



LUNDS UNIVERSITET

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Institutionen för Hälsovetenskaper

Arbetsterapi och aktivitetsvetenskap

Cohabitants' Experiences of Daily Activities and Expectations on How the Housing Adaptation Will Affect Their Own and Their Partners' Daily Activities

Författare: Afsaneh Taei

Handledare: Lisa Ekstam

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Kandidatuppsats

Adress: Institutionen för Hälsovetenskaper, Arbetsterapi och aktivitetsvetenskap, Box 157,
S-221 00 Lund



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Afsaneh Taei

Abstract

The aim of this qualitative research was to describe the cohabitant's experience of their daily activities and how they expect that housing adaptation (HA) will affect their own and their partners' daily activities. Cohabitant means a person who lives in the same residence as the client, with or without giving care to the client. The study included interviewing four cohabitants, all men and aged more than 65 years, to clients who applied for an HA. Interview data was analyzed according to qualitative content analysis. **Results:** Cohabitants experienced that in the daily life, they needed to be available on demand and give help, they felt worried, were doing their own activities, and experienced being limited in the choice of their desired activities. The other part of the result shows that cohabitants expected the HA to imply benefits for both their own and their partners' type of activities. **Conclusion:** According to the Swedish legislation, HA is an intervention applied only for clients, but the current study shows that the cohabitants expected that HA would be of benefit to their own daily activities as well. However, the cohabitants expressed that the partners' functioning were more important than how the HA would make the house look.

Keywords: Occupational Therapy, Housing Adaptation, Home Modification, Family Caregiver, Cohabitant

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Address: Department of Health Sciences, Occupational Therapy and Occupational Science,
Box 157, S-221 00 Lund



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Sammanboendes upplevelse av vardagsaktiviteter och förväntningar om hur bostadsanpassningen kommer att påverka dennes och partners vardagliga aktiviteter

Afsaneh Taei

Abstrakt

Målet med denna kvalitativa studie är att utforska de sammanboendes upplevelse av vardagsaktiviteter och hur de förväntar sig att en eventuell bostadsanpassning ska påverka deras egna och deras partners vardagsaktiviteter. Med sammanboende menas de som bor i samma bostad som en klient, oavsett om de har till uppgift att ta hand om klienten eller inte. Denna studie utfördes genom intervjuer med fyra sammanboende, där samtliga var män i 65 års ålder eller mer, till personer som hade sökt bidrag för bostadsanpassning. Data, erhållen från intervjuerna, analyserades enligt den kvalitativa metoden *innehållsanalys*. **Resultat:** de sammanboende upplevde att i det vardagliga livet var de tvungna att alltid vara nära till hands och hjälpa till. De kände oro, utförde sina egna aktiviteter, och upplevde att de var begränsade i sina valmöjligheter, vad gäller typen av aktivitet. Den andra delen av resultatet visar att de sammaboende förbäntade sig att en bostadsanpassning skulle innebära fördelar för både de själva och deras partnerers aktiviteter. **Slutsats:** enligt svensk lag, söks bostadsanpassning endast för klienten men denna studie visar att de sammanbonde förväntade sig att anpassningen skulle innebära fördelar för deras egna aktiviteter också. Icke desto mindre uttryckte de att partnerers funktionella förmåga skulle vara viktigare än hur bostadsanpassningen förändrar bostadens utseende.

Nyckelord: Arbeterapi, bostadsanpassning, vårdgivare, sammanboende

Kandidatuppsats

Adress: Institutionen för Hälsovetenskaper, Arbeterapi och aktivitetsvetenskap, Box 157,
S-221 00 Lund

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Background

Nowadays the number of people aging in Sweden is increasing, which makes it one of the countries with the oldest population in the world (Socialstyrelsen, 2013). Most of the elderly people prefer to stay at home and getting aged there (Dehlin, 2000). On the other hand, the functional capability decreases by becoming older, which can make it harder for the elderly to live in an environment with barriers. As an intervention, some adaptation of the home environment is needed to make living at home easier. These changes can be expected to influence not only the clients but also their cohabitants' everyday life. Here, a Cohabitant is defined as being a family member, a relative, or anyone who lives with the client in the same environment, which differs from a (family) caregiver in that his/her role as a caregiver is not important; they may or may not provide care to the client.

