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“If There Isn’t Love, It Isn’t Home”: An Exploration of Relationship Qualities and the Meaning of Home for Residents in Aged Care

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Abstract: Exploring the meaning of home is essential for the quality of life and well-being of older people in residential aged care. ‘Home’ is a spiritual concept that is deeply personal and important for older people. Using a qualitative, phenomenologically-based methodology, the meaning of home for ten older people living in residential aged care in Australia was examined using in-depth interviews to draw out the depth of meaning around the home. A key finding of the study showed that ‘home’ means connection through meaningful relationships and meaningful connection to place. The current paper focuses on meaningful relationships required for an older person to feel ‘at home’ in residential aged care. Drawing on residents’ personal narratives, fresh insights are provided into essential relationship qualities, and suggestions are made on how quality relationships can be facilitated and maintained, both for and by residents, to increase a sense of homeliness in residential aged care.

Keywords: meaning of home; relationship; spirituality; older people; residential aged care



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1. Introduction

You can acquire a house, but you can’t acquire a home. Because a home is not built of bricks and mortar but love and memories. (Sitch 1997)

Quality aged care is currently a key topic in Australia, as the need for residential aged care for older Australians increases. Entering residential aged care is rarely, if ever, a lifestyle choice: rather, it is a move brought about by an increased need for care. Such forced dependence can have a marked effect on an older person’s sense of feeling ‘at home’ and is frequently accompanied by feelings of loss and grief. ‘Homeliness’ is a key ingredient in many aged care facilities’ marketing, yet what does ‘home’ actually mean for the residents themselves? Can an aged care facility ever be ‘home’, and if so, what makes it home?

Homes are significant as spaces with meaning (Fox O’Mahony 2012) and feeling ‘at home’ can affect an older person’s well-being and quality of life when living in residential aged care. Exploring the meaning of home for residents, therefore, is important: increasing awareness and knowledge of homeliness, which is vital to optimising the quality of life and spiritual well-being for older people, informs the provision of spiritual care in this setting (Mordike 2020).

A review of literature from the past decade shows numerous studies in the social disciplines which explore factors that contribute to feeling ‘at home’ in residential aged care. While the meaning of home can be subjective, difficult to quantify, and differ from individual to individual (Fox O’Mahony 2012; Fleming and Kydd 2018; Fleming et al. 2017), there are some commonalities to providing homely residential aged care facilities. Much of the research into the meaning of home for older people living in aged care has focused on the physical aspects of spaces, for example, accessible design, affordability, safety, attractive communal spaces, access to the outdoors, private spaces, and aesthetically pleasing buildings (Sims and Cornell 2020; Fleming and Kydd 2018; Mmako et al. 2020), and how these physical spaces are used by staff and residents (Johansson et al. 2020;

Førsund et al. 2018). However, physical environs alone do not make a place home if they constrain what an older person can do or how they feel about themselves (de Jonge et al. 2011). From psychological perspectives, residential aged care is homely when, for example, activities and care are culturally appropriate, self-expression is possible, and identity is maintained, the facility aligns with personal ideas and values, there is a connection to the community, and 'what matters' to residents is taken into consideration (Collier et al. 2015; Fleming and Kydd 2018; Fæø et al. 2019; Nygaard et al. 2020). Studies from a sociological perspective emphasise the importance of continuing a degree of autonomy and choice: having possessions that reflect residents' identities and stimulate memories, feeling financially and personally secure, and being able to continue social connections and relationships can all contribute to feeling 'at home' in residential aged care (Hauge and Heggen 2007; de Jonge et al. 2011; Collier et al. 2015; Førsund et al. 2018).

Despite these general commonalities when describing the meaning of home, Fox O'Mahony (2012) suggests that the meaning of home is almost too personal and intangible to define conclusively. 'Home' having such a subjective, personal quality points to it being a spiritual concept, one that is linked to who we are at the depth of our being. Although some literature identifies that a place can be homely when it supports spiritual and religious expression (Collier et al. 2015), and home has been described as having a 'sacred value' (Holstein et al. 2011), the spiritual perspective of the meaning of home is rarely acknowledged or investigated in the research literature. Holstein et al.'s use of the word 'sacred' implies the meaning of home is a deeply spiritual concept. Simply describing the qualities of home and what might make home special is not enough: the meaning of home is deeper than a list of qualities, stronger than a description. It is found in the realm of the spiritual.

