



**Resident and Resident-Related Committees and Meetings in
South Australian Aged Care Hostels**

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Abstract

This thesis was designed to investigate the level of resident participation in decision-making in aged care hostels in South Australia. In Study 1, the managers of all 159 South Australian aged care hostels were surveyed regarding the existence and operation of hostel committees and meetings, with 106 responses (67%) received. The most common forums for resident participation were resident information meetings (90%) and resident committees (65%), with the existence of family committees (12%) and joint resident/staff committees (11%) being quite low. Managers indicated that member participation in these forums was limited. Since resident committees were those committees most likely to have been set up to provide for resident involvement in hostel decision-making, more in-depth studies were carried out to determine how resident committees operated in practice.

In Study 2, 35 resident committee meetings at 18 hostels were observed by the author. The majority of committees were both formed and chaired by staff, and the discussion of topics was mainly limited to food and activities. Only one of the 18 resident committees had received any professional training in how to conduct such meetings and only a few of those chairing the meetings had had any training or experience in conducting meetings. While the main focus of most of these committees was the presentation of resident grievances to staff, few changes resulted from residents' comments. It was concluded that most of the committees surveyed did not seem to have fulfilled their potential for resident control.

In Study 3, 15 of the hostels in Study 2 were re-visited. A total of 134 resident committee members completed questionnaires regarding decision-making in the resident committee and associated factors of satisfaction and hostel social climate.

While residents were generally satisfied with their participation in the meetings and felt that the committees were cohesive, they also perceived few effects of their participation in the committees and indicated that they wanted to participate in more areas of hostel decision-making. The committee members had relatively low life satisfaction in comparison with the results from other studies but life satisfaction was greater for those residents who viewed the committees positively. Aspects of the hostel social climate, such as resident influence, independence, and organisation, were significantly associated with positive resident perceptions of the meetings and with life satisfaction.

It was concluded that the existence of resident committees did not ensure that residents were able to participate in decision-making, consistent with previous research. It was suggested that resident committees could benefit from training and evaluation in areas such as group processes and group communication. This kind of intervention was recommended as a means by which resident committees could lead to more effective resident involvement in hostel decision-making and consequently greater control over their lives.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by any other person, except where due reference has been made in the text. I give consent to the copy of my thesis, when deposited in the university library, being available for loan and photocopying.

20/2/03

Leah Ruth Wilson

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CHAPTER ONE

Introduction

1. Research Outline

In Australia, there are a number of residential options for people who are elderly. In the most recently released statistics at the time of this study, of the 12.4% of Australians in 2000-2001 aged over 65 years, approximately 94.6% lived in their own homes, 5.3% lived permanently in aged care facilities, and less than 0.1% received temporary respite care in aged care facilities (Australian Institute of Health and Welfare [AIHW], 2002). However, if elderly people are defined as those over 80 years (as recommended by Gibson, 1998), then the corresponding percentage of Australian people either receiving respite care or living in aged care facilities increases to 16.6% (AIHW, 2002). The average age of aged care facility residents was 83 years in 1999 (Commonwealth Department of Health and Aged Care [CDHAC], 1999, p. 3).

As a result of the Commonwealth *Aged Care Act 1997*, nursing homes and hostels were no longer differentiated but were amalgamated under the term *residential care*. In that act, residential care services or aged care facilities were defined as facilities that provide personal and/or nursing care in addition to appropriate accommodation, staffing, meals, cleaning services, furnishings, furniture, and equipment (AIHW, 2002, p. 88). However, at the commencement of Study 1 in 1998, the terms *hostel* and *nursing home* were still the most commonly used in the aged care industry and in research and thus were adopted for the present study. Nursing home was defined as an aged care facility

that provided services mainly to nursing home level care residents. The definition of these services included:

1. Accommodation related services: For example, furniture, bedding, cleaning services, and provision of staff.
2. Personal care services: For example, assistance with activities of daily living such as bathing, eating, and mobility; rehabilitation support; assistance in obtaining health service; and support for people with cognitive impairments.
3. Nursing and personal care services and equipment: For example, equipment to assist with mobility, basic pharmaceuticals, administration of medications, and provision of therapy services (CDHAC, 1999, p. xi).

Hostel was defined as an aged care facility that provided services mainly to hostel level care residents. These services included the accommodation related services and personal care services present in nursing homes.

The focus of the present study was on hostels rather than nursing homes so it should be noted that the residents of these facilities were those who were classified as having a lower level of required care and dependence.

While elderly people have control in their own homes, this has been found to be limited upon entering aged care facilities (Ryden, 1985). Due to the importance of control for quality of life (Moos & Lemke, 1994), this thesis was designed to investigate the levels of control that elderly persons living in South Australian aged care hostels had over their lives. One of the most effective ways to achieve control is through resident committees, a situation that provides elderly residents with a chance to express their

views and to control aspects of their lives (Freytag, 1987; Residential Care Rights, 1999; Zwick, 1994).

While at the time of this study, there were a number of published American and Canadian studies of resident committees in aged care (Devitt & Checkoway, 1982; Grossman & Weiner, 1988; Moos, 1981; Wells, Singer, & Polgar, 1986), relatively few had been conducted since the 1980s. Furthermore, studies of resident committees had tended to focus on the success of committees in a small number of facilities (Devitt & Checkoway, 1982). In Australia, studies had been similarly limited with only a small number of studies having looked at the characteristics of resident committees in aged care, again focussing on committees in only a small number of facilities (Gibbs & Salkeld, 1988; Zwick, 1994). Two Australian studies in 1986 found that 39% of hostels and 20% of nursing homes surveyed had resident committees in place (Peat, Marwick, Mitchell Services, 1986; Rhys Hearn, 1986). In a 1993 study, it was found that between 63% and 90% of Australian nursing homes surveyed had resident committees, differing according to state. No similar study of hostels was conducted at this time (Braithwaite, Makkai, Braithwaite, & Gibson, 1993).

Previous studies have also questioned the decision-making benefits of resident committees in practice (Braithwaite et al., 1993; Peat, Marwick, Mitchell Services, 1986; Rhys Hearn, 1986). In particular, as a result of their observations of resident committee meetings, Braithwaite et al. concluded that while there were some exceptions, resident committee participation and influence in the formulation of policies and nursing home practices tended to be limited. Instead, they observed that the committees were generally forums for the passage of information from management to the resident committee group.

Accordingly, this thesis was designed to look at both the prevalence and specifications of resident committees in South Australian hostels and to assess their benefits to the hostels and their residents. The existence and operation of information meetings and staff, resident/staff, and family committees were also surveyed as these forums also have the potential to benefit residents' quality of life (Wells et al., 1986). A sample of hostels was selected and the content and processes of their committee meetings were analysed, with the author attending two meetings at each hostel as an observer. Finally, resident committee members completed a series of questionnaires, designed to assess the levels of participation in decision-making that were allowed in the committees, and factors that may have been associated with this, including social climate and life satisfaction.

2. Historical Section

2.1 Demographics of aging in South Australia.

Hugo (1998) in an article entitled "Recent Trends in the Ageing of South Australia's Population" outlined the increasing tendency towards dependent elderly in South Australia. It was noted that South Australians had a higher life expectancy than the Australian average and this, combined with such factors as the increasing numbers of young women moving interstate, means that in the 2020s there will be higher numbers of dependent elderly than children in South Australia. Hall (1995) argued that the needs of people living in South Australian aged care facilities particularly needed to be studied as the majority of these facilities were designed in the 1970s. With the recent realisation amongst elderly people and service providers that traditional models of aged care, often involving large numbers of residents receiving impersonal care, tended to lead to such problems as loss of resident control and freedom, it is important that the

appropriateness of this accommodation be re-evaluated. Of particular importance is the development of care programs that are appropriate to each resident, including the expansion of community care options.

2.2 Theories of aging.

There are a number of theories of successful aging, which focus primarily on the ways in which a person can maintain aspects of satisfaction as they get older. These theories include personality theories, disengagement theories, activity theories, subjective well-being theories, and holistic theories.

Diener (1984) briefly outlined personality theories of life satisfaction. These theories suggest that it is the personality of the individual that has the most influence over their happiness as they age. Diener argued that, as few studies have found that demographic variables account for more than 15% of the variance in satisfaction, this makes the influence of personality more likely. He reported that self-esteem, an internal locus of control, and extraversion are some of the personality traits that have been found to have a positive influence.

Cumming and Henry (1961) first postulated the theory of disengagement on the basis of their American study. They found that with increasing age, the majority of adults withdrew from their social networks to spend more time in introspective activities such as life review. This was argued to be a process of adjustment to the reality of approaching death, so that the psychological self could remain in line with the biological self. They argued that this was a normal process, although it did not occur in all cases.

There have been a number of criticisms directed at this approach. Murray, Zentner, Pinnell, and Boland (1993) argued that often the withdrawal from activities is a result of restrictive physical changes, rather than a conscious psychological and social withdrawal. In support of their theory, they found that decreased sexual activity in the elderly was often a result of biological factors that made it more difficult, rather than decreased desire or enjoyment.

Havighurst, Neugarten, and Tobin (1968) criticised the disengagement theory, finding that those people who were more active were also happier. Moreover, those people who took the most pleasure from their activities were the happiest. Diener (1984) briefly described the activity theory as suggesting that active involvement in meaningful and enjoyable activities tends to result in happiness for the individual. He argued that the types of activities which lead to happiness become more general with age and that happiness comes from the process of an activity rather than the attainment of a goal. It is of course important that the activities are matched to the person's skill level and interests. He argued that the reason that the findings on the benefits of activities for life satisfaction are mixed is that the term *activity theory* relates to an overly diverse group of activities. The definition of activity needs to be refined so that it can be determined which activities are particularly beneficial.

Ehrlich (1972) disputed both the disengagement and activity theories. He argued that neither of these approaches fully describes the successful aging process. Instead, the older person may wish to engage in activities at some times, and at other times, such as times of poor health or financial insecurity, the older person will find satisfaction in time spent alone.

The subjective well-being theory of aging focuses more on the uniqueness of individuals. The theory proposes that subjective well-being is determined by an individual's perceptions of the possibilities for them to improve their overall life satisfaction (Walker, Burnham, & Borland, 1994). For example, Chinese-Australians were found to place great importance on health and therefore their well-being was closely associated with the extent to which their health care needs were being met. In contrast, Anglo-Australians were most satisfied when they were able to initiate social activities (Scheftsik, 1992).

Hazan (1994) has argued that many theories of aging tend to be quite narrow, and fail to take into account the diversity amongst individuals. Schuster (1992) also argued that an holistic approach to aging is needed, that combines the inputs from all of the models of aging in the context of lifespan development. This approach to aging is based on the assumption that each individual is unique and functions as a complete unit influenced by personality, experiences, goals, and values. Schuster suggested that there are five domains crucial to a person's happiness: affective, biophysical, cognitive, social, and spiritual. Schuster argued that these domains are interdependent and all combine to affect the aging process.

2.3 Quality of life.

In spite of the different and often contradictory theories on aging, there is an overriding view that successful aging involves sustaining a high quality of life. The definition of quality of life has evolved over a considerable period of time. Before the 1960s, the emphasis of quality of life research was mainly on objective measures, with quality of life being a reflection of such attributes as possession of wealth, health, and housing. An individual person's quality of life was seen to be a reflection of their position in

relation to population norms (Cummins, 1997; Flanagan, 1982). However, objective quality of life indicators did not allow for the possibility of different subjective responses associated with these measures until psychologists devised valid and useful subjective indicators (Atkinson, 1982).

Late in the 1960s, the subjective approach to quality of life saw such measures as perceived health, satisfaction with family and friends, and enjoyment of daily activities tending to replace the old objective measures of quality of life (Cummins, 1996). Cummins (1991) argued that subjective measures are important for an accurate assessment of quality of life, as this is considered to be a subjective state. Diener (1984) summarised this school of thought by defining subjective quality of life as measures residing with the views and experiences of the individual, excluding objective indicators. However, both objective and subjective indicators are important in obtaining an accurate assessment of quality of life (Andrews & Withey, 1976; Cummins, McCabe, Romeo, & Lovelock, 1992; Ferris & Bramston, 1994; Flanagan 1982).

Although it is now quite widely accepted that a multidimensional approach to quality of life is most beneficial, there is disagreement over which dimensions best constitute quality of life. Cummins (1997) suggested that there are five primary and potentially overlapping dimensions that constitute quality of life, including emotional well-being, health, social and family connections, material wealth, and work or productive activity.

Grossman and Weiner (1988) provided a definition of quality of life that is specific to the elderly in aged care. They defined quality of life as “. . . the assessment of subjective importance and perceived and available autonomy, interpersonal relations and security in a long-term environment” (p. 390). In gerontological research, life satisfaction is a commonly used measure of quality of life and has been defined by

Salamon and Conte (1992) as involving the key variables of perceived financial security, perceived physical health, and social contacts.

2.4 Australian aged care policies.

With the increased focus on quality of life in the elderly, the care options for aging individuals have also increased. The Aged Care Reform Strategy was an Australian review of aged care introduced in the mid-1980s which led to a number of necessary and overdue changes being made to the aged care system in Australia (Howe, 1997). It was a reformation of a system that was considered to be failing; a system primarily based on the continuum of care model. This three-tier model provided three levels of institutional care (independent living unit, hostel, and nursing home) but neglected community care as an option (Howe, 1997).

The major objectives of the Aged Care Reform Strategy were “. . . the reform of both home-based care and residential care, and the implementation of appropriate assessment strategies to establish links between the various sectors of provisions” (Gibson, 1998, p. 33). The main issues were:

1. A more effective balance of care between residential and community care.
2. Improvement of services to community residents.
3. Quality of services to all elderly.
4. Targeting of resources to those most in need, and to people’s specific needs.
5. The monitoring of quality of care.
6. The role of private services.

The three broad policy types resulting from the Aged Care Reform Strategy involved the Home and Community Care Program, the Residential Care Program, and Cross Program measures. Cross Program measures are those program measures that are applicable to all areas of aging. These three policies can be further divided into measures ensuring equal access to resources and services and measures ensuring quality of care (Howe, 1997).

One major policy area that arose concerned Residential Care Program policies. This group of policies focused upon improving standards in nursing homes and hostels and improving funding arrangements. It also focused on providing these services to the most dependent elderly. It was proposed that the national ratio of 100 residential positions per 1000 people over 70 should remain but the number of nursing home beds should decrease to allow for increased hostel positions. The reduction in nursing home beds over the years of the Aged Care Reform Strategy was highly significant with a virtual freeze on new places. However, the increase in hostel beds has been slower than anticipated (Gibson, 1998).

In 1997, the Aged Care Act was introduced into Australia with the aim of addressing some problems with, and providing further reforms to, the aged care system. One problem that the act aimed to overcome was the inadequate level of funding provided to nursing homes. Additionally, an increasing overlap between high care hostel residents and low care nursing home residents led to inequities in funding provisions. This resulted from policies that provided more funding for the care of residents in nursing homes than hostels, regardless of dependency levels and care requirements. Thus, substantially less funding was being provided for the care of highly dependent hostel residents than for low dependency nursing home residents. The act also aimed to overcome problems with the separate two-tiered nursing home and hostel system, which

meant that hostel residents were forced to move to nursing homes when they needed a higher level of care and couples requiring different care needs were often separated. The act further sought to change the focus of the quality assurance process from a system simply requiring the attainment of minimum standards, to one that encouraged innovation and improvement (CDHAC, 1999).

As a result of the Aged Care Act 1997, nursing homes and hostels were merged into one single residential care system. Until then, nursing homes and hostels had different systems of classifying resident dependence, had different funding opportunities and had different quality assessment processes. The unification of the system provided fairer funding opportunities and provided residents with a greater continuity of care, allowing older people to stay in one facility even as their care needs changed. This system has also provided care recipients with a wider range of facilities from which to choose upon entering the aged care system. The quality assurance process has changed to one that encourages improvements to the quality of care provided by residential facilities, with facilities providing a poor quality of care unable to receive government funding (CDHAC, 1999).

Aged Care Assessment Teams were introduced by policy in 1987 to nursing homes and in 1990 to hostels, to control access to aged care benefits. Their main aim was to ensure standardised guidelines for entry into residential care (Gibson, 1998). In 1998-99, the 129 nationally funded teams covered over 10% of the population aged over 70 (CDHAC, 1999). The Aged Care Assessment Teams have been very successful in matching services to individual needs to increase the chances of independent functioning, and they have also freed places for more dependent elderly (Gibson, 1998).

2.5 Accreditation standards.

To achieve quality of life for elderly people living in aged care facilities, it is important that the quality of care being received is of a high standard. The monitoring of standards of care in residential care facilities was introduced at a Federal level after numerous reports of poor quality of care. The Standards Monitoring Program was introduced into nursing homes in 1987 and subsequently into hostels in 1991. This monitoring was established to ensure that Commonwealth quality of care standards and requirements were met. If they consistently failed to be met, funding was withdrawn from the facility (Gibson, 1998). Under the Aged Care Act 1997, nursing homes and hostels were merged into one accreditation system, which comprised 44 expected outcomes that each facility must achieve. The accreditation process is conducted by the Aged Care Standards and Accreditation Agency, an independent agency which manages the accreditation process, provides assistance to facilities to improve their quality of care and refers facilities assessed to be of poor quality to the Department of Health and Aged Care for further action to be taken (CDHAC, 1999).

There are four broad categories of standards that aged care facilities must achieve.

These are:

1. Management systems, staffing, and organisational development: Requiring that management respond to the needs of residents, their advocates, and staff, and to the changing environment.
2. Health and personal care: The health care workers and residents will cooperate to achieve the residents' optimal level of physical and mental health.

3. Resident lifestyle: Residents are given the opportunity and assistance to achieve control over their lives and retain their legal rights within the aged care facility.

4. Physical, environment and safe systems: Residents are provided with a safe and comfortable living environment that promotes quality of life (Commonwealth Department of Health and Aged Care, [CDHAC], 1998).

A part of the introduction of standards monitoring in aged care included the formalising of residents' rights. Ronalds' (1989) report outlined a number of issues regarding residents' rights that needed to be addressed, including residents' rights of independence, participation in decision-making, and control. In 1989, the Charter of Residents' Rights and Responsibilities, which outlined the various rights of residents, was passed. This was legally supported by the Resident/Proprietor Agreement, which guaranteed a number of rights to residents and was an information source for residents and their families. Departmental complaints units were also established in all states and territories by 1992. Overall, the rights of residents became clearer and were gradually and more consistently implemented (Gibson, 1998).

It is a legal requirement that residents of aged care are aware of the contents of the Charter of Residents' Rights and Responsibilities. This charter covers areas such as the residents' personal and legal rights in aged care accommodation. Resident agreements are also required to be signed by all residents who pay an accommodation bond. This agreement ensures that both residents and management are aware of the expectations of services to be provided (Commonwealth Department of Health and Ageing, 2001).

Gibson (1998) argued that from its implementation in Australian aged care facilities, the regulation of quality of care was measured using an outcome and resident focus. While Gibson suggested that the feelings and experiences of the residents should be given most consideration, she also noted that there are three main common concerns in relation to the subjectivity of this process:

1. Some people argue that using residents' opinions in evaluation processes is of limited effectiveness when residents are very sick or disabled. However, evaluations of the standards monitoring process by Braithwaite et al. (1993) found that the input of these residents was reliable and experienced evaluators were able to effectively establish their preferences.
2. Different residents in different facilities will vary in their opinions as to what constitutes the best outcomes for them. However, Gibson argued that this variation is a strength of the monitoring process as it enables the facilities to be matched to the unique needs of their residents at any one time.
3. There is some concern over the accuracy and appropriateness of using resident ratings to assess outcome measures. In particular, some resident input may be inaccurate although Gibson argued that this could be overcome by gathering information from other sources, such as the staff. Additionally, effects of long-term institutionalisation may influence resident judgment, meaning that a practice such as male and female residents showering together may be accepted by the residents at the time, whereas this practice would be in conflict with the views of the evaluators and the general community and probably with the residents, before living in aged care.

Gibson concluded that while the Australian standards monitoring process in place at the time of the present study is a subjective one, it adequately assesses outcomes that are in the best interests of the residents. Furthermore, she suggested that the subjectivity does not affect the reliability or validity of the process.

R.A. Kane and R.L. Kane (1988) similarly argued that when assessing quality of care, it is vital that resident input be given priority as the most important systems of measurement are those that are relevant to the resident. This is particularly important as residents and staff members often have differing views. Bliesmer and Earle (1993) have suggested that an outsider should conduct quality of care assessments in aged care facilities, as this will reduce the fear of backlash amongst the residents.

Faulk (1988) argued that it is important when assessing quality of care to note that the elderly persons living in aged care facilities have the same needs as other people. However, it is just that they need more help in satisfying their needs.

Glass (1991) proposed that the term *quality of care* is too narrow and the broader concept of the quality of the whole facility should be its replacement (p. 5). She argued that within the four broad areas assessing quality of care, namely: staff intervention, physical environment, nutrition, and community relations, specific sub-dimensions should be measured by specific indicators. These should focus both on the individual and general levels of care and satisfaction, thus providing a more complete understanding of the overall way of life in aged care facilities.

2.6 Are quality of life standards being met in aged care?

In spite of the issues outlined by Gibson (1998) concerning the reliability and validity of the subjective and resident-focused evaluations, the data produced over the years of the implementation of standards monitoring in Australia do suggest that there has been a marked increase in the quality of aged care facilities. For example, whereas in 1991-92, 14 of the 25 standards were met by at least three-quarters of the hostels, in 1993-94, 22 of the 25 were met by three-quarters of hostels (Gibson, 1998, p. 110). Similar improvements were evident in nursing homes. Under the new system of accreditation introduced in 1997, of the 251 facilities that were assessed for accreditation between 2001-2002, only two facilities did not achieve it (The Aged Care Standards and Accreditation Agency, 2002).

A number of other studies have been conducted to assess what constitutes quality of aged care and the extent to which it has been widely achieved. Bliesmer and Earle (1993) argued that Tellis-Nayak (1988) provided the best definition of subjective quality of care: "You have a high quality when the nursing home resident is satisfied-with oneself, with the nursing home, and with the care one receives" (Bliesmer & Earle, 1993, p. 27). However, there was still no consensus on the appropriate objective measures that define quality of care. In particular, they found that staff and residents rated different objective quality of care indicators as important. They recommended that to achieve a high quality of care, staff must ensure that it is the needs of the residents rather than those of the staff that are being met (Bliesmer & Earle, 1993).

Grossman and Weiner (1988) similarly argued that while staff actions may comply with acceptable standards of care, these may not lead to an acceptable quality of life for the residents. For example, one nursing home resident had to wait 5 weeks for new

dentures, which was acceptable within the standards defined by the medical department. Nevertheless, the quality of life of the resident was being compromised. She did not want to eat in the dining room because she was too embarrassed to do so without her dentures, meaning that she was living in isolation and shunning social contact.

Faulk (1988) used Maslow's hierarchy of needs to assess whether there was an adequate level of quality care in 37 American aged care facilities. Maslow proposed a hierarchical model of human needs, ranging from basic needs, such as food and safety, to more complex long-term needs such as the need for affection and respect. Faulk found that while quality of care was sufficient in the provision of material resources, such as safety and security needs, many of the residents were not provided with avenues to fulfil such needs as social integration, self-esteem, love, and belonging and growth. The author concluded that residents could and should be used to assess whether quality of care standards were being met in aged care.

Ferris and Bramston (1994) in an Australian study, looked at the quality of life of the elderly living in a variety of living situations. They found that nursing home residents scored consistently lower than those living independently, on the "Comprehensive Quality of Life Scale" subjective and objective measures of quality of life. While all elderly participants had very similar views on what was crucial to quality of life, they differed in the degree to which these needs were fulfilled.

Timko and Moos (1991) argued that to provide residents with the best care, the social climate of the facility should be ascertained in order to help identify deficiencies in care. By using ideal social climates as guidelines, specific areas can then be targeted for intervention and subsequent improvement.

To achieve an adequate quality of life in aged care for the residents, it has been argued that service providers and policy makers should view each older person individually, and provide them with many options so that they are then able to choose for themselves the *lifestyle of best fit* (Ehrlich, 1972). Quality of care theories may hinder this as they are based heavily on “our theories” rather than “their culture” (Hazan, 1994, p. 94).

3. Organisational Culture

3.1 Culture in organisations.

Pettigrew (1979) defined organisational culture as “. . . a blend of beliefs, ideology, language, ritual and myth . . . an organisation is a continuing social system and that its cultural elements exert a powerful control over the behaviour of those within that system” (as cited in Sawyer & Woodlock, 1995, p. 438). Triandis (1994) put the definition into lay terms: “. . . culture is . . . unstated assumptions, standard operating procedures, ways of doing things that have been internalised to such an extent that people do not argue about them.” (p. 16)

Schein (1992) proposed three levels of culture, with *level* defined as “. . . the degree to which the cultural phenomenon is visible to the observer.” (p. 16) These three levels are:

1. Artefacts: Surface level, including visible organisational structures and processes, such as what an observer sees, hears, and feels when observing a foreign culture. Importantly, this level may be difficult for an observer to decipher as their own feelings will influence any interpretations made.

2. Espoused values: Middle level, where strategies, goals, and philosophies are proposed and tested, until they are accepted as fact.
3. Basic assumptions: Deepest level of culture, involving shared, taken-for-granted assumptions, that provide a guide for the way that members should act and feel in certain situations (Schein, 1992).

An initial assumption of this analysis is that more surface aspects of culture may not reveal the deeper levels of culture. For example, in aged care hostels, publications containing espoused values may not be consistent with basic beliefs about particular issues such as the roles of staff and residents.

Culture is a crucial aspect of organisations as it helps provide an explanation for hidden and complex aspects of their functioning. For example, the common assumptions in an organisation may explain the reasons underlying the way that a group in the organisation interacts (Schein, 1992). An appropriate culture to the aims of the company can help ensure its long-term success and productivity (Goffee & Jones, 1998). Strong cultures, that are appropriate to the organisation, are more beneficial to the extent that there are widely shared values, language, and assumptions between members of that organisation (Sawyer & Woodlock, 1995).

Sawyer and Woodlock (1995) have outlined a number of factors that contribute to a strong and successful organisational culture in residential care facilities for the intellectually impaired. They include hardworking, well-trained, and committed staff who are taught social skills; clear policy structures; proactive communication; a strong leader; quality improvement staff to assist in culture change and assessment; and a widely accepted system of care.

3.2 Factors that influence organisational culture in aged care.

The term *climate* has been defined as “. . . the feeling that is conveyed in a group by the physical layout and the way in which members of the organisation interact with each other . . . or with outsiders” (Schein, 1992, p. 9). While climate refers to the more observable shared aspects of culture, the terms *culture* and *climate* are often used interchangeably in the literature.

The study of social climate in aged care is crucial, as it has been linked to aspects of quality of life (Timko & Moos, 1990). Moos and Lemke (1996) developed “The Sheltered Care Environment Scale”, which was designed to assess seven aspects of the social climate of aged care facilities, being Cohesion, Conflict, Comfort, Independence, Organisation, Resident Influence, and Self-Disclosure. “Every environment has a unique ‘personality’ that gives it unity and coherence . . . settings vary in how they regulate the behavior of the people in them” (p. 110).

Timko and Moos (1991) outlined six different types of social climates that they found in aged care facilities and the factors that influenced the development and perpetuation of these social climates. Two of these (‘supportive self-directed’ and ‘supportive well-organised’) were described as providing humanistic environments while the other four climates were described as less desirable (‘open conflict’, ‘suppressed conflict’, ‘emergent-positive’ and ‘unresponsive’). Briefly, the main emphasis of each of the social climates was:

1. Supportive self-directed: Supportive relationships between members with the open expression of personal feelings discouraged. High resident influence in daily routines and policies, and high levels of organisation and comfort.

2. Supportive well-organised: Supportive relationships between members with good levels of organisation and comfort but low resident influence in policies.
3. Open conflict: Open expression of conflict, with low cohesion, independence, organisation, resident influence, and comfort.
4. Suppressed conflict: Above average feelings of conflict but expression of these thoughts is discouraged. Below average on all other social climate dimensions.
5. Emergent-positive: Average or just above average on all seven social climate dimensions, described as a moderately positive social climate.
6. Unresponsive: Average or below average on all seven social climate dimensions.

The desirable social climates emphasised interpersonal support with high cohesion, independence, organisation, comfort, and low conflict.

A number of facility characteristics have been found to influence social climate in aged care facilities. Timko and Moos (1991) found that a lower level of care, non-profit ownership, a larger facility size, higher social resources, and a greater number of female residents all benefited a facility's humanistic climate, whereas facilities without these characteristics tended to have one of the four less desirable social climates. Lemke and Moos (1987) found some small, but significant effects of individual characteristics on

the perception of social climate. For example, better educated residents tended to report higher self-disclosure, female residents tended to perceive less comfort, and those residents who had been living at the facility longer felt that the social climate was less cohesive.

3.3 Minimax hypothesis of control.

To the extent that it is considered to be desirable for people to have control over their lives, there would seem to be no reason why this should not be extended to elderly people living in aged care. The minimax hypothesis of control (Miller, 1980) suggests that control is desirable as it provides an individual with extra predicability and stability.

