bergin, L., & Walsh, S. (2005). The role of hope in psychotherapy with older adults. *Aging & Mental Health, 9*(1), 7-15. doi: 10.1080/13607860412331323809
- Borden, W. (1992). Narrative perspectives in psychosocial intervention following adverse life events. *Social Work, 37*(2), 135-141.
- Chapin R., & Cox, E. O. (2001). Changing the paradigm: Strengths-based and empowerment-oriented social work with frail elders. *Journal of Gerontological Social Work, 36*(3/4), 165-179. doi: 10.1300/J083v36n03\_13
- Cheavens, J., & Gum, A. (2000). Gray power: Hope for the ages. In C. R. Snyder (Ed.), *Handbook of Hope: Theory, Measures, & Applications* (pp.201-221). San Diego: Academic Press.
- Cohn, J. & Sugar, J. A. (1991). Determinants of quality of life in institutions: Perceptions of frail older residents, staff, and families. In J. E. Birren, J. E. Lubben, J. C. Rowe, & D. E. Deutchman (Eds.), *The Concept and Measurement of Quality of Life in the Frail Elderly* (pp. 28-49). San Diego: Academic Press, Inc.
- Cox, E. O. (2002). Empowerment-oriented practice applied to long-term care. *Journal of Social Work in Long-Term Care, 1*(2), 27-46.

- Cutcliffe, J. R., & Grant, G. (2001). What are the principles and processes of inspiring hope in cognitively impaired older adults within a continuing care environment? *Journal of Psychiatric and Mental Health Nursing*, 8, 427-436. doi: 10.1046/j.1365-2850.2001.00399.x
- Ellor, J. W. (2005). Spiritual and religious life. In L. W. Kaye (Ed.), *Perspectives on Productive Aging: Social Work with the New Aged* (pp. 149-161). Washington D.C.: NASW Press.
- Erikson, E. (1963). *Childhood and Society*. New York: W.W. Norton & Company, Inc.
- Ferran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: Critical clinical constructs*. California: Sage Publications, Inc.
- Gelfand, D. E. (1999). *The aging network: Programs and services* (5<sup>th</sup> ed.). New York: Springer Publishing Company.
- Green, R. R., & Cohen, H. L. (2005). Social work with older adults and their families: Changing practice paradigms. *Families in Society*, 86(3), 367-373.
- Gutheil, I. A. & Congress, E. (2000). Resiliency in older people: A paradigm for practice. In E. Norman (Ed.), *Resiliency enhancement: Putting the strengths perspective into social work practice* (pp. 40-52). New York: Columbia University Press.
- Kivnick, H. Q. (2005). Vital involvement: A key to personal growth in old age. In L. W. Kaye (Ed.), *Perspectives on Productive Aging: Social Work with the New Aged* (pp. 123-148). Washington D.C.: NASW Press.

- Klausner, E. J., Clarkin, J. F., Spielman, L., Pupo, C., Abrams, R., & Alexopoulos, G. S. (1998). Late-life depression and functional disability: The role of goal-focused group psychotherapy. *International Journal of Geriatric Psychiatry, 13*, 707-716.
- Koenig, T. & Spano, R. (2006). Professional hope in working with older adults. *Journal of Sociology & Social Welfare, 33*(2), 25-44.
- Lamb, F. F., Brady, E. M., & Lohman, C. (2009). Lifelong resiliency learning: A strengths-based synergy for gerontological social work. *Journal of Gerontological Social Work, 52*, 713-728. doi: 10.1080/01634370802716216
- Merriam Webster. (2012). *Definition of hope*. Retrieved from <http://www.merriam-webster.com/dictionary/hope>.
- Nakashima, M., & Canda, E. R. (2005). Positive dying and resiliency in later life: A qualitative study. *Journal of Aging Studies, 19*, 109-125. doi: 10.1016/j.jaging.2004.02.002
- Nelson-Becker, H., Chapin, R., & Fast, B. (2006). The strengths model with older adults: Clinical components. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4<sup>th</sup> ed.) (pp. 148-170). Boston: Pearson Education, Inc.
- Patchner, M. A. & Patchner, L. S. (1996). Social work practice in nursing homes. In M. J. Holosko & M. D. Feit (Eds.), *Social work practice with the elderly* (2<sup>nd</sup> ed.) (pp. 205-224). Toronto: Canadian Scholars' Press, Inc.
- Pentz, M. (2005). Resilience among older adults with cancer and the importance of social support and spirituality-faith: "I don't have time to die." *Journal of Gerontological Social Work, 44*(3/4), 3-22. doi: 10.1300/J083v44n03\_02