Spirituality is difficult to define, and an authoritative definition has been contested (McSherry and Smith 2012). The study drew on the extensive and intricate definition of spirituality as outlined in the National Guidelines for Spiritual Care in Aged Care (Meaningful Ageing Australia 2016), which described spirituality in the field of ageing as that which nourishes one's inner being, giving meaning and purpose to one's life (Jewell 2004). Spirituality is an essential part of being human (Puchalski et al. 2014) and lies at the core, or heart, of one's being, and is understood as the relationship with Ultimate Meaning/God (however this is perceived) and relationship with others (MacKinlay 2017). Spirituality goes beyond religion and ritual, as it is deeply personal (McSherry and Smith 2012).

Spiritual care, then, is essential for the holistic care of older people in residential aged care, as spirituality is an intrinsic part of being human (Kimble 1995). In Australia, the provision of spiritual care became an explicit part of the Quality Standards for Aged Care in 2019 (Australian Government 2019). Spiritual care means supporting others to find meaning, hope and purpose in their lives, recognising and responding to their spiritual needs, and being present with them as they transcend grief, loss, illness, pain and disability (Meaningful Ageing Australia 2016).

The current paper draws on the findings of a recent study into the meaning of home, from a spiritual perspective, for cognitively competent older people living in a residential aged care facility in Australia, completed as part of a Master of Ageing and Pastoral Studies. The key finding of the study was that, for the residents, 'home' meant *connection*: through meaningful relationships and meaningful connection to place (Mordike 2021). The current paper focuses specifically on the essential qualities that are necessary for meaningful relationships for an older person to feel 'at home' in residential aged care. Drawing on residents' personal narratives, it provides fresh insights into what meaningful relationships can look like in residential aged care and suggests ways relationships can be facilitated and maintained, both for and by residents, to increase a sense of homeliness in residential aged care.

2. Methodology

2.1. Conceptual Framework

The study was framed conceptually by Elizabeth MacKinlay's model of spirituality and ageing. Highly regarded internationally, the model is based on the premise that all humans are biological, psychological, social, emotional and spiritual beings and sets out four main ways in which spirituality is mediated for older people: through relationships, through creativity and the natural environment, through the arts, and through religion (MacKinlay 2017).

2.2. Methodology

A qualitative phenomenological method was used to gain insight into the essence of participants' lived experiences around the meaning of home, informed by a hermeneutical approach to interpreting these experiences (Van Manen 2014). Purposive sampling was used due to the specific context of the research. Individual, in-depth interviews were conducted to draw out the 'insider's' story and depth of meaning around 'home' (Minichiello et al. 2008).

2.3. Participants

Pseudonyms for participants are used throughout the current paper.

Participation was voluntary, with participants recruited through advertising on resident noticeboards. Screening by the facility's pastoral care coordinator confirmed participants met the inclusion criteria of living in residential aged care; aged seventy or above; able to understand and speak English; cognitively competent; willing and able to take part in an in-depth interview lasting up to an hour; and signing consent.

Fourteen interested residents met the inclusion criteria. Four withdrew from participation before interview times were made (one due to family opposing the signing of consent; two due to ill health and one being unavailable when interviews were being held), leaving ten residents participating in the study.

The participants (four male, six female) were aged from seventy-two to ninety-eight years, a range of twenty-six years. Both the median and mean age was eighty-six years. Living in the residential aged care facility ranged from one to ten years, with an average of four years in aged care. All participants were Anglo-Celtic Australians, reflecting the social demographic of the facility.

2.4. Method

One-to-one in-depth interviews were conducted at a time and in a place of the participants' choosing. The majority of interviews (seven) were conducted in participants' private rooms (one interview started in an empty common room and, after a break for lunch, was concluded in the resident's own room). Three were held in common areas of the participants' choosing. Two of the interviews in common areas were held in a space away from others; one interview was held at a dining table with a fellow resident within earshot: when asked if they would like to move somewhere more private, the participant expressed they did not want to move and did not mind the fellow resident hearing what he said. As the time and place were of their choosing, their wishes were respected, and the interview went ahead.