A person who has control over an aversive event insures having a lower maximum danger than a person without control does. This is because a person with control attributes the cause of relief to a stable internal source - his own response - whereas a person without control attributes relief to a less stable, more external source. (Miller, 1980, p. 80)

The extra provision of predicability through control means that the person is less stressed about the outcome, unlike the person who must rely on others and thus have no control or predicability of the outcome. However, there are certain situations where a person may choose to give control to others. If this is their preferred and considered choice, then it is still a situation whereby they are maintaining some control. The minimax hypothesis proposes that a person will relinquish control when they feel that another factor other than their own personal control, will more effectively predict a maximum level of danger. Miller gave the example of reaction time tests, where if the

subject feels that another person has a quicker reaction time, they will relinquish control of the task to this person, therefore reducing the chance of the subject receiving an electric shock.

3.4 Culture of control in aged care facilities.

One of the main requirements for aged care hostels is to provide their residents with opportunities for choice and decision-making. Expected outcome 3.9 in the Australian accreditation standards requires that:

Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. (CDHAC, section 3.9, 1998)

Moos (1981) defined resident control in aged care facilities as involving the participation of residents in the daily running of the facility, the extent to which residents help plan social and recreational activities, and the degree of resident input in to general policies.

Various studies have analysed the benefits and importance of control to elderly people living in aged care. R.A. Kane et al. (1997) interviewed 135 nursing home residents and found that the residents rated control over the majority of areas as very important, including food, activities, and visitors. They also indicated that they were generally dissatisfied with the levels of control they were allowed.

Krantz and Schulz (as cited in Schulz, 1980) found that residents, who on admission to an aged care facility received relevant information regarding the facility that helped them to control the environment, were happier and more involved than those residents who did not receive such information.

Moos, Lemke, and David (1987) looked at the impact of the physical design of facilities on the promotion of choice and independence in the residents. The authors reported that facilities that offered more freedom of choice promoted a greater life satisfaction amongst the residents. Byrd (1983) found that life satisfaction as well as locus of control was positively affected by nursing homes and senior citizen centres that encouraged residents to assume control over the organisation and help plan social activities.

There is, however, some question as to whether the positive effects of increased control are long-term or whether they are just a temporary result of experimental conditions. Schulz (1980) outlined a number of studies aiming to provide an insight into this issue. For example, Rodin and Langer (1977) did a follow up study 18 months after their experiment, in which one group of residents had been given a speech highlighting their responsibility for themselves together with plants that they were asked to care for. A control group was given a talk highlighting the staff's responsibility for the residents together with plants that the staff cared for. In the follow-up study, it was found that the residents with increased control in the experiment still had higher health and activity patterns and only a marginal decrease in initial mood and sociability when compared to the no choice group. However, Schulz and Hanusa, (1978) also did follow up studies of Schulz's (1976) control study 24, 30, and 42 months after the initial study. In the initial study, Schulz (1976) assessed control in four groups of nursing home residents. One group had no visits, one had scheduled visits, one was visited on a random schedule,

and one could choose the frequency and duration of the visits. While the initial study found that the well-being and health measures of the group who could exercise control over the visits were higher than for the other three groups, no differences were found between the groups in the follow up studies. This indicated that the positive effects of the treatment were short-lived.

Schulz (1980) suggested that these different results might be because of the different attributions made by the residents at the time of the experiment. Langer and Rodin's (1976/1994) experiment, which emphasised residents' personal control over themselves, may have encouraged internal, stable, and global attributions. However, the study by Schulz (1976), involving visits by strangers, may have encouraged external, unstable, and specific attributions due to the residents' reliance on the visitors. Moos (1981) argued that increases in the levels of control in a facility are only effective when the changes designed to increase control are stable and occur over a long period of time.

Lemke and Moos (1989) found that residents in facilities with social climates that had higher rapport and resident control were more likely to be highly active in both informal activities and community activities. Gould (1992) found that more cohesive and independent social climates positively affected the life satisfaction levels of the residents.

Timko and Moos (1989) examined the effects of naturally occurring levels of control in a large number of American nursing homes, hostels, and congregate apartments. They found that environmental choice and control for residents were related to their better adaptation, such as well-being, lower reliance on facility services, and a higher level of participation in community activities. They concluded that while the effects of control are more dramatic in experimental interventions, such as those conducted by Schulz

(1976) and Langer and Rodin (1976/1994), there are also positive effects of control when it naturally occurs in aged care settings.

Vallerand, O'Connor, and Blais (1989) found that residents living in high self-determination nursing homes had a high life satisfaction, equal to their community dwelling peers.

Semradek and Gamroth (1995) argued that further collaborative studies between academics and facility staff need to be conducted in aged care settings to help improve resident autonomy. Studies are needed particularly on: the types of interventions that are effective in increasing control and what situational factors contribute to their success; the measurement of outcomes for long-term care; and the effectiveness of regulations in achieving standards and change in facility practices in regards to resident autonomy.

3.5 Dependency and learned helplessness.

Baltes (1996) argued that dependency in aging is generally seen to be as natural as dependency in childhood. It is viewed as a function of the age and stage of life of a person. However, she argued that dependency is primarily a learned concept, shaped by the negative attitudes and expectations of society towards aging. Learned helplessness is a more severe state of dependence whereby a person experiences a loss of control over important events and then applies this lack of control to future events. The person perceives that they can make no voluntary response to control a stressful event and they cease to try to maintain control. Eventually they become frustrated and depressed (Baltes, 1996). Other potential effects of learned helplessness are emotional, cognitive, and motivational disturbances (Foy & Mitchell, 1991).

Posner (as cited in Foy & Mitchell, 1991) argued that the institutional environment makes elderly people vulnerable to learned helplessness as residents are assumed to be incompetent until proven otherwise. The physical environment of residential care facilities can also contribute to learned helplessness. Examples of characteristics of the physical environment that can contribute to learned helplessness include a lack of privacy, a hospital-like environment as a result of the style and setting of the furniture, the use of restraints, and an environment that makes it difficult to retain personal possessions.

Goffman (1961) described many aged care facilities as *total institutions* that take control of the whole of a person's life and disrupt and discourage actions that give a resident a sense of control. This model of care leads to forced dependency on the part of the residents and to various degrees of learned helplessness. These findings lead to the question of how these dependent-behaviour enhancing conditions can be avoided.

3.6 Environmental changes to achieve control in aged care facilities.

Despite the abundance of dependent behaviours in elderly people, Baltes and Zerbe (1976) found that this type of behaviour is modifiable. The most appropriate way to change this behaviour is to alter the environment to be more sympathetic to the relearning of independent behaviour.

Timko and Moos (1990) argued that changes to the social climate of aged care facilities can enable residents to achieve a culture of resident independence and influence. This can be achieved by implementing changes to physical features, policies and services, and to staff and resident characteristics that aid in the promotion of resident control.

Moos (1981) proposed that there are two main ways to create and nurture resident control. The first involves residents being able to select their preferred individual routines of daily living. The second involves the facility developing formal structures that give the residents a formal voice in some aspects of running the facility and influence over policies. He found that female residents and residents with higher functional abilities were more likely to live in facilities with more opportunities for control and choice. This in turn tended to create environments with higher cohesion, lower conflict and more social independence (Moos, 1981).

Moos et al. (1987) argued that the physical design of a facility can promote independence and control. For example, facilities that provide separate temperature controls in each of the residents' rooms, separate laundry areas, and small and large tables in dining areas may help promote these cultures. They found that 80% of the residents studied wished to have control over their daily living activities such as deciding when to get up and where to eat their meals, opportunities to do their own laundry, and to come and go as they pleased.

There are also a variety of procedures that may assist elderly people to achieve control over their lives in aged care hostels. Expected outcome 3.9 of the Australian accreditation standards outlines a number of policies and practices required for accreditation, that are designed to provide residents with control over their lives. These include an effective comments and complaints system that residents are adequately informed about, assessment of individual choices, and an effective forum for residents and their advocates to comment on service planning and evaluation (CDHAC, 1998).

Zwick (1994), in an Australian study, outlined a number of methods to increase resident input into their lives. The *open door policy* involved the manager encouraging all

residents and staff to approach him or her whenever they felt that they had a problem. Zwick found that meetings run by the manager for all residents could enable both management and residents to exchange information and opinions. She also found that anonymous suggestion boxes were available in most hostels that she studied although there was rarely a formal response mechanism in place, which meant that they were rarely used. Special project groups were also in place in some facilities, with residents who were interested in a certain project joining together and meeting at regular intervals.

Ronalds (1989) argued that each person's view of independence is different and thus they should all be treated individually. For example, while one resident may want to be on a committee, another may just want to have the option of reading information on a bulletin board. Therefore, each person should be encouraged to fulfil their needs and participate in the most appropriate way for them. Zwick (1994) argued that residents and facilities need to work together to achieve alternative ways for residents to participate and to control their own lives.

A manager at the South Australian Aged Rights Advocacy Service at the time of this study reported that the opportunities provided to the residents to exercise control varied widely according to individual facilities. She said that many facilities were found to have effectively run resident committees while others had them in place merely to fulfil accreditation standards. Others had effective open door policies where all were encouraged and were happy to approach the manager directly whereas the same system did not work in facilities where the manager was not an approachable person (Personal communication, 31 June, 2000).

While it is important that there are a variety of options in place for resident control (Ronalds, 1989), it is widely recognised in the literature that an effectively run resident committee is one of the most powerful ways for elderly residents to achieve a high level of control (Freytag, 1987; Gibbs & Salkeld, 1988; Residential Care Rights, 1999; Wheeler, 1992; Zwick, 1994).

4. Resident Committees

4.1 Resident committees in aged care.

One of the most obvious ways for residents of aged care facilities to achieve control is to form a resident committee. A resident committee can be described as:

. . . much more than a social gathering or grievance mechanism. In essence it provides residents with the opportunity to share in the planning and control of their lives. A sense of control and the exercise of personal choice have a positive effect on the quality of life. (Residential Care Rights, 1999, p. 1)

While there is no specific legal requirement for resident committees to exist in Australian aged care facilities, there is a requirement for residents to be provided with an opportunity for decision-making and control. This would be adequately fulfilled with an effectively functioning resident committee. Many Australian nursing homes have established these committees to fulfil the outcome standard of providing residents with an avenue for comment and complaint about nursing home conditions (Braithwaite et al., 1993).

The New South Wales Accommodation Rights Service Booklet (1992) indicated that a resident committee should be established for a variety of reasons, including to improve the communication amongst residents and between residents and staff, to protect the rights of residents, to improve the attitude of staff to residents and most importantly, to improve the quality of life of the residents. A resident committee group is more successful than individual residents working alone as it provides residents with the confidence gained from numbers, is anonymous, and there is less fear of retribution (The Accommodation Rights Service, 1992).

There may be a variety of benefits of resident committees such as increased confidence, independence, more positive feelings about the hostel or nursing home, and more awareness of the needs of others. There are also a number of advantages for the facility, such as a more supportive atmosphere, a more trusting approach by residents towards those who run the facility, and a more positive approach to complaints and grievances, with subsequent changes being less disruptive (The Accommodation Rights Service, 1992).

Atlas and Morris (1971) in a Canadian study, found that the establishment of a resident committee had benefits including the development of better communication skills in the residents and the development of more open and effective communication between residents and staff members. The psychological distance that existed between residents and management was also reduced with residents feeling more empowered and able to make decisions regarding their own lives.

Freytag (1987) argued that if resident committees were conducted correctly, they would give residents some control over the planning of their lives. A resident committee

would enable residents to utilise their skills and voice their opinions, thus increasing their self-esteem.

An Australian pamphlet entitled “A Residents’ Group. How to Set One Up and Keep It Going” (Wheeler, 1992) detailed the steps involved in introducing a resident committee to an aged care facility. The pamphlet states that residents have the right to set up groups by law and should be encouraged to do this. The main benefit of this type of group is to effectively organise the resident input so they can influence how a facility is run. The group gains power and credibility within the organisation, and this helps them to negotiate matters with management. It is much more effective than individuals working alone.

4.2 Models of resident committees.

It is important that resident committees operate effectively since they require a great deal of time investment and, more importantly, residents will be more likely to utilise a committee that they view as effective (Freytag, 1987).

The format for establishing a resident committee requires notifying management of the intention to establish the committee, and drawing up a constitution to address such issues as who can be a member, who can attend meetings, how the group should be managed, and any other relevant issues (Wheeler, 1992).

It may be useful to document specific details about the aims, format, and processes of the meetings in a formal constitution. This document should be easily understood, while not compromising its role as a guide to regulate the committee (Wheeler, 1992).

However, despite the apparent benefits of formal documentation, Australian research has found that it has been rarely used in aged care facilities (Zwick, 1994).

Research has suggested that one way of achieving a successful committee is to ensure that all residents are familiar with its aims (Wells et al., 1986). The aims of resident committees can include the fostering of independence amongst residents, developing a tolerance for the limits of individuals, the development and fostering of an open group climate and the evaluation of the group and the facility (Wells et al., 1986). Nevertheless, whichever aims are adopted, it is important that the committee is more than just a social gathering or a grievance mechanism (Freitag, 1987; Residential Care Rights, 1999).

There is a variety of formats that have been suggested as suitable for resident committees, including all-can-attend formats, representative elected committees, small sub-committees, and informal discussion groups (Residential Care Rights, 1999). While research has found that residents prefer a less formal format with no elected members (Gibbs & Salkeld, 1988; Zwick, 1994), it has been argued that for larger facilities, representative formats are most appropriate while all-can-attend formats are better in smaller facilities (Zwick, 1994).

Resident committee meetings should be held in appropriate settings that allow all members to see and hear the proceedings. While Zwick (1994) argued that seats should be arranged to facilitate discussion, she found that this did not often occur. Zwick also argued that induction loops and good lighting may allow all members to better see and hear the meeting. Induction loops enable audio frequency signals to be transmitted to those people with corresponding hearing aids, eliminating the common problem of background noise for these people.

It would be beneficial for facilities to provide the committee with stationery, typing assistance, and clerical support and this has been found to occur in most facilities (Grossman & Weiner, 1988; Zwick, 1994). Specific government or volunteer organisations may help facilitate the effective functioning of the committee group (Wells et al., 1986) although few facilities have been found to utilise these resources (Devitt & Checkoway, 1982).

Establishing and adhering to a regular schedule of meetings, providing residents with advanced written notice of the meetings, and staff assistance in helping residents attend the meetings have been suggested as ways to help to increase resident participation (Freytag, 1987; Wells et al., 1986). Holding regular monthly meetings has been recommended as beneficial (Grossman & Weiner, 1988).

There is some debate as to who should chair resident meetings, with suggestions including a resident (Residential Care Rights, 1999), a volunteer, activity coordinator, social worker or a professionally trained facilitator (Freytag, 1987; Zwick, 1994). While it has been argued that a non-resident chairperson is more effective than a resident chairperson (Zwick, 1994), residents have been found to feel intimidated with staff present at meetings (Devitt & Checkoway, 1982; Gibbs & Salkeld, 1988).

Conducting meetings in a formal manner, utilising an agenda and minutes may increase the success of the resident committee (Residential Care Rights, 1999). The agenda should follow the headings of business arising, general business, and new business (Wheeler, 1992). Residents should be provided with a copy of the minutes of the previous meeting, and a copy should be posted on a notice board (Wells et al., 1986) and the writing should be large enough for all to read it easily (Zwick, 1994).

Topics that have been suggested as appropriate for resident committees include house rules, fees, meals, safety issues, social and cultural activities, staff and privacy issues, routines, resident care, and residents' rights and responsibilities (Freytag, 1987). Topics that are of most interest to the resident group are the most appropriate for discussion (Grossman & Weiner, 1988). Minor topics should be discussed at the beginning of the committee's existence, with more contentious issues left until a relationship has been formed with management (Wheeler, 1992) and the group's problem solving skills have progressed (Wells et al., 1986).

Residents should be provided with prompt and respectful answers to the issues raised in committee meetings (Residential Care Rights, 1999). Research has suggested that one way to achieve this may be to have management attend the meetings, or for formal feedback procedures to be implemented (Zwick, 1994).

Once the pertinent issues have been discussed and resolved, it is often difficult to maintain interest in the resident committee. This stage should be viewed as a normal group process and meetings should continue to be held in accordance with the constitution. At this stage, small issues can be looked at and even small achievements should be recorded and reported back to residents (Wheeler, 1992).

4.3 Role of the chairperson.

In committee meetings in all organisations, a chairperson should be elected to preside at the meetings and rules should cover the instances when they are unable to attend. The chairperson should be considered a "first among equals" (Magner, 2001, p. 37). Their role is to run the meeting so as to ensure that the discussion is relevant, appropriate rules

are enforced, and to make sure that there is a successful completion of business (R. Heller & Hindle, 1998).

Certain rules will help to run the meeting effectively, including people speaking only when they are addressed, not talking over the top of others, and the chairperson ensuring that people stick to relevant topics of discussion instead of the meeting deteriorating into personal gripes (Magner, 2001).

The leadership style of the chairperson should match the needs of the group. Ulschak, Nathanson, and Gillan (1981) outlined a continuum of leadership styles first proposed by Tannenbaum and Schmidt (1958). Leadership ranges from authoritarian to laissez-faire, with the associated behaviours of the leader ranging from them making decisions and merely announcing them to the group through to the group making the decisions within defined limits.

The most appropriate style of leadership for a group can depend upon the maturity of the group. Maturity, in this case, depends on the group's ability and willingness to perform a task. A less mature group would benefit from a "telling style" of leadership and a more "delegating" style would be appropriate for a more mature group (Ross, 1989).

While the role of the chairperson of resident committees in aged care is similar to that in general organisations, including the direction of business and the encouragement of discussion and decision-making (Wheeler, 1992), it has the additional task of allowing for the intellectual and physical limitations of some residents. For example, the chairperson needs to tailor the meetings to suit frail residents, by employing flexible and

creative meeting procedures and focussing on residents' abilities rather than their deficiencies (Residential Care Rights, 1999).

4.4 Communication within the facility.

To achieve adequate quality of life in aged care hostels, it is crucial to have an effective method of communication between residents and staff members and management. Resident committees are one way to determine the needs of residents although extra channels of communication are required so that the topics of these meetings are communicated to management and residents are provided with feedback on the outcomes (Zwick, 1994).

Interpersonal communication involves the passage of information on a one to one or group basis. To be successful, communication within an organisation should occur in upward, downward, and horizontal directions. Horizontal communication is the passage of information to other people on the same level within the organisation. Downward communication involves the conveying of information from management to lower levels, such as staff and residents. This can be improved by such methods as management having a willing and open attitude to information sharing. Upward communication is just as important, and involves the passage of information from residents to staff and management and from staff to management (Ivancevich, Olekalns, & Matteson, 2000).

Staff are often crucial in aiding this communication process. Devitt and Checkoway (1982) found in their study that most resident committees viewed staff members as the head of committee groups and staff believed that the committees could not survive without them. Management felt that having a staff member present at the meetings was

an appropriate way to communicate the residents' needs to the staff. However, Russell and Sauran (1991) found that the best method of communication between residents and staff was to have an external person run the meetings and act as a liaison.

It is often difficult to establish effective communication, and this can result in residents feeling that little is achieved and that their meetings are a waste of time and effort because they are not taken seriously (Russell & Sauran, 1991). Zwick (1994) found that residents preferred to have management attend the latter half of the meetings to address issues that were raised. However, in her study, management did not attend many meetings, which resulted in residents feeling that there was a lack of communication with inadequate feedback.

Formal policies and procedures need to be established to enable effective communication channels (Ivancevich et al., 2000). Zwick (1994) argued that it is also crucial to set a formal and regular meeting time for residents and management to discuss the issues of the resident committee. Otherwise such issues can be too easily overlooked.

4.5 Potential problems with resident committees.

The Accommodation Rights Service Booklet (1992) outlined some of the potential problems that may hinder the effectiveness of resident committees in aged care facilities. For example, there is a fine line between help and interference of staff. The residents may be promised a resident-led group whereas in reality, staff may select the members, the format, and act as chairperson, which may lead to residents losing interest.

Devitt and Checkoway (1982) found, in their survey of American nursing homes, that committees were most often formed by staff members with residents being forced to abide by the aims and procedures that were set up by the staff. While most facilities began by appointing committee members by elections, not enough people showed interest so members were later appointed by staff members. This also led to a lower level of interest. For example, an average of 80% of the residents did not attend the meetings on a regular basis and this was mainly due to apathy or scepticism. The potential benefits of the committees to resident control were therefore significantly reduced.

The Accommodation Rights Service Booklet (1992) acknowledged that it can be very difficult to encourage resident input into decision-making. This may be because the residents are not used to making decisions, do not like making decisions, or have health problems that make participation more difficult. Furthermore, there may be a fear of retribution amongst residents if they participate. Freytag (1987) argued that willingness to participate in decision-making is often related to residents' previous decision-making experiences and the levels of control that they have experienced over their lifetime.

Zwick (1994) argued that there is often a marked discrepancy between the intention of the committee and the actual practice. While resident committees are often established to give residents a say in the running of the hostel, their increasing dependency and lack of necessary skills make it difficult for them to participate (Zwick, 1994). The dependency of residents in Australian aged care facilities has also been predicted to increase (Gibson & Liu, 1995). Furthermore, since the suggestions of residents are rarely converted into policy changes, this can lead to them becoming increasingly dejected (Devitt & Checkoway, 1982; Zwick, 1994).

Studies in Australian nursing homes and hostels have found that, despite there being considerable numbers of resident committees in operation, in practice these committees generally have failed to provide effective forums for resident participation in decision-making (Braithwaite et al., 1993; Peat, Marwick, Mitchell Services, 1986; Rhys Hearn, 1986). Instead they were found to be mainly forums for management to provide information to residents and for the group discussion of "safe" topics such as food (Braithwaite et al., 1993, p. 61).

Zwick (1994) interviewed the managers and a sample of residents of 14 Anglican nursing homes and hostels and found that there were a number of problems with resident committees. Managers felt that the residents tended to view the committee as a grievance process and spent little time finding solutions to these problems. Instead, residents expected managers and staff to find solutions to the problems that the residents raised. Residents tended to be passive in the meetings, felt that they lacked the skills to be involved, and were fearful of victimisation.

Zwick (1994) and Braithwaite et al. (1993) both found that the involvement of residents in the management of the nursing homes and hostels was limited to such issues as food, environmental changes, and leisure. It was considered inappropriate by management for them to be involved in such issues as resident selection, finances, and policies.

It can be difficult to introduce changes to committees in organisations without meeting major resistance from the members of the organisation. To reduce this, Abdo et al. (1974) argued that the theory of dynamic conservatism should be adopted, meaning that changes are only introduced at the rate at which they will be accepted. This will reduce the resistance to change and increase the cooperation of the committee members. Wells

et al. (1986) suggested that a trained social worker would be most appropriate to deal with this resistance to change.

4.6 Previous studies of resident committees.

Various studies have been conducted on individual resident committees to outline their benefits. For example, Wells et al. (1986) in a Canadian study, introduced resident committees into two nursing homes and found that the residents found them to be beneficial. Over time, residents were more open about their feelings in committee discussions and addressed topics that were more detailed and far-reaching. They conducted a survey of the residents regarding meals, prepared an information brochure for new residents, and organised various social activities to increase the communication between staff and residents. They concluded that residents who require considerable nursing care could successfully contribute to facility planning and decision-making.

Grossman and Weiner (1988) conducted an in-depth qualitative study of one 1100 bed American nursing home. They assessed the benefits of the quality assurance program to the quality of life of the residents. The resident committee was a part of this program and several of the committee's achievements were analysed. The committee achieved such changes as receiving a grant for a bus with wheelchair access so that all residents could participate in outings, and the introduction of separate units for residents with different needs rather than having heterogeneous resident populations. While the authors acknowledged that the success of the committee was specific to that facility, they believed that the values and ideas could be successfully implemented elsewhere.

Wald (1978) in another American study, reported on the projects of one resident committee, including painting a wall mural inside the facility. As the project

progressed, more people became involved, with the author concluding that the painting served a socialisation role. It provided residents with a common goal, a common topic to talk about, and an outlet for the expression of personal opinions. It was the role of the activity coordinator to instil and reinforce confidence in those doing the painting so that they would not be disheartened by the negative comments of some other residents.

Despite the value of these studies of small-scale successes, Devitt and Checkoway (1982) argued that they have limited generalisability. There is no evidence that these cases are representative of other committees, despite the findings often being used to demonstrate the success of resident committees in general. They argued that there is a need for large-scale studies to assess the quality of existing committees.

A small number of studies have looked at the prevalence and qualities of a large number of resident committees. A large review was conducted by Braithwaite et al. (1993) in 410 Australian nursing homes, including 72 from South Australia, to assess whether the outcome standards were being met. Of the 46% of South Australian nursing homes surveyed, the authors found that 51% had resident committees in place between 1989 and 1990. By 1991, when the second wave of data was collected, 81% of South Australian nursing homes had resident committees. Similar improvements were also evident in the other states. Overall, the majority of committees met monthly, had a small number of residents in attendance, and the topics most commonly discussed were food, outings, and activities. However, the authors concluded that while the structures were in place for participation, it was doubtful whether they provided an effective forum for discussion of policies and practices (Braithwaite et al., 1993).

An Australian Commonwealth Government study, that aimed to look at aspects of quality of care in hostels, was conducted in 1986. As a part of this larger study, it was

found that of the 105 hostels surveyed, including 15 from South Australia, 39% had resident committees (Peat, Marwick, Mitchell Services, 1986). No separate data were given for South Australian hostels. The authors concluded that consultation with the residents was more common than their active participation in decisions, although levels of consultation were still quite poor (Peat, Marwick, Mitchell Services, 1986).

Rhys Hearn (1986) conducted an Australian Commonwealth Government study of nursing homes, which aimed to assess aspects of staffing and quality of care. As a part of this larger study of 124 nursing homes, Rhys Hearn reported that 20.4% of those surveyed had resident committees. Of the 22 South Australian nursing homes surveyed, 34% had these committees. This finding was higher than those findings for any of the other surveyed Australian states (Victoria, New South Wales, Queensland, Western Australia). She concluded that, while resident committees were found in a number of nursing homes with highly dependent residents, overall the level of resident involvement in decision-making about the operation of the facilities was low.

Devitt and Checkoway (1982), in an American study, argued that despite the importance of resident committees to quality of life, very little had at that time been done to estimate their success. Very few studies had been conducted to assess the quality of resident committees in general, but instead had tended to focus on the achievements of a small number of committees. The authors conducted a study to remedy this gap in the literature and initially looked at this issue via a mail survey of 58 nursing homes. They found that 77% of the responding nursing homes had resident committees, with a mean of 18 residents attending meetings on an average monthly basis.

The authors then visited four of these facilities for specialised interviews. They found that the staff were vital to these meetings, in so far as they set up the committee, set the agenda for meetings, ran the meetings, and elected members. The study concluded that the resident meetings needed more refinement before they would be effective in improving the quality of life of the residents.

Zwick (1994) conducted a study of Victorian Anglican nursing homes and hostels, to determine the levels of resident satisfaction with the existing committee processes and to see whether there were any possible changes that could improve resident participation and decision-making. A selection of facility managers, residents, and family members was interviewed and the author attended meetings at all of the facilities. She concluded that the most successful resident committees were run by a volunteer or preferably a social worker. She argued that ideally, managers should not attend meetings as this can lead to lesser feelings of autonomy amongst the residents. Most residents were happy with the length of the meetings although a number indicated that they would have preferred more frequent meetings that were more widely advertised.

Gibbs and Salkeld (1988) conducted an interview study at 10 Australian nursing homes and 10 Australian hostels. They asked a small number of residents and managers a series of open-ended questions aimed at developing a broad understanding of their opinions of the resident committees. Areas covered included resident participation, meeting format, committee members, and communication processes between residents and management. While resident committees were regarded as important by residents, management, and staff, the authors concluded that education of staff and management in such areas as residents' rights and the methods for fostering a resident-focused climate could increase the effectiveness of such committees. Education of residents in

such topics as communication and confidence building were also considered to be of benefit to resident participation in decision-making and their consequent quality of life.

Moos (1981) found in a survey of American facilities, that half of the hostels and nursing homes had resident committees and regular information meetings in place and that three-quarters of independent living apartments conducted them. However Moos considered the meetings to be infrequent, occurring either monthly or less frequently.

5. Decision-Making

5.1 Theories of decision-making.

Ellis and Fisher (1994) defined a group decision as “. . . a choice made by group members from among alternative proposals available to them.” (p. 141) There is a need to study decision-making in organisations rather than in the laboratory setting as there are conditions that affect the function of groups in organisations, such as membership changes and environmental expectations that are not present in the laboratory (Browning, as cited in Bass, 1983). Ross (1989) argued that it is inappropriate to make generalisations about organisational decision-making as each decision and organisation is so unique that only findings specific to that organisation are useful. Bass argued that the best way to make sense of potentially unstructured decision-making in organisations is to try to separate it into a series of ideal stages.

Several studies in general organisations have provided models that attempt to describe the group decision-making process. Models are usually either prescriptive, focussing on how groups should make decisions, or descriptive, focussing on how groups do make decisions (Ellis & Fisher, 1994). Generally the descriptive approach adopted by the

social sciences provides the most accurate understanding of organisational decision-making (Bass, 1983).

Simon (1977) proposed a four stage sequential model, which is primarily task focused. The stages include intelligence activity (the gaining of information about the problem), design activity (exploring possible courses of action), choice activity (selecting a specific course of action), and review activity (assessing past choices). The benefit of this system of analysis is that it is appropriate to both the individual and the group who are searching for a solution to a problem.