- Pipher, M. (1999). *Another country: Navigating the emotional terrain of our elders*. New York: Riverhead Books.
- Richards, M. (2005). Spirituality and social work in long-term care. *Journal of Gerontological Social Work*, 45(1/2), 173-183. doi: 10.1300/J083v45n01\_10
- Richardson, V. E. & Barusch, A. S. (2003). Gerontological practice for the twenty-first century: A social work perspective. New York: Columbia University Press.
- Sheafor, B. W. & Horejsi, C. R. (2006). *Techniques and guidelines for social work practice* (7<sup>th</sup> ed.). Boston: Pearson Education, Inc.
- Suggs, P. K. & Suggs, D. L. (2003). The understanding and creation of rituals: Enhancing the life of older adults. *Journal of Religious Gerontology*, 15(3), 17-24. doi: 10.1300/J078v15n03\_03
- Westburg, N. (2003). Hope, laughter, and humor in residents and staff at an assisted living facility. *Journal of Mental Health Counseling*, 25(1), 16-32.
- Zastrow, C. & Kirst-Ashman, K. K. (2007). *Understanding human behavior and the social environment* (7<sup>th</sup> ed.). California: Thomson Brooks/Cole.

## Appendix A

# Hope in Older Adults

What role do social workers play in fostering hope among older adults?

I would like to hear about your experiences and perspectives!

## What is the study about?

Having a sense of hope can be important in improving an individual's quality of life. I would like to learn more about social workers' perspectives regarding the role they play in helping foster a sense of hope among older adults in long-term care settings.

## What do I have to do?

You will be requested to participate in a face-to-face interview with the researcher at a meeting location of your choice. The interview should take approximately 30-60 minutes and will be audio-recorded.

## Am I eligible?

You ARE eligible if...

- You are a Licensed Social Worker
- You currently work in a long-term care setting
- You work primarily with older adults

For more information or to participate, please contact:

Sarah Olsen – xxx-xxx-xxxx  
xxxxxxxx@stthomas.edu

## Appendix B

### Informed-Consent Form

St. Catherine University/University of St. Thomas  
School of Social Work

*Social Workers' Perspectives Regarding Their Role in Fostering Hope Among Older Adults in Long-Term Care Facilities.*

Institutional Review Board Tracking Number: 387968-1

I am conducting a study regarding social workers' perspectives regarding their role in fostering hope among older adults in long-term care facilities. I invite you to participate in this research. You were selected as a possible participant because of your role as a social worker working with older adults in a long-term care facility. We will review this form together and you may ask any questions you may have before agreeing to be in this study.

This study is being conducted by Sarah Olsen, a Master of Social Work graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and is chaired by Ande Nesmith, Ph.D., MSW.

#### **Background Information**

The purpose of this study is to determine long-term care social workers' awareness of how their residents find hope and meaning in their lives and how these social workers use that knowledge to nurture hope in the residents they serve in these settings.

#### **Procedures:**

If you agree to participate in this study, you will be asked to be involved in a face-to-face, audio-taped, qualitative interview regarding the needs, strengths, challenges and observations of hope you have experienced in working as a social worker with older adults in a long-term care facility. The interview is expected to last up to an hour or so. The researcher will meet with you in a location of your choosing and ask 10 questions regarding your experiences.

#### **Risks and Benefits of Being in the Study:**

Due to discussion surrounding hope and hopelessness there is a chance you may feel uncomfortable answering some of the questions. You are free to stop the interview at any point. If you find yourself feeling uncomfortable at any point during the interview, a list of resources will be provided that can offer counseling and/or additional support. There are no direct benefits for participation in this research.

#### **Confidentiality:**

Your participation in this study and any related records will be kept confidential. Audio recordings, consent forms, notes and transcripts of the interview will be kept in a lock-box or if they are electronic documents on the researcher's personal password-protected computer. Any identifying information in the transcript will be deleted to protect privacy.

of the participants. Audio recordings, consent forms, notes, and transcripts with any identifying information of participants will be destroyed no later than July 1, 2016.

**Voluntary Nature of the Study:**

Participation in this study is completely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with your place of employment, the researcher, St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to stop the interview at any point. Should you decide to withdraw your participation after the interview has been completed, please contact the researcher within a week after the interview and the data collected will not be used as part of this research.

**Contacts and Questions:**

My name is Sarah Olsen. You may ask any questions you have now. If you have questions later, you may contact me at xxx-xxx-xxxx. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Informed-Consent:**

I have read and understand the above information. My questions have been answered to my satisfaction. I consent to participate in this research study and to be audio-taped.

\_\_\_\_\_

Study Participant (Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

Study Participant (Signature)

\_\_\_\_\_

Date

\_\_\_\_\_

Researcher (Signature)

\_\_\_\_\_

Date

## Appendix C

### Participant Interview Questions

1. How long have you worked as a social worker and in what capacity?
2. Tell me about your role as a social worker in a long-term care facility.
3. Describe the residents you work with.
4. What are the most significant needs of the residents you work with?
5. What are the strengths of the residents you work with?
6. What are some of the challenges the residents you work with face?
7. How would you define hope?
8. How do your residents display hope?
9. Do you believe your role as the social worker helps facilitate hope in the residents you serve? If so, how?
10. How do your experiences with hope and loss impact your work with the residents you serve?