Interviews began with general questions about age, length of time living in residential aged care, and reason for entering residential aged care, followed by open-ended questions about the meaning of home. Aiming to capture the essence of what 'home' meant for participants, participants were asked where they felt most deeply at home; what home meant to them; whether they felt at home in residential aged care; what contributes to feeling at home in residential aged care; whether their meaning of home had changed over time, and whether they had a sense of an eternal or spiritual home.

Interviews varied in duration from thirty minutes to two hours. Participants were interviewed only once, and all interviews were conducted by the author.

2.5. Data

The primary data consisted of digital audio recordings of the interviews and subsequent (de-identifying) transcriptions. Field notes were not included in the analysis, as notes focused on sociodemographic information only. Transcripts were not returned to participants for comment.

Thematic analysis of the data was undertaken by the author, using the qualitative data analysis application, NVivo12, to organise themes and subthemes. To enhance the trustworthiness of the research, accuracy of transcriptions, data analysis, decisions regarding data saturation and emerging themes were all independently checked by an academic with over thirty years of experience in research with older people in the areas of spirituality and ageing.

2.6. Limitations

Limitations of the study included findings not being generalisable to other settings, as there was no firm basis for comparison with older people who live independently; the data was gathered in one residential aged care facility situated in a major Australian city; as a cross-sectional study, this study provided a ‘snapshot’ at one point in time; and the study was limited to Anglo-Celtic participants.

3. Findings

3.1. Can Residential Aged Care Be Home?

None of the participants in the study called a residential aged care home, despite recognising it being their final residence and irrespective of how long they had lived there or whether they had previously lived in a different care facility. When asked whether she felt at home, Amy spoke with a conviction that was shared by others:

“Oh good God, **No!** [laughter] ... It’ll never be like home”. (Amy)

“I’d never dream of this place as home, ever, never, no matter how nice it is”. (Mary)

“Nothing would make me feel more homey here. Not in any situation could I say, ‘I’m at home’”. (Sheila)

Although not identified as ‘home’, most participants thought residential aged care could be homely, and that homeliness was important:

“You can make it more homely, I agree with that, but you can’t make it a home, so don’t try”. (Mary)

For the majority, their meaning of home had not changed over time, and if it had, it was deeper now:

“That’s within yourself, you know ... everyone’s got a different meaning”. (David)

“It’s more in-depth, if you get my drift”. (Phil)

Aged care facilities that are homely are important in our communities, as stated by one participant:

“A good place where there’s caring staff and so forth is very precious, I think, very precious to the community”. (Janet)

Therefore, the current paper focuses on the *qualities* of meaningful relationships that can contribute, enhance, and strengthen a sense of home for residents in residential aged care, as identified by the residents.

3.2. Qualities of Meaningful Relationships

A common experience for older people as they age is the loss of long-term relationships through illness, death or moving into residential care. Several participants expressed that

developing a rapport with care staff, making new friends, and finding new companions with shared interests, were fundamental to feeling at home in residential care.

“Human nature as it is, you want someone around you”. (David)

Whether the new relationships were developed with care staff or fellow residents, the *quality* of that relationship was important if it was to contribute to the residential care facility’s homeliness. Speaking of the care staff in her area, Cora stated:

“I admire the way they can stay cheerful under all circumstances. But they are so observant, so careful; they know what is happening everywhere. But they are friendly and positive and willing to have a laugh. To me, that’s important”.
(Cora)

For a relationship to be meaningful and contribute to feeling at home in residential aged care, several essential qualities were identified by residents, including trust, intimacy (being known, deeply, for who you are), belonging and acceptance, respect and reciprocity, and love (see Table 1).

Table 1. Essential Qualities of Meaningful Relationships.

Essential Qualities
1. Trust
2. Being known (Intimacy)
3. Belonging and acceptance
4. Respect and Reciprocity
5. Love

Each of these qualities is discussed below, with examples from participants’ narratives.