Home modification as an occupational therapy intervention increases the usability of the home environment for the clients and their independent functional performance of daily activities, while augmenting the safety and security (Petersson, Lilja, Hammel & Kottorp, 2008; Pynoos, Tabberah, Angelelli & Demiere, 1998). They include changes in the home environment through removing barriers such as thresholds and adding assistive devices such as grab bars, bath-seats, and care-beds, using assistive technology, or rearranging and removing the furniture.

Home modification is therefore a broader concept than *housing adaptation (HA)*, which is more strictly linked to the Swedish legislation (Boverket, 2010:900) and involves adaptation of solid features in the home, such as removal of thresholds, installation of grab bars, or removal of a bath tub and replacing it with a shower.

According to the Swedish legislation, each building should be accessible and usable for people with functional or sense-of-locality disorders (Boverket, 2010:900). All citizens can apply for receiving a grant to adapt their home environments based on their needs. The grant aims at facilitating an independent life for the individuals (SFS 1992:1574).

Occupational Therapy Model

According to the theoretical basis of the human occupational science, there is a dynamic interaction between the three elements person, activity and environment and the result of this dynamic interaction is occupational performance. Any change in each of these elements has an immediate effect on the patient's occupational performance (Law et. al., 1996).

Based on the Model of Human Occupation, MOHO (Kielhofner, 2012), the environment—

either the physical, the social, or the cultural—can be supportive for the person by providing resources and more opportunities for activity performance. However, the person's abilities may be limited when the environment demands more than the person's occupational capacities. In a supportive environment, the person will have the opportunity to create and stabilize the daily routines and habituation, but in a challenging environment the person can feel unmotivated, distressed, and disappointed and have a feeling of being a burden.

According to the MOHO (Kielhofner, 2012), all the activities performed by a person are in interaction with and affected by the person's individual components—volition, habits, and capacities. To provide the incentives for the caregivers and encourage them to use those recommended strategies, they should first be informed clearly about both the benefits and available variations of home modifications. Lack of information about variations of accessible assistive devices or home modifications and how they can be obtained, installed and used can make the caregivers disappointed and helpless. This is highlighted in the Messecar's (2005) article, in which the author emphasizes the benefits of home modification in improving the person's quality of life and also the importance of giving clear and enough information to the family caregivers about the different types of assistive devices available to choose from.

The success of the clinical approaches recommended for modifying the home environment, requires an acceptance of the family members involved in the care-giving process. Messecar, Archbold, Stewart & Kirschling (2002) state that often the home care clinicians become frustrated when the families do not follow the recommended home modification strategies. According to this article, the family caregivers may not accept the suggested strategies because the family's perspectives and priorities with regard to the home modifications are not well considered when they are being planned..

Acceptance of Home Modification

For elderly people, home is more than just a physical space. It is a private and meaningful place, full of memories and a feeling of belonging. Meaning of home can be affected, for the better or the worse, by environmental changes. To degrade the negative effects of the modifications, the occupational therapists are expected to focus on both the physical aspects and the meaning of home that elderly are attached to (Dahlin-Ivanoff & Haak & Fänge & Iwarsson, 2007).

Home modification as a change in the family's living environment can be differently by different persons. Here, the cohabitant may expect the new environment to be either a support or an impediment for her/his own activity performance.

It can be stressful for a person when environmental demands become overwhelming, and the person may need to use restorative strategies to cope with it at the residential environment (Hartig & Johansson & Kylin, 2003). A positive role of home modification in the caregiver's daily life is mentioned in the study by Betrabet Gulwadi (2009). In this article, Betrabet states that the environmental interventions, such as home modifications, can help family caregivers with stressful functional aspects. She describes furthermore the home environment as a system with both social and physical features that should enable all the inhabitants to perform their practical functions and activities of daily living. But are all these changes and modifications accepted by the cohabitants?

Before designing any interventions for home modification, a deep understanding of the person's home environment is essential, as stated by Heywood (2005). He explains further that the "elements of the home environment such as security, privacy, freedom, self-image and relationship can be negatively affected or not improved when the home environment of clients and their family is not well understood" (Heywood, 2005). The Occupational Therapists, OT's, should thus know and understand the family's perspective on their home environment and their values, besides the family caregivers' own environmental strategies that they devise for supporting the patient prior to suggesting any modifications (Messecar, Archbold, Stewart & Kirschling, 2002).