Scheidel and Crowell (1964) have proposed a model called *reach-testing* that looks more at the cycle of decision-making processes. Reach-testing refers to the process of backtracking to past ideas and reaching out for new ones. Once a group has reached a consensus on an idea, they will reach out and test a new idea. If this new idea is accepted, the group will use this idea as their new anchoring point. The process then continues.

Fisher's (1970) decision emergence theory provides an insight into the progressive processes of group communication. The proposed phases include orientation, conflict, emergence, and reinforcement. The model is task-oriented, and Fisher argued that the tasks and the socio-emotional dimensions are interdependent. The process of reach-testing can occur at any one of the four stages of group development.

5.2 F. Heller, Drenth, Koopman, and Rus' (1989) model of decision-making processes.

F. Heller, Drenth, Koopman, and Rus (1989) performed a longitudinal study of seven general work organisations, which aimed to analyse the decision-making processes amongst work groups. The level of participation that work groups had in short, medium, and long-term decisions was analysed, utilising both observational and questionnaire techniques.

Of particular relevance to the current study was the investigation of operational decision-making in existing work-groups within the organisations. These decisions had short time frames and were appropriate to be made at the “workshop level” (F. Heller et al., 1989, p. 35). F. Heller et al. found that the more participation that workers were allowed in these decisions, the higher the general satisfaction, satisfaction with their opportunities for participation, perceived positive effects of participation, and their perceived skill utilisation. The climate of the work group and the workers' expectations of participation also had a significant positive effect on these relationships between the levels of participation in decision-making and the outcome variables.

5.3 Decision-making studies in aged care.

In Australia, it is the legal obligation of aged care facilities to provide residents with opportunities to exercise decision-making and control, as detailed in accreditation Standard Three (CDHAC, 1998). As resident committees are often established to fulfil these criteria (Gibson, 1998), it is important to assess whether they actually provide residents with opportunities for decision-making. Furthermore, it has been suggested

that the provision of opportunities to participate in decision-making is a major contributor to personal autonomy amongst aged care residents (Collopy, 1995).

Despite the importance of the decision-making process, the author is unaware of any studies that have used quantitative analyses to analyse the decision-making processes within a resident committee group. However, it has been suggested that resident committees in Australian nursing homes tend to be forums for the passage of information to residents rather than allowing true participation in decision-making (Braithwaite et al., 1993).

Various studies have highlighted the importance of resident participation in decision-making. Resident involvement in the decision for them to move to the facility has been found to increase their quality of life and acceptance of the nursing home (Kruzich, Clinton, & Kelber, 1992). Reinardy (1995) found that deciding to move and wanting to move were two important factors affecting resident acceptance of, and satisfaction with, a nursing home.

Langer and Rodin (1976/1994) conducted a study where one group of nursing home residents was encouraged to care for a plant, to choose when they would carry out their social activities, and to participate in decisions regarding their daily activities and their room decoration. The authors concluded that having a greater sense of personal responsibility among people who had previously had little or no decision-making tasks led to improvements in happiness, activity, and health.

Grossman and Weiner (1988) argued that resident participation in decision-making in aged care is crucial, as the quality of care that residents receive from the staff and the facility affects the residents' quality of life. Green and Hewitt (1987) found that one

way to improve well-being in residents is to provide encouragement and instruction concerning decisions related to their personal life.

Agbayewa, Ong, and Wilden (1990) suggested that resident quality of life in nursing homes can be improved through the adoption of the principles of increased resident autonomy and a group approach to decision-making. To help encourage this, they implemented combined resident/staff meetings in a Canadian nursing home to encourage both groups to see decision-making as a shared process. A number of problems were encountered, such as a lack of interest of staff and the domination of the meetings by one or a few people. Nevertheless, the meetings led to an increase in the sense of community, resident autonomy, and staff satisfaction, and a decrease in psychiatric visits and problem behaviours.

Moos et al. (1987) found, in an American study, that the majority of aged care residents in one facility wished to participate in a resident committee and to make decisions about such things as mealtimes, visitors' hours, and resident complaints. Interestingly, potential residents indicated that they wanted to be more involved in making policy decisions than did current residents.

Despite the potential benefits of resident participation in decision-making, Reinardy (1995) argued that participation in decision-making must be a personal choice. Some people may choose to give others the right to make their decisions for them, achieving a vicarious sense of control, while others may prefer to make decisions for themselves. The right to individual differences is important and must be understood in terms of the person's history and personality. The right not to make decisions is just as important as having the opportunity to make them.

Collopy (1995) argued that decisional autonomy is the most important contributing factor to control in elderly residents of aged care. He argued that it is the capacity to make decisions and express personal preferences that is important, even if the resident cannot act upon their decisions without assistance.

6. Other Types of Committees in Aged Care

The American Association for Homes for the Aging (1982) (as cited in Grossman & Weiner, 1988) argued that while all residential facilities differ in many aspects, they are all organisations serving human needs and thus require the input of all the major groups involved: the management board, residents and their families, and staff and employees. While the degree of input of each of these three groups may vary in each facility, decision-making must be a shared process. Wells et al. (1986) argued that in particular, staff, family, and joint resident/staff committees can provide useful contributions to the facility in the areas relevant to the needs of each group.

6.1 Staff committees.

Stein, Linn, and Stein (1987) found that generally, staff of aged care facilities had low participation in decision-making in the facilities. In a study of Australian hostels, only 10% had weekly staff meetings (Peat, Marwick, Mitchell Services, 1986). However, it would be beneficial for staff to be allowed a certain amount of control as it has been suggested that if they are not allowed this, there will be little encouragement from the staff for resident control (Stein et al., 1987). Furthermore, there are benefits to the staff as increased participation in decision-making in a committee format has been found to increase their job satisfaction (Agbayewa et al., 1990).

Wells et al. (1986) found that generally, in aged care facilities, staff committees are used to share information rather than as a forum for decision-making. As part of their study, they introduced a staff committee into two nursing homes. It was decided that the committees should be “. . . representative of all departments and include line staff as well as middle management” (p. 17). The goal of these staff committees was to provide a forum where all levels of staff worked as equal parties to make decisions. This required staff to view their roles and relationships with one another in a new way. Outcomes included the introduction of more orientational aids in the facilities and the exploration of ways to better serve the needs of staff.

6.2 Resident/staff committees.

Despite the potential importance of the relationship between residents and staff in aged care hostels, Bitzan and Kruzich (1990) argued that overall there is a lack of studies in this area.

Agbayewa et al. (1990), in their Canadian study of one nursing home, aimed firstly to improve resident quality of life by fostering resident autonomy, secondly to increase staff satisfaction by enabling them to participate in decisions related to their daily work, and thirdly to improve resident/staff relationships by introducing a sense of community through an improved understanding of each other.

The authors introduced a joint resident/staff committee structure and the meetings were chaired by an elected resident and elected staff member. Staff and residents were encouraged to raise any issues that they wished, solutions were sought, and often the implementation of solutions was referred to sub-committees of residents or staff.

There were various problems with this approach that included finding a suitable time for the meetings and the usual domination of the meetings by one resident or staff member. There was also poor attendance by staff. Staff did not take the meetings seriously and frequently required residents to be taken from the meetings to do other non-pressing tasks. There were also instances where residents were considered to have abused their power, such as using the meetings to “get back” at staff by raising mistakes that the staff had made.

Nevertheless, this process of communication led to certain improvements including: an increased sense of community with residents being more cooperative and staff less rigid, an increase in resident autonomy, less problem behaviours and consequently less need for psychiatric consultations owing to problems being resolved more informally, and greater job satisfaction and pride in their work for staff. The authors concluded that this form of committee was conducive to environments that were less passive and more empowering. This seemed to reduce frustration, and increased the effectiveness of group resolution of conflicts (Agbayewa et al., 1990).

Wells et al. (1986), in a Canadian study of nursing homes, implemented a variation of this joint resident/staff committee. They introduced three committees: staff, resident, and family committees. Each committee was told to design a way to communicate with the other group members and other groups and discuss problems in the home. They found that this interdependence of the committees and the combined meetings of representatives of the three groups served as an effective means of communicating their wishes. Nevertheless, they argued that this joint committee is only appropriate once the separate resident and staff committee groups feel comfortable working together as a group.

They found that there were various benefits of a joint committee; the primary benefit being that the resident and staff groups could identify and discuss common concerns. For example, the joint group initiated a privacy awareness month aimed to address both groups' concerns about the lack of privacy available to the residents.

6.3 Family committees.

The families of residents can play a significant role in the quality of care and the quality of life of residents. Schwartz and Vogel (1990) conducted a study in America to assess whether there was agreement between nursing home staff and families as to the roles of each group in relation to the residents. However, they found that staff assumed many responsibilities that the family would be happy to undertake, particularly personal care and activity tasks. If staff and families had regular meetings, starting from the time the resident moved into the facility, then the staff could encourage the family to participate more, thus increasing the quality of life for the resident.

However, if families are to be involved, Schwartz and Vogel (1990) argued that it is important that they are given a clear and meaningful role. If this is not done, their visits with residents are likely to decrease and thus produce the opposite result to that intended. The role of the meetings needs only be to increase the communication between residents and staff (Wells et al., 1986).

Family participation in aged care committees can be very beneficial. Such benefits include the provision of an advocacy role for frail and dependent residents, helping residents maintain their links with the outside community, information exchange between staff and families, support for new families, and education for families about aged care policies and procedures (Residential Care Rights, 1999).

However, despite the benefits of family involvement, in Australia the involvement of families in committees has been found to be very low, both due to family members often being too busy, and to the amount of time and commitment required on behalf of the families and the facilities to implement such committees (Gibbs & Salkeld, 1988; Zwick, 1994).

7. *Group Training*

In general organisations, group participants, as well as the group supervisor or facilitator, have been found to benefit from participation in training in group processes. Small group training has been found to increase the effectiveness of groups and can be beneficial in the areas of:

1. Ways to deal with disruptive behaviour.
2. Facilitation skills.
3. Ways to persuade and inform managers.
4. Methods to adapt to member differences.
5. Group leadership skills (Dumas, 1983, p. 33).

While Dean (as cited in Ross, 1989) argued that there are benefits to this kind of training, such as employee satisfaction and effective problem solving, the methods of training adopted are often unsuccessful. Training should be tailored to the needs and interests of the appropriate work group, focussing specifically on their work situation.

Methods of group training typically include case study discussions, critical incident discussions, topical discussions, role simulations, and group games. All of these

methods are designed to teach groups methods for small group problem solving and decision-making (Ross, 1989).

G. Wilson (1996) argued that there are benefits to having an objective observer, who is not a group member, analyse the processes and effectiveness of a group. This observer can try to identify the patterns of behaviour that occur in the group, and then provide the group with feedback. Feedback should focus on the task, the outcome or decision, and the processes of problem solving that were utilised. These comments and criticisms made by the observer will be less threatening to the group members than if a group member made them, although the observer should still make an effort not to be too negative or judgmental in their feedback.

Training may also be appropriate for resident committees in aged care facilities. Wells et al. (1986) found that with the help of a skilled social worker, the effectiveness of problem solving and methods of group interaction improved in resident, staff and family committees. Freytag (1987) also suggested that residents could benefit from the help of an outside facilitator to assist them to overcome some of the long-term effects of institutionalisation.

Group training has been suggested as one way of improving the effectiveness of resident committees. Management and residents could benefit from information sessions and workshops that focus on group processes, interpersonal skills, and esteem raising (Gibbs & Salkeld, 1988; Zwick, 1994) and management and staff specifically could benefit from education in how to achieve a resident-focused approach by addressing such issues as residents' rights and how to improve resident participation (Gibbs & Salkeld, 1988).

More far-reaching suggestions have been made to improve resident quality of life, such as the inclusion of issues on consumer rights into course components for students in aged care. The ongoing provision of formal training for all aged care workers, staff, and management on consumer rights and resident participation may be beneficial as would the production and provision of educational material for management, staff, and residents on quality of life (Gibbs & Salkeld, 1988).

Lee and Benware Carr (1994) ran a series of workshops for female residents from nursing homes that already had resident committees in place, which were designed to empower the women and improve their self-esteem and morale. The women were encouraged to talk about characteristics that made themselves unique, to remember positive female role models who were also elderly, and to talk about their ideal nursing home and to suggest any ideas for change. Suggestions were then discussed anonymously with the staff from the same nursing home in the afternoon session. The authors concluded that these workshops were successful and they encouraged their implementation in other facilities.

McDermott (1989) initiated a program in one American nursing home that aimed to increase residents' control over their lives and encourage them to assert their needs to staff. With the help of a social worker, the first step of the program was to educate staff about the goals of the program. Next, the social worker presented the aims of the program to the resident committee group. Interested residents were encouraged to form a group, facilitated by the social worker, but with all decisional power given to the residents. The group met weekly and discussed, and was educated about, issues of resident's rights, and planned such activities as resident parties. The group was reported by the author to be very successful, with the residents being observed to initiate their

rights more often. The group was still meeting 1 year after the completion of the program.

8. Research Techniques in Studies of People who are Elderly

In the studies conducted into resident committees, interview techniques have been most commonly used (Devitt & Checkoway, 1982; Gibbs & Salkeld, 1988; Zwick, 1994). These methods are appropriate in so far as Farquar (1995) argued that elderly people are very able to talk about their quality of life and give accurate answers. Generally interview techniques are preferred, as they are suitable to a wide range of accommodation and resident abilities, although they are time consuming.

Despite the fact that observational techniques are considered to be the most accurate way to study interactions and relationships, few studies in aged care have used such techniques. Observational techniques have been found to discriminate between different facilities on quality of life variables where quantitative data have failed to show a difference (Clark & Bowling, 1990).

Gray-Vickrey (1993) suggested that focus groups are an effective means of eliciting information from a small group of people, as they are more time effective than individual interviews. The use of focus groups involves brainstorming sessions, which can be used to stimulate members of the group and to clarify responses. Benefits include the depth of the information obtained and the opportunity for the researcher to observe the interpersonal processes of the group. Nevertheless the group leader must be skilled in group processes and Gray-Vickrey argued that the findings often cannot be generalised beyond the sample group because the numbers are too low and often involve a specially selected sample.

Written questionnaires are often used to compare differences in facilities or individuals. Zinn, Lavizzo-Mourey, and Taylor (1993) suggested that the most appropriate measures can be administered in interview or written format. However, Diener (1984) argued that there might be problems with using self-report measures, as people tend to make socially desirable responses without regard for their personal state. Furthermore, staff ratings are often used as a substitute for resident responses, although studies have shown that staff are inaccurate predictors of resident satisfaction (L. Wilson & Kirby, 2002).

9. Thesis Aims

Most studies of resident committees have focused on the success of committees in a small number of aged care facilities (Devitt & Checkoway, 1982). This thesis aimed to fill this gap in the research literature by surveying all South Australian aged care hostels, on the prevalence and characteristics of resident committees. While two studies have been conducted on the numbers of committees present in Australian nursing homes, giving separate data for South Australian homes (Braithwaite et al., 1993; Rhys Hearn, 1986), at the time of the present study, a similar study had not been conducted in hostels (Gibson, 1998). This thesis also aimed to provide a more detailed description of the processes and functions of these committees and the degree of participation and control that residents are allowed. This is particularly important, as there is often a discrepancy between the aims of the committees and their actual function (Devitt & Checkoway, 1982).

As many of these committees may have been established to fulfil the government requirements for resident participation into decision-making and control (Gibson, 1998) it is important to determine the extent to which these committees actually provide

residents with these opportunities. Following the work of F. Heller et al. (1989) on group decision-making in general organisations, quantitative studies were conducted from the residents' viewpoints. Questionnaires were completed by resident committee members, to assess their perceived opportunities for decision-making, their ideal participation levels, and the variables that may have contributed to, or have been influenced by, this level of decision-making.

CHAPTER TWO

A Survey of Resident-Related Committees and Information Meetings

1. Aim of the Study

As detailed in Chapter 1, research suggests that resident committees can be an important forum for residents in aged care hostels to express their wishes and concerns and to participate in decision-making. Evidence also suggests that other committees that involve staff and families can provide further contributions to resident quality of life.

While there were a number of American studies of committees in aged care in the 1980s, there have been relatively few since that time (L. Wilson & Kirby, 2003). For example, Devitt and Checkoway (1982) conducted a survey of resident committees in 48 American facilities. Moos (1981) looked at the number of resident committees in different levels of aged care in America but only as a part of a larger study on choice and control. In Australia, Zwick (1994) performed a detailed analysis of a small number of Victorian resident committees in Anglican Homes. Gibbs and Salkeld (1988) conducted an interview study of 20 residents and 10 nursing home and 10 hostel managers in New South Wales. Two Australian studies in 1986 found that 39% of hostels (Peat, Marwick, Mitchell Services, 1986) and 20.4% of nursing homes had resident committees (Rhys Hearn, 1986). In a 1993 study, it was found that between 61% and 90% of Australian nursing homes surveyed had resident committees, differing according to state (Braithwaite et al., 1993). Although these studies were part of larger reviews of quality of care and therefore did not evaluate resident committees in depth,

they did conclude that the committees generally failed to provide effective forums of participation in decision-making.

The first study was therefore designed to assess the use and effectiveness of resident committees in Australian aged care hostels. It also reviewed the other types of committees in hostels, a topic not previously covered in survey format.

In the previous three Australian studies assessing the prevalence of resident committees in aged care facilities, only two of these provided separate estimates for each state and both of these were for nursing homes rather than hostels (Braithwaite et al., 1993; Rhys Hearn, 1986). Rather than attempt to survey all Australian aged care hostels or to survey a sample of them from all states, it was decided in the first study to survey all South Australian aged care hostels using a mail and telephone questionnaire format. The aim was to determine the numbers of hostels in South Australia that had resident committees in place and to obtain information regarding their formation, structure, content, membership, and perceived benefits to the committee members and to the hostel. Similar data were also collected on other types of committees in place in the hostels, in order to provide a more comprehensive view of resident-related decision-making and communication within hostels in South Australia. This first study was then followed by more in-depth studies of resident committees in a sample of the aged care hostels surveyed.

Methodology

1. Sample

The participating sample consisted of 106 aged care hostels. All hostels were located within South Australia, with 65 in the metropolitan area and 41 in the country area. There was a mean of 9 males per hostel ($SD = 7.24$), ranging from zero to 34, and 32 females ($SD = 22.84$), ranging from 5 to 95.

2. Definitions

Hostel is defined in Chapter 1, *Section 1*. In the present study, the hostels surveyed were taken from a list provided by the South Australian Seniors Information Service (Seniors Information Service, 1999). *Manager* will refer to the person in the position of senior management in the hostel. Some hostels in this study called this person the *director of nursing* although the majority of people in these positions called themselves *managers*.

3. Procedure

The manager of every South Australian aged care hostel ($n = 159$) was sent a copy of a questionnaire concerning the existence and operation of resident, staff, joint resident/staff, and family committees, and resident information meetings. A consent form and information letter accompanied the questionnaire. If a reply had not been received 8 weeks after the initial questionnaire was sent, the hostel was telephoned and the manager was asked if they would be prepared to participate in a telephone interview or if they would like to be sent another copy of the questionnaire.

Managers of 92 hostels sent back a completed questionnaire and 14 chose to complete a phone interview. Four additional managers replied that the questionnaire was not applicable to their hostel, with two explaining that their numbers were too low, one did not reply to questionnaires as part of their policy, and one was run primarily for Aboriginal people with dementia and the manager felt that this created language and intellectual barriers that were too great to overcome. Forty-nine hostel managers did not respond to the original questionnaire and subsequently indicated that they did not wish to participate in a phone interview. Accordingly, a total of 106 South Australian hostels participated in the study, comprising a 67% response rate.

3.1 Mail surveys.

Mail surveys are widely used as a means of obtaining information from large samples. For example, the study by Devitt and Checkoway (1982) on which the present study was partly based, utilised a mail survey of 58 American nursing homes, achieving an 83% response rate.

3.2 Pilot study.

The author constructed a questionnaire entitled "Committees Questionnaire for Hostel Managers". The questionnaire included questions asking which committees were present in the hostel, characteristics of these committees such as size and the people on them, and also some subjective questions regarding the perceived usefulness and influence of these committees. The questions were based on previous research, particularly on the similar American study conducted by Devitt and Checkoway (1982).

The questionnaire was sent to a member of the Aged Care Rights Advocacy Service and to a member of the Seniors Information Service after previous discussion with these people about the study. They made minor amendments and the questionnaire was then revised as a result of these suggestions. Changes included:

1. The question “Whose idea was it to set up the committee?” was changed to “Why was the committee formed?”
2. The question about methods for residents to make suggestions was changed from “Overall, do you think that these methods are *useful*?” to “Overall, do you think that these methods are *effective*?”
3. The question “Do you think that the staff find the resident committee to be useful as a means of informing residents about issues?” was changed to “Do you think that the staff find the resident committee to be useful as a means of consulting with residents?”. “If not, why not?” was also added after this question.
4. The example of methods for residents to express their wishes was changed from “*survey*” to “*regular survey*”.
5. “If yes, are they present for part or the entire meeting?” was added after the question “Is a staff member present at the resident committee meetings?”

One aged care hostel was approached to participate in this pilot study of the questionnaire. The author attended a staff meeting at the hostel where the study was explained and a copy of an information letter, consent form, revised questionnaire, and reply-paid envelope was given to each staff member present. The staff were asked to complete the questionnaire and also to complete a number of questions regarding their opinions on its content and format. Five staff members, comprising the manager and four care staff, completed the questionnaire.

A number of further amendments were made as a result of these suggestions. These were:

1. More clearly defining resident committees to ensure that they were clearly distinguished from resident information meetings.
2. Adding a section asking questions about resident information meetings.
3. While the questionnaire only took an average of 10 minutes to complete, 2 out of the 5 participants nevertheless said that the questionnaire was too long and accordingly it was shortened. Seven questions requiring several sentence opinions were omitted and replaced with *Yes/No* options. The questionnaire was printed double-sided and the format was changed to reduce the number of pages.
4. The participants indicated that the questions were inappropriate for care workers and thus it was decided that the questionnaires would only be sent to the managers of the hostels.

The specific questions included in the questionnaire are shown in Tables 1 to 5 of the Results section of this chapter.

The definition of each committee type was derived with the help of the staff who participated in the pilot study. The five subsections and their corresponding definitions were:

1. Information exchange between staff and residents.
2. Resident committee (“mainly residents and perhaps a staff member or volunteer who acts as a chairperson”).
3. Staff committee (“mainly staff members and perhaps a member of management”).

4. Resident/staff committee (“a mixture of residents and staff members with perhaps a management person”).
5. Family committee (“consists mainly of residents’ family members with perhaps a staff member as coordinator or chairperson”).

Each section began with a definition of the relevant committee and then asked whether this committee existed in the hostel. If the answer was *No* to this question, the respondent was asked whether they felt that this type of committee would be useful. The questionnaire then proceeded to ask questions about the characteristics of these committees, with the section on the resident committee having greater detail. The topics covered for each type of committee were how often the meetings were held, who was on the committee, the chairperson, how long the committee had been in operation, its perceived usefulness and influence, typical issues that the meetings covered, changes that had resulted from the committee, and possible improvements.

Results

Results are presented separately for each type of meeting and committee. It should be noted that the tables have been single-spaced and are typed in size 11 font to reduce their length so that they could, in most cases, fit on one page. Similar formatting has been adopted for the remainder of the thesis where it improves the legibility of the table. It should also be noted in each table that not all respondents answered each question.

1. Resident Information Meetings

Table 1 shows the results for the questions concerning resident information meetings.

Table 1:
Results for the Section of the Questionnaire on Resident Information Meetings

Question	Response	n	%
Are information meetings held?	Yes	95	90
	No	11	10
If no, do you think that these meetings would be useful?	Yes	6	67
	No	3	33
Are resident information meetings held on a regular basis?	Yes	85	89
	No	10	11
If yes, how often (weeks)?	<i>M</i>	10	
	<i>Mdn</i>	8	
	<i>SD</i>	8.4	
How much do residents contribute to these meetings?	A lot	38	40
	Some	46	48
	Very little	10	11
	Nothing	1	1
Do residents have other means of expressing their wishes?	Yes	98	96
	No	4	4
If yes, please indicate.	Suggestion box	62	58
	Regular survey/comment forms	62	58
	Daily contact	56	53
	Bulletin board	34	32
	Interviews	12	11
Overall, do you think these methods are effective?	Yes	94	96
	No	4	4
How could these methods be improved?	Increased resident input	13	39
	Increased family involvement	6	18
	Increased one to one contact	3	9
	Better surveys	3	9
	Other suggestions	8	24

It can be seen in Table 1 that 90% of the hostels (n = 95) held resident information meetings, with a further six managers indicating that while their hostels did not have these at present, they felt that they would be useful. Meetings were held every 10 weeks on average, with a range from 1 to 52, and a median of 8. Forty-eight percent of hostel managers indicated that residents contributed *some* to the meetings with 40% perceiving that they contributed *a lot*. Ninety-six percent of managers indicated that the

residents had other means of expressing their wishes to the hostel staff, with the survey and suggestion box being the most common methods. These were present in 58% of hostels. The next most common format for expressing resident wishes was via day to day contact (52%). Ninety-six percent of these managers felt that these methods of expression were adequate. The most popular suggestion for improvements to these methods of communication between residents and staff was more resident input, suggested by 39% of the respondents. Other suggestions were: increased family input, suggested by six managers (18%), with three managers (9%) in each case suggesting increased one to one contact and better survey methods. Two managers (6%) in each case suggested more honesty and that the system was currently under review. One manager (3%) in each case suggested that suggestion forms should not be anonymous, there should be more bulletin boards, the hostel should have a suggestion box, and there should be regular meetings.

2. Resident Committees

Table 2 shows the results for the questions concerning resident committees.

Table 2:
Results for the Section of the Questionnaire on Resident Committees

Question	Response	n	%
Does a resident committee exist in the hostel?	Yes	69	65
	No	37	35
If no, do you think that this type of committee would be useful?	Yes	10	36
	No	18	64
How many residents are on this committee?	All residents	18	27
	A select group	28	42
	As many as will attend	20	30
Who is on the committee in terms of positions?	Residents/staff/management	17	25
	Residents/management	14	20
	Residents/staff	13	19
	Residents only	9	13
	Residents/volunteer	8	12
	Residents/staff /volunteer	2	3
	Other combinations	6	each 1
Are these meetings held on a regular basis?	Yes	66	96
	No	3	4
If yes, how often (weeks)?	<i>M</i>	7	
	<i>Mdn</i>	5	
	<i>SD</i>	4.3	
Who chairs the committee?	Resident	21	30
	Management	20	29
	Staff	13	19
	Volunteer	13	19
	Advocate	1	1
	Family	1	1
Are there requirements for membership of the committee?	Yes-minimum numbers	2	3
	Yes-defined positions	2	3
	No	59	94
Is a staff member present at resident meetings?	Yes	53	77
	No	16	23
If yes, are they present for part or the entire meeting?	Part	15	28
	Entire	38	72
Is there a formal agenda and minutes?	Yes	60	88
	No	8	12
If yes, is funding/assistance given to residents for the typing of minutes?	Yes	39	71
	No	16	29
Has the resident committee received any training or assistance in how to operate meetings?	Yes - staff assistance	10	17
	Yes - ARAS	4	7
	Yes - formal training	1	2
	Yes - volunteer help	1	2
	No	43	73

Do you think that staff find the resident committee to be an effective means of consulting with residents?	Yes	57	90
	No	6	10
If no, why not?	Low resident participation	3	75
	Link with manager, not staff	1	25
How long has the resident committee been in operation (months)?	<i>M</i>	71	
	<i>Mdn</i>	60	
	<i>SD</i>	61.4	
Why was the committee formed?	Encourage resident participation	21	38
	Link with management	14	25
	Resident recommendation	9	16
	Government requirement	7	13
	Staff recommendation	3	5
	Information transfer	2	4
How useful do you think that the committee members find the committee?	Very useful	23	36
	Useful	26	41
	Moderately useful	12	19
	To some extent	3	5
How influential do you think that this committee is in the hostel?	Very influential	29	49
	Moderately influential	19	32
	Somewhat influential	11	19
Has there been any formal evaluation done on the effectiveness of this committee?	Yes	10	19
	No	44	81
If yes, what was the outcome of the evaluation?	Positive feedback	2	33
	Still in the process	2	33
	Request for resident-only meetings	1	17
	Volunteers conducted it so results unknown	1	17
What types of issues are raised at resident committee meetings?	Food	32	26
	Environment	27	22
	Activities	22	18
	Feedback	18	15
	Individual issues	13	11
	Safety	10	8
If possible, please give examples of changes resulting from the committee's suggestions.	Food	29	39
	Environment	21	28
	Activities	18	24
	Safety	6	8
If possible, please indicate how the operation of this committee could be improved.	More resident input	7	30
	Better negotiation	5	22
	More family input	3	13
	Resident chairperson	2	9
	More meetings	2	9
	Other	4	each 4

2.1 Prevalence of resident committees.

Sixty-five percent of the 106 responding hostels (n = 69) had resident committees in place and the managers of a further 10 hostels, 27% of the remaining 37 hostels, despite not having one in place, thought that a resident committee would be useful. Assuming conservatively that none of the hostels that did not respond had committees, then at least 44% of South Australian hostels had resident committees.