3.2.1. Trust

When dependent on others for everyday care needs, being able to trust those around you is a vital component of a relationship. For the participants in the study, trust as a quality was important for developing friendships with other residents:

“I feel more drawn to a friendship where you can trust people and talk to them and say things”. (Bernadette)

Trust helps create a sense of safety, with no fear of harm:

“No-one’s going to hurt anyone [here] . . . It’s a very big thing”. (Phil)

Building meaningful relationships is essential to ensure an older person still feels valued as their physical abilities decrease. Trust is especially important when dependent on others for care:

“There’s a little point there where you might lose your independence . . . But that doesn’t matter—it’s care, and you’re sort of grateful for getting the help . . . There’s a lot of things I can’t do now, and you’re depending on them”. (Bernadette)

Trust can be eroded, however, when a resident’s personal belongings are not respected by care staff. Phil was a farmer and had his leather stockwhip among his possessions. He spoke of feeling bereft when it was taken from him:

“If they get my stockwhip out of my room, they take it. They says, ‘why have you got a stockwhip?’” (Phil)

Due to having a stroke, Phil could hardly raise his arms, let alone ‘crack’ his whip, yet care staff saw the stockwhip as a dangerous item and removed it from his room, rather than recognising it as a meaningful, tactile reminder for him of his home on the farm. It would seem that the care staff did not know enough about Phil to know what his stockwhip meant to him. Being known deeply is vital to feeling a sense of home.

3.2.2. Being Known: Intimacy

Intimacy—being known for who you are, as a unique, valued person—increases a sense of homeliness in residential aged care. Cora had spent time rejuvenating the care facility's garden and felt she became known by others in the facility because of this and was consequently valued for her contribution:

"[That] certainly makes you feel at home!" (Cora)

Bernadette appreciated that her individual likes and dislikes were known. She spoke of how her preference of having a shower in the evening (rather than in the morning, as was the normal routine at the facility) was finally accepted by the care staff, and this made her feel at home. Bernadette gave a clear example of how well she was known when one of the care staff gave her a gift:

"Everybody knows that I hate getting out of bed. I like to be in bed! *[laughter]* But they have to wake me up sometimes, I'm a good sleeper . . . One of the carers, she's a lovely lady, a mature lady, and she comes on the weekend, and she said, 'I've got a parcel for you.' Anyway, it's round about Christmas-time, so I open it, and this pair of pyjamas! But listen: the top of it's got written on it, 'I'd rather stay in bed!' *[laughter]* . . . Well now, I thought, that's a lovely thing! She feels free enough and knows that I wouldn't get hoity-toity about that!...And I try to wear them whenever she's here, and that, which is nice". (Bernadette)

Intimacy in residential aged care is sometimes not spoken of when assessing care needs. Phil's wife had died just before he entered residential care, and he explained how being married was important to him for a sense of home, especially the companionship:

"Getting married—not just, not this sex thing, but just getting married, just having her around . . . Another thing with home is just that I can walk in the door, and walk past my wife and give her a squeeze, you know? Can't do that here, I haven't got a wife here . . . I don't particularly want to chase women, but just be nice to get married". (Phil)

Being known for who you are is closely related to a sense of belonging and being accepted.

3.2.3. Belonging and Acceptance

Participants spoke of how quality relationships include a sense of belonging and being accepted by others. Mary emphasised that home is:

"Where you belong. That's all. *[pause]* I think so. It's where you belong. Mm. *[nods]* That's the main thing . . . to be accepted, I suppose . . . taken for who [you] are". (Mary)

Bernadette missed the friendships she had had in her life where she was accepted no matter what her mood or disposition was:

"I've got no-one to be cranky with, here". (Bernadette)

At this stage of life, Cora felt that belonging and acceptance helped her feel 'at home':

"feeling there are people around that know you, and rush in to tell you some news". (Cora)

Feeling you belong, and are accepted, are essential qualities in a relationship for a sense of homeliness.

3.2.4. Respect and Reciprocity

Several participants emphasised the vital importance of respect and reciprocity in relationships. Janet valued being treated as an equal by care staff and emphasised reciprocity:

"They can't ill-treat me, because I've got enough, whatever it is, up and go to give it to them back, if they treat me badly. Mostly they treat me very well, and I treat them well, and that works well . . . They are kind to me, and I am kind to them". (Janet)

Bernadette agreed, describing how when she is treated well, she tries her best to reciprocate, knowing that care staff are fellow human beings with their own needs and feelings:

“If you treat them, the carers, with the respect that they need, they can treat you the same. And you don’t have to be stand-offish or anything like that . . . And you can—you can feel the kindness, and the love, that’s there . . . and consequently, when they’re like that, you give them as least trouble that you can. If anything you can do, me especially, anything that I can do, for them, that saves them a bit, I’ll do it”. (Bernadette)