Home modification as a physical, environmental factor is not the only change that can influence the cohabitant's daily activities. Living with a person who has functional disabilities can also affect the cohabitant's life by giving the cohabitant new roles and responsibilities, in order to have things done at home. These roles and responsibilities, which organize the daily livings are often invisible (Bowers, 1987), together with being a spouse or a parent can lead to caregiver role strain (Wallace Williams & Dilworth-Anderson & Goodwin, 2003). Hence, home modification as an occupational therapy intervention might simplify giving care at home and increase the possibility of performing daily activities for the care receiver. These benefits can be assumed to improve care receiver's quality of life. Nevertheless, there are very few studies focusing on the experience of home environmental changes in daily activities from the cohabitant's perspective, which is this study's contribution to a better understanding of expectations on housing adaptation of cohabitant's daily activities.

Aim

The aim of this thesis was to describe the cohabitants' experiences on daily activities and their expectations on how housing adaptation will affect their own and their partners' daily activities.

Method

Design of the Study

The design of this study was *cross-sectional qualitative interview study* (Levin, 2006), meaning that each interview is performed only on one occasion. Since people usually share their experiences of their environment by communicating and explaining their feelings (Kvale & Brinkmann, 2009), using an interview method was considered suitable with regard to the aim of this study. A qualitative research interview method (Kvale & Brinkmann, 2009) was used with semi-structured, open-ended questions. For the analysis of the interviews, the content analysis methodology according to Graneheim & Lundman (2003) was employed.

Study Settings

The present study was run as a part of a larger research aiming at describing the process of applying for a housing adaptation, installing, and using housing adaptation in everyday life from both the applicant's and the cohabitant's perspective. In the larger project, a sample of 10 clients and their respective cohabitants, and 10 clients who are living alone, have participated individually in qualitative interviews. The interviews in this longitudinal study was held before the housing adaptation and are repeated three and twelve months after the adaptations.

While the main study is focused on both the client's and the cohabitant's expectations and experience from the housing adaptation and the process, the central point of this very project was only the cohabitants' expectations and their experiences from their daily lives before the housing adaptation.

Sample

Four cohabitants who accepted to participate in the study were chosen consecutively in the Skåne area. Common for these cohabitants was that they were partners of clients that had already applied for acquiring housing adaptation and were waiting for the final pronouncements regarding the applications. All the clients had at least a type of physical disability that prevented them from doing their normal daily activities in their home environments.

In order to have a variation in the sample set, the interviewees were chosen from different groups residing in different types of housing and applying for different kinds of housing adaptation. All these chosen groups should be cohabiting. No restrictions regarding the sex, or level of education of the participants were considered but a minimum age of 20 years was set. Some of the clients in question were already using assistive devices at home. Four interviews were performed, where all the interviewees were men, retired, and over 65 years old, living in detached homes or apartments. The respective housing adaptation applied for were considering the removal of the doorsteps, adding support bars in the bathroom, and rebuilding a part of the home in order to add a bathroom on the first floor.

Data Collection

According to what was stated in the Aim of this thesis, information was carefully collected about the cohabitants' expectations for the effect of the housing adaptation in their day to day life and how these may affect their occupational performances. As previously mentioned, for the semi-structured interview method was used for the data collection, where it contained open-ended questions in order to gather as much information as possible in the form of a normal dialog and not as in a regular interview with formal questions and answers (Kvale & Brinkmann, 2009). Examples of the questions will be presented in the next section.

Procedure

The first 4 cohabitants of the persons applying for a housing adaptation, who agreed to participate in this study, were selected for interview. The subjects thus chosen had been contacted in person and asked orally—by the occupational therapists working at the communities in the Skåne area and involved in the procedure of applying for housing adaptation—whether they would accept to participate in the interviews at their own area of residence. Interested clients were contacted by phone to make an appointment for the interview and to be provided further information about its procedures. At the time of interview the subject received both written general information, and an oral explanation, about the study and the content of the interview, and a mutual consent was signed. The interviews were being held before the housing adaptation, while the participants were still awaiting a pronouncement from the involved town council. Important for the interview setting was its accessibility for the respective client and being quiet enough for audio recording, as it was used for the data collection.