2.2 Establishment and development of resident committees.

Staff members were integral to the formation of resident committees. The committees had been in place for an average of 71 months, formed primarily by staff to encourage resident participation (38%) with 25% of hostels forming the committee to provide a link with management. Only 16% of the committees were formed as a result of resident recommendation. Twenty-three percent of resident committees had received formal training or assistance in the operation of the meetings with the most common form being formal staff assistance (in 10 hostels). Other methods used included Aged Rights Advocacy Service training (in four hostels) and help from a volunteer in one hostel. One respondent indicated that the committee had received formal training but did not expand upon this.

2.3 Resident committee membership.

Forty-two percent of hostels had resident committees comprising a group of staff-selected or voluntary members, with the remainder of hostels adopting an all-can-attend format. The most common make-up of the committee included a mixture of residents, staff, and management (25%) with only 13% of the committees being residents only.

Thirty percent of the committees were chaired by residents compared to 48% that were chaired by staff or management. Volunteers chaired the meetings in the remaining 22% of hostels. Staff or management personnel were present at the resident committee meetings at 53 hostels (77%), with staff attending the entire meeting in the majority of cases.

2.4 Resident committee meeting structure and content.

Ninety-six percent of the hostels with resident committees had meetings regularly with the average frequency being every 7 weeks. The majority of resident committees (88%) had a formal agenda and minutes, with 71% of hostels also providing the committee members with assistance or funding for the typing of the minutes. The most common issues discussed in the meetings concerned food (26%), environment (22%), and activities (18%), with the most commonly given examples of changes resulting from the committees' suggestions also being in these three areas.

2.5 Perceived benefits of the resident committee.

Resident committee meetings were seen by managers as useful ways for management and staff to communicate with residents in 90% of hostels. Managers perceived that committee members found the committee to be *useful* (41%) or *very useful* (36%) in the majority of cases, and also indicated that the committees were *very influential* in the hostels in 49% of cases and *moderately influential* in a further 32% of the hostels. Only 10 of the 69 hostels (14%) with resident committees had carried out a formal evaluation of their resident committee, and only three managers indicated the outcomes of these evaluations. Two of these evaluations received positive feedback and one resulted in resident-only meetings. The 23 hostel managers who responded to the question of

possible improvements to the resident committees suggested a range of improvements, with more resident input (30%), better negotiation within the meetings (22%), and more family input (13%) being the top three suggestions. Other suggestions made by two managers (9%) in each case were having a resident chairperson and having more frequent meetings, with one manager (4%) in each case suggesting having longer meetings, having a volunteer chairperson, increasing staff and family attendance, and increasing resident and family attendance.

3. Staff Committees

Table 3 shows the results for the questions concerning staff committees.

Table 3:
Results for the Section of the Questionnaire on Staff Committees

Question	Response	n	%
Does a staff committee exist in the hostel?	Yes	80	75
	No	26	25
If no, do you think that a staff committee would be useful?	Yes	8	38
	No	13	62
How many people are on this committee?	<i>M</i>	13	
	<i>SD</i>	13.5	
Who is on the committee in terms of positions?	Staff and management	51	75
	Staff only	12	18
	Staff/resident/management	5	7
Are the meetings held on a regular basis?	Yes	78	99
	No	1	1
If yes, how often (weeks)?	<i>M</i>	5	
	<i>Mdn</i>	4	
	<i>SD</i>	2	
How long has the committee been in operation (months)?	<i>M</i>	71	
	<i>SD</i>	63	
Who chairs the committee?	Manager	46	67
	Staff	23	33
How useful do you think that the committee members find the committee?	Very useful	39	50
	Useful	30	38
	Moderately useful	9	12
How influential do you think that this committee is in the hostel?	Very influential	41	61
	Moderately influential	21	31
	Somewhat influential	5	7
What types of issues are raised at staff committee meetings?	Staff needs	40	42
	Resident issues	34	35
	Staff training	24	24
If possible, please give examples of changes resulting from the committee's suggestions.	Staff work/training changes	46	53
	Resident care changes	20	23
	Safety changes	18	21
	Food	3	3
If possible, please indicate how the operation of this committee could be improved.	More staff attend meetings	12	46
	Longer meetings	4	15
	More formal	3	12
	Listen to staff more	2	8
	Other	5	19

Eighty hostels (75%) had well established staff committees although it seems that these may have been more appropriately named management committees, as the majority contained management and indeed were chaired by them. All but one hostel held their meetings regularly with the average being every 5 weeks. The most frequent topics discussed in staff meetings were staff needs/training (65%) and resident needs (35%). While the respondents indicated that committee members found the meetings to be *useful* or *very useful* in 88% of cases, this may have been a result of management personnel and not staff members being the respondents. Ninety-two percent of committees were classified as *influential* to *very influential*. Nevertheless, there was an indication that, while the committees were considered to be both useful and influential, there was still room for improvement. Increasing staff attendance and participation at meetings (46%), having longer meetings (15%), and having more formal meetings (12%) were the top three suggested improvements. Two managers (8%) suggested that management should listen to staff more, with one manager (4%) in each case recommending more frequent meetings; better resolutions to topics discussed; that staff are paid to attend; meetings are more educational; and staff realise that residents' needs, rather than staff needs, are of primary concern.

4. Joint Resident/Staff Committees

Table 4 shows the results for the questions concerning joint resident/staff committees.

Table 4:
Results for the Section of the Questionnaire on Resident/Staff Committees

Question	Response	n	%
Does a resident/staff committee exist in the hostel?	Yes	12	11
	No	94	89
If no, do you think that this type of committee would be useful?	Yes	22	31
	No	49	69
How many people are on this committee?	<i>M</i>	12	
	<i>SD</i>	7.3	
Who is on this committee in terms of positions?	Residents/staff/manager	9	82
	Residents/staff	1	9
	Residents/staff/manager/family	1	9
Are these meetings held on a regular basis?	Yes	12	100
	If yes, how often (weeks)?	<i>M</i>	13
	<i>Mdn</i>	10	
	<i>SD</i>	12.8	
How long has the committee been in operation (months)?	<i>M</i>	87	
	<i>SD</i>	44.8	
Who chairs the committee?	Management	6	55
	Staff	3	27
	Resident	1	9
	Volunteer	1	9
Why was the committee formed?	Residents liaise with staff	5	71
	Advise management of resident and staff wishes	1	14
	Principle of equal opportunity	1	14
How useful do you think that the committee members find the committee?	Very useful	6	50
	Useful	4	33
	Moderately useful	2	17
How influential do you think that this committee is in the hostel?	Very influential	8	67
	Moderately influential	4	33
What issues are raised at resident/staff committee meetings?	Resident issues	3	38
	Food	2	25
	Lines of communication	1	13
	Future changes	1	13
	Environment changes	1	13
If possible, please give examples of changes resulting from the committee's suggestions.	Environment	7	100

Only 12 hostels (11%) had a joint resident/staff committee in place although a further 22 hostel managers (38% of respondents) felt that one could be useful. Nevertheless these committees were more management/resident committees with management attending meetings in all but one hostel and chairing the majority. Meetings were held on average every 13 weeks. The committees were formed primarily to enable residents to liaise with staff (71%). The committee members were perceived as finding the meetings *useful* or *very useful* (n = 10) with the committee rated as being *influential* or *very influential* in all hostels. Interestingly, all of the respondents indicated that changes to the environment were typical of changes resulting from the committees' suggestions, although only one of the hostel managers mentioned this as a typical issue that was raised. Resident issues were most commonly discussed (38%). No suggestions for improvements were given.

5. Family Committees

Table 5 shows the results for the questions concerning family committees.

Table 5:
Results for the Section of the Questionnaire on Family Committees

Question	Response	n	%
Does a family committee exist in the hostel?	Yes	12	12
	No	92	88
If no, do you think that this type of committee would be useful?	Yes	35	47
	No	39	52
	Unsure	1	1
How many people are on this committee?	<i>M</i>	16	
	<i>SD</i>	13.5	
Who is on this committee in terms of positions?	Family/manager/staff	4	40
	Family/manager/staff/residents	3	30
	Family/staff/residents	2	20
	Family and manager	1	10
Are these meetings held on a regular basis?	Yes	10	91
	No	1	9
If yes, how often (weeks)?	<i>M</i>	8	
	<i>SD</i>	3.5	
How long has the committee been in operation (months)?	<i>M</i>	65	
	<i>Mdn</i>	36	
	<i>SD</i>	68.7	
Who chairs the committee?	Manager	5	50
	Staff	2	20
	Volunteer	2	20
	Family	1	10
Why was the committee formed?	Information exchange	3	33
	Family support	3	33
	Staff recommended that there was a need	2	22
	Residents' request	1	11
How useful do you think that the committee members find the committee?	Very useful	6	55
	Useful	4	36
	Moderately useful	1	9
How influential do you think that this committee is in the hostel?	Very influential	4	36
	Moderately influential	6	55
	Somewhat influential	1	9
What issues are raised at resident/staff committee meetings?	Information sharing	6	67
	Food	1	11
	Government legislation	1	11
	Resident care	1	11

If possible, please give examples of changes resulting from the committee's suggestions.	Improved resident care	4	50
	Better communication	3	38
	Different supervisor	1	13
If possible, please indicate how the operation of this committee could be improved.	Increased family attendance	5	100

The same number of hostels had family committees as joint resident/staff committees (12), although only 3 of the 12 hostels had both types of committees. Although 47% of respondents (n = 35) who did not have this type of committee in place thought that it could be useful, 52% of respondents (n = 39) did not think that it would be beneficial to the hostel. A family member chaired the committee in only one hostel, a volunteer chaired the committee in two hostels, with a member of management or staff chairing in all the other seven hostels. The main aim of the majority of these committees was an information exchange from management to family members (three hostels) or to provide helpful advice and support to residents' families (three hostels). This suggests that they may be more accurately described as information meetings as opposed to true committees. Ten of the 12 hostel managers indicated that the members of the committee found the meetings *useful to very useful* with 10 also rating the committee as *moderately influential to very influential*. Increased family attendance and participation at meetings was the main recommendation for improvement, and this was suggested by managers of five hostels.

6. Combinations of Resident-Related Committees and Information Meetings

The majority of hostels had one (39%) or two (41%) of information meetings, resident, family, and joint resident/staff committees. Fourteen percent had three of these procedures, 3% had four procedures and 3% had none. Twenty-eight percent of hostels had only information meetings with no resident-related committee formats offered.

Discussion

The primary aim of this study was to survey the use of committees in aged care hostels in South Australia, focussing closely on resident committees. Sixty-seven percent of South Australian hostels provided survey information.

1. Information Meetings and Resident Committees

The most common forum for residents to express their wishes in the hostels was an information meeting, conducted by staff for the residents. This was followed by resident committees, suggestion boxes and surveys, and day to day contact. While these methods obviously played a role in communication in this study, suggestion boxes tend to lack formal feedback mechanisms (Zwick, 1994), and it is likely that surveys and day to day contact would also face similar problems. For communication to be effective, information must be passed not only from residents to staff but also in the other direction (Ivancevich et al., 2000).

There are no available data from other studies on resident information meetings in hostels, although it was clear in the present study that they are seen to play a major communicative role. While managers indicated that higher resident input into these meetings would be beneficial, they also rated their current input as high. This suggests that, while the meetings were seen as a useful forum for the expression of resident wishes, management would respond well to further input from residents.

Sixty-five percent of responding hostels had resident committees, although the apparent confusion amongst respondents between resident information meetings and resident committees most probably led to an overestimation of their true number. The

percentage of South Australian hostels having resident committees was substantially higher than that reported for Australian hostels in 1986 (39%) (Peat, Marwick, Mitchell Services, 1986). The overall percentage of hostels with resident committees was also higher than found in Moos' (1981) American study (50%), although they were substantially lower than the findings of Devitt and Checkoway's (1982) American study (77%). Nevertheless, as already indicated, the present findings may be an overestimate since although definitions of each type of committee were given in the questionnaire, the descriptions of some resident committee operations seemed more like information meetings.

The finding that staff were integral to the establishment and running of resident committees was consistent with that of Devitt and Checkoway (1982). Staff support of residents' opinions has been found to be critical to the success of these committees (Wells et al., 1986). Nevertheless, while not intentional, staff assistance can frequently lead resident committees to be run under staff guidelines and to discuss topics that staff feel would be useful. This could detract significantly from their resident-control benefits (Devitt & Checkoway, 1982; Freytag, 1987).

The majority of resident committees were introduced by the hostel staff to encourage resident participation although, as with resident information meetings, the most commonly suggested improvement was more resident participation and input. This suggests that the committee's purpose has not yet been realised. These findings support those of Zwick (1994) who found that managers were critical of the passive nature of resident involvement in this type of committee.

One easy way to improve resident participation within the committee might be to increase the frequency of the meetings (Freytag, 1987). In the present study, the

average meeting frequency of once every 7 weeks was found to be lower than the 4-weekly average previously found by Devitt and Checkoway (1982) and Grossman and Weiner (1988). In fact the average of once every 7 weeks would be described as infrequent by Moos (1981).

Management or staff chaired the resident committee meeting in the majority of hostels. Since the role of the chairperson is to be impartial (Magner, 2001) and this might be difficult for management or staff to achieve, a more suitable alternative may be to have an impartial volunteer (Zwick, 1994) or social worker (Wells et al., 1986) to act as a liaison between residents and the facility (Russell & Sauran, 1991). This may increase resident participation which tends to be hindered by having management attend meetings (Zwick, 1994), with fears of repercussions a common problem amongst residents (Freitag, 1987).

Training of the committee members in group processes might be another way to increase the level and quality of the participation of residents at committee meetings (Wells et al., 1986; L. Wilson & Kirby, 2003; Zwick, 1994). Only 7% of resident committees had received formal training and only 15% had been formally evaluated. There is, therefore, considerable scope for improvement in these areas.

The membership of the meetings was primarily all-can-attend. Devitt and Checkoway (1982) found that, while resident-elected committees dealt with a wider range of important issues, low resident participation made it difficult to establish these committees. They found that committees with all-can-attend formats had a larger participation but dealt with more superficial topics such as food. However, as the primary aim of the resident committee meetings in the present study was to encourage resident participation, the all-can-attend format may be most suitable.

The meetings in this study primarily covered topics related to food, environment, and activities, in agreement with the findings of Zwick's (1994) Australian study. These limited topics, which were also raised in other earlier studies, have led to questions being raised about the usefulness of such committees for comments and complaints (Gibson, 1998). However, Moos (1981) found that control over the decisions regarding one's daily life is an important form of control for residents. It is apparent that the topic of food is of major importance to residents, perhaps because it is one of their few remaining comforts (Devitt & Checkoway, 1982). Solutions to food problems have been found to be the most difficult to resolve (Grossman & Weiner, 1988) and have sometimes been found to be a result of clashes between resident and staff beliefs on meal procedures (Sidenvall, 1999). Despite this, resident committee input into such tasks as menu selection is still important (Grossman & Weiner, 1988) as satisfaction with food has been found to be closely associated with resident satisfaction (Glass, 1991).

Despite these reported difficulties in resolving some issues, it is clear from this study that changes are seen to have resulted in the areas of food, environment, and activities. Examples of changes included improved menus, earlier meal times, door locks for residents' rooms, the establishment of a herb garden, and changes to bus trip destinations.

2. Staff Committees

While most hostels had staff meetings, the majority of these were chaired by management. Stein et al. (1987) suggested that if staff do not have control themselves then residents' capacity for decision-making is also likely to be hindered. The main topic of discussion in staff committee meetings, not surprisingly, was staff issues and

needs. However, Wells et al. (1986) found that this is likely to benefit residents since staff reported that dealing adequately with their own needs would increase their satisfaction and subsequently the quality of care provided to residents.

3. Joint Resident/Staff Committees

Although only a small number of hostel managers indicated that they had a joint resident/staff committee in the present study, some of the committees classified as resident committees may, due to misunderstandings by respondents, be closer to joint committees in practice. The majority of respondents indicated that committee members found meetings to be useful to very useful. When conducted well, these types of meetings can foster an environment of respect and acceptance (Wells et al., 1986). However numerous problems have been associated with joint committees, ranging from staff requiring residents for other activities during the meetings, to residents abusing their newfound power (Agbayewa et al., 1990). These potential problems may partly explain why there were so few resident/staff committees in the present study and why so few hostel managers felt that their introduction would be beneficial.

4. Family Committees

Family involvement in decision-making is often difficult to achieve in aged care (Zwick, 1994) and the present results were consistent with this view. Only a small percentage of hostels had family committees and most managers of hostels without these committees felt that they would not be of any use. This is perhaps surprising given the findings that meaningful roles for relatives can reduce the strain between themselves and the facility (Wells et al., 1986) and increase the quality of care for the residents (Schwartz & Vogel, 1990). That starting a committee of this kind might not be

difficult is indicated by the findings that if families are approached by the facility, they are generally keen to participate (Wells et al., 1986). The present study found that management chaired the majority of family committee meetings. While this may have helped to fulfil what was seen as the committee's primary aim of passing information to relatives, it is possible that this could have led to the managers' perception of a lack of family involvement.

5. Conclusion

The data contained in this study provide an overall picture of committees and information exchange in South Australian aged care hostels. Two-thirds of the hostels had resident committees, which, while lower than some previous overseas findings (Devitt & Checkoway, 1982), was higher than found in Australian hostels in 1986. Overall, there were few family and joint resident/staff committees, with resident and staff committees and information meetings being the primary forums for communication. Increased participation by the relevant people was the most common suggestion for improvement in all of these meetings, except joint resident/staff committee meetings where no suggestions for improvements were made.

6. Future Studies

The fact that most hostels had one or more resident-related committees and/or information meetings suggests that more than one of these procedures is needed to adequately address resident needs. Accordingly, further research would be useful to determine the relative benefits of each type of committee and their optimum combination. This may help to improve resident communication, decision-making, and their consequent quality of life.

While at this point, some conclusions can be made about the general characteristics of the meetings, more in-depth studies would enable the determination of the strengths and weaknesses of the committees operating in South Australian hostels. The most appropriate way to achieve this would be to follow the studies of Devitt and Checkoway (1982) and Zwick (1994) and go to a sample of hostels and utilise a qualitative approach. The data obtained from this type of study could help explain some of the findings from the current survey, for example, why the levels of resident participation in the committees were low. Further study is also required to determine achievable methods for encouraging input by residents, staff, and family members. Furthermore, a study from the residents' perspective would enable a comparison between staff and resident views of these committees.

Accordingly, in the next study (Chapter 3), the author attended resident committee meetings at 18 of the hostels in the sample for Study 1. This enabled such characteristics as the topics commonly discussed, the interaction of the committee members, and the processes of the meetings to be observed. This provided a more detailed picture of the resident committees and therefore expanded upon much of the information obtained from the present study. Levels of resident participation were also observed, which enabled suggestions to be made regarding potential methods to increase these levels of participation.

CHAPTER THREE

An Observational Study of Resident Committees

1. Committees in Organisations

Committees of some form are present in most organisations. Magner (2001) defined a committee as:

. . . a body of one or more persons elected or appointed by or by direction of an assembly or society to consider, investigate, or take action on certain matters. . . Its authority is limited and depends upon the nature and scope of the powers delegated to it It is the duty of a committee to report to the body from which it derives its authority. (p. 83)

2. Attributes of Successful Committees

There have been numerous articles, both research and opinion or experience-based, written on ways to conduct the ideal committee meeting. The conduct of meetings in organisations is costly in terms of both money and time (O'Neill, 2000) and it is therefore crucial for them to run as efficiently as possible. This is achieved when they are conducted in a way that ensures a “maximum value from the time and efforts of the participants” (McConnell, 1997, p. 2).

While the monetary concerns may be less in resident committees in aged care than in general organisations, there are considerable time issues to be considered. Freytag (1987) argued that the largest cost in establishing a resident committee is the time that must be invested by the supervisor. However, perhaps more crucial to the need for an effectively run resident committee is the idea that if residents perceive the committee as effective, they will be more likely to use it (Freytag, 1987). Zwick (1994) argued that the most important way to achieve an effective committee is to ensure that the adopted forum for participation meets the unique characteristics of the appropriate people and hostels.

3. Setting Group Aims and Goals

R. Heller and Hindle (1998) argued that it is important to establish the aims of the meeting so that the right people attend, an appropriate format is adopted, and suitable topics are discussed. Meeting aims generally include one or more of the following:

1. Giving of information or advice.
2. Presenting instructions.
3. Addressing problems or complaints.
4. Making decisions.
5. Producing creative ideas.
6. Discussing a proposal and finding a resolution.

Once the aims of the group have been established, goals should be set. Goals should be achievable but not so easy or hard that the group loses motivation. Clear goals will enable the group to be more productive and motivated (Ross, 1989). Goals may include

solving a problem, gaining the group's opinion on an idea or achieving decision-making (McConnell, 1997).

In aged care, having all residents aware of the purposes of the resident committee will help to ensure its success (Residential Care Rights, 1999). It may be appropriate for a constitution to be prepared which covers group aims, such as who will be on the committee, the forum of the meetings and the conduct of meetings. The constitution should be simple but contain sufficient detail to regulate the committee (Wheeler, 1992). Despite the apparent benefits of a constitution, Zwick (1994) found that most nursing homes and hostels had no formal documentation of the resident committee's aims and procedures and where they did exist, meeting characteristics had since changed and thus the documents needed to be revised.

The goals of the group can be quite varied, including the fostering of autonomy amongst the residents, developing mutual respect for the limits of individuals, developing an open and sharing group climate, and ongoing evaluation of the group and the facility (Wells et al., 1986). Wells et al. found that over time, the resident committees that they studied developed a commitment to the goals of the group.

4. Type of Committee

Typically the meetings held in general organisations are: (a) information meetings: transferring information to the group; (b) discussion meetings: achievement of consensus on an issue through discussion; or (c) staff meetings: involving information and discussion (McConnell, 1997). The type of meeting adopted depends on the aims of the meeting.

There are various formats that would be appropriate for resident committees in aged care. These include:

1. Representative and elected committee.
2. An all-can-attend format.
3. Small sub-committees established to deal with specific issues.
4. Informal resident discussion group (Residential Care Rights, 1999).

Gibbs and Salkeld (1988) found that most residents preferred a less formal format with no elected members. While Zwick (1994) also found this, she suggested that these were also the least effective committees. Instead, she proposed that in facilities with more than 30 residents, a small, elected group of representative residents works most effectively. This group can then report back to the wider body of residents on a 2 or 3-monthly basis. In smaller facilities, an all-can-attend format would be appropriate, giving everyone the opportunity to be involved in decision-making. A formal method will provide a guide for the group to follow and will be more effective than an informal meeting except in facilities where interest levels are low. Whatever method is adopted, the group must undertake a regular review to ensure that the objectives, outcomes, and structures are still appropriate (Zwick, 1994).

5. Setting

5.1 Room setting.

The selection of an appropriate setting for a meeting will depend on the aims of the meeting. A setting should be selected that has adequate space and seating, comfortable surroundings, and is relatively free from interruptions (McConnell, 1997). One

consideration in choosing a meeting setting in general organisations is to ensure that there is access for people with disabilities (R. Heller & Hindle, 1998). This would be particularly important in aged care meetings.

There have been problems identified in the choice of settings for resident committee meetings in aged care. Zwick (1994) observed that aged care residents with hearing difficulties found the meetings frustrating as background noise often prevented them from hearing what was being discussed. She also found that a number of facilities held meetings in areas that lacked adequate privacy. The choice of an adequate venue is especially important in meetings where frail residents attend, with induction loops and good lighting as examples of aids that may help the hearing and sight impaired residents. Induction loops are explained in Chapter 1, *Section 4.2*.

5.2 Seating.

The choice of comfortable chairs is important and it has been suggested that they should be tested for comfort for at least 10 minutes before the final selection is made (R. Heller & Hindle, 1998). Chairs should be positioned so that all people can see and hear the meeting. It is also important that each person can be seen by the chairperson. There should be adequate space between the chairs, with an arm's length most appropriate (R. Heller & Hindle, 1998).

The seating positions should also be carefully chosen, as this will influence the success of the meeting (R. Heller & Hindle, 1998). In general organisations, R. Heller and Hindle suggested that the seating arrangements should be chosen on the basis of the desired outcome of the meeting. For example, for the discussion of controversial topics,

people of similar or strongly opposing opinions should not be seated together. O'Neill (2000) argued that the most appropriate seating is around a round table as it assists communication.

The same seating would be appropriate for resident committee meetings. Zwick (1994) found that some aged care facilities had a problem where the seating arrangements did not encourage discussion although she did not specify which seating arrangements were used.

6. Resources

The use of resources that can improve the quality of the meeting should be investigated. Such resources for general organisations include computer programs that can help manage and organise the meetings and that can also publicise documents and meeting information on the internet (O'Neill, 2000). Resources such as overhead projectors and audio-visual aids are increasing in their popularity, although it is crucial that they are checked before the meeting starts and that the user practises using them in advance (R. Heller & Hindle, 1998).

Various resources could facilitate the success of resident committees in aged care. Specific organisations can be of use such as government departments and senior citizen councils, providing such tools as seminars, education sessions, and support in relation to the committees (Wells et al., 1986; Zwick, 1994). Despite the benefit of their involvement, few aged care facilities have been found to utilise these resources (Devitt & Checkoway, 1982). Zwick found that in the nursing homes and hostels that she visited, the committee members were provided with adequate stationery resources and typing assistance but some groups did not have access to microphones or whiteboards.

Grossman and Weiner (1988) found that in the resident committee that they studied, clerical support was provided to the resident committee for sending notice of the meetings, and the typing and circulating of minutes.

7. *Timing*

The literature on meetings has suggested that the timing of meetings is important to their success. Meetings should be held at a time convenient to all of the key members. Participants should be provided with a written reminder of the time of the meeting more than a week in advance and then verbally a day or two before the meeting. The length of time allocated for the meeting should allow for the adequate discussion of issues on the agenda, a summing up of the meeting, and maybe a coffee break (R. Heller & Hindle, 1998). A length of 40 to 45 minutes is the ideal meeting length as it minimises loss of attention (R. Heller & Hindle, 1998; O'Neill, 2000) and it is better not to hold the meeting straight after a meal (O'Neill, 2000). It is more beneficial to hold more frequent meetings of 30 minute duration than longer meetings less frequently (O'Neill, 2000). Starting the meeting at its scheduled time is also very important (R. Heller & Hindle, 1998; McConnell, 1997).

The same principles would be appropriate in aged care settings. Establishing a meeting schedule and adhering to it may increase resident participation (Freitag, 1987). Providing residents with advanced notice of the meetings in written format may also improve participation (Freitag, 1987; Wells et al., 1986) as would helping to get residents to the meetings (Freitag, 1987). The length of the meeting may need to be determined by the needs of the residents. It would be better to slow the pace for sight and hearing impaired residents so that they don't feel "harassed or rushed" (Zwick, 1994, p. 27). It would also be appropriate to hold meetings relatively frequently, with

monthly meetings preferable (Grossman & Weiner, 1988) but at least every 6 weeks (Zwick, 1994).

8. People on the Committee

8.1 Number of people.

The ideal number of people to attend a committee meeting depends on the purpose of the meeting (R. Heller & Hindle, 1998). The ideal is to create a meeting where the numbers are not so large that people will split into smaller groups but not so small that only a narrow range of views are presented. R. Heller & Hindle argued that meetings of six to nine people are most suitable.

In aged care resident committee meetings, the number of people will vary according to the format of the meeting (Freytag, 1987). Nevertheless, if a committee is to be truly representative of the needs of the resident population, it is appropriate that all residents have an opportunity to join (Gibbs & Salkeld, 1988; Wheeler, 1992). In fact, Devitt and Checkoway (1982) found that the meetings where all residents were invited to attend were more representative than the elected formats with smaller numbers.

8.2 Chairperson.

The chairperson's role is to run a meeting. They should ensure that the discussion is relevant, enforce any appropriate rules, and make sure that there is a successful completion of business (R. Heller & Hindle, 1998). R. Heller and Hindle have suggested that the role of the chairperson of an informal meeting is to keep control and make sure that all people are heard. The chairperson should appear unbiased and,

therefore, they should not contribute significantly to any discussions. The tasks for the chairperson of a formal meeting are similar but more important, because if some of the conditions of the meetings are not met, the decisions may not be binding.

The role of the chairperson in aged care is similar to that in general organisations but there is a need to be aware of the physical and intellectual limitations of some residents. Wheeler (1992) argued that the role of a chairperson is to direct the business of the meeting according to established procedures. Specific tasks include the facilitation of discussion and decision-making, making opportunities for quieter people to have a say, and keeping the meeting running according to the agenda within a reasonable length of time.

The frailty of some residents in aged care means that the chairperson must ensure that the meetings are flexible and creative where these people are involved. The chairperson should focus on what the residents can achieve rather than their deficiencies, allow time for each person to contribute, be creative in ways to encourage participation, concentrate on issues that are relevant to these people, and start by tackling small issues requiring decisions to reinforce resident skills and judgment (Residential Care Rights, 1999).

Opinions on the right person to chair resident committees vary. Residential Care Rights (1999) suggested that in aged care facilities, it is important to have residents in leadership positions. However, opportunities for residents to hold leadership positions have been found to be quite low (Devitt & Checkoway, 1982). Devitt and Checkoway suggested that this may be a result of both the aged care facilities and the residents naturally assuming that staff will adopt this leadership position. Furthermore, in their

study, few committees had formally elected members and thus staff assumed the chairperson role in the absence of any other option.

