

Geography and Health – A Nordic Outlook



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GEOGRAPHY AND HEALTH – A NORDIC OUTLOOK

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7. Geography of the elderly

Margareta Rämgård

Place-relations are important for everyone, and not least for the elderly, who do not have the same ability as younger people to move around spatially but become more dependent on the place where they live. The importance of places remains just as strong when people's cognitive powers decline or when various diseases reduce their capacity to experience places, such as when people suffer from dementia. Places help to create meaning, places contribute to well-being, and places provide fixed points and continuity in life. Thus, familiar places are essential for feelings of security, of belonging to a local, social context. Personal spaces, in particular, provide a feeling of home.

Continuity is interrupted when places are changed or even destroyed, but also when people move. Many elderly have to move in order to come closer to their children or other family members, or to be taken care of in caring institutions. Such changes may interrupt their feelings of continuity and familiarity.

How elderly persons relate to places depends largely on how places create meaning in their everyday life. As an example, the attachment between place and social behaviour is often strong among those with dementia. They may experience confusion about where they 'belong'. Their dwellings provide them with personal space – to which they can withdraw. Despite living in rooms of their own in caring homes, people with dementia at the same time live in some public spaces, subjected to rules and routines that differ from those in private homes.

The role of nurses in caring for the elderly is in several ways place-related. They pay attention to individuals' need for personal space and they consider the importance of place in the caring

process by relating to individuals' places, supporting their need for private places, paying attention to the changeability of places, working with dementia sufferers in spatial continuity, and helping them to experience motion and variation outside the institution, thus enabling them feel part of a local community.

Local health services for the elderly

In Sweden, a joint research platform, *Local health services for elderly*, has been initiated in cooperation between Malmö University, Kristianstad University College, the county of Scania, and the Scanian division of the Swedish Association of Local Authorities (covering 33 municipalities). The aim of the platform is to increase collaboration across cultural and professional borders in local health service, for example, through cross-professional studies designed to create a holistic view of and cooperation in caring for the elderly, by examining how cooperation between different professions is manifested in the local health service and in different work environments. The initiative deals with how different categories of staff regard their own functions in relation to other involved groups and how they would describe good, well-functioning cooperation as opposed to lack of cooperation. Another intention is to let the outcome impact the contents of training programmes in the long run.

The objective of the initiative is to develop a partnership with municipalities in the welfare sector on social as well as spatial aspects of the elderly. The projects are conducted through action research and participatory approaches to integrating theory and practice. The aim is to understand and change social welfare content

through a democratic dialogue and action learning with the staff, and to develop methods for and generate understanding of spatial aspects of nursing. The projects relate to elderly home care, palliative care, care of dementia sufferers, and cooperation between different levels and professionals in the local health services.

The objective is to find a model for caring that takes into considerations the local prerequisites in the places where people are cared for, while at the same time ensuring that all of them receive equivalent care, regardless of where they live. The goals of the different research projects are to:

- Establish research and practice in order to stimulate new knowledge
- Study the care and nursing provided to the elderly population in order to develop a theoretical approach in community care
- Discuss issues of knowledge in municipalities based on: local knowledge and/or practical knowledge related to cultural aspects (what is unique) in places or knowledge based on core values from the new neoliberal direction in Sweden
- Improve practices for those employed in caring for the elderly
- Assume as a starting point that cultural and social aspects are important in the organization of care.

Several projects have been developed within the framework of the cooperation. Two examples are described below.

The matter of place for people in dementia care

This is an action research project involving nursing staff in three municipalities in Southern Sweden. The purpose was to explore the social well-being of dementia sufferers living in care units. Data were collected through observations of the patients, and registered in diaries kept by the staff. The diaries were structured in accordance with time geography principles. Further, in-depth interviews were held with the patients' next-of-kin. Focus groups comprising members of staff were organized in the care units.

Previous research had shown that dementia

sufferers' experiences of well-being are influenced by colours and shapes in their care environment. However, the project's findings indicate that patients' well-being is strongly affected by their experiences in places during earlier phases of their lives. Also, emotionally charged experiences connected with certain places in their lives influence their performance of social activities, strengthen their cognition, and empower them. Members of the nursing staff have since used the results of the research to create social well-being for patients with dementia who are in care (Rämgård2010)

Primary health care and community care in collaboration – professional habitus in place

The intention behind this project is to enable various categories of staff engaged in municipal and regional health care to cooperate in the development of directives for improved planning of care and attention, based on new legislation in this field. The new legislation has emphasized and tightened the demands on the currently well-functioning health care planning in order to increase patient security. Health care is to provide care from a salutogenic perspective, regardless of where patients are being treated. Hence, the study focuses on reducing risks for individual patients or care-receivers in the transition between specialist care, primary care, and municipal domiciliary services. This implies that the spatial localization of the locally adjusted domiciliary services, regional hospitals, and primary care centre have to be taken into account. It is a vital condition that respective professions can cooperate despite working in very different caring environments. The research has involved district nurses, social assistance administrators, physiotherapists, occupational therapists, assistant nurses, general practitioners, senior physicians (in geriatrics, specializing in cancer care and rehabilitation, and in general medicine), and representatives of health care planning.

The platform has been run as an action research

project, which means that the process and the work of the group will generate a practical outcome. Thus, cross-professional groups problematize and discuss alternative solutions based on their professional experience in various authentic cases and on the cultural context in which they work. Theoretically, the analyses are rooted in Bourdieu's theories on habitus and spatial positions, but proceed to a profound reasoning on the reception of different professions, related to the places and power positions in which they work. The project's findings have shown that the type of health care that works most satisfactorily emerges from a dialogue between different professions, with attention paid to the local conditions in different places. The action in the project has implied that the staff increasingly start with individual care-receiver's preferences and decreasingly work according to a hierarchical system. This process can be described as staff shifting from a caring ideology, with only their professional knowledge about the patient in focus, towards a more participatory and democratic attitude with a salutogenic perspective that emerges in their performance in different working places. The reflections and the dialogue also break down the hierarchical system between different professionals. Their professional habitus has changed through common consensus as a result of democratic dialogue, reflection, and common values. The participatory dialogue between the professionals has made them take into account the differences and inequalities in the caring space (Rämgård 2010, 2012; Sundström mfl 2013).

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