Interviews were carried out in collaboration with another interviewer, as a representative

for the major study. Since the information acquired from the interviews would be used in both the major study and the present thesis, the interviews were held with both the clients and the cohabitants, one by one, and in the absence of the other partner, to obtain the point of view of each interviewee without the interference of the other one. The common way of collecting information was to use an audio recorder which helped the interviewer to focus on the topic instead of focusing on writing down the details during the interview (Kvale & Brinkmann, 2009). After each interview session, the interviewer's reflections about the present circumstances and other important observations were written down to use in the data analysis.

As mentioned before, a mixed choice of questions, both open ended and semi-structured, were posed to the client, for example:

- What do you think about the housing adaptation that your partner has applied for?
- How do you think these modifications can affect your daily activities?
- Do you think the adaptations you are going to have in your home, will change the meaning of home for you as a private, safe place?
- In which activities does your partner usually need your help?

According to (Kvale & Brinkmann, 2009), the stages of working from the alive interview to the outcome, comprises of transcribing, analyzing, verifying, and reporting the knowledge produced in the interview. Hence, the next step was to analyze the interviews.

Analysis

Analysis of the data collected at the interviews was based on the method of qualitative content analysis (Graneheim & Lundman, 2003). According to this methodology, the transcribed data are divided into sentences, units, out of which the essential parts are extracted as condensed meaning units, which are in turn coded as concepts. The codes are then grouped into subcategories, containing exhaustive and mutually exclusive sets. The subcategories are finally grouped into categories, to comprise a theme. The categories are the manifest content of the data; the latent content of all the categories is to be extracted by the researcher(s) and defined as a theme. To follow the method described above, verifying the collected data was done through high quality voice recording, which based the transcription of data from sound to written text on fact, instead of the interviewer's subjective judgment (Kvale & Brinkmann, 2009). All the interview data were carefully transcribed to make sure all necessary information was extracted, including the cohabitants' experience regarding the performed housing adaptation and its effect on their daily activities, as well as to what extent they accept those changes.

The obtained raw text was studied several times and sentences were chosen for coding, based on the aim of the thesis. The resulting data were then divided into condensed sentences. Codes were generated for the units, which were classified in (sub-)categories. This last step was performed several times, and the final classifications were compared to each other to arrive at a final decision about how to classify the codes. The categories comply with the cohabitant's expectations for the housing adaptation, and were used for extracting the final results; see Figure 1 for two examples.

Ethical Considerations

This work was part of a major research project with the ethical approval 2012/566. Ethical considerations based on the Swedish Research Council (*Forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning*, 2002) were taken into account, and followed at all times: the question about whether the chosen cohabitants would be interested in participating in the interviews, was posed verbally in phone conversations. Written information about the content of the research and the duration of the interviews was given to these persons, in the form of an information sheet together with a verbal explanation, later at the respective interview. The subject was also informed that the interviews would be held confidential, and their private data protected and only used for the research—that no third party would have access to the content of the gathered information. At the time of interview, the subject was aware that the participation would be on a volunteer basis and without any consequences for the person being asked for the interview. The participant was assured that (s)he could ask to stop the process and withdraw the information obtained about the very person at any time before, during, or after the interviews.

Result

Based on the information collected at the interviews and the content analysis of the thus obtained data, two categories are derived and presented here, the cohabitants' experiences of daily activities and expectations from housing adaptations, illustrated as Figure 2.

Cohabitants' Experiences of Daily Activities

According to the analysis, the cohabitants experienced their daily livings by doing different activities. For some of them, daily life was mixed with having worries or not to being able to do their desired activities. Experiences of daily activities, DA, were classified into the following

Table 1: Two examples of meaning units and the steps towards final categories

Unit	Analysis Steps			
	Condensed Meaning Unit	Code	Subcategory	Category
<p>No, it is... she is of course... [inaudible] is out there and help her, then she sits with the stove over there and helps... 'cause I belong to the older strains... chubby male chauvinist that has never cooked or cleaned or washed the dishes or any such things... that's just how it is... but I have of course started doing it now.</p>	<p>I have never cooked or cleaned or washed the dishes or any such things... that's just how it is... but I have of course started doing it now</p>	<p>He helps with cooking, cleaning and washing the dishes</p>	<p>Taking Over Roles at Home</p>	<p>Cohabitant's Experience of Daily Activities</p>
<p>This is, this is constantly and uh, before, it's in different activities I have to help her, that I need to help her putting on her pants and such. And, getting off them at night, when her jeans are really tight, and such</p>	<p>I need to help her putting on her pants and such. And, getting off them at night, when her jeans are really tight, and such</p>	<p>He has to help her with the clothing</p>	<p>Being Available and Helping the Partner with Daily Activities</p>	<p>Cohabitant's Experience of Daily Activities</p>