Zwick (1994) found in her study that resident committees run by a volunteer, activity coordinator, or social worker seemed more effective than groups chaired by a resident alone. She also found that while managers felt that it was better if they did not attend the meetings, some problems were encountered if they did not attend as residents were often denied the opportunity to discuss issues directly with management. In this instance, a professionally trained facilitator would be most appropriate (Freitag, 1987; Zwick, 1994). They must be aware of issues of aging and group processes and have knowledge of advocacy roles and hostel policies and procedures. They must also be able to act as a mediator between residents and management when the need arises. Wells et al. (1986) found that an independent social worker worked effectively in this role.

Despite the apparent benefits of relevant knowledge and professional expertise in having a staff member convene the resident committee meeting, it is important to acknowledge that there are possible disadvantages to their presence. Most importantly, residents may feel intimidated, and be reluctant to discuss their opinions openly or to adopt leadership positions (Devitt & Checkoway, 1982). It has been found that residents appear more comfortable and confident if staff are not present at the meetings (Gibbs & Salkeld, 1988).

8.3 Other people.

Having a person record the minutes is also important. This person's role is to take notes of the meeting and ideally they should not also be the chairperson of the committee

meeting. Instead the minute-taker's role is to relieve the chairperson of this task so that he or she can concentrate fully on the running of the meeting (McConnell, 1997).

The resident committee should decide whether a resident should be allowed to appoint a family member to attend the meetings on their behalf (Wheeler, 1992). The role of family members is particularly important in facilities with high numbers of residents with dementia (Zwick, 1994). However, family involvement is one resource that is rarely utilised due to the lack of family interest and the time needed to be spent by management to implement this form of input (Gibbs & Salkeld, 1988).

9. Meeting Processes

9.1 Agenda and minutes.

The preparation of an agenda is crucial to ensuring that the meeting's main goals are addressed within the appropriate time (McConnell, 1997). The agenda should include the topics to be discussed and a time estimation for each topic. Ideally the agenda should be simple and restricted to one page (R. Heller & Hindle, 1998). If the meeting is long and involved, it is appropriate to supply all attendees with a copy of the agenda (McConnell, 1997). It is ideal to distribute the agenda well in advance of the meeting (R. Heller & Hindle, 1998).

Formal meetings in organisations follow a standard procedural order and this should be detailed in the agenda. The meeting is opened, the minutes from the previous meeting are approved, routine business matters are dealt with, motions are proposed and dealt with, resolutions are passed, any other business is considered, and then the meeting is closed (R. Heller & Hindle, 1998).

Residential Care Rights (1999) suggested that conducting formal committee meetings in a business-like fashion with an agenda and minutes may help to increase the success of resident committee meetings. Wheeler (1992) argued that the agenda should be organised at least under the three main headings of (1) business arising, (2) general business, and (3) new business. Key points should be highlighted at the start of each meeting.

The minutes should record the details of the meeting, including the names of people attending, the items discussed, and the decisions made. Minutes should be brief, accurate, and clear. Minutes should be distributed as soon as possible to all the people who regularly attend the meetings (R. Heller & Hindle, 1998).

Minutes are beneficial to resident meetings in aged care and should follow a similar format to those in general organisations (Wheeler, 1992). It would be appropriate for residents to be given a copy of the minutes before the next meeting if possible. Minutes should also be displayed on a noticeboard so that all residents and staff can see them, as a way of sharing information with others and allowing them to provide input if they wish to (Wells et al., 1986). The writing on the minutes should be large enough for all people to read (Zwick, 1994).

9.2 Topics discussed.

The topics to be discussed at the meetings should be determined by the aims of the meeting. It is the role of the chairperson to determine the topics to be discussed and in how much detail. This should be done through consultation with other meeting participants whose advice should be sought about which topics they would like raised (R. Heller & Hindle, 1998).

A wide range of issues can be discussed in resident committee meetings. Most appropriate are the topics that are of most interest to the resident population (Grossman & Weiner, 1988). Responsibility over such areas as meals, house rules, safety issues, activities, and nursing care are appropriate for resident committees (Freitag, 1987; Gibbs & Salkeld, 1988). However, topics tend to revolve around food, social activities, and other simple issues and this may be because residents feel uncomfortable when discussing controversial topics (Braithwaite et al., 1993; Zwick, 1994). These are often not a true reflection of the topics that are important to residents, and it would be of benefit for management to determine other important areas for discussion that residents feel less comfortable talking about. Management can then help to stimulate discussion in these areas (Gibbs & Salkeld, 1988).

Furthermore, as many resident committees have been established to fulfil accreditation requirements for decision-making and input into policies and procedures, it is important that these issues are discussed (Gibson, 1998). Part of the problem with discussing more controversial topics such as quality of care, rules, and staffing in resident committee meetings, is the management's apparent reluctance to involve residents in decisions in these areas (Gibbs & Salkeld, 1988). Staff often set the agendas and therefore can steer the conversation towards "safe" topics (Devitt & Checkoway, 1982, p. 52). Often when residents do raise a topic, they receive no answer to their suggestion or query but instead are told that it is an issue to be dealt with by management (Zwick, 1994).

In aged care, it is appropriate for less controversial matters to be initially discussed such as a place to hold the meetings. Once these issues have been broached with management and a relationship has been formed, a wider and more controversial range of issues can be addressed (Wheeler, 1992). Wells et al. (1986) found that residents

initially discussed safe topics like food, which did not require dealing with personal feelings. As the group problem solving skills progressed and members became more familiar with each other, more controversial issues such as care issues could be addressed.

9.3 Encouraging member participation at meetings.

R. Heller and Hindle (1998) argued that one way to ensure participant contributions at meetings is to invite only those people that can make a specific contribution to the meetings. Participants should prepare in advance for the meeting by making themselves familiar with its aims and do some background reading on the topics that will be discussed. McConnell (1997) argued that it is also important that the attendees are empowered to make decisions.

In aged care meetings, it may be difficult to achieve high levels of participation as many of the residents are women with low experience and expectations in the areas of decision-making (Freytag, 1987). Resident participation may also be hindered by their fears of negative repercussions from staff, insecurity about the permanence of their tenancy, or a general feeling of insecurity (Freytag, 1987; Gibbs & Salkeld, 1988). One way that group cohesion and resident participation may be able to be fostered would be to conduct training activities that raise residents' self-esteem and help to empower them (Zwick, 1994).

The specific needs of the elderly group should be noted when trying to increase resident participation. Residents with dementia should be provided with other means of participation and their family should be encouraged to participate in the meetings as advocates. Appropriate seating arrangements, adequate lighting, the use of

microphones or induction loops, and slowing the pace of the meeting may help to increase the participation of visually or hearing impaired residents (Zwick, 1994). Gibbs and Salkeld (1988) found that very few hostels provided formal mechanisms for the participation of frailer residents, and that the best way to increase the participation of this group would be to ask them in what form they would like to participate. Residents are also more likely to participate in an effective way if they feel a sense of ownership and responsibility to the group and this might best be achieved by their contributing to the development of their own group.

9.4 Group communication.

Good communication within a group is essential to the achievement of group activities (Taylor, Peplau, & Sears, 1994). Ulschak et al. (1981) highlighted two main forms of communication that the group leader should pay attention to: verbal communication and non-verbal communication. The group facilitator should check that the actual message sent by the speaker is the one that is received by the listeners. Feedback can effectively achieve this, by paraphrasing what the speaker has said or inviting the group to ask clarifying questions.

9.4.1 Verbal communication.

Poor listening is one of the major communication problems that leaders face in committee meetings (Hunt & Cusella, 1983). The best method to adopt when listening is one of a participant observer (Ross, 1989). Each group member should ensure that they are listening to the spoken messages of the other group members, concentrating fully on what is being said, and endeavouring to understand the meaning of the words from the speakers' viewpoint (Ulschak et al., 1981).

The leader should be careful when using verbal communication, aiming to use impartial speech, and avoid arguing with group members, but discuss facts, issues, and ideas. No personal criticisms or personal comments should be made (McConnell, 1997).

It is important for all members to make an effort to speak clearly and at the appropriate time. The words used and the tone of voice adopted should also be appropriate to the meaning that the speaker wishes to convey. An argument may be more convincing if the speaker is succinct in making their points and emphasises the positive points of their argument rather than the negative aspects of the opposing argument (R. Heller & Hindle, 1998).

9.4.2 Non-verbal communication.

It is important for participants in meetings to ensure that the non-verbal messages that are conveyed are consistent with their verbal ideas. Presenting oneself as confident is vital as R. Heller and Hindle (1998) estimated that a person's body language has eight times more impact than the actual words spoken. It is important that the meeting leader pays attention to the group members' deliveries of their messages as they may provide clues to the person's relationship to, and feelings about, the topic and the group. For example, people who appear uptight or withdrawn may need special encouragement and help before they fully express their ideas. Noting the patterns of communication within the group, such as who talks to whom and how often each person speaks, will help enlighten the leader to any problems in the group dynamics (Ulschak et al., 1981).

Zwick (1994) found that various aged care residents were frustrated at the lack of formal communication within meetings, where residents tended to gossip rather than address the issues formally. Comments were made such as, "Some people won't speak

out during meetings but will start to talk afterwards” (Zwick, 1994, p. 12). This is one situation where the leader could note the non-verbal communication patterns of the group members and perhaps think of ways to help them express their opinions (Ulschak et al., 1981). Fostering an environment where all people listen to each other and respect one another’s opinions and suggestions will also help to increase the success of the committee (Residential Care Rights, 1999).

9.5 Outcomes.

It is the role of the chairperson to ensure that the decisions that have been made at the meetings are accomplished. They should also update the meeting participants between meetings of the progress made on these decisions (McConnell, 1997). Successful outcomes of meetings can include: finding solutions, development of new ideas, problem redefinition, the achievement of organisational objectives such as increased trust and support levels, and increased communication (Ulschak et al., 1981).

In aged care, it is important that the “resident committee receives prompt, specific, and respectful answers to its grievances, suggestions and problems” (Residential Care Rights, 1999, p. 4). However, in Zwick’s (1994) study of aged care nursing homes and hostels, she found that the lack of feedback on the outcomes of the meetings was one of the most common complaints by the resident members, with such comments as, “We don’t get any feedback from the manager on action which has been taken” (p. 14). This may be a result of the fact that few policy changes have been found to be made as a result of resident suggestions (Devitt & Checkoway, 1982).

One way that residents suggested that the lack of feedback might be overcome is by having the manager attend at least half of the meeting so that an immediate response can

be obtained (Zwick, 1994). Furthermore, Zwick suggested that procedures should be devised which ensure that resident suggestions are presented in a formal written report to management and then to higher levels if residents are unsatisfied with the outcome. This may reassure residents that their suggestions will be acknowledged and pursued as far as possible.

10. Communication Within the Organisation

Communication in organisations must be effective for individual committee groups to be successful. Organisational communication is successful if each group is provided with knowledge on areas that are relevant to that specific group. A large part of this information and knowledge will be conveyed through personal communication between people who hold linking positions between different groups within the organisation. It is therefore essential that these people are skilled in methods of interpersonal communication (Ross, 1989).

To achieve appropriate outcomes of resident committees, there must be an effective method of communication between the residents and management. Committees need to be provided with ongoing information from management on financial issues, policies, procedures, staff and departmental functions, and other relevant matters (Wells et al., 1986; Wheeler, 1992).

Zwick (1994) argued that the success of resident committees in aged care depends upon the effectiveness of the communication between management and the resident committee group. Management must demonstrate to residents that they are interested and committed to the group's ideas by taking an interest in, and acting upon, the group's suggestions. Residents can strengthen this line of communication by providing support

to the manager and taking some responsibility for their ideas. Nevertheless, Zwick found that in the aged care facilities that she visited, managers generally did not use resident committee meetings as a means of communicating with the residents, partly because many of the meetings were infrequent or consisted of only a small number of residents. Braithwaite et al. (1993) found that the resident committee meetings were used primarily as a means for information to pass from management to residents but not vice versa.

Management in aged care must legally provide residents with structures for resident input into decisions. These could include the provision of a staff or management person to whom the resident committee can communicate issues, having a resident representative on the management committee, or the holding of regular meetings by management to listen to residents' opinions (Wheeler, 1992).

11. Qualitative Studies of Resident Committees in Aged Care

Few studies have been conducted that have assessed the quality of resident committees across a wide range of aged care facilities. Instead the focus has tended to be on the success of individual or small numbers of committees (Devitt & Checkoway, 1982). Examples of observational studies that have been conducted on resident committees are outlined below. The results of these studies are outlined in Chapter 1, *Section 4.6*.

Devitt and Checkoway (1982) selected four representative nursing homes from their wide-reaching American survey of resident committees to participate in a qualitative study. They conducted scheduled interviews with administration, staff, resident committee members, and non-committee member residents. The authors also observed the resident committee meetings at these facilities.

Wells et al. (1986) conducted a study in Canada where they introduced resident, staff, and family committees into two nursing homes. The main aim of their study was to provide a set of guidelines for the establishment and maintenance of committees in aged care settings. In the two homes that they studied, each of the groups was asked to assess the home and then use the results of these findings to determine the topics to discuss in the meetings. The project social worker acted as the facilitator in each of the meetings.

Zwick (1994) conducted an Australian review of resident committees in 14 Victorian Anglican nursing homes and hostels, using participant observation and interview techniques. She observed the meetings at each of the facilities and interviewed a variety of residents and managers. Notes were taken on such topics as the issues that were raised by residents and management, the communication in the organisation, and strategies for resident participation.

Gibbs and Salkeld (1988) conducted an Australian qualitative study of 10 hostels and 10 nursing homes, with the aim of the study being to develop a broad understanding of resident and management perspectives on resident committees. They used an interview format with open-ended questions, with individual residents and management participating. Areas covered included resident participation, the format of the committees, the people on the committee, the topics discussed, problem solving processes, and communication with management.

Braithwaite et al. (1993) conducted an Australian study on the standards assessment process, in 410 nursing homes across four different states. As a part of this larger study, they observed the resident committee meetings at a large number of these nursing homes.

Grossman and Weiner (1988) conducted an in-depth qualitative study of one 1100 bed American nursing home looking at its quality assurance program and its benefits to the quality of life of the residents. The resident committee was part of this program and the authors investigated its various achievements.

12. Aims

Based on previous research, particularly on the observational studies of Zwick (1994), Gibbs and Salkeld (1988), and Devitt and Checkoway (1982), the aim of the present study (Study 2) was to investigate typical characteristics of resident committees in South Australian aged care hostels. The present study assessed a greater number of hostels than most previous studies. Furthermore, this study used a specific set of committees, selected on the basis of the answer to Question 3 (12) from the previous survey on resident committees, "How useful do you think that the committee members find the committee?" The aim was to have a group of hostels participate where the manager felt that the resident committee was perceived by its members as *moderately useful* or *to some extent* (no committees were rated as *useless*) and a group whose manager felt that the committee was perceived by its members as *useful* or *very useful*. This topic has not been assessed in previous studies. Therefore, the main focus of this study was on the attributes that appeared to constitute a successful committee meeting, and that distinguished it as useful from committees that were not considered as useful.

The study adopted a participant observation approach. The meeting characteristics that were investigated included: structural variables (seating, setting, available resources, timing); personal variables (the number and types of people that were encouraged to, and actively attended the meetings); verbal and non-verbal communication (by the chairperson and the residents); meeting processes (resident interaction, levels of

participation, order of meeting, raising of topics, outcomes of suggestions); the processes of communication within the organisation; and the organisational culture.

Methodology

1. Sample

Of the 106 South Australian aged care hostels that participated in the statewide committees' survey (Chapter 2), 20 were approached to participate in the present study. Fifteen hostels agreed to participate, with one hostel manager volunteering to have four of the hostel sections (lodges) participate. As these four lodges were completely independent, both physically and in management, they were regarded as separate hostels in this study. The four lodges were located in completely separate buildings, with different staff and residents. The only common link was that the manager was known to each section. Therefore, a total of 18 hostels participated in this study. All hostels were located in the Adelaide metropolitan area.

2. Approaching the Hostels

The managers of 20 hostels were sent a letter inviting them to participate in this study. All of these managers had indicated that the hostels had a "resident committee" in the previous survey, outlined in Chapter 2. The letter explained that the author would like to attend two resident committee meetings as an observer only. Confidentiality of the meeting contents was assured.

Each hostel was telephoned 2 weeks after the initial letter was sent. Of the 10 hostels that rated their meetings as useful, 8 agreed to participate in this study. The two hostels that did not wish to participate no longer had resident committees. The manager of one hostel said that a few residents "*just sat around and complained*" resulting in other residents not wanting to come. The quorum was not reached a number of times and so

the committee ceased to exist. In the other hostel, the manager terminated the committee as she felt that *"No problems were ever resolved"*. These manager responses were surprising given the previous *useful* ratings of their resident committees.

Of the 10 hostels that did not rate their meetings as useful, 7 agreed to participate, with 1 hostel providing committees in four different lodges. One manager declined to participate as he said, *"I don't agree with what you are doing. It is invasive and people at that age should be left in peace"*. Two hostels did not have resident committees any more. It is interesting to note that both of them had new managers and they were not aware that there once had been resident committees in place.

In this initial telephone conversation, the procedure of the study was explained to the managers. They were told that the author wished to attend as an observer of the meeting and would not contribute to the meetings in any way. The first three managers telephoned were asked whether they would mind if the meetings were tape-recorded and all three felt that this was inappropriate. It was therefore decided not to approach subsequent managers about this, but to instead talk about other options. All managers were comfortable with the author taking notes from an area of the meeting that was out of the direct view of the residents. They were assured that if any resident seemed to feel uncomfortable with the author taking notes, they would not be taken. The time of the next two resident committee meetings was then discussed and it was agreed that the author would attend them.

3. Procedure

In total, 35 resident committee meetings were attended at 18 different hostels. One hostel (Hostel H) cancelled their meetings five times and thus no meetings were

attended at the time of this study. However, when approached approximately 1 year later to participate in the follow-up study (refer to Chapter 4), meetings had recommenced and one meeting was attended at this time. At all hostels, consecutive meetings were attended, usually between 1 and 3 months apart. At one hostel, the meetings were attended 1 year apart. In this instance, one meeting was attended and then the manager changed and meetings were not continued by the new manager. When the new manager was approached to participate in the next study (refer to Chapter 4), he said that the author had "*prompted us to re-start the meetings*". The author therefore attended the second meeting as part of the next study, although results are also included in this study.

At the start of the first meeting attended at each hostel, the chairperson introduced the author and spoke briefly about the reasons for her attendance. The author then spoke to the residents, asking if there were any objections to her attendance, explained the study, asked if they minded if notes were taken, and invited any questions. No objections were raised. At the meetings, the author assumed the role of participant observation (Clark & Bowling, 1990) in that she attended the meetings and introduced herself, but she did not participate after this initial introduction. At the start of the second meeting at each hostel, the author was just welcomed by the chairperson and she did not re-introduce herself.

Before any of the meetings were attended, a checklist was devised based on research and previous suggestions concerning meetings in aged care and general organisations (Grossman & Weiner, 1988; R. Heller & Hindle, 1998; Magner, 2001; Zwick, 1994). This checklist covered such areas as the setting, resources, positions on the committee, and processes of the meeting. Each meeting was attended 15 minutes prior to the scheduled starting time to allow parts of the checklist to be completed, such as the

seating arrangement, time of arrival of participants, any interactions between the residents, and the shape of the room. During this time, a seating position that was as unobtrusive as possible was carefully chosen by the author. This was usually at the back of the meeting group.

Notes were taken during 31 of the 35 meetings. In one hostel, the author was invited to sit at the front with the chairperson and the author felt that making notes would be inappropriate. In each of the other two hostels, one resident made a comment that showed that they were suspicious of the author and kept looking over at the author. Therefore, no further notes were taken at those meetings. The author wrote her notes on these meetings immediately after they had ended and also referred to the minutes of the meetings provided by the chairpersons. Notes could be taken at the subsequent meeting at the three hostels.

Once the meeting had commenced, a verbatim record of the meeting was taken, as far as it was possible. This was possible in most cases as there was not a lot of talking in the meetings and the speech tended to be slow and clear. This allowed the author time to write records of the meeting. The exact language used was viewed to be crucial to the analysis of the meetings. Following the meeting, the remaining items of the checklist were completed.

After attending one meeting at each hostel, a second revised checklist was written. This was more comprehensive and included areas that were found to be important during the initial meetings attended. Examples of items added included whether there were any distractions in the meetings (eg animals), whether the meeting started on time, and whether staff came to remove residents at any point during the meeting.

The sub-sections of the revised checklist were:

1. Structure of the meeting.
 - a. Seating
 - b. Setting
 - c. Resources
 - d. Timing of the meeting

2. Personal variables (people at the meeting).

3. Verbal/non-verbal communication.
 - a. Verbal communication by the chairperson
 - b. Non-verbal communication by the chairperson
 - c. Voice tone

4. Meeting processes
 - a. Information
 - b. Participation
 - c. Resident interaction with each other
 - d. Order of meeting
 - e. Raising topics
 - f. Outcome of proposed topics
 - g. Actions of the chairperson
 - h. Staff members
 - i. Praise versus criticism
 - j. Consistency of the meetings
 - k. Culture

5. Process of communication within the organisation.

6. Other questions.

A copy of the revised checklist can be seen in Appendix A.

A copy of the minutes from the meetings was also requested for the meeting prior to the one the author attended and for the period of 1 year following. Eleven hostel managers provided the author with a copy of the minutes, three hostel managers said that they felt that this would compromise the confidentiality of the meetings, two hostel managers said that they were too busy, and one lodge of one hostel became nursing home level care in this period and thus ceased their meetings in a committee format.

4. Limitations to the Methodology

While a method of passive participation was used, it was apparent that some of the chairpersons and residents were acutely aware of the author's presence. Examples of comments made include:

1. *"Are you here to take notes on us?"* (Resident).
2. *"We better be on our best behaviour"* (Resident).
3. *"So let's demonstrate how productive our meetings can be and not just talk about food"* (Chairperson).
4. *"See what I mean that they (the meetings) are a waste of time"* (Chairperson to the author during the meeting).

It is impossible to know to what extent the behaviours of the meeting participants were affected by the author's presence. However, it seemed that people were less aware of the author's presence as each meeting progressed and at each successive meeting.

The comprehensiveness of the notes taken at the meetings was hindered to an extent by not being able to use a tape recorder. While an attempt was made to make the notes taken as comprehensive as possible, it was impossible to note down every comment that was made.

Results

1. Committees Rated as 'Useful' Versus Committees Rated as 'Not Useful'

In the survey detailed in Chapter 2, the managers were asked to answer the question "How useful do you think that the committee members find the committee?" ranging from *very useful* to *useless* on a 5-point scale. The results for the current study were analysed separately for committees that were rated as *very useful* or *useful* and those that were regarded as *moderately useful* and *to some extent*. Table 1 shows the committees that were rated as such. However, there were very few differences between these groups of committees on any of the meeting structures and processes, and therefore the results were not reported separately for the two groups. Instead *Section 13.2* outlines those few observed differences that occurred. Possible reasons for the lack of differences between the useful and not useful committees are discussed in the Discussion section of this chapter (*Section 13*).

Table 1:

Committee Meetings That Were Perceived by the Manager as Regarded as 'Useful' or 'Not Useful' by the Committee Members

Useful	Not useful
<i>(useful or very useful)</i>	<i>(moderately useful or to some extent)</i>
CEGIJMPQR	ABDFHKLNO

The results have been reported separately for the two meetings at Hostels B, G and J. Hostels B and J had two different types of meetings, with the first ones having an all-

can-attend format and the second having elected members. The author attended the meetings at Hostel G, 1 year apart as the meetings ceased operation in this period. The two meetings had different members and chairpersons. It should again be noted that only one meeting was attended at Hostel H.

Summaries of the author's observations of the meetings for each individual hostel are included in Appendix B.

2. Aims and Functions

The managers at the 18 hostels gave a variety of quite different reasons for the establishment of the resident committees in the initial survey. For example:

- *“Give residents the feeling they have a say”* (Hostel C).
- *“Legal requirement?”* (Hostel D).
- *“To improve communication to and from residents”* (Hostel R).

The purpose of the meetings was rarely stated or suggested by the chairperson at the meetings. This occurred in only 3 of the 18 hostels, with such comments as:

- *“Please bring up any praise or problems that you have at the meeting. That’s what they’re for”* (Hostel C).
- *“It’s important that you have your say . . . bring it up at the meetings”* (Hostel N).
- *“Speak up about whether you like the sound of a meal or not. This way we’ll get the menu right”* (Hostel P).

The actual functions of the meetings were observed by the author to differ markedly. A summary of the functions that the committee meetings seemed to serve, according to the author, is provided in Table 2. The main functions of the committees were determined by those functions that were observed by the author to feature the most number of times.

Table 2:

A Summary of the Committee Meeting Functions for Each Hostel. The Person or Group Who Initiated or Utilised Each Function is Included

Hostel	Presenting information	Presenting problems	Giving praise	Making decisions	Presenting a proposal and finding a resolution
A	Y (M)	* Y (R/Ch)	-	* Y (Ch/S/V)	-
B (1)	Y (Ch/S)	* Y (R)	-	-	Y (Ch)
B (2)	-	* Y (R)	-	-	-
C	Y (Ch)	* Y (R/Ch)	-	Y (R/Ch)	Y (Ch)
D	-	* Y (R/Ch)	-	-	-
E	Y (S)	Y (R)	-	-	* Y (Ch/R)
F	-	* Y (R)	-	-	Y (Ch)
G (1)	-	Y (R)	-	* Y (Ch/R)	-
G (2)	* Y (Ch/S)	Y (R/F)	-	-	-
H	-	* Y (R/F)	-	-	-
I	* Y (Ch/M)	* Y (R/Ch)	-	-	Y (M)
J (1)	Y (Ch)	* Y (R)	-	-	-
J (2)	Y (Ch)	* Y (R)	Y (R)	-	Y (Ch/R)
K	* Y (Ch/M)	* Y (R)	-	-	-
L	* Y (Ch/M)	* Y (R)	Y (R/S/Ch)	-	-
M	-	Y (R/S/M)	-	* Y (Ch/R/M/S)	-
N	Y (Ch)	* Y (R)	-	Y (Ch/R)	-
O	Y (Ch)	* Y (R)	-	Y (Ch/R)	-
P	Y (Ch)	* Y (R)	* Y (R)	* Y (Ch/R/S)	-
Q	* Y (Ch/M)	* Y (R)	-	-	Y (Ch)
R	* Y (Ch/S)	* Y (R)	-	-	-

Note. * Main function(s) of the meeting, Y = presence of this function, Ch = chairperson, R = resident, M = manager, V = volunteer, S = staff member, F = family.

The author observed that the majority of meetings had more than one function with the meetings at Hostels D, H, and B (meeting 2) being the only ones that had only one function, and in each case this was the presentation of problems. Fourteen hostels had the presentation of information by the chairperson or another staff member as one of its

committee functions. For one meeting, Hostel G (meeting 2), this was its only main function while for a further five hostels, this was one of the main focuses of the meeting.

In all 18 hostels, the presentation of problems by residents was observed to be one of the committee functions. In four cases, the chairperson also presented problems and in two cases, family members raised problems. In one hostel (M), staff and the manager also raised problems. However, in all cases, these were on behalf of the residents. In eight hostels, the presentation of residents' grievances was the main function of the meeting. In a further seven hostels, it was one of the main functions, and in three hostels it was the only function.

The committee meetings were observed to be conducted in part to make decisions in both meetings of six hostels and in one meeting of one hostel. It was the main function of the committee in two of these hostels and one of the main functions in a further two of these hostels.

The presentation of a proposal for discussion by the chairperson or manager, with the aim of finding a resolution, was observed in both meetings at five hostels and in one meeting at two hostels. It was the main function of the meeting in one of these hostels.

In Hostels B, E, F, and I, the proposal that was presented to the residents was presented as one in which they could have some input. For example, the chairperson of Hostel E introduced each proposal as "*I would like to suggest to you that . . .*". However in all cases, the author was told by the manager or the chairperson prior to the meetings that the decisions had already been made and it seemed to be presented in a way that made residents feel as though they were contributing. Despite the questionable ethics of this,

the strategy worked effectively in Hostel E in so far as the decisions made did seem to be in the best interests of the residents and the residents agreed with each of the proposals that were made.

In the other three hostels, the proposals presented seemed to be more in the best interests of the staff but were presented nevertheless to residents as if for their benefit. For example, in Hostel B, the chairperson suggested that the hairdresser should come later in the morning so that the residents could sleep in. They disagreed but the chairperson made the change regardless as she indicated to the author that it was more convenient for the staff. In Hostel F, the chairperson proposed on behalf of the manager, that the manager's office hours would be restricted to 1 hour per day. She said that this would enable the residents to know exactly when she was there although the chairperson told the author that the real reason was so that she could get some other work done during the day. After some efforts by the chairperson to convince the residents of its benefit, they were still not in favour of the idea, so the chairperson said, "*Well it's already decided*". In Hostel I, the manager proposed to the residents that they should not have hot breakfasts except in the winter. She told the author that it was because there were not enough staff in the mornings. She was aware that the residents would not be happy but raised this issue by saying, "*There's been a lot of comments . . . so with the hotter weather, we won't have the hot breakfasts*". Many residents were unhappy but she replied "*People felt that it was too hot and heavy for summer*".

In eight hostels both meetings also served social functions, with one meeting at two hostels also having a social focus. The meetings tending to combine a meeting format with morning or afternoon tea and a chat.