Respect for one’s religious beliefs also contributed to participants’ feelings of home, particularly the respect and care given by pastoral care staff at the facility:

“The pastoral carer is lovely, but I’m not a Catholic so they tolerate me! . . . But I respect their opinion and I’m very happy that they respect my opinion . . . Yes, [she] was very understanding one day . . . and we just talked”. (Janet)

“I respect them and love them deeply”. (Henry)

Bernadette emphasised that respect is an important relationship quality that was an intrinsic part of the meaning of home:

“Home means love, and family, respect . . . love is a kind of respectful relationship . . . The general rule here is that you feel loved, you feel respected. And I don’t feel, now that I’m 98, that I’m a silly old humbug at all”. (Bernadette)

Being treated with respect positively affected Bernadette’s self-esteem and sense of worth, as she was treated as a human being who deserved love and care, and, in turn, this increased her sense of feeling at home.

3.2.5. Love

All of the qualities listed above contribute to the key essential quality for relationships and a sense of home: love.

Love was the essence of home: if there wasn’t love, it wasn’t home:

“Home? A place where you feel marvellous and you feel like you’re loved very much . . . where you’re **dearly** loved by your mother, and father. And until you get that, well, you really haven’t got a home. It doesn’t matter what you say, you haven’t got a home”. (Allan)

Allan emphasised that it is love that gives home meaning, and this meaning of home had stayed with him his entire life.

Cora observed that a lack of love from her mother meant she did not connect ‘home’ with her childhood:

“What some people think of home when they were quite small, isn’t stand out for me. I had a rather odd mother who wasn’t, didn’t show affection to me . . . so that part of home doesn’t, doesn’t . . . Perhaps that’s why when you get to have nice contentment with things that they mean extra”. (Cora)

For Cora, not being accepted and loved for who she was as a child influenced her meaning of home throughout her life.

Some participants spoke of the care staff carrying out their duties with love:

“You feel the kindness and the love that’s there . . . I’d say the carers have quite a bit to do with the feeling of the place . . . the vast majority—who are, to them, this is not *just* a job, it’s something they’re doing in love and compassion. And caring”. (Bernadette)

“I find love and care here, and I accept it; I like it”. (Henry)

Residents could also identify the care staff who were not compassionate or loving, which affected the relationship between carer and resident.

“There’s only one I’ve met that does her job, but she just does her job. The rest of them do their job plus”. (Cora)

Bernadette tried to find some common ground with this carer:

“You might strike one, and I have one in mind, who, ‘This is a job and I get it done.’ Wow. ‘That’s it’, kind of thing!...I’ve even spoken to her about it. I mean, we had to agree on something, and I said, kindly, ‘What really are you? Are you a lady that comes in and sets the tables and waits on the tables and do that, or are you a *carer*—the word ‘carer’—looking after people, helping them, seeing their wants, and that?’” (Bernadette)

Treating others with love and compassion helps build quality relationships, which in turn adds to a sense of homeliness in residential aged care.

3.3. *Developing Meaningful Relationships: Meaningful Activities and Good Food*

How are quality relationships developed in residential aged care? Participants identified two main elements that are important for creating and maintaining meaningful relationships within residential aged care: meaningful activities and good food.

3.3.1. Meaningful Activities

Meaningful relationships are created and maintained when people share interests and understandings. When an activity is meaningful to participants, quality relationships can be formed, as they provide an opportunity to meet like-minded residents. Bernadette described how the fortnightly outings were a time to get to know others:

“It’s a day out, we have lunch, we pay for our own, but that’s reasonable, and there’s where some of the home comes in. Because you’re in a smaller group, that makes the family”. (Bernadette)

“That’s where you get to know the staff better and have a lot of fun with them”. (Cora)

“I’ve been on these bus trips, and they’re good, and you make a lot of friends, and it’s a good time”. (Sheila)

Activities that are meaningful are chosen by residents not just to pass the time but because they find them fulfilling:

Even at 98, I joined the Garden Club too, that’s another thing I’ve joined . . . we go out once a month, and I’m in the wheelchair but the girl who runs it, she’s very good, she always has a job for me, she’s very organised . . . And I don’t think I join those things as a distraction from the rest of the things”. (Bernadette)

If an activity is not meaningful to a resident, they feel there is no point in taking part just to ‘fill time’ or as a ‘diversion’:

“These are all the activities for this month, and I will take part in none of them. They don’t interest me. See—‘gentle hand massage’ oh, be blowed. ‘Bingo’—be blowed. ‘Shopping bus’—well, I can no longer get on a bus. So, anyhow, there I am”. (Mary)

One activity which is meaningful for many of the participants is mealtimes.