Table 2: Result of the Analysis

Category	Subcategory
Cohabitant's Experiences of Daily Activities	Being Available on Demand and Helping Their Partners with Their Daily Activities
	Taking Over Roles at Home
	Experiencing Worries Related to Their Partners' Problem(s)
	Having the Opportunity to Do Their Own/Desired Activities
Cohabitant's Expectations from Housing Adaptation	Cohabitants' Expectations from HA's Effect on the Partners' Daily Activities
	Cohabitants' Expectations from HA's Effect on Their Own Daily Activities
	Expectations about Being Granted an HA

five subcategories:

- Being Available on Demand and Helping Their Partners with Their Daily Activities
- Taking Over Roles at Home
- Experiencing Worries Related to Their Partners' Problem(s)
- Having the Opportunity to Do Their Own/Desired Activities

Being Available on Demand and Helping Their Partners with Their Daily Activities

All four men expressed that they had to be available for their partners in order to help them with different daily activities. The activities were bathing, putting on respirators, bringing the walker or lifting it over the threshold, helping at night with going to the bathroom and putting up the socks or putting on tight jeans. Having the experience of helping partners with different activities was not the same for all of the cohabitants. One person stated that being available and giving help is not hard at all so he helped her partner with clothing and almost all the other activities at home, like shopping groceries, vacuum cleaning, gardening and cooking. However, another one stated that he was not capable of pushing her manual wheelchair if she would like to be outside of home. Another one explained that there were little things his partner needed help with, such as having a glass of water when she could not reach the kitchen faucet, or taking

out things from the refrigerator. But if her situation would become worse she would more often need his help. In latter case, all these little things were not demanding by themselves but the frequency, with what she asked for these little things, was. The other interviewed men had to be available in case his wife needed help, he said:

"Sometimes she calls on me, she has difficulties getting the underwear on so I have to go and help her."

Being around all the time felt even more demanding, as some of the cohabitants expressed it. It was almost impossible to be away for a day or even for some hours, leaving their partners alone at home. One interviewee explained his difficulty leaving his partner at home, because it didn't feel good no to be available. Regarding how it would feel to be away for several days he answered:

"Well! I will never be that (away). Well, maybe if I have to go to the hospital or something like that. But... it's not interesting to me. And it doesn't feel good. I had an appointment with the dentist a few days ago, and left her alone... but no, that doesn't really feel good."

Another one said his partner is going to be trapped at home, if he is away, because she is dependent of his help with passing through the door with her walker or when putting on and taking off the shower chair. However, he used some strategies, such as asking someone else to come and stay with his partner when he needed to be away.

Two of the subjects used other strategies when they needed to be away for some time. For example, one of them took help from his daughter to do the shopping instead. The other one explained how he should plan and prepare things for her before leaving home. He moved things down from the upper shelves in the refrigerator to make it possible for her to reach for them when needed.

Taking Over Some Roles at Home

All the men started doing household activities after their partners were disabled, for instance vacuum cleaning, cooking, or preparing the meals. Even if the responsibility was on the cohabitant they did not experience performing activities related to their new roles as a burden, but they described that as they were giving back for what they had received during a long time of living together.

Some of the men stated that their partners did all before and now it was their turn. One of them called his new role as being a bellboy (springpojke). For example, while she was sitting by

the stove in the kitchen and planning the meal, it was his job to go and bring things. For him it was OK to do it, because now he had the chance to compensate for all she had done at home before.

He expressed:

"She is sitting by the stove over there and helps me... 'cause I belong to the older strains... chubby male chauvinist that has never cooked food or cleaned or washed the dishes... but I have started with it now. We've been married for 50 years and all through all these years, she has done everything... so, well, it's now my turn."

Sometimes they get help from others for some of the activities, like cleaning or shopping, but one of them was cautious not to ask too much from his daughter or son, because they had their "own lives" he said. His daughter helped them with grocery shopping and cleaning but could not call her and asked for more, because there was a risk that she would give up and stop helping.