The chairperson at a number of meetings made comments that indicated that they would like the residents to focus on issues other than just criticisms. Examples included:

- *“They’re not just for complaints, we’re also here for praise and suggestions”* (Chairperson, Hostel F).
- *“Can I record any positive comments?”* (Chairperson, Hostel Q).

Residents also made comments to this effect, often showing frustration that other residents were complaining. Examples included:

- *“This is my home and I won’t have anyone run it down”* (Hostel H).
- *“You don’t just have to make complaints”* (Hostel F).
- *“I’m satisfied, what’s their problem?”* (Hostel O).

Nevertheless, the giving of praise or compliments was observed to be a function of the committee in only 3 of the 18 hostels. It was one of the main functions in one of these hostels.

3. Type of Committee

3.1 Format.

Thirteen of the 18 hostels (C, D, E, F, G, I, K, L, N, O, P, Q, R), had all-can-attend formats for both meetings, with Hostel H also having an all-can-attend format for the one meeting that the author attended. There were a number of comments by the managers as to why an all-can-attend format was chosen. The reasons generally given were that residents were not capable of running it themselves and that they did not want

residents feeling that there was favouritism in the hostel, with some residents participating and others not. They also felt that otherwise representative residents could abuse their power. Specific examples included:

- *“They can’t complain that they don’t know what’s happening”* (Hostel E).
- *“There are no issues of favouritism”* (Hostel I).

Two of the 18 hostels (B and J) had bi-monthly meetings, with all-can-attend formats one month and the other month having meetings with elected representatives. The managers from the hostels that held bi-monthly meetings, with both elected committees and all-can-attend meetings, both established them initially so that the elected group would focus more on decision-making, while the all-can-attend meetings provided all residents with an opportunity to present their opinions. However, they both indicated that they thought that the elected formats were a waste of time and in both cases these ceased within 1 year of the author first visiting them. Instead, they continued with the all-can-attend meetings, held bi-monthly.

Two hostels (A and M) held only committee meetings with elected representatives. On average, 40% of the people in the hostel attended the all-can-attend meetings. On average, 12% were on the elected committees.

3.2 Formality.

In the initial survey, in consultation with the participants of the pilot study, a resident committee was defined in this way: “A resident committee consists of mainly residents and perhaps a staff member or volunteer who acts as a chairperson”.

Questions were asked about the resident committee, in addition to a separate section that asked questions about information meetings that were held. All of the managers of the 18 hostels classified their meetings as “resident committees”.

A *formal* committee was defined as one that had elected members, an agenda and minutes, and followed formal meeting procedures. Hostel A was the only hostel that had all of these characteristics, although Hostel M’s meetings were also formal in all aspects except that they did not have a written agenda. Hostel A was also the only committee with a formal constitution.

An *informal* committee was defined as one where all residents were invited to attend, residents were not provided with an agenda or minutes and the meetings did not follow formal meeting procedures. Five hostels (C, J, K, L, P) had informal meetings and two hostels (B [meeting 1] and G [meeting 1]) had one informal meeting and one combination (as defined below). Comments as to why the format was informal, included:

- “*So that the residents are not intimidated*” (Manager, Hostel C).
- “*I don’t want to stress them out*” (Manager, Hostel L).

Nine committees (D, E, F, H, I, N, O, Q, R) did not fall strictly into either one of these categories but instead had aspects of each type of committee. These meetings were defined as being a *combination* of formal and informal meetings. While they did not have all aspects of formal meetings, they did either provide residents with minutes or follow some formal procedures.

4. Setting

4.1 Seating.

A summary of the seating at the committee meetings is provided in Table 3.

Table 3:

A Summary of the Seating at the Committee Meetings

Seating condition	Hostels	Yes
Chairs comfortable	A C D E F G(1,2) H I J(1,2) K L M N O P Q R	94%
Residents can choose from a variety of chairs	C F I J(2) L P Q	37%
Chairs easy to get in and out of	A B(2) C D E G(1,2) H I J(1) K L M N O(2) Q R	80%
Adequate numbers of chairs	A B(1,2) C D E G(2) H I J(1,2) K L M N P R	80%
Positioning of chairs conducive to discussion	A B(2) C D F G(1) H J(2) K L M N O(1) P	66%
Everyone can see	A B(2) C F G(1,2) H J(2) K L M N O(1)	57%
Everyone can hear	A B(2) D H J(1) K M P	37%
No extraneous talking	A B(2) C D G(1,2) H K L M N P Q	63%
Chairperson in dominant position	B(1) C D E G(1,2) I J(1) K N O(2) P Q R	66%
Easy access for wheelchairs and walking frames	A C D F G(1) J(1) K L M N P Q R	69%

Seventeen of the 18 hostels had meetings with comfortable chairs. Residents at only one hostel (B) were heard by the author to complain about the chairs, with such comments as *“These chairs are terrible”*. The chairs in question had a very curved back, meaning that residents could not lean back in the chairs comfortably.

Residents at seven hostels were offered a variety of seats, comprising lounge chairs and dining chairs. Residents would then sit in the chairs that they found most comfortable, usually determined by the residents' physical limitations. Residents at one hostel (J) had a variety of seating choices in meeting two, but not in meeting one.

Residents at three hostels (F, P, J [meeting 2]) had obvious difficulties getting in and out of the chairs because they were too deep and low for frail people. Residents at two hostels (O [meeting 1] and B [meeting 1]) had problems getting in and out of the chairs because they were positioned too closely together. On both occasions, residents were forced to get out of their chairs to allow the resident next to them enough room to get into their chair. This was further complicated by the large numbers of people with walking frames.

At both meetings at three hostels (Q, F, O), and at the first meeting at Hostel G, there were inadequate numbers of chairs for the numbers of people attending the meetings. At Hostel Q, seven residents went and collected chairs from another room. At Hostel F, one resident left each meeting because there were not enough chairs, and at Hostels O and G, residents sat on their walking frames.

Ten hostels had effective seating arrangements that helped to facilitate group discussions in both meetings. These hostels had their chairs in an approximate circle, where all people could see every other person at the meeting. The exceptions to this were in Hostels D and P where the main chairs were positioned in an approximate circle but a few residents positioned their chairs behind this group as a result of their personal preference. Four hostels had poor seating arrangements at both meetings, in so far as all or some people at the meeting had a restricted view of the other people there; usually such that some people were seated behind others. This seemed to be a result of the

meetings being held in inappropriately shaped rooms. Hostels B, G and J held their two meetings in different rooms, with the seating arrangement being effective at one meeting but less so at the other. Hostel O had the chairs arranged in a circle at meeting one, which encouraged discussion, but at meeting two, discussion was restricted by the chairs being arranged in rows, owing to the chairperson not having time to set them up.

Nine of the 18 hostel meetings had no problems with residents being able to see the chairperson but in Hostels D and P, some residents could not see due to their personal seating position preference. Four hostels had problems in both meetings with residents being unable to see the chairperson, with complaints being made in each of these meetings. In three hostels (B, J, O), residents had problems seeing in one meeting and not the other, due to the different seating arrangements as discussed earlier.

Twelve of the 18 hostels had residents complaining at one or other meeting that they could not hear. At 10 hostels, there were complaints that people could not hear either the chairperson or what other residents were saying. At Hostels J and B, there were complaints in only one meeting, where there were more residents and the seating arrangement was poor. In Hostels B (meeting 1), D, E, and J (meeting 1), microphones were used. In two of these hostels (D and J), there were no complaints by residents that they could not hear but in Hostel B, some residents complained that it was hard to hear due to the microphone "*booming*". However, when it was not used, people complained that they could not hear. In Hostel E, residents said that they could not hear each other but the chairperson repeated the key points of each discussion over the microphone and all seemed happy with this.

Comments about being unable to see or hear were usually made to another resident, as opposed to a staff member or the chairperson. Those hostels where residents had

trouble hearing the proceedings of the meetings were often also the hostels that had meetings with a lot of extraneous talking. This was because people could not hear the main conversation and thus resorted to talking to the person next to them. In Hostels F, J (meeting 2), and O it was also a result of the chairperson being unwilling or unable to control this extra talking. Furthermore, in a number of hostels, comments were made by the residents to other nearby residents to the effect that the chairperson never listened to what the residents said.

In 10 of the 18 hostels, the chairperson adopted a dominant seating position, either at the front of the room or at the head of the table. In five hostels, the chairperson adopted a more equal seating position, amongst the circle of residents. In three hostels, the seating arrangements were different at the two meetings and the chairperson adopted a formal seating position in one meeting but not the other. The seating position of the chairperson appeared to the author to be most beneficial where all people were able to see them and where their position was slightly differentiated from the rest of the committee members. This seemed to enable the chairperson to better control the meeting.

Four hostels had problems with access for residents with wheelchairs or walking frames and two hostels had problems in one meeting but not the other. The room size restricted access in two hostels and the others had problems with the chairs being placed too closely together.

In the meetings at all of the hostels, the male and female residents sat separately. This was even the case in two hostels where both a husband and wife attended the meetings. In most cases, residents appeared to sit with their friends at the meetings, perhaps suggesting that the male and female residents did not mix socially. In three meetings,

where a combination of residents, staff, and families attended the meetings, the groups sat interspersed together. In meetings where there was a combination of hostel and nursing home residents, the more able residents tended to sit together.

4.2 Setting.

A summary of the settings of the meetings is shown in Table 4.

Table 4:

A Summary of the Settings of the Committee Meetings

Setting	Hostels	Yes
Private	A B(1,2) C D E F G(1,2) H J(2) O	51%
Quiet	B(1,2) C D E F G(1,2) H J(2) K M O	57%
Not near staffing areas	A B(2) C E F G(1,2) I J(2) L O P	57%
Distractions	B(1,2) C D F G(2) I K L M N Q R	66%
Distractions detrimental	B(1,2) C D I K L M N Q R	57%
Setting welcoming	B(1) C D E F G(1) J(1,2) K L N O P Q R	74%
Temperature comfortable	B(1) C D G(1) H I J(1,2) K L N O P Q R	71%
Clock in the room	C E G(1,2) H K Q R	37%

The most common room type used for meetings was an activity room, with 6 of the 18 hostels using this for both meetings, and 1 hostel using it for one meeting. The other rooms used were a dining area (five hostels and for one meeting at one hostel), lounge area (four hostels), a library/reading room (for one meeting at two hostels), and a staff room (one hostel).

Nine hostels held their meetings in rooms that were private, where people could talk freely without fear of other people hearing. Eight hostels held meetings in rooms that

failed to provide this, most commonly due to people walking past where there were no doors to the rooms or where doors were left open. The chairperson of five hostel committee meetings indicated to the author that the doors were left open so that all residents felt comfortable attending the meeting at any stage in its progress. One hostel held one meeting in a private room and the other in one that lacked privacy.

Nine hostels held both meetings in rooms that were quiet, with Hostels H (only one meeting attended) and J having only one meeting held in a quiet environment. The two reasons for rooms being noisy were either that people who were not part of the committee were talking in a nearby area (Hostels I, N, P, Q, R), or the meeting room adjoined a noisy area such as the kitchen (Hostels A, J [meeting 2], L). The hostels that provided private rooms were generally also those that had quiet rooms, with no problems with background noise. However, in Hostels M and K, the rooms were not private but were quiet, although this was only due to no one walking past while the meetings were being held. In Hostel A, the room was private but not quiet, as there was noise in the adjoining kitchen area.

Six hostels held their meetings in rooms that were near staffing areas (such as offices or a staff room) with one hostel holding the meeting in the staff room. Nine hostels held their meetings well away from staff areas. Two hostels held one meeting near staff areas and one away from them. One hostel (M) did not have staff that specifically worked in that area as it was comprised of independent living units.

Meetings at 12 hostels were interrupted in some way by various distractions. These included an animal present at the meeting of four hostels, the manager getting mobile phone calls in the meetings of four hostels (that were part of one large hostel),

announcements over a PA system in four hostels, and a non-attending staff person interrupting the meeting to talk to the chairperson in three hostels.

The most disruptive aspect of any of the meetings was due to one manager leaving her mobile phone on at four separate meetings. The phone rang with relative frequency and when it was answered, the comment being made by a resident was frequently forgotten. Four hostels had a dog present at the meetings, with the dog belonging to the hostel in two cases and to the chairperson in the other two hostels. This was distracting in the former two meetings as residents were throwing the ball to it while people were talking. One of these hostels also owned a bird that was out of its cage and distracted those people that were either holding the bird or who were not comfortable around it. In the other two meetings, where the dog belonged to the chairperson, it was not distracting as it sat in her lap during the meeting. Four hostels had a loudspeaker on in the room where announcements of phone calls and activities were made. Conversation had to cease until the announcement had passed.

Seven hostels held meetings in rooms where there was a clock visible to all in attendance and 11 hostels had no clock in the room. The presence of a clock may be important so that the chairperson and the other committee members are able to conduct the meeting according to schedule.

4.3 Room temperature.

Twelve of the 18 hostels had rooms that were of a comfortable temperature, as defined by the author not hearing any comments by the residents that they were uncomfortable. Four hostels had committee members who made adverse comments at both meetings about the temperature of the room. All comments were that the room was too cold.

Two hostels had one meeting held in a room of adequate temperature and the other held in a room that the residents complained was too cold. On two occasions the room was too cold because it was such a large room with inadequate heating, and on four occasions, it was a result of the heating not being turned on in the room.

4.4 A “welcoming” setting.

While *welcoming* was difficult to define, there were some hostels that did not seem to the author to hold their meetings in particularly welcoming settings. For example, Hostel H had a very unwelcoming setting in so far as meetings were held in the staff room, with residents forced to enter by opening a closed door that had a sign on it reading “Staff Only”. Two hostels (A and M) held meetings in quiet rooms, but the rooms were so large that the meeting only utilised a very small part of the room, which made the atmosphere feel a bit cold and impersonal. Hostel B held its second meeting in a small, private room, but the room had no window, no decorations, and was very dark. Hostels I and G (meeting 2) held their meetings in rooms that were large and starkly decorated.

5. Resources

Four hostels (B [meeting 1], D, E, J) used microphones in the meetings, which appeared to help the hearing impaired people immensely. However, the chairperson at Hostel B initially used a microphone but residents with hearing aids complained that it made it more difficult for them to hear because of the “*booming sound*” that it made.

In one hostel (D) an outside organisation had been enlisted to help with the committee meetings. This was because the residents had been unhappy with the meeting format

offered and thus had approached the Aged Rights Advocacy Service to come and help them set up resident-led meetings. The resident chairperson commented that he and the other residents found this help very useful and the residents were still running the meetings successfully, 2 years later.

Another hostel (K) had the Aged Rights Advocacy Service come and speak to them about some general issues, including residents' rights to participate in decision-making. This talk was available to all residents and was not specific to the resident committee but covered all areas related to residents' rights in aged care.

In 15 of the 18 hostels, the hostel provided the stationery for the minutes, and the staff typed and distributed them. In Hostels C, E, and O, the volunteers who took the minutes provided their own paper and pen. In Hostel O, the chairperson (a family member) typed and distributed the minutes.

6. *Timing*

A summary of the timing of the meetings is provided in Table 5.

Table 5:

A Summary of the Timing of the Committee Meetings

Timing	Hostels	Yes
Started on time	A B G(2) H J(1,2) M N P Q R(1)	49%
Held when scheduled	A B C E(2) G(2) J(2) K(2) L M N O P Q R	69%
Less than 1 hour	A B C D E F G(1,2) H I J(1,2) K L P(2) Q R(2)	77%
Residents losing concentration or interest	C J(2) L O P(1) R	29%
Meeting cut short by chairperson	B F J(2)	14%
Coincided with morning/ afternoon tea/lunch	B(1) C D E F G(2) H K L P	49%

All hostels held their meetings either mid-morning (10), ranging from 9:30am to 11:00am, or early afternoon (6), ranging from 1:00pm to 2:00pm. Two hostels held one of their meetings in the morning and the other in the afternoon. Seven hostels held their meetings to coincide with morning tea or afternoon tea, with these served either before or after the meeting. One hostel held their meetings directly after lunch so that the residents were reminded of the meeting at lunchtime and then attended as soon as they had finished lunch. In two hostels (G and B), one meeting was combined with afternoon tea. Eight hostels had no morning or afternoon tea served at the meetings.

In 8 of the 18 hostels, the meetings started within 10 minutes of the scheduled time. Eight other hostels had both meetings start late, and a further two hostels had one meeting start on time and the other one start late. Hostel B only started both meetings on time because the author had arrived to observe them. The chairperson had in fact forgotten the meetings and was collected by a staff member when the author arrived. The meetings that started late, started on average 17 minutes late ($SD = 7.5$, range 10 to 30 minutes). In 10 of the 18 meetings that were running late, this was due to lateness of

the chairperson, in 6 it was due to waiting for the chairperson or staff to bring residents to the meeting while in the remaining 2, it was due to the lateness of staff members. Often it was not that the chairperson was held up doing other things but instead they had just lost track of time. It also seemed that more meetings started on time due to the author being there and thus acting as a reminder for the chairperson.

Ten of the 18 hostels held both meetings on the date when they were originally scheduled. Four hostels did not hold either meeting when they were originally scheduled. Four hostels held one meeting when it was scheduled and the other was postponed. One hostel had five cancelled meetings over the course of this study, with two a result of no residents arriving for the meeting and three a result of the chairperson postponing them as she was busy.

Generally, it seemed that more of the meetings would have been cancelled had the author not been attending them, with four chairpersons indicating that they only held the meetings as scheduled because the author was there. For example, the chairperson at Hostel B told the author on arrival, "*I had completely forgotten. Oh well, we may as well hold it now you are here*". The chairperson at Hostel G was out of the hostel and had forgotten the meeting when the author arrived, but was called by a staff member and thus held the meeting. Rarely were reasons given for the cancellation of meetings, other than it was inconvenient for the chairperson.

The meetings were held on average, once every 7 weeks ($SD = 3.38$, range 4 to 12 weeks). Meetings were most commonly held once every 4 weeks. This occurred in nine hostels.

In three hostels both meetings exceeded 1 hour. A further two hostels had one meeting that exceeded 1 hour. The average length of time for a meeting was 43 minutes, ranging from 10 minutes to 90 minutes ($SD = 17.15$).

In four hostels, both meetings seemed to the author to be too long as a number of residents began to lose interest or concentration. Two hostels had one meeting where this occurred. There were a variety of reasons for these long meetings. For example, in Hostel R a lot of interpretations were required as there were different nationalities present, requiring each statement to be spoken in English and Italian. In Hostel O, the chairperson went into more detail than the residents could understand. In Hostel P, there was too much talk by one staff member. In Hostel L, the residents were very physically and mentally dependent and could not concentrate for long. In Hostel C, there were a lot of people who were asked individually whether they would like to raise an issue and in Hostel J, the meeting became very chatty and unproductive.

In two hostels, the length of both meetings was cut short by the chairperson before the residents had been given enough opportunities to raise issues, and this occurred in one meeting at one further hostel. The chairperson at Hostel B closed the meetings saying, "*I must be going myself. I'll close the meeting*". The chairperson at Hostel F closed the meetings without asking the residents again if there were any issues they wished to raise, and the chairperson was approached with three additional questions after the meeting. The chairperson at Hostel J (meeting 2) closed the meeting after realising that it was late and she had other things to do.

7. People on the Committee

7.1 Number of people.

The 29 meetings with all-can-attend formats (Hostels B [meeting 1], C, D, E, F, G, H, I, J [meeting 1], K, L, N, O, P, Q, R) had 17 residents attend on average ($SD = 7.67$) ranging from 7 to 34. The average numbers of females at these meetings was 14 ($SD = 7.08$, range 6 to 29) and there was an average of 3 males ($SD = 1.82$, range 0 to 7). Approximately the same people attended both meetings. The average number of people for the six meetings with elected formats (A, B [meeting 2], J [meeting 2], M) was 7 ($SD = 2.38$, range 5 to 10). The average number of females was 5 ($SD = 3.1$, range 2 to 9) and the average number of males was 2 ($SD = 0.96$, range 1 to 3).

Staff or the chairperson physically helped residents to the meetings in nine hostels (C, E, F, G [meeting 1], I, K, L, O, R). Residents who required assistance were offered it and staff commonly went to these people's rooms to collect them. In the other hostels, either the residents did not need help or the more dependent residents did not attend the meetings.

Residents were reminded of the meetings by some method in all hostels. Many had a variety of formats to remind residents and these included a notice in the newsletter (12 hostels), a memo (four hostels), staff individually reminded and collected residents (four hostels), a notice on the noticeboard (three hostels), an announcement over the PA system (three hostels), and an announcement at a mealtime (two hostels).

A number of meetings with large numbers in attendance (usually over 15 residents) had problems with small group discussions occurring separately from the main discussion.

This particularly occurred in Hostels B (meeting 1), I, J (meeting 1), O, and R. These extraneous discussions usually revolved around discussion about what was being said in the main group, but with personal criticisms of the speakers. These people rarely spoke in the general meeting discussions. Their talking was quite disruptive but the chairperson only tried to stop it in Hostels B and R.

A variety of people were present at the meetings. No meetings were held for residents exclusively. Other than the staff chairperson, 15 hostels had other staff attend the meetings. Two hostel resident committee meetings (K and L) were also held for staff members to raise any issues that they had. Family members attended the meetings in five hostels (C, E, G, H, K) and were invited to attend in Hostel R, but did not. In Hostels C and E, they attended only as they were visiting their family members at the same time. In Hostels G and H, they regularly attended the meetings to raise issues and participate in the meetings. In Hostel K, family members were invited for the second meeting only because the accreditation team was observing the meeting as a part of their process of assessing whether the hostel was of an adequate standard. The manager indicated to the author that it would "*look good*" if family members were there, despite them not usually being invited to attend.

Language interpreters were present at Hostels P and R and Hostel R also had a deaf interpreter.

Guest speakers were present at Hostels P and O (both cooks), and observers were present at two hostels, with an accreditation team present at Hostel K and a council member at Hostel Q.

In meetings at three hostels (A, G [meeting 2], K), the residents' views were dominated by the other people at the meetings. This was a result of residents being the minority group in terms of numbers at Hostels A and K. At Hostel G, one family member was so outspoken in the meetings that the residents had few opportunities to voice their own opinions.

7.2 Chairperson.

In most cases, the manager chaired the meetings (B [meeting 2], E, G [meeting 2], I, J, L [meeting 2], N, R [meeting 1]), with other chairpersons including the activity coordinator (C, G [meeting 1], H, P, Q, R [meeting 2]); a member of the management board (F, M); the lodge manager, the head coordinator of that specific area of the hostel (K, L [meeting 1]); a family member (O); a resident (D); and a minister (A). In three of these hostels, (B [meeting 1], F, K), a resident acted as the co-chairperson with a staff member, although the resident chairpersons' input was minimal and the other residents did not regard them as the chairperson. In the previous survey, the manager from Hostel H also indicated that a resident chaired the meeting, despite this not being observed by the author to be the case. The manager from Hostel D reported in the previous survey that she chaired the meetings despite a resident being observed by the author to act as chairperson and indicating to the author that they had done so for 2 years. Eight hostels had the two meetings chaired by different people.

In 12 of the 18 hostels, the chairperson sat behind a desk during the meeting. While this is commonly believed to result in more authoritarian stances by the chairperson (Argyle (1990), this was not evident in most cases since almost three-quarters of the chairpersons overall appeared to the author to have adopted an open and encouraging stance. This included such actions as turning their bodies towards the resident that was

speaking, and encouraging participation by smiling and nodding their head. Furthermore, most residents were also sitting behind tables in these hostels.

In 14 hostels (A, B, C, E, F, G, H, J, K, L, O, P, Q, R) the manager chose the person that they considered to be the most appropriate chairperson. In one hostel (M), the chairperson was nominated by the management board. In another hostel (D), the manager had chaired the meetings but the residents had approached the Aged Rights Advocacy Service to help them initiate resident-led meetings. In a further two hostels (I and N), the manager encouraged residents to chair the meetings, but in the absence of any interest, the manager adopted the role.

In 14 hostels, the manager felt that it would have been inappropriate for a resident to act in the role of chairperson. Comments included:

- *“They aren’t capable of it. The others would feel like they are being favoured”*
(Chairperson, Hostel C).
- *“They are a bit like children and there would be issues of favouritism”*
(Chairperson, Hostel E).

Six chairpersons indicated to the author that they had experience in either running meetings or participating in formal meetings (D, E, F, L, M, N). Of these, only the chairperson from Hostel D was a resident. The resident chairperson at Hostel D was the only one who had received any official training in how to run resident committees, and he had received this training from the Aged Rights Advocacy Service.

The chairpersons at four hostels (B, F, Q, R) were observed to show some undesirable behaviours when chairing the meetings, such as ignoring various residents, strongly forcing their own opinions, showing favouritism, and speaking crossly to the residents.

Seven chairpersons spoke to the residents like business associates (A [meeting 1], E, G, H, I [meeting 2], M, N) seven spoke like friends (A [meeting 2], D, J, K, L, P, Q [meeting 2]), four were very bossy and opinionated (B, F, Q [meeting 1], R [meeting 1]), two spoke to the residents as if they were talking to children (C and R [meeting 2]), and two treated them like respected elders (I [meeting 1] and O).

8. Meeting Processes

8.1 Agenda.

Six hostels (A, D, E, F, O, Q) had some form of agenda at both meetings and two hostels had an agenda at one meeting only (G [meeting 2], H [only one meeting attended]). Five of these agendas were specific to the meetings and the others were the same for each meeting. Only two hostels (E and H) provided a copy of this to residents. In the other six hostels, the agenda was merely a guide for the chairperson to run the meeting.

8.2 Minutes.

All 18 hostels had some form of minutes, and 9 of these hostels (A, E, F, H, I, M, O, Q, R) provided each resident with a copy. A further two hostels provided residents with a copy at one meeting only (N [meeting 1] and J [meeting 2]). The minute-taker at Hostel D handed around two copies for residents to share at the meeting but no one read these.

Six hostels distributed the copies between the meetings but residents only brought their minutes to the meetings in one hostel. Four hostels provided a copy at the meetings. Where individual copies of the minutes were provided at the meeting, the majority of residents appeared to read these with some interest. Six hostels posted minutes on the noticeboard with only one of these being a hostel where residents were not provided with individual copies. The remaining meetings just recorded minutes for the records of the hostel.

One problem with the minutes was that in eight of the hostels where residents were provided with minutes, the author either heard residents commenting, or observed, that there was difficulty in reading them. In each case, either the size of the writing was too small and/or the minutes were too crowded to be easily read by all people. In Hostel G (meeting 1), the chairperson couldn't find the correct minutes of the previous meeting and said to the secretary "*Just give me the ones for the meeting before. They'll never know anyway*".

Of the 18 hostels, 7 had the names of the residents who made suggestions written on the minutes. The chairperson usually indicated that this enabled them to follow up the suggestions with that person.

The chairperson took the minutes of both meetings in seven hostels (F, I, J, L, N, P, Q) and in just one meeting at a further three hostels (B [meeting 2], G [meeting 1], H). In Hostel E, a resident volunteered to take the minutes; in Hostel O, a family member took the minutes; in Hostel A, a volunteer took the minutes; and in the other seven hostels (B [meeting 1], C, D, G [meeting 2], K, M, R), a staff member took the minutes.

The numbers of topics minuted and not minuted are outlined later in the results (Table 7).

8.3 Order of the meetings.

All hostels had meetings that had some degree of formality, with the typical format including some or all of the following:

1. Note those people present.
2. Apologies.
3. Read previous minutes.
4. Previous minutes passed and seconded.
5. Business arising from previous meeting.
6. New business.
7. The meeting is declared closed.

The meeting orders adopted by the hostels are shown in Table 6.

Table 6:

A Summary of the Committee Meeting Formats

Feature	Hostels	Yes
Note people present	A D E F G(2) H J(2) K M N O P Q R	71%
Apologies	A C D E F G(2) K M	43%
Read previous minutes	A(1) B C D E F H I J(1,2) K L M N O P(2) R	83%
Minutes taken as read	A(2)	3%
Minutes passed and seconded	C E F H M O	31%
Business arising	A B C D E G(1,2) H I J(1,2) K M N O P(2) R	80%
New business	A B C D E F G(1,2) H I J(1,2) K L N O P(2) Q R	91%
New business (grouped into sections)	A E O Q	23%
Ask each resident individually	B(2) C D K L M Q R(1)	40%
Next meeting date	A E F O Q	29%
Thanks for attendance	A C D K L M O P R(2)	49%
Declare meeting closed	A B E F G(1) I J(2) M N O Q R(1)	60%

A number of meetings (B, C, D, G [meeting 1], I, J [meeting 1], J [meeting 2], K, M, N) addressed the business arising from the previous minutes as the minutes were being read, rather than having a separate section in which to address these issues. For example, in Hostel D, the chairperson would pause after each topic was read in the minutes and say to the manager, “*Can you please report on how that is going*”.

At six hostels, each resident was asked individually whether they had any topics to raise, and at two hostels, they were asked at one meeting only. This is further discussed in *Section 8.4*.

Only a very small number of hostels (five) informed residents of the date of the next meeting at the conclusion of the meeting.

