

# Gender-sensitive end of life care in long term care facilities

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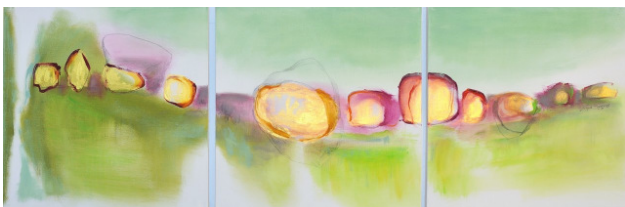
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## BACKGROUND

Living and dying in long term care facilities is always concerned with gender-effects that most of the time are unconscious. Based on interaction and embedded in a specific structural environment a certain gender culture develops. The significant change in client structure in long term care settings concerns a rise in multimorbidity, dementia and age. At the same time structural restrictions as reduction of staff and cost savings as well as family and team conflicts impose high pressure on working, living and dying in nursing homes.

Up to 90% of the people living there are women, most care giving relatives and professional care givers are female, too. So the question how client-orientation can be organised in a gender-sensitive way is a challenge every day (Koch-Straube 1997, Heller, Heimerl, Husebø 2007; Kojer 2009).

*“For mom it would be impossible that a man washes her” (daughter)*



Angela Sommerhoff

## METHODS, SAMPLE AND ANALYSES

Working within the qualitative paradigm of organisational research, transdisciplinary cooperation with management of the long term care institution stood at the beginning of the research project. As a single case study we focused on the different levels within one nursing home. We agreed upon a three phase design that included multiperspective interviews, group discussions, observation and feedback arrangements.

During the first phase interviews with residents, relatives, professionals and group discussions were conducted. Between first and second phase, first analyses took place. The results of these analyses served as a source for the second phase, where findings were validated and new issues could arise. Participant observation during lunch time completed data collection. The third phase encompassed feedback rounds with management and communication of the results to all those involved and an interested public community. Overall 46 interviews, 3 group discussions and 1 observation have been conducted.

Analyses of the interviews, group discussions and observation aimed at formulating central themes and issues related to gender aspects on individual, relational and structural level. Discussions within the research team and with management of the long term care institution helped to interpret and prioritise the findings (Lamnek 2005, Reitinger et al 2007).

*“Men tend to think hierarchically, priority is given to structure” (manager)*

## AIMS AND QUESTIONS

The aim of the study is to find out more about the meaning of “gender-sensitivity” in the lives of residents and care situations in long-term care facilities. The consequences for end-of-life care situations are discussed here. Leading questions therefore are:

- ♦ What does gender-sensitivity mean on individual level?
- ♦ How do gender-relations influence care giving and team culture?
- ♦ What consequences have to be drawn by management to support gender-sensitive care?

*“Women live in our house who never had autonomy and for others it’s most important!” (professional)*

## RESULTS AS “AREAS OF CONFLICTS”

- ♦ Traditional biographies of residents lead to gender differences concerning the way, needs are articulated, the ability to accept support by care persons and relationships within the nursing home.
- ♦ Female family care givers like daughters or wives regularly come to visit their relative who lives in the nursing home, male members of the family occasionally. Relationships between mother and daughter change over time and this is reflected by those involved.
- ♦ Professional care persons associate gender mostly with sexuality. For female care persons it is easier to cope with demanding female residents than demanding male residents. Mixed gender care teams are preferred by professionals and relatives.
- ♦ Management is seen as male competence. Male leading persons therefore act in accordance with their gender role while female leading persons integrate care and task orientation.
- ♦ Concerning end-of life care issues and palliative care all those gender specific aspects have to be considered.

*...First I couldn't do it until the kids were in bed, until everything was cleaned up, then I went into the garden and gathered the leaves. Because my husband didn't have any time...”(resident, 89)*

## CONCLUSIONS

Traditional gender roles and gender relations dominate the lifeworld in nursing homes. Women living there have to be acknowledged in their life long balancing act of bringing together „doing family”, housework and occupational work. Men living there have to be acknowledged for their mainly job-focussed biographies.

All this historically relevant information also plays a central role when life comes to its end. Special needs and core themes in end of life of women include care for the body, relations and emotions (Beyer 2008, Backes et al 2006).

The traditional gender culture has to be reflected critically to overcome strong gender stereotypes and open life chances for men and women not fitting into these patterns. The „challenging” behaviour of aggression and anger for example, completely contradicts expectations of female role models and is therefore more difficult to cope with than male aggression.

Professionals and management working in nursing homes are requested to ask themselves critically in what way gender sensitivity can be integrated into daily work routines. Self reflection on the one hand and structural gender inequalities on the other have to be recognised. Gender budgeting or transparency in time use could support these efforts.

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