Experiencing Worries Related to Their Partners' Problem(s)

Feeling worried is something that some of the subjects had in relation to their partners' situations at home. One stated that he was worried about his partner's risk of falling and being injured during her daily activities, because of her problem with the balance. His wife had fallen once for a year ago and he was worried that it might happen again. The feeling however was not experienced by the other subject. He expressed that he was not worried about his wife when there would be no barriers left.

"If she falls, she falls, there is nothing I can do about it... there is nothing here to stumble on. Maybe on her own feet."

Having The Opportunity to Do Their Own/Desired Activities

Besides giving help with household tasks and their partners' needs, they were also doing activities for their own sake like going to the gym, watching soccer, attending the community meetings, repairing the car, and visiting the hospital for the regular checkup. One of the subjects stated that he went to the gym three times a week in order to keep himself active and strong. It could happen that a cohabitant liked to do something that his partner did not like. For one of the men, watching football on TV was something he usually did. He had a special TV channel for that but his wife did not like it.

Most of the men said they could perform their own activities despite their wives' need for help. However, for one of the cohabitants, the situation was somewhat different. He explained

he could leave her alone for a short time, to leave for his regular medical check up or going to the gym but he could not do travel to sunny countries, which he loved to do. He said they were at home most of the time, although they had planned for travel to sunny countries when retired. Even if he could do it by himself, feeling worried of leaving her alone did not let him to. So to the question whether this feeling hinders him and makes him choose to stay at home and be here when she, for example, has to go upstairs, he answers:

"I'm almost (always) home, we are home almost all the time, that we would go on trips and such when we retired, we've had to shelve it for good..."

His expectation was that a bathroom on the first floor would make it easier for him to live her alone and travel away for a whole week—presuming that the housing adaptation was granted.

"Yes, I think so... I actually think so... because I love the sun."

Cohabitants' Expectations from Housing Adaptation

The first reaction after asking the cohabitants about their expectation from the HA was that it could be effective only for their partners but later, and during the interview, they mentioned that it could be positive for them as well. These expectations included three subcategories:

- Cohabitants' Expectations from HA's Effect on the Partners' Daily Activities
- Cohabitants' Expectations from HA's Effect on Their Own Daily Activities
- Expectations about Being Granted an HA

Cohabitants' Expectation from HA's Effect on the Partners' Daily Activities

All the cohabitants explained the necessity of the HA for their partners' needs and explained how it could facilitate performance of different activities for them. All these positive effects of the HA included:

- to facilitate the engagement in the occupations she has stopped performing, and increasing the self-independence.
- to give the opportunity to go out for fresh air.
- to facilitate the mobility in the home environment and to decrease the risk of falling.
- to help with breathing.

As an example, one of the men explained how having a longer grab bar in the bathroom could make it easier for the wife to breathe when trying to get up from the toilette seat.

The other man expressed how important it was for his wife to be able to go out to the balcony, since she did not leave the home at all and the balcony was the only way to be exposed to the fresh air and sun. He stated:

"I don't know if it (going out and getting some fresh air) will help her against the COPD (Chronic Obstructive Pulmonary Disease)... anybody wants to get out on spring and summer... it's not so damn fun to sit on the couch and watch TV all day."

Cohabitants' Expectations from HA's Effect on Their Own Daily Activities

The analysis showed that most of the cohabitants expected the HA to have benefits both for doing their personal activities and being engaged in activities together with their partners. It could even reduce worries for one of the cohabitants.

One man expected that the modifications, prolonging the facet knob and installing the grab bar in the bathroom, would reduce the number of tasks that he needed to help her wife with. The expectation from another man was that he would probably start using the new bathroom on the first floor, since he had to undergo Hemodialysis. He was also expecting that by having the bathroom on the first floor, he would not worry about the partner's risk of falling in the stairs on her way to the bathroom. Consequently, he would dare leaving her alone at home and swim, sunbath, and travel. Regarding his own daily activities as well, he expected the adaptations to make a positive change.

"Sure, it is absolutely 'cause... having one on the first floor here would be great... for me too, I don't know how, when I started with the Hemodialysis, um, with the machines and all that, then we'll have... um... yeah, a room for that too"

One man stated that it would be great to be able to just sit outside on the balcony together, without any particular difficulties. But he expressed that removing the threshold would not be to benefit for his performing his own daily activities, because it would mostly help his partner with her mobility at home but not him.