8.4 Topics discussed.

Overall, an average of 60% of residents who attended the meetings, participated verbally ($SD = 29.2$, range 21 to 100%, $Mdn = 56.5$). This included the raising of topics and responses to comments made by the chairperson or other residents. In meetings with 9 residents or less ($n = 8$), the average participation was 87% ($SD = 18.45$, range 60 to 100%). In meetings with 10 to 12 residents ($n = 11$), the average participation was 55% ($SD = 36.50$, range 18 to 100%). The average participation in meetings with 13 to 18 residents ($n = 9$) was 49% ($SD = 23.35$, range 22 to 100%). For meetings with 18 residents or greater ($n = 7$), the average level of participation was 31% ($SD = 15.37$, range 10 to 52%). The standard deviations were lowest where there were less than 10 residents or greater than 18 residents. In each of the hostels, approximately the same people contributed verbally to both meetings. No gender differences in participation could be analysed, as when the author took the notes of the meetings, the gender of the resident speaking was not noted. However, it did appear to the author that despite the lower numbers of male residents at most meetings, they seemed to be more vocal than the female residents and were more comfortable and confident in raising issues.

There was a significant negative correlation between the numbers of residents at the meetings and the levels of participation ($r = -.57$, $p = .02$). This statistic was only calculated for meetings with all-can-attend formats, as there were too few meetings with elected members to perform correlation analyses. Therefore, as the numbers of residents in the all-can-attend meetings increased, the participation rate decreased.

In Hostels K, O, Q and R, there was substantially higher resident participation in one meeting than the other. In Hostel K, participation was lower at meeting two when a lot of non-residents attended the meeting. In Hostel O, the cook attended meeting two and

was very critical of residents and thus seemed to set the tone of the meeting. In Hostel Q, the chairperson was in a much better mood in meeting two, after a party that had occurred at the hostel the night before. At Hostel R, the manager was not present at meeting two and it was instead chaired by the activity coordinator. The residents seemed to relate better to her.

In both meetings at 11 hostels, and one meeting at 1 hostel (B, C, D, E, F, G [meeting 2], I, J, K, L, O, Q), the chairperson was the main person who raised the topics. In both meetings at six hostels, and one meeting at two hostels, (A, G [meeting1], H [only one meeting attended], M, N, P, R) it was the residents who raised the majority of issues.

At Hostel D, the chairperson was a resident and in this respect the hostel was unique. The chairperson indicated to the author that while the residents were “*very vocal*” away from the meetings, they preferred him to raise the issues on their behalf at the meetings. In meeting one, the chairperson raised most of the topics and asked for residents’ comments on these. In meeting two, the residents raised a lot of issues, and this seemed to be as a result of a number of food problems that had occurred. Residents addressed these at the start of the meeting and while they were already talking, they raised some other issues.

Food or dining issues were the main topics raised by residents in the meetings at 14 hostels. Maintenance issues were the main topics raised at three hostels. Personal queries or complaints were the main topics raised at one hostel. Out of the 200 issues raised by residents over the 35 meetings for the 18 hostels, the main issues that were raised included food and dining (41% of issues) and hostel maintenance or the need for new appliances etc (28%). Less commonly raised issues included: activities (8%), staff complaints (7%), complaints about other residents (5%), personal queries (5%), hostel

rules (3%), and praise about staff (3%). Remaining issues mentioned included: requests for more information regarding hostel procedures (.02%), thanks to other residents (< .01%), notification of resignation from the committee (< .01%), and a request for a pet (< .01%).

Out of the 133 issues raised by chairpersons, the main issues that were raised included: activities (21%); maintenance issues (19%); rules for residents (16%); changes to, or reminder of, policies and hostel routines (14%); food and dining issues (9%); specific requests for residents' opinions regarding a change (8%); staff issues (5%); personal issues about how to relate to other people in the hostel (3%); meeting procedures (3%); thanks to residents (1%); and an inquiry about the health of a resident (< .01%).

Other staff present at the meetings raised 38 issues, including: activities (32%), maintenance and environment (18%), hostel rules (18%), food issues (11%), staff issues (11%), praise for residents (5%), a suggestion for a new committee member (3%), and an inquiry to an individual resident (3%).

Family raised four issues, with three comments about needs for maintenance or hostel upgrades and one complaint about a policy.

Typically, the chairperson raised any issues that they wanted to immediately after the business arising section. The residents were then asked to raise issues. This was generally the final section of the meeting.

In six hostels (C, D, K, L, M, Q) the chairperson asked each resident individually at both meetings whether they would like to add anything to the meeting. In Hostels R and B, residents were asked at one meeting only.

The wording of these questions included:

- “*How do you feel about things?*” (Hostel D).
- “*NAME, is there anything that you’d like to bring to the meeting?*” (Hostel C).
- “*NAME, any problems?*” (Hostel R).

In Hostel C, the only two issues that were raised were done so in response to this question. In contrast, in Hostel R, no issues were raised in this section, as the manager asked the question and the residents did not seem to be comfortable raising issues with her. In Hostels B, D, K, and L, residents were only given this format to raise issues. There was no section for residents to raise issues as a group. In Hostel Q, no issues were raised in this section, seemingly due to the actions of the chairperson, who asked “*NAME, any problems?*” while pointing at the resident with a pen. When they replied “*No*” she said “*Good*”. The chairpersons at Hostels C and L missed a number of residents while they were asking them, as they were sidetracked by other issues being raised. Furthermore, the chairperson at Hostel L did not ask some residents as she felt that they were too impaired to contribute to the meeting.

There is a full discussion of the topics raised in each meeting in Appendix B.

Of the total of 375 issues raised at the meetings, only 53% were raised by the residents. Comments were often made by the chairperson to the author regarding their reasons for the low levels of resident participation. Comments included:

- “. . . *too scared to comment*” and if they raised issues at meetings, they “. . . *wanted it taken no further*” as they were “. . . *too scared to face them*” (manager or nurses) (Chairperson, Hostel C).

- “*They’ve got no idea*” (Chairperson, Hostel F).

Most meetings were constructive for the bulk of the meeting, often ending with general conversation about the life of the chairperson and their family.

8.5 Discussion type.

The residents at 14 hostels (A, B, D, F, G, H, I, J, K, M, N, O, Q, R) tended to focus their comments at the meetings on criticisms of the hostel or on problems that needed to be addressed. The residents at Hostel C focused more on inquiries and suggestions, while the residents at Hostels L and P focused on praise of the staff and the hostel. Residents did not really raise issues at Hostel E but instead gave their opinions on topics for suggested changes that were raised by the chairperson. Most of their comments were supportive of the chairperson.

After discussions had occurred, the chairpersons at Hostels D, E, M, O, and Q (meeting 2) repeated back a summary of the discussion to the group of residents. This was particularly successful in Hostels D and E as the chairperson had a microphone so that all residents were able to hear the summary statement.

There were some comments made by staff members in the meetings that obviously offended the residents although staff did not seem to realise that they would be offensive. For example:

- “*We should have invited (the author) when X (a resident) was here as he always caused some fights and was very disruptive*” (this offended a man that was his friend), Chairperson, Hostel A.

- “. . . *small and poky and not fit for living in*” (in description of the residents’ rooms), Assistant manager, Hostel A.
- “*See, I told you they had no idea*” (said to the author about the residents, during the meeting), Chairperson, Hostel F.
- Discussion about residents having to move into the nursing home if they needed extra care, with the new manager, having not worked in aged care before, being unaware of the feeling amongst the residents of not wanting to be classified as nursing home residents (Manager, Hostel I).
- In response to a resident’s comment that they missed a staff member who had recently changed jobs to a general hospital, the chairperson said “*You should be happy for her No one wants to be changing bed pans all their life*” (Chairperson, Hostel F).

There were a number of times when staff defended the hostel after it was criticised.

Examples included:

- “*Most residents really like the food. There are 60-odd residents and everyone else said the fish was nice*” (Chairperson, Hostel B).
- “*You’re very lucky ladies*” (Chairperson, Hostel F, in response to a food complaint).
- “*We do a lot of things for you. You don’t know how lucky you are*” (Cook, Hostel O).

8.6 Feedback at the meetings.

Examples of chairpersons who provided positive responses after residents raised

comments included:

- “. . . *that is a very good point. That’s not good enough is it?*” (Chairperson, Hostel D).
- In response to a resident request for someone to mend clothes for them,
Chairperson: *“That’s very reasonable. If you can’t sew, we can’t always wait for family”* (Hostel C).
- *“Thank you. That’s a very good point. I’ll speak to the staff”* (Chairperson, Hostel I, meeting 1).

Examples of more negative responses included:

- Resident: *“The fish was awful”*
Chairperson: *“I had the fish today and it was fine”* (Hostel B).
- *“I’ll tell you what I’ve learnt, you just can’t please everyone”* (Chairperson, Hostel I, meeting 2).
- In response to a resident who complained about staff members coming late to him in the morning:
Chairperson: *“Tell him he’s very lucky if they come at 9:30, because they’ve got a lot of work to do”* (to the interpreter, Hostel R).

9. Meeting Outcomes

Full lists of the outcomes of the individual meetings are shown in Appendix B. Of the issues that were raised by residents in meeting one, the outcomes in meeting two were as detailed in Tables 7 and 8. The outcomes of meeting two cannot be accurately assessed, as no further meetings were attended to assess the follow up of issues.

Table 7:

A Summary of the Numbers of Topics That Were Minuted and Not Minuted in the Resident Committee Meetings, for Each Hostel

Hostel	Minuted	Not Minuted
A	2	3
B	6	2
C	2	-
D	1	-
E	1	2
F	1	-
G (1)	5	-
G (2)	1	-
H	5	-
I	4	2
J	6	-
K	3	3
L	-	3
M	7	1
N	5	4
O	13	-
P	3	-
Q	-	2
R	3	2

Table 8:

A Summary of the Outcomes of the Issues That were Raised by Residents at Meeting One, for Each Hostel

Hostel	Solution found at meeting 1	Solution implemented between meetings 1 & 2	Satisfactory solution given at meeting 2	Answer given rejecting suggestion at meeting 2	Reported as ongoing
A	-	-	1	-	1
B	-	-	-	6	-
C	1	-	-	-	-
D	1	-	-	-	-
E	-	-	-	-	-
F	-	-	-	-	-
G (1)	-	-	-	-	-
G (2)	1	-	-	-	-
H ^a	Unknown				
I	-	-	-	-	1
J	-	-	-	-	-
K	-	3	-	-	-
M	1	1	1	-	2
N	1	2	-	-	1
O	-	1	1	10	-
P	1	1	-	-	1
Q	-	-	-	-	-
R	-	2	-	-	-

Note. ^a The outcomes of this hostel are not known as only one meeting was attended

Of the 89 topics that were raised in the 18 meetings, 65 were minuted and 24 were not minuted. The outcomes of the 89 issues included 6 solutions found at meeting one, 10 solutions were implemented between meetings one and two, 3 issues were given a solution that was satisfactory to the residents at meeting two that would be implemented later, 16 issues were rejected at meeting two, and 6 issues were simply raised in the

minutes and reported as *“ongoing”*. Forty-one of the issues raised at meeting one were not raised again at meeting two.

Often, while no solutions were given at the meetings and they were not followed up at the next meeting, the chairperson would give answers such as:

- *“I’ll speak to the girls”* (Hostel C).
- *“We’ll sort something out”* (Hostel E).
- *“I’ll speak to the staff”* (Hostel I).

Therefore it was unclear from attending the next meeting, whether the issues had been resolved or not.

There were various things that hindered successful outcomes to the topics raised by residents. For example, in Hostel A, there were a large number of volunteers and staff present. They tended not to understand the needs of the residents and instead strived for solutions that they found appropriate. For example, one resident said on behalf of his friend that he was too sick to water the garden any more and thus was anxious for another person to be found to fill this role. The volunteers and staff said that it wouldn’t be an issue until the summer, so they would leave it until then. This overlooked how much of a concern it was to the residents involved.

The chairperson at Hostel B actually decided on the outcomes of the issues herself, disregarding what the residents had said. For example, she inquired whether they would like to have the hairdresser come later as the chairperson thought that she came too early. All residents were happy with her coming early and the chairperson replied, *“All*

right, I'll make it 7:30 and tell her that we brought it up and decided that it was too early".

There were also problems in Hostels B and J, where there were committee meetings and resident meetings, and different people attended the two meetings. Therefore, when the solutions to topics were given at the next meeting, they were not directly relevant to the people there.

Despite solutions being given on a number of occasions, these were not always positive. For example, when residents raised various food complaints at Hostel B, the chairperson reported at the next meeting, *"We'll leave that unresolved. I would do something but I don't think that there is any need"*.

Hostel D had only one new issue raised at meeting one. However, the chairperson raised a number of issues that were ongoing from the previous meeting. When the author returned 10 months later, most of the issues were still on the agenda as ongoing. This was due to the stalling of management in addressing the issues.

At Hostel L, there was a problem in that staff attended the meetings as well as the residents. When one resident raised an issue, a staff member disagreed and the chairperson supported the view of the staff member ahead of the view of the resident.

There were a number of comments made by the residents that demonstrated their reluctance to raise issues at the meetings due to their frustration about the lack of satisfactory outcomes.

Examples included:

- *“I’ve told X (manager) and she doesn’t listen to anything you say. She just says okay and forgets”* (Resident to chairperson, Hostel K).
- *“If I say anything here then I’ll have to swim in their rotten juices. Sounds awful but its true”* (One resident to another, Hostel B).
- *“I don’t have to talk. It makes no difference anyway”*. (Resident to chairperson, Hostel O).

There were some other comments to the effect that residents were not satisfied with the meeting processes, including:

- *“I didn’t hear anything and I didn’t learn anything”* (Hostel F).
- *“It wasn’t a real meeting but just a whinge”* (Hostel O).
- *“This is a meeting you know”* (Hostel F).
- *“It was a very chatty meeting wasn’t it?”* (Hostel J).

These comments were observed to particularly occur following the more social meetings. There were also a number of comments made by the chairperson to the author regarding the uselessness of the meetings, including:

- *“The meetings are a farce”* (Chairperson, Hostel E).
- *“. . . there are little things, but the meetings are never very useful”* (Chairperson, Hostel J).
- *“They’re a waste of time; they only talk about food”* (Chairperson, Hostel B).

The language barrier between the chairperson and some of the residents hindered the finding of solutions to topics in Hostel R. Once the residents had made a comment and it was interpreted for her, she would comment, “*Oh, okay*” in reference to understanding the comment and overlook the need for an answer to be given.

10. Member Interaction

The interaction between the residents and between the residents and staff at the meetings may have been indicative of the organisational culture of the hostel. A brief description of the interactions is shown in Table 9. A more detailed description can be found in Appendix B.

Table 9:
A Brief Description of the Interaction Between Group Members at the Resident Committee Meetings

Interaction	Hostels	Yes
Majority of residents speak to each other before the meeting	A B(2) C D E G(1) J(1,2) L M N P Q(2) R	66%
Residents verbally supportive of each other’s views	A B(2) C D E G(1) H J(2) M N P Q(2)	54%
A lot of interrupting the speaker by other residents	B(1) F O Q(1)	17%
Chairperson shows speaker respect	A B(2) C D E G(1,2) H I J(1,2) K L M N O P Q(2) R	89%

In the majority of hostels, the residents spoke to each other before the meetings. They were verbally supportive of one another’s views, they did not interrupt each other a

great deal while they were speaking, and they were shown respect by the chairperson while they were making a point.

There were various comments made that showed that the residents were supportive of each other in the meetings. For example:

- *“Yes, the custard does need to be sweeter”* (Resident, Hostel E, in encouragement of a shy resident’s comment).
- *“That’s good”* (Hostel P, comment made by one resident to another shy resident who was worried about making a comment).

Some example of less supportive comments included:

- Resident 1: *“I have too much food”*.
Resident 2: *“Oh shut up”*.
Resident 3: *“She doesn’t know how to shut up”* (Hostel F).
- *“She’s only been here 4 months and she’s already complaining”* (Resident, Hostel O).
- *“What is she on about?”* (Resident, Hostel Q).

In Hostels G and H, it was not that the residents were not pleasant to each other or not supportive, it was just that they did not know each other well enough to be friends. They were a select group of residents from a large hostel and thus were not particularly close. In Hostel L, residents were not supportive of each other’s views verbally as they were quite a highly dependent group of residents and did not talk much. However, they were not critical of each other’s views. In Hostel R, the residents were not supportive of each other’s views verbally but argued quite a lot. However, these people were of

Italian descent and it appeared that their arguments were cultural in nature, as they did not seem to produce any ill feelings.

Hostel Q had a different feel at the two meetings and this is described in *Section 12*. Residents were supportive of each other at the second meeting and were close as a group. This was in contrast to meeting one where residents did not interact much and the chairperson was not friendly to the residents.

11. Communication Within the Organisation

In Hostels F and O, the chairperson had a meeting with the manager regarding the contents of the meeting immediately prior to and immediately after the meeting. The manager then decided on the outcomes to the suggestions and the chairperson at the next meeting reported these back to the residents. In Hostel F, the chairperson only told the manager of issues that she thought needed addressing. Often she made comments such as *"They'll get used to it. They're just whingeing"*. In Hostel O, the residents were frustrated as the chairperson (a family member) could not provide them with definite answers at the meetings. Feedback occurred at the next meeting, but this was 3 months later. When the author returned 1 year later, the manager had been invited to attend meetings so that answers could be given as requests were made.

In Hostels A, B, D, E, G (meeting 2), I, J, K, L, and N, the manager attended both meetings and either gave answers on the day or reported back at the next meeting. Problems occurred with this method in Hostel B where the manager only addressed issues with which she agreed, commenting to the author while she looked through the minutes, *"Most of the comments are unfounded, they just like to complain . . . I don't expect to have to make any changes"*.

In Hostels Q and R, when the manager attended the meetings, they gave an answer on the day or said that they would address it. When they did not attend the meetings (approximately every second meeting), any answers were postponed until they next attended the meeting. This was particularly a problem in Hostel R where their meetings were 3 months apart.

In Hostel C, P, and G (meeting one), the activity coordinator (chairperson) could usually address the problems at the meetings. However for larger issues that required financial consideration, the manager read the minutes and gave the answers to any issues to the activity coordinator by the next meeting.

In Hostel H, the manager was given a copy of the minutes and reported back the answers to the activity coordinator (chairperson) when a solution had been made.

In Hostel M, a management representative, the hostel manager, a maintenance man and the lodge manager all attended so the appropriate person was chosen to follow up the issues. They then reported back at the next meeting.

Hostels I, J (meeting one), O, P, and Q, had minutes available to be read by all people at the hostel and this provided a way for all people to know what happened at the meetings. Hostel N had a suggestion box where residents who did not want to attend the meeting could provide suggestions anonymously. However the chairperson indicated that this had never been used.

The resident chairperson at Hostel D, and the resident representatives at Hostel A, made an effort to go around and ask other residents who did not attend meetings, whether they

had anything that they would like them to raise on their behalf at the meetings. They then reported back to these people at meal times and at other social occasions after the meeting.

12. Organisational Culture

It is very difficult to summarise impressions of the organisational culture of each hostel, as they each seemed to have quite unique features. Furthermore, observations based only on the experience of attending two meetings were clearly not enough to provide more than just brief impressions of some aspects on each organisation's culture.

There did, however, seem to be some indications of the possible effects of organisational culture on the process and productivity of the meetings. For example, a number of hostels ran their meetings well but the residents still made comments indicating that they did not enjoy them.

In Hostel K, the chairperson ran the meeting very well. She listened to what the residents had to say and was very kind to them. She usually told them that the solutions that they suggested could be implemented and these were generally reported at the next meeting as having been implemented. In one case, a resident requested stewed fruit so the chairperson agreed that stewing fruit could become a weekly activity. At the next meeting, it was reported that this had started. However, at the conclusion of the meetings, the residents appeared disgruntled, commented that they didn't like the meetings, and that the meetings never achieved anything. This appeared to be a reflection of the overall culture of the hostel and the general level of satisfaction of the residents as opposed to the actual meeting processes.

In Hostel O, the meetings were run very well with formal minutes, an agenda and a chairperson who enabled each person to have their say and who tried to find solutions. However, residents did not seem to enjoy the meetings and made comments such as, "*It wasn't a real meeting but just a whinge*" and that it was ". . . a waste of time". This again seemed to reflect the culture of the hostel.

In Hostel B, some aspects of the culture appeared to be quite clear. The meetings were structured well and a very high number of residents attended. However, the actions of the chairperson, such as showing favouritism and making rude remarks to various residents, suggested that the culture was not a happy one. Residents were rude to one another and also to, and about, the staff.

In contrast, in some other hostels, the meetings appeared to be unstructured and poorly conducted but the residents still seemed happy. In Hostel C, no one spoke at the meetings and it appeared that the residents had little input into their lives. There were no minutes and the meetings did not follow any structured format. However, after the meetings, they all said that they really enjoyed the meetings and all residents, volunteers, and staff stayed back at the meeting to have tea and coffee, and all chatted with each other.

In Hostel P, the meetings had no formal minutes or agenda and were more like an open forum for comments. They were unstructured and inconsistent. For example, the minutes were read at meeting two but not at meeting one. However, all residents really enjoyed the meetings and clapped at the end, commenting, "*What a lovely meeting*". They were reluctant to make comments or criticisms as they seemed to highly respect the staff and feel that they did a good job. When residents made comments, the staff always found some sort of solution. There was a high level of individual choice in the

hostel, prompted by the fact that there were four different nationalities living there together. Residents participated in individual activities with the activity coordinator. For example, one lady cooked a cake each week with the activity coordinator and another man enjoyed gardening at home so they gave him some land on which to build a vegetable plot. The manager also allocated an “*unlimited*” budget to food. Residents received four food choices each night and if they didn’t like these, another option would be cooked for them. The satisfaction of the residents was obvious and this seemed to the author to be largely due to the variety of activities and food. The culture was one of togetherness, with the staff and residents referring to themselves as “*we*” or “*us*”. There was no real distinction and all ate together at mealtimes.

Other hostels had different feelings between the two meetings, mainly as a result of the chairperson. For example, in Hostel Q, only two issues were raised at meeting one. In reply to a resident’s request to have an alternative option available if they didn’t like the dinner, the chairperson said, “*We can’t go and make 30-odd separate meals*”. Residents appeared intimidated and did not raise further issues. However, in meeting two, everyone was in a good mood as the staff had put on a surprise concert the night before for the residents. Everyone enjoyed it and the enthusiasm carried over into the meeting. The same chairperson was in a good mood and asked the residents for their opinions about the food. Each comment made was clarified by the chairperson and she noted them all, and told the residents that she would approach the cook with their suggestions.

At Hostel A, the chairperson at meeting one obviously knew how to run a meeting, but was not particularly encouraging in terms of finding solutions to the issues that residents raised. Often if solutions were found, they were the ones that were most suitable to the staff and volunteers rather than the residents. However, in meeting two, there was a

new chairperson. He admitted, “*I don’t know what to do or how to run a meeting*”, but the meeting was nevertheless very successful. With the encouragement of another new staff member who advocated the views of the residents as being the most important, solutions were found to various issues that had been overlooked in the previous meeting. The residents seemed happier following this meeting.

13. Comparison Between Hostel Committees

13.1 Overall comparison between committees.

A summary table of each hostel’s scores for various meeting characteristics, outlined earlier in the results is shown in Table 10. Brief descriptions of each of the columns are as follows:

1. Aims: Whether the aims of the meeting were stated by the chairperson at the meeting, (*yes* = 1), maximum possible score of 1. Further details in *Section 2*.
2. Decision-making: Whether decision-making was one of the meeting’s main functions, (*yes* = 1), maximum possible score of 1. Further details in *Section 2*, Table 2.
3. Formal: Whether the meeting had formal meeting characteristics, (*yes* = 1), maximum possible score of 1. Further details in *Section 3.2*.
4. Seating: Whether the seating was adequate, (*yes* = 1), there were 10 questions concerning seating with a maximum possible score of 10. Further details in *Section 4.1*, Table 3.
5. Setting: Whether the meeting was held in an appropriate setting. For questions of whether the setting was quiet, private, not near staffing areas,

welcoming, had a comfortable temperature, and had a clock, *yes* = 1. For the question of whether there were detrimental distractions, *no* = 1. There was a maximum possible score of 7. Further details in *Section 4.2*, Table 4.

6. Resources: Microphone, outside training, help with minutes, (*yes* = 1), maximum possible score of 3. Further details in *Section 5*.
7. Timing: Whether the meeting was held at an appropriate time. For questions of whether the meeting started on time, was held when it was scheduled and was less than 1 hour in length, *yes* = 1. For the questions of whether the residents lost concentration or interest, or whether the meeting was cut short prematurely by the chairperson, *no* = 1. There was a maximum possible score of 5. Further details in *Section 6*, Table 5.
8. Process: Minutes, agenda, plus whether the meeting followed 11 processes of a formal meeting, (*yes* = 1), maximum possible score of 13. Further details in *Section 8*.
9. Interaction: Positive interaction between meeting participants. For questions of whether the residents spoke to each other before the meeting, whether they were verbally supportive of each other's views, and whether the chairperson showed the speaker respect, *yes* = 1. For the question of whether there was a lot of interrupting of the speaker by the residents, *no* = 1. There was a maximum possible score of 4. Further details in *Section 10*, Table 9.

Table 10:

A Summary Table of the Resident Committee for Each Hostel

H	Aim	D.M.	Form	Seat	Set	Res	Time	Proc	Int	Total	%
A	0	1	1	8	3	1	5	12	4	35	78
B	0/0	0/0	0/0	1/6	4/3	2/1	4/4	4/5	0/4	15/23	42
C	1	1	0	8	6	1	3	7	4	31	69
D	0	0	0	8	4	3	3	8	4	30	67
E	0	0	0	3	6	2	4	10	4	29	64
F	0	0	0	4	5	1	2	9	0	21	60
G	0/0	1/0	0/0	6/5	7/5	1/1	3/4	3/4	4/2	25/21	52
H	0	0	0	7	5	1	4	7	3	27	60
I	0	0	0	4	2	1	4	5	2	18	40
J	0/0	0/0	0/0	5/5	3/5	2/2	4/4	3/6	3/4	20/26	51
K	0	0	0	8	4	2	3/4	7	1	25/26	57
L	0	0	0	8	4	1	3	4	3	23	51
M	0	1	0	8	1	1	4	9	4	28	62
N	1	1	0	7	2	1	4	5	4	25	56
O	0	1	0	3/2	6	1	2	10	1	24/23	52
P	1	1	0	7	4	1	3/5	2/5	4	23/28	57
Q	0	0	0	5	3	1	5	8	0/4	22/26	54
R	0	0	0	4	3	1	3	7/6	3	21/20	46

Note. Two scores are given where meetings one and two had different scores, and for Hostels B, G, and J, where the two meetings had different formats.

H = hostel, D.M. = decision-making, Form = formal, Seat = seating, Set = setting, Res = resources, Time = timing, Proc = process, Int = interaction, % = the average total percentage for that hostel.

The highest scoring hostel was Hostel A, which scored 78%. Six hostels (C, D, E, F, H, M) scored 60% or above. Eight hostels (G, J, K, L, N, O, P, Q) scored 50% or above. The remaining three hostels (B, I, R) scored between 40 and 46%.

While the above summary provides a very approximate quantitative measure of the meetings, the problem with this approach is that it gives equal weight to things that might be of varying importance. For example, a clock in the room may not be as important as starting the meeting on time or showing the speaker respect when they are speaking. Furthermore, this type of table cannot take into account such things as organisational culture. For example, the author observed that residents appeared particularly happy and satisfied during and after the meetings at Hostels C, D, E and P,

and particularly unsatisfied and negative during and following the meetings at Hostels B, F and K. These observations do not correspond to the quantitative summaries of the meetings.

13.2 'Useful' versus 'not useful' committees.

Table 11 shows an overall comparison using the quantitative method in *Section 13.1*, between 'useful and 'not useful' committees as described in *Section 1*. A description of each of the variables is given in *Section 13.1*. The scores given are identical to Table 10 except that they have been totalled for the 'useful' and 'not useful' groups of committees.

Table 11:

A Summary Table of 'Useful' Versus 'Not Useful' Committees

Meeting Characteristic	Maximum possible combined score	Useful	Not Useful
Aims	9	2.0	1.0
Decision-making	9	3.5	3.0
Formal	9	0	1.0
Seating	90	49.5	56.0
Setting	63	35.0	36.5
Resources	27	11.0	12.5
Timing	45	34.5	30.5
Process	117	57.0	66.5
Interaction	36	29.5	22.0

It can be seen from Table 11 that there were very few differences between the quantifiable aspects of meetings between these two groups, and none of these were

significant using two-tailed *t* tests. Results were also compared between the two groups on the other variables observed in this study. The only notable difference was due to the chairperson of the meetings. Of the 17 meetings attended that were rated as not useful, 4 were chaired by a manager, 1 by the lodge manager, 1 by the activity coordinator, 2 by family, 2 by a minister, 2 solely by a resident, and 5 with residents as co-chairpersons with a member of staff or management. However, of the 18 meetings that were rated as useful, 9 were chaired by the manager and 9 by the activity coordinator. Therefore only 35% of committees rated as not useful were chaired by staff versus 100% of the useful committees. Possible reasons for these differences are discussed in the Discussion section of this chapter (*Section 13*).

14. Conclusion

In summary, there was only one obvious overall difference between the hostels whose committees were rated as useful as compared to those rated as not useful in the previous survey by the managers. Not useful committees were more likely to have a non-staff member in the role as chairperson. However, there were numerous committee differences both between hostels and between meetings within the one hostel. The majority of meetings had more than one function with the presentation of resident complaints occurring in all meetings. The format of the meetings was all-can-attend at 89% of hostels, with most meetings having a combination of formal and informal meeting characteristics. The seating was generally good, but all people could hear clearly in only 37% of meetings and in only 37% of meetings were residents able to choose from a variety of chairs. Distractions interrupted 66% of meetings, with no clock present in 37% of meetings.