3.3.2. Good Food

Mealtimes in the dining room at a residential aged care facility present opportunities to meet, socialise and connect. In the study, the quality of the food directly affected residents’ decision whether to eat in the dining room or not and this affected their prospects of meeting and connecting with others:

“It’s important, a meal . . . more than just for food. It’s the social life that goes with it”. (Mary)

Janet succinctly described the importance of good food:

“Life actually in a way revolves around food. If you can, you don’t just go to the meals for meals, you go so you can chat to somebody . . . But if the food turns you off, you don’t [go]”. (Janet)

Janet would stay alone in her room and have a powdered soup as her meal when the food on offer was unappetising, which is hardly conducive to social connection.

Mary felt at home when there was interest and companionship, which often happened over a meal, or during ‘happy hour’—when drinks and appetisers were served at the end of the day. Held once a week, ‘happy hour’ was enjoyed by several of the participants. Bernadette valued it as the opportunity to catch up with other residents or meet new people:

“It’s good if you can get and sit with your friends, and that’s where they make the friends”. (Bernadette)

David emphasised it makes a positive difference when

“You just clicked . . . if you meet someone that’s special to you”. (David)

Eating together, sharing delicious meals and taking part in meaningful activities increase social connections for residents, giving them opportunities to find like-minded friends, and contributing greatly to their well-being, contentment, and feeling at home.

4. Discussion

4.1. Qualities of Meaningful Relationships

The desire for meaningful connection with others is hard-wired into us as human beings, and the need for relationships is one of the most important aspects of being human (MacKinlay 2014). The findings of this study emphasise that the qualities of a relationship can impact an older person’s sense of feeling ‘at home’ in residential aged care. In line with current literature, this study highlights the importance of nurturing relationships to create a sense of home in residential aged care. For all participants, the meaning of home was directly related to meaningful relationships in their lives, both in the past and the present. Deeper than acquaintance or familiarity, the relationships were those which held meaning for the participants and, interestingly, were not necessarily dependent on *who* they had a relationship with but on the *quality* and *depth* of that relationship. Residents’ own narratives showed that, for a relationship to be meaningful and contribute to a sense of home, it needed to hold qualities of trust, intimacy, belonging and acceptance, respect and reciprocity, and love.

These findings align with current literature on the meaning of home. Jungers (2010) attributes ‘being known’ and ‘acceptance’ as the qualities that make home the place where we can be ourselves and feel at ease, which is linked to one’s identity (Fæø et al. 2019). de Jonge et al. (2011) and Tanner et al. (2012) emphasise ‘belonging’ and ‘being known’ when describing ‘home’ as the place where one feels valued for who one is. Adra et al. (2015) define ‘respect’ and ‘reciprocity’ between care staff and residents in residential aged care as ‘mutual togetherness.’ The old adage, ‘Treat others as you would wish to be treated,’ stands true for the quality of relationships with older people living in residential aged care and reminds us that we are all human beings needing love, care and kindness.

Of all the identified qualities of relationships that give a sense of home, ‘belonging’ stands out as the essential ingredient in the meaning of home. Fleming and Kydd (2018) believe that the word ‘belonging’ best encapsulates homeliness in residential care, and their belief is supported by this study, as is de Jonge et al.’s (2011) finding that a sense of belonging contributes to feeling ‘at home’ within a community of people. O’Donohue (1999) suggests that home is the place where you belong and can be yourself and that it is only when we belong with another, in relationship, that something within us is whole. The findings of this study confirm Adra et al.’s (2015) claim that maintaining relationships and spirituality are vitally important in residential aged care facilities.