Expectations about Being Granted an HA

The cohabitants expressed their hopes to receive the HA grants and how they would see it they were rejected. One of the subjects stated that it would not be fair to receive a rejection, when they have paid tax all these years

"Well, then I'll have to buy it myself. I... let me tell you. If does not work, then it's miserable. We've been paying tax all our lives, both of us. And I don't know how

much it can cost us... but it's a trifle. So I'll have to arrange it by myself. This is... I should not need to, when it is... there are people who get so much help, those who are half sick as she is."

Another subject expressed that they didn't have any other choice and would have to pay what it would cost themselves, for setting up a grab bar and a longer facet knob, because of the partner's need.

Yet another subject considered it as a betrayal of the society, if they would receive a rejection. He stated

"We have been good citizens and we have never been a burden to the society. Here we are in a situation we did not wish for... if we don't get any help with it then we'll be very very disappointed."

For the last participant, the housing adaptation would help him to keep living in his house, despite the wife's functional limitations. His home gave him a feeling of freedom and he would like to live there as long as possible. He stated that he would consider it as being thrown out of his own home, if he could not continue doing all the things he likes to do, or if the HA would be rejected. Therefore he would like to stay as long as possible:

"Yeah I will stay... 'cause it almost feels like I'm being thrown out of my own home because I cannot live without it (the HA) and I cannot, and, and if we cannot be helped with it and we receive a rejection and... "

Discussion

Here, the discussion is better divided into two separate parts, out of which the first one discusses the result of the study, and the second one presents the challenges in the method and what could be improved in a future study.

Discussion of Results

The study presented in this report is the first study having its focus on the cohabitant's experience of their daily activities and their expectations about having their houses adapted. Hence, there are no other studies with the same focus on the cohabitant's experiences of housing adaptations to refer and compare the results to. According to the findings, cohabitants usually have different experiences about their daily livings, for example taking over some roles and, in some cases, not to be able to carry out their desired activities.

These experiences are closely related to their partners' functional disabilities. Other part of the result is focused on the expectations of the cohabitants from housing adaptation, HA, in their own and their respective partner's daily life.

Taking Over Roles

Cohabitants experienced some changes in their daily activities by taking over some of the roles, because of their partners' limitations in performing those activities. For three of the cohabitants, reciprocity is the main reason for taking over the roles without feeling them as burden. Murphy (1990) defines reciprocity as the change of roles in a give-and-take relationship between partners.

The roles, by themselves, include a range of actions which altogether shape what we do as daily activities (Kielhofner, 2012). According to MOHO (Kielhofner, 2012), motivation is one of the important factors for a person to choose and perform meaningful activities. For the majority of the cohabitants in this study, believing in the fact that being in a relationship as a couple is about helping each other when the other partner needs it, motivates them to take these new roles and feel satisfied by helping the other one. One of the cohabitants stated that ever since their marriage, it had been his wife who had done everything at home and that it was his turn, now when she could not do them anymore.

The positive effect of reciprocity on the caregivers' satisfaction about their care-giving role was found in a study conducted by (McPherson & Wilson & Chyurlia & Leclerc, 2011). In that study, reciprocity was shown to be essential not only for their relationship satisfaction but also for the caregivers to detect the positive characteristics of their care-giving roles. This confirms the result of the current study, what comes to the effect of the reciprocity on the cohabitant's new roles.

Not Being Able to Do the Desired Activities

The results showed that it was possible that the activity limitation of the partner constrained the cohabitant's performing their desired activities. The HA can therefore also be an intervention to eliminate these constraints of the cohabitants.

For example, one of the men said that because of his wife's situation, they could not travel to sunny countries to engage in swimming and sunbathing, which they had planned to do as an activity when retired. Although he could do it by himself, his worries about leaving her alone did not let him carry out this activity.

One of the most important and basic factors in Occupational Therapy is the positive effect of performing a meaningful activity on a person's well-being (Persson, 2001). According to the Wilcock's definition of Occupational Justice, older people as a social group should have the opportunity to engage in activities they want and need to do (Wilcock, 2005). Traveling, as a meaningful leisure activity can help the cohabitant make a balance between performing the daily activities that should be done at home, and the activities that are meaningful for him but that he is missing in his daily living. In the study carried out by Nilsson (2006) it was shown that the leisure activities can increase the life satisfaction of older people, which in turn can lead to their well-being.

However, HA as an occupational intervention can be a solution for giving cohabitant previously mentioned, the opportunity to be less worried leaving the partner alone to go on the desired trip.