The major resource used by the committees was hostel help with the typing of minutes and the provision of stationery, with only two hostels utilising the help of outside organisations. Only half of the meetings started on time and only just over half of the hostels held both meetings when they were originally scheduled. None of the meetings was attended by residents only and only one meeting was chaired exclusively by a resident. Furthermore, 78% of the managers felt that a resident chairperson would be inappropriate.

Thirty-nine percent of hostels had some form of agenda, and although all committees had minutes of the meetings, only 30% provided residents with a copy of these. All meetings followed some formal meeting procedures, mainly reading the minutes, addressing new business, and addressing business arising from the previous meeting. The main topics discussed were food and dining issues, although once raised, 46% of topics were not raised again at meeting two. Generally the interaction between the meeting participants was friendly. There were a variety of methods of communication within the hostels. Overall, while the organisational culture of the hostel was not studied specifically, it appeared to have a strong influence on the productivity and satisfaction at the meetings.

Discussion

1. Study Aims

The primary aim of this study was to observe the characteristics of resident committees in aged care hostels and to determine which characteristics distinguished between those committees rated as *useful* by managers and those committees rated as *not useful*.

2. Aims and Functions

Only one chairperson specifically stated the aims of the meetings. A small number of others indicated to some extent the aims of the meetings during the general meeting process. To help ensure that a resident committee is successful, one of the primary needs is to establish appropriate aims of the meeting (Residential Care Rights, 1999). This may be of benefit as the purpose of the meeting is then clear to all in attendance. It could be recommended that at the beginning of each meeting, the chairperson makes a simple statement about its aims. For example, "*The purpose of today's meeting is for you to make any comments or suggestions or to raise any problems concerning what happens at the hostel. I will also give you some information about some upcoming activities*". This aim emphasises positive comments and suggestions as well as problems. If residents are given a copy of the agenda, it may also be appropriate for a written copy of this statement to be included at the top of the agenda.

The meetings in this study were primarily formats for residents to express their grievances although there were some indications that the chairpersons and a small number of the other residents became frustrated with this tendency to focus on complaints. Zwick (1994) similarly found that managers were concerned that the

residents considered the meetings to be a format for expressing their grievances rather than as a forum to generate ideas and instigate plans.

If residents desire to have the meetings as a grievance mechanism, this can tend to encourage a negative climate. It may therefore be appropriate to include items such as successes and any positive comments at the start of the agenda, and then to deal with problems and complaints in terms of need for improvements and how these could occur. This could potentially set a more positive tone for the meeting.

Another common function of the committees was as a forum for the chairperson to present proposals to the residents before final decisions were made. Problems arose when residents did not agree with the proposals and were then told that the decision had already been made. This could give the residents a feeling that all changes will be made by the staff, regardless of what the residents say. It has been previously suggested that if management makes decisions without consultation with the residents, this can affect the residents' perceived levels of control (Gibbs & Salkeld, 1988).

Formal constitutions were only provided to members of one hostel, with similarly low levels found in the resident committees observed by Zwick (1994). While it may be of benefit to have these documents (Zwick, 1994), it was found in the present study that where they existed, committee members had either been given a copy when they joined the committee and had not since referred to it, or they were aware that there was a copy but had not received one. While it would be appropriate to have a copy of a constitution present that refers to the committee's aims, it would be important for the chairperson to state the aims and goals of each meeting as written on the top of the agenda, at the beginning of the meeting. This may be particularly important given that the potential turnover of staff and residents at the meetings was observed to be quite high and the

chairperson may not remember to give each new person a copy of the relevant part of the constitution when they first attend the meetings. Moreover, some attending residents may also be unable to read or they may have poor memories. Continual verbal reminders of the meeting aims may therefore help these people.

3. Type of Committee

It is important that the format of the meetings is appropriate to the aims of the committee. Since the majority of meetings in this study focused on resident complaints, it may be most appropriate for an all-can-attend format to be adopted, as was the case in the majority of hostels in the present study. This gives all residents a chance to make comments or suggestions, or to present their grievances. While this format has been found to result in the least active committees, they most broadly represent the whole resident population (Devitt & Checkoway, 1982). Furthermore, residents have been found to prefer this format as it requires less commitment (Zwick, 1994).

While Zwick (1994) suggested that in larger hostels, it would be most effective for a small group of elected residents to make decisions on behalf of the other residents and then report back to them, these formats were not found to be successful in the present study. In the two hostels where these formats were used, both the elected and the all-can-attend meetings ended up becoming a format for residents to present their problems. The chairperson at both of these hostels indicated that the format worked well in theory but not in practice. There were also problems with providing feedback to the other residents. The outcomes of the *resident meetings* were reported in the *resident committee meeting* and vice versa. The problem was that different residents attended the two meetings and therefore no residents were provided with direct feedback to their suggestions.

While the managers all defined their resident groups as “committees” in the initial survey, many may be more appropriately regarded as resident meetings. They were all established and run by staff or management, who also generally set the agendas and made any decisions. Devitt and Checkoway (1982) similarly found that none of the committees they studied were established by residents. It has been argued that if residents are responsible for establishing the committees, their participation rate is likely to be higher than if staff establish them (Residential Care Rights, 1999).

Despite the managers’ desire for meetings that were social and informal in nature, this study found that residents seemed to be happiest when socialising occurred immediately after more formal meetings that focused on decision-making. These results suggest that it might be beneficial for resident committee meetings to adopt a more formal decision-making format with the purpose being stated clearly to those people attending the meeting. Social conversations and morning/afternoon tea could then occur, perhaps in a separate area, after the meeting so that the decision-making purpose of the meeting isn’t compromised. Nevertheless, it was clear that large areas in which to conduct meetings were limited and thus they often occurred in the dining room. Therefore, it may be more practical to suggest that meetings should be scheduled at a time away from morning or afternoon tea. Another alternative may be to conduct the social aspect immediately before the meetings. One hostel conducted their meetings immediately following lunch so that all of the residents were already congregated and they had already enjoyed a social hour. This seemed to work very effectively.

4. Setting

4.1 Seats.

There were some problems with the seats provided being uncomfortable for the residents, generally because the seats were too low and soft. Accordingly, it might be advisable for chairs to be tested prior to purchase by a number of different elderly people, with different physical limitations. A good solution would be to provide a variety of chairs for residents to sit on at the meetings, so that residents can choose the type they find most comfortable. This approach was adopted in a number of meetings. Furthermore, it is also important that there are adequate numbers of chairs so that large numbers of residents feel welcome and encouraged to attend.

4.2 Seating arrangements.

The most successful seating arrangements were organised in an approximate circle, with the chairperson forming part of the circle in a small number of cases but usually seated slightly out the front. These seating arrangements seemed to facilitate input from a larger number of residents and would be recommended as the most appropriate option. However unusually shaped rooms or very large groups of people can often prevent this seating arrangement. In these instances, staff might trial a number of different seating arrangements and ask residents which one they prefer.

In the present study, it was found that only about half of the hostels had effective seating arrangements, where all residents could see and hear each other and the chairperson. Zwick (1994) found similar results although she did not specify which seating arrangements were used. Poor seating arrangements have been found to hinder

the effectiveness of meetings in general organisations (R. Heller & Hindle, 1998) and it seemed that aged care resident committee meetings were no exception. Of particular concern was the fact that many of the residents could not hear what the chairperson or other residents were saying. In a number of committees, this led to the chairperson losing control of the meeting. Residents made comments that were missed by the chairperson, as they either could not see who made them or could not hear them. Consequently, residents who made the comments appeared to feel that the chairperson was ignoring them and often made bitter comments to other residents about no one ever listening to what they said. This affected the feeling of the meeting.

Residents who could not hear also tended to ask their friends what was said. Alternatively, as they could not hear the general meeting they began side-discussions within small groups of residents. This extra talking increased the level of noise at the meeting and then made it even more difficult for other residents to hear. This also caused some friction between the residents, with some of them telling each other to be quiet.

The seating position of the chairperson was quite dominant in most cases. This generally seemed to fit with the functions of the meeting, with the chairperson leading the discussions and being the person to whom comments were addressed. In one case, the chairperson sat in a circle amongst the residents and this seemed to hinder their effectiveness in controlling the meeting.

Access for wheelchairs and walking frames was restricted in one-third of the hostels. This is not ideal in aged care, especially where the staff are trying to encourage resident attendance at meetings. The seating must be accessible to all people, especially the

frailer residents, as they may be the ones who are harder to encourage to attend the meetings.

4.3 Setting.

Zwick (1994) found problems with the meeting settings, such as high background noise and a lack of privacy. The present study found similar results. Approximately half of the hostels held their meetings in rooms that were not private and many of them were held near staffing areas. For residents to achieve a level of control at the meetings and to feel comfortable talking about issues that are of concern, it would be beneficial to hold meetings in areas where residents feel free to hold discussions that will not be overheard by other non-attending people, particularly staff members. This may encourage the discussion of more controversial topics.

One way to overcome this problem may be to close the door to the meeting room, where possible. While some chairpersons indicated that they liked to leave the door open so that any other residents felt free to join the meeting, residents rarely arrived more than 5 minutes after the scheduled start. The door could be left open in the initial welcome by the chairperson and in the taking of the apologies, and then closed when the general meeting discussions begin.

The closing of doors would also alleviate the problem of background noise in some hostels. A large number of hostels held their meetings in rooms that were noisy, further compounding the problems of residents being unable to hear. This was sometimes a result of the meeting being held in a room that adjoined a noisy area such as a kitchen. If meetings must be held near kitchen areas, the meetings might be best scheduled when these rooms are not in use.

Meetings were most commonly held in rooms that were also used for other group activities and, as a result, they were bright and welcoming. However, a small number of meetings were held in rooms that were very stark, poorly lit, and/or cold. One hostel held their meetings in a staff room with a sign saying, "Staff only" on the door. It might be advisable to check that meetings are held in a welcoming room in which residents are comfortable. This may help to increase resident attendance. Once a suitable room has been found, it might be advisable for the chairperson to book this room in advance to ensure that it is always available for the committee meetings.

In various hostels, an animal was present at the meeting. The residents generally seemed to enjoy the contact with the animals before the meetings but it would be advisable to control the animals during the meeting process, to reduce their potentially distracting impact on the meeting.

Perhaps the most detrimental distraction in a meeting was a chairperson whose mobile phone rang a number of times during the meetings. This often stopped conversations, comments were missed, and it may have given residents the impression that the meeting was not important to her. Announcements over PA systems also had a similar effect on the meetings. It might be recommended that both mobile phones and other phones in the room are switched off and PA systems are designed so that their speakers can be turned off in the meeting rooms while the meetings are in progress.

The meeting room was too cold in a number of hostels, with comments on this being made by the residents. It would be advisable to heat the rooms before the residents arrive, where possible, so that the residents attending the meeting are comfortable, and feel that they are entering a welcoming environment. This was sometimes a result of

the meetings being held in rooms that were too large for the meeting group. In these instances, smaller rooms would be more appropriate.

Overall, the choice of an adequate setting, that is welcoming, private, comfortable, free from distractions, and with adequate chairs and seating arrangements, should benefit the meeting. In hostels where there are obvious problems with the setting, residents may feel inclined to make comments about this, promoting a negative tone towards the meeting from its outset. Distractions in the meetings or comments that are missed by the chairperson may give residents the impression that their comments are not important. Open discussions and the expression of opinions may be less likely in rooms that are not private. If these problems are overcome and an appropriate setting is available, the meeting process could occur without their negative influence, giving it the best chance of being productive and enjoyable.

5. Resources

In almost all hostels, the staff were responsible for the typing and distribution of the minutes, consistent with previous findings (Grossman & Weiner, 1988; Zwick, 1994).

Microphones were rarely used in the hostels. In one meeting, where the microphone was used, it stopped being used as the loud speaker was ineffective. This indicates a need to check that technical equipment works effectively. However, where microphones were effectively used, they seemed to eliminate the residents' problems with hearing the meetings, in contrast to the findings of Zwick (1994). There seemed to be no need for residents to use the microphones when making comments provided that the chairperson subsequently summarised the comment or conversation so that the other residents could hear. It might be useful for the chairperson at all hostels to use a

microphone to reduce the problems with residents hearing the meeting. Furthermore, it forces the chairperson to summarise the conversation, giving them a chance to check its accuracy with the people making the comments. There is also a more definite conclusion to each conversation, potentially increasing the chances of appropriate outcomes being decided.

The help of outside organisations was only enlisted in one committee, consistent with the findings of Devitt and Checkoway (1982). In the present study, the residents from this hostel had previously approached the Aged Rights Advocacy Service to seek their help in initiating resident-led meetings. It may be useful for other committees to utilise this help as these residents found it to be very beneficial. It made them aware of their rights and of the appropriate way to run a meeting. Workshop groups or formal training sessions with outside organisations have also been found to strengthen committee members' commitments to the group, and to increase the skills of the residents (Wells et al., 1986). However, it is possible that staff might find it intimidating to enlist the help of such a resident pro-active organisation. Research evidence showing the benefits of such assistance to both residents and staff might need to be distributed to staff to encourage them to seek such assistance.

6. *Timing*

Most hostels held their meetings in the morning, which may be ideal, as this is when concentration may be at its best. However, one hostel held its meeting directly after lunch, with residents reminded by staff members at lunchtime. Despite recommendations for general organisations that this is not ideal as it is a low energy time (O'Neill, 2000), this seemed to work well. All residents were reminded at lunchtime and arrived at the meeting as soon as they had finished their lunch. It also

enabled them to interact socially before the meeting and thus the meeting was able to concentrate more on decision-making.

More than half of the meetings started more than 10 minutes after the scheduled meeting time, usually as a result of the chairperson running late. One reason for the chairpersons running late was their reminding residents to attend. This could be avoided by having another staff member delegated to remind residents of the meeting immediately before it is due to start. This would enable the chairperson to be present at the meeting while the others are waiting for all residents to arrive. Furthermore, if the meeting was always held on a particular day, for example the first Monday of each month, was well advertised, and was announced over the loud speaker and at the meal immediately prior to the meeting, this might reduce the residents' tendency to forget that the meetings are on and subsequently reduce the need for staff to collect them.

Approximately half of the hostels postponed or cancelled their meetings. This was probably an underestimate as several were only held because the author was attending. This was generally a result of the chairperson being occupied with other things. The scheduled date and time of the meeting should also be adhered to whenever possible and provisional plans should be made to cover instances where the chairperson may be unable to attend. This would help stress to residents the importance that the hostel and the chairperson place on the meetings. It may also help to increase resident participation in the meetings (Freitag, 1987).

The meetings were scheduled to be held on average, once every 2 months although they were actually held less frequently due to the postponement of a number of meetings. This schedule was less frequent than recommended by Zwick (1994) and Grossman and Weiner (1988) who argued that monthly meetings are ideal. It was also less frequent

than found previously in the American studies by Devitt and Checkoway (1982) and Moos (1981). Less frequent meetings seemed to increase the time that residents were forced to wait for answers to their suggestions. Furthermore, it makes it more difficult for people to remember what was raised at the previous meetings.

The average length of time for meetings was 43 minutes. This was a reasonable length as it conforms to the recommended ideal meeting length of 40 to 45 minutes in general organisations (R. Heller & Hindle, 1998; O'Neill, 2000). There were a small number of meetings that exceeded 1 hour. These meetings were clearly too long as residents seemed to lose concentration and interest in the meeting. It may be more appropriate to hold more regular meetings of shorter duration (O'Neill, 2000).

In a small number of meetings, some residents tended to lose concentration due to their high dependency. While Zwick (1994) recommended that the meeting pace be slowed so that impaired residents do not feel rushed, it appeared that slower paced meetings tended to bore them. Again, it may be better to hold shorter meetings, more often.

Residents also tended to lose concentration or interest when there was a lengthy agenda. This may be overcome by allocating a certain length of time to each section of the agenda, and ensuring that this is adhered to, or again by having shorter meetings more often.

Some meetings also had a large number of residents who were asked individually if they would like to raise an issue. During this time, some residents became bored and in one hostel, this resulted in a large number of residents losing concentration. It is difficult to overcome this, however, as it is an important aspect of the meetings. It is also difficult to overcome the loss of interest and concentration in meetings with people

of different cultural backgrounds where high amounts of interpretation are needed. One alternative would be to hold separate meetings for each group but this would then require information from each meeting to be reported to the other and may also result in cultural divisions being fostered within the hostel.

Only a small number of meetings were closed prematurely by the chairperson. It would be advisable for the chairperson to check one last time with all meeting participants whether there is any issue that they would like to raise, and then check whether all participants agree that it is an appropriate time to end the meeting.

7. People on the Committee

7.1 Number of people.

On average, 36% of the hostel population attended the committee meetings. This compared favourably with Devitt and Checkoway (1982) who found that on average, 20% of the nursing home population attended the meetings. This difference could be attributed to the fact that the residents in their study were more dependent or to the fact that their study was conducted in the 1980s when there was less of a focus on residents' rights. While, for a resident committee to be truly representative of the resident population, all residents should be invited to attend (Devitt & Checkoway, 1982; Gibbs & Salkeld, 1988; Wheeler, 1992) relatively low percentages actually attend these meetings in practice. However, the hostels in this study varied considerably in their size and therefore it may not be feasible for all residents to attend in some of the larger hostels.

In half of the hostels, some residents were physically helped to the meetings, and this has been suggested as a way to increase resident participation in the meetings (Freytag, 1987). This may particularly increase the participation rate of frailer residents. Written reminders of the meetings in monthly or weekly newsletters were also a common method employed to encourage residents to attend meetings. To further increase the numbers at the meetings, it would be advisable for the staff to take extra steps to encourage attendance, such as providing residents with written and verbal reminders of meetings, checking that the residents are happy with the format that is provided, and have meetings after lunch or afternoon tea on specific days of the month.

7.2 People present at the meetings.

No meetings were held for residents exclusively and this was similar to previous findings (Devitt & Checkoway, 1982). Staff or management were present at all meetings and this may be a problem as residents have been found to feel more comfortable and confident if staff are not present (Gibbs & Salkeld, 1988). Two hostels combined their resident committee meetings with staff meetings and issues relevant to both parties were discussed. This combination of resident and staff meetings could be successful in making residents feel part of the issues relating to the whole hostel. However, to ensure that resident needs are not overlooked, resident issues should be discussed first with staff issues discussed in the latter half of the meeting. Given the notion in general organisations that important topics should be discussed early in the meetings (R. Heller & Hindle, 1998), this would emphasise to the residents the importance of their issues and it would provide staff with resident views on issues before staff discuss similar issues with respect to themselves. The chairperson should also make it clear to staff that they should not object to, or contradict any issues that the residents raise. If this does occur, it would be advisable that staff are only invited to the

latter half of the meetings, once the residents' issues have been addressed. It is also important that residents are the clear majority in both numbers and opinions heard at the meetings, otherwise they may be reluctant to present their views.

Family members were only invited to attend a small number of meetings. This low level of family involvement was consistent with previous findings (Zwick, 1994) and it has been suggested that low family involvement may be a result of the hostels' assumptions that families are not interested in participating. However, it has been found that families are generally more interested than is assumed (Wells et al., 1986).

Interestingly, in the one hostel in this study where it was left up to the residents to invite their families to the meetings, no residents indicated that they wanted their family to attend. This issue of resident attitudes towards family involvement would be worth further investigation. Families only provided input into two meetings and in these cases, their input was considered by the author to be valuable. It was noted that they raised issues on behalf of the wider group of residents, rather than just their own family. However, in one of these hostels, the manager who chaired the meeting seemed to be intimidated by the presence of outspoken family members and said to the author that when family members raised issues, it was detrimental to the residents who then worried about issues that might not have otherwise occurred to them. This feeling by staff of being intimidated by family members has been found previously (Wells et al., 1986) and may have been the cause of few families being invited to attend resident committee meetings in the present study. In the other hostel where family members attended, this feeling of intimidation did not seem to occur as the chairperson was the activity coordinator and did adopt a leadership role in the meeting. Instead she just noted the information and passed it on to the manager. This may be a possible solution that overcomes the strain between families and management. Another solution may be

to brief the staff on the roles of the families in decision-making (Residential Care Rights, 1999).

Having new participants attend the committee meetings may be of benefit to the meetings. In one example, a hostel had a very unproductive first meeting but, with the addition of two new staff members at meeting two, many solutions were found. It appeared that the other members had forgotten the purpose of the meetings to some extent and the meetings had become unproductive. New people, who were enthusiastic and had recently been reminded of the goals of the meetings, helped revamp the committee. It may therefore be of benefit to review the committee once per year, ensuring that at least a small number of new participants are invited to attend. Zwick (1994) also argued that this process of review would ensure that the committee's aims and formats are still appropriate to the group.

In a small number of meetings, there was a mix of hostel and nursing home residents. While this served to increase the participation of the nursing home residents, problems were encountered with the hostel residents. They did not seem to understand many of the behaviours of the more dependent residents and felt that they were purposely interrupting the meeting process. Tensions of this kind have been encountered in previous studies (Gibbs & Salkeld, 1988; Zwick, 1994). Furthermore, the more dependent residents' needs were somewhat overlooked as the encouragement of their input required more time and effort on behalf of the chairperson than could be afforded in that format. Information sessions that are designed to teach residents and staff about the behaviours of residents with dementia may help to alleviate some of these problems. This is likely to become increasingly important as the future of aged care in Australia will lead to a greater mix of nursing home and hostel residents.

7.3 Chairperson.

The manager chaired the resident committees in the majority of cases, consistent with previous findings (Devitt & Checkoway, 1982; Gibbs & Salkeld, 1988). Despite the argument that it is important to have residents in leadership positions to balance the staff influence (Devitt & Checkoway, 1982; Residential Care Rights, 1999), the resident co-chairs were observed to do little more than open and close the meetings. The other residents did not really listen to them and did not regard them as the chairperson. Two of these residents did not enjoy their position as co-chair and their input only seemed to embarrass them and to highlight to the other residents that the meetings could only be effectively chaired by staff.

Having management chair meetings made it difficult for them to be impartial. The role that they usually adopted was one of answering queries or being a person to whom complaints were addressed. While this could appear detrimental to the meetings, generally the residents seemed to want answers provided at the meetings. Where the manager was not present, residents often became frustrated that they were not given immediate answers to their questions, consistent with previous findings (Zwick, 1994). It may therefore be recommended that an impartial person could chair the meetings, with the manager attending part of the meeting in which they could address, and give answers to, any issues that were raised. This was also suggested by the residents in Zwick's study. Issues could be raised with the manager by the chairperson, meaning that the residents who raised the issues need not confront the manager directly.

While it has been found previously that staff generally assumed the role of chairperson in the absence of any other options (Devitt & Checkoway, 1982), in the vast majority of hostels in the present study, it was the manager who chose who they considered to be

the most appropriate person to chair the meetings. In these hostels, the manager felt that residents would not be appropriate to act as chairperson as they were felt to be either incapable of it or that it would lead to feelings amongst the other residents that one resident was being favoured. Devitt and Checkoway similarly found that staff felt that the committees could not function without their help. Gibbs and Salkeld (1988) found that management tended to feel that residents would be incapable of running a meeting. Training from outside organisations would be highly recommended in these hostels, helping to train residents to chair and contribute productively to the meetings and also to alter the views of the managers regarding the residents' lack of abilities.

While Zwick (1994) found that committees that were run by a volunteer, activity coordinator, or social worker were more effective than those run solely by a resident, this was not found in the present study. Ideally a resident might chair the meeting and in the one hostel where this occurred, the meeting seemed to be highly successful in meeting the needs of the residents. For example, there was an atmosphere of respect where all comments were listened to equally and everyone listened closely to the chairperson. The topics that the chairperson raised were also evidently very relevant to the needs of the resident group as a whole. The resident chairperson had approached the Aged Rights Advocacy Service and had subsequently received training in how to run a meeting. He indicated to the author that he found this to be a very worthwhile experience. Accordingly, hostels that would like to have a resident chairperson might also arrange the same or similar training. The rest of the committee members in the aforementioned hostel had also received training into how to participate in a committee. This may also be beneficial, although previous studies have found that staff are often resistant to outside help, feeling that residents are not capable of participation and that the staff should protect them from "being bothered" (Wells et al., 1986, p. 22).

While a further five chairpersons had experience but no training in either chairing a meeting or participating in formal meetings, this did not seem to ensure their success as a chairperson. It may be of benefit for all chairpersons to receive some formal training in how to act as facilitators in resident committee meetings in aged care and how to increase the participation of the residents. This might be done on a regular basis to ensure that skills are not only used effectively, but also maintained over time, particularly with changes in staff.

It is also advisable that the same person chairs each meeting, where possible. In almost half of the hostels attended, a different person chaired each of the two meetings. These people had different styles and followed different formats, making it difficult for the meetings to achieve any sort of consistency.

The role of the chairperson was found to be fundamental to the success of the meetings and to the satisfaction of the resident participants. There were some chairpersons who were observed to exhibit some very undesirable traits such as showing anger, favouritism, and personally criticising the residents. These strongly affected the productivity of the meetings and hindered the satisfaction of the participants. Again, training would be of benefit to this problem.

A number of the chairpersons tried very hard to adopt a non-dominant role at the meetings. However, there is a fine line between this and completely relinquishing control of the meeting. It is important that residents are given a feeling of control at the meeting but it is detrimental to its success if large amounts of irrelevant discussion are allowed to occur. Training would also be useful in addressing this problem.

Residential Care Rights (1999) proposed that as there are increasing numbers of frail residents in aged care, the chairperson must be flexible in their approach and attitudes towards encouraging the participation of these people. One of the important things is to concentrate on their abilities rather than their deficiencies. This seemed difficult for a number of chairpersons to achieve in this study, with them becoming quite frustrated at the residents' lack of compliance with the meeting procedures. This may be improved by training residents in meeting procedures and processes, as it has been found that meaningful resident input into problem solving can help change negative staff attitudes towards the capabilities of the dependent elderly (Wells et al., 1986).

Since the process of chairing a resident committee meeting seemed to be a very difficult one, in so far as it meant dealing with a wide range of issues (usually of a negative nature) and a wide variety of capabilities, it is strongly recommended that the chairperson receive some formal training in running the meetings. Furthermore, it may be appropriate to gain the help of an outside evaluator who can attend the meetings and give an independent report on the conduct of the chairperson, with suggestions for improvements. In the initial survey (Chapter 2), only 10 of the 106 hostels surveyed indicated that they had received any formal evaluations, although all of these were carried out internally.

8. Meeting Processes

8.1 Agenda.

Only about one-third of the hostels had any sort of agenda for their meetings and only two hostels provided a copy of this to residents. Devitt and Checkoway (1982) found that similarly low numbers of residents were provided with an agenda. This may have

been a result of the managers feeling that they did not want to make the meetings appear too formal. However, in the hostels where an agenda was given to the residents, they appeared to read it with interest, the meeting processes were followed correctly, and all issues were raised in the appropriate sections. It may therefore be beneficial for all hostels to provide residents with a copy of the agenda as this clarifies both the purposes of the meeting and the topics that it will cover. The hostel that did this had the activity coordinator place a copy of the agenda on each chair prior to the meeting and in their case, residents actually chose to arrive early to read the agenda. This enabled the residents to think through any opinions that they would like to present. A further recommendation would be to highlight in some way, the section where residents can raise any new business. This would make this section clear to the residents and also highlight its importance to the meeting. The agenda should be presented in large sized writing, and spaced adequately so that it can be easily read.

8.2 Minutes.

Each resident might also be provided with a copy of the minutes, printed in large type. It would be beneficial to provide residents with a copy of the minutes a few days after the meeting and then have a second copy available at the next meeting so that residents are not forced to remember to bring a copy to refer to. It was found in this study that only half of the hostels provided residents with a copy of the minutes, and only a small number of these were provided at the meetings. Where the minutes were provided between the meetings, residents only brought these to the meeting in one hostel.

One of the problems with the minutes was that in nearly all of the hostels, the minutes were difficult to read. This was a result of the size of the typeface being too small

and/or the minutes being too crowded. It is recommended that the minutes be typed in at least size 14 font, with each point numbered, and at least one line between each point.

Many of the minutes included the names of the residents who raised issues in them, indicated by the chairperson as a way to make the follow-up procedures easier for the chairperson. However, as many residents were reluctant to raise issues at the meetings for fear of retribution, it may be better not to have names of people who made suggestions on the general minutes. It might, however, be appropriate to have it on the chairperson's copy when personal issues that only affect one particular resident are raised, so that the chairperson knows who to refer back to.

It is also recommended that the chairperson should not take the minutes of the meeting. The frequent stopping to take notes seemed to interrupt the flow of the meetings and a number of comments were missed by chairpersons while they were writing notes. Residents also appeared to feel uncomfortable in the extended periods of silence while notes were being taken.

8.3 Order of the meetings.

The meetings typically followed aspects of a formal meeting order, as outlined earlier. One method adopted in a number of hostels, that is not widely used in general organisations, was to address the business arising from the previous minutes after each point was read on the minutes. This was instead of having a separate section in which to address the business arising. This was quite successful as then each point was forced to be followed up, even if the comment was just "*ongoing*". This format also seemed to be easier for the residents to follow.

8.4 Resident participation.

Overall, the resident participation in the meetings was quite high in the smaller meetings, which usually had an elected format. As the number of attendees increased, the participation rate by the