4.2. Creating Meaningful Relationships

Creating and maintaining meaningful relationships is essential if we want residential aged care to be 'homely.' As we age, we can still be open to relationships with others (Cameron 2014), and quality relationships can be created and nurtured through meaningful activities and good food. We cannot assume that older people share the same interests simply because they are older and living in residential aged care (Hauge and Heggen 2007): in fact, as we age and move towards the end of life, that is the time of greatest variability between individuals (MacKinlay 2017). Therefore, it is imperative that activities that are meaningful for each individual are accommodated. Meaningful activities that give residents the opportunity to make connections and build relationships with others increase life satisfaction (de Jonge et al. 2011). Being able to connect with nature and partake in meaningful activities are important ways of mediating the spiritual (MacKinlay 2017) and can renew and refresh the spirit. Furthermore, the provision of good food must be a priority in residential aged care. The importance of good food in residential care goes beyond nutrition or enjoyment: good food is vital for the creation and maintenance of meaningful relationships and a sense of home. Food is a vital part of life, sustaining bodies while nurturing relationships. In all cultures and religions, food plays a role in celebrations and rituals and in bringing people together in meaningful ways (Mordike 2020).

4.3. Relationships and Spirituality

Relationships between care staff and residents are not only fundamentally important on a practical level but also on a spiritual, or meaningful, level, touching on the deeper meaning of 'care.' According to Holstein et al., authentic care is not just a matter of meeting physical needs and providing a service: "Care is created in and through relationships, and is something that happens between two or more people. It is not done for someone; it is done *with* someone" (Holstein et al. 2011). Relationships are one of the significant ways in which spirituality and meaning are brought about for older people (MacKinlay 2017), as we are defined as persons through the relationships that we have with others and that others have with us (Swinton 2012). Assisting residents to find others with similar interests, and maintain meaningful relationships, is part of spiritual care, as it relates to what individual residents find meaningful, interesting and important.

4.4. Implications for Practice

The implications of these findings are clear for all who care for older people living in residential aged care: the qualities of the relationships you share with those you care for are vital. How you relate is directly related to how much residents feel 'at home.'

We cannot assume that we know what 'home' means for residents in aged care facilities. Timely and meaningful spiritual assessments are essential (Harrington 2016), both on entry to aged care and over time. Assessment must include asking about what 'home' means to residents, for example, through asking about the meanings attached to their belongings which may provide a meaningful connection to home.

In residential aged care, spiritual care is everyone's responsibility, no matter what our role. Training for all staff must include information about spiritual care and how to develop quality relationships that build trust, a sense of belonging and acceptance, respect, love, and true care. Care staff need to realise they are not just doing a job or caring for a passive recipient, but they are relating to a unique human being, and therefore work in partnership with residents, with mutual respect.

It is important to acknowledge that not everyone has a positive association with 'home.' It is not helpful to state to a new resident: 'This is your home now.' Doing this not only has the potential to exacerbate the feeling of loss of moving away from home but could inadvertently trigger memories of a home life that had negative or abusive connotations.

Managers and organisations must value their good care staff, ensuring they have time in their duties to get to know residents and form positive and meaningful relationships, so residents feel respected, loved and 'at home.' Furthermore, managers and organisations

must recognise that providing good quality food and facilitating meaningful activities in residential aged care are more significant than just meeting nutritional needs or filling in time: sharing delicious meals and taking part in meaningful activities increase social connections among residents, giving them opportunities to find like-minded friends, and contributing greatly to their well-being, contentment and feeling ‘at home.’

4.5. Directions for Further Research

Further exploration of the meaning of ‘home’ and the history lived within a certain place (both negative and positive), as well as research into the meaning of home for people living with dementia (both in residential care and living in the community), would potentially provide further insights and illumination into the meaning of home for older people, from a spiritual perspective, to inform the practical and meaningful provision of care.

5. Conclusions

If we are serious about making residential aged care homely, we must attend to the spiritual, inner sense of home for residents. Much research into the meaning of home examines the physical, psychological and sociological perspectives of ‘home.’ The meaning of home, however, is a spiritual concept, almost indescribable simply because it is so meaningful. As such, spiritual care is essential for the holistic care of older people in residential aged care.

This paper has presented fresh insights into creating and maintaining meaningful connections that contribute to enhancing the meaning of home for cognitive older people living in residential aged care. Drawing on residents’ own narratives, the essential qualities of a meaningful relationship have been found to include trust, intimacy, belonging and acceptance, respect and reciprocity, and love. Meaningful relationships in residential aged care can be facilitated and maintained through meaningful activities and good food. The provision of spiritual care is essential if we are to have residential aged care places that are truly ‘homeful’.

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