Expectation of Cohabitants from Housing Adaptation in Their Daily Activities

Findings showed that the expectation of the caregivers was that HA could be useful for them as well as for their partners. One of the noticeable findings was that HA was expected to facilitate the cohabitant's performance in various domains of activity, such as personal activities related to their own problems, activities together with their partners, and the tasks they need to help the partners with. It is also expected to help in reducing the cohabitant's feeling of worries.

Findings from other studies related to caregivers are limited to the influence of environmental interventions or programs to cope with the caregivers' worries, self-efficacy or stress.

One of the studies carried out by Gitlin et al (2003) found that the home environmental approach can reduce the caregiver's feeling of stress related to giving care to persons with Alzheimer's disease. In their research, they examined the effect of an environmental program "skill building" on the caregiver's well-being and Alzheimer care recipient's functioning. In the program, caregivers received information about, for example, the impact of the environments on care recipient's behavior and some technical skills to modify the home.

In another research (Gitlin et al, 2001) they examined the effects of environmental intervention on caregiver's self-efficacy and upset, and daily functioning of dementia patients. They concluded that these interventions can affect positively on improving the caregiver's self-efficacy and reducing their upset in some areas of care-giving. The common result from these studies and the present work is that there is a possibility that environmental interventions can have benefits for the caregivers.

Clinical Implications

This study has shown that the partner's functional disabilities could affect different aspects of cohabitant's daily living. This could highlight the importance of consider both the cohabitant and his partner as one client, when it comes to the occupational therapist's area of consideration. This finding can help the occupational therapist, doing home visiting, to have a better understanding of the caregiver's expectations from HA in relation to their own needs. Hence, the results of the current work suggest that occupational therapists working in this area should consider the cohabitant's expectations from HA in their own and their partners' daily lives in order to maximize the effect of HA for both clients and their cohabitants. A research conducted within the same area of study has also recommended strongly to use the results of their study about caregiver's needs and care-giving related factors in relevant interventions to increase the benefits of aging in place (Kim & Ahn & Steinhoff & Lee, 2014).

In addition, findings of the present study show that cohabitants had good information about their partners' activity limitations and their needs of HA. Therefore, it would be useful if occupational therapists doing home visiting ask even the cohabitants about their perspective on their partners' activity limitation and their needs.

Discussion of Method

The reason that the group of cohabitants was chosen as the subject for this research was that there had been done quite extensive research about the effectiveness of housing adaptation for the patients, when receiving care at home, but only a few studies are conducted regarding how these changes—adding assistive devices and/or removing barriers—are expected to affect those living in the same home environment. Even though the purpose of this study was to focus on the cohabitant only, knowing about the client's perspective and ideas on the matter would help in coming up with new questions during the interview with the cohabitant. Conducting the present research as a part of the major study, created this opportunity to attend the interviews with the clients as an observer, prior to each interview with their cohabitants.

Since this study was a part of a larger project and the time for gathering the data was limited, it was not possible to choose the cohabitants as desired. Of course a variation in the cohabitant's gender would help describe similarities or differences between their experiences of daily activities. It would also be preferred to interview cohabitants to clients who had applied for more extensive HA's, to study the expectations and ideas about the meaning of home more deeply. As mentioned in the section Analysis, the last step of the Content Analysis methodology

is to find a theme for the group of categories. But already at the last but one step, the required results were obtained from building the categories and hence the latent analysis was considered unnecessary.

To increase the credibility of the study, the open-ended questions intended for the interview were discussed and edited with a researcher from the main project. Furthermore, both during and directly after the session, the interviewer repeated important points in the interviewee's meanings and asked whether they conformed with the interviewee's intention (Malterud, 2009). The outcomes from each level of analysis, such as coding and categorization of Condensed Meaning Units, were discussed with the advisor for a higher credibility of the final result. Finally, adding citations in the results also helps strengthen the quality of the research.

Conclusion

Cohabitants were very aware about their partners' needs and had a clear picture of how HA was expected to facilitate the partners' daily activities. They also expressed that their partners' functioning was much more important than how the home was going to look after the HA. They even expected to be benefited themselves by the HA. These factors imply that HA has generally a good chance of being accepted by the cohabitants.

As was mentioned previously, there has been little research about the effect of home modifications on cohabitants and their daily activities. Further studies would thus shed a light on the cohabitant's life and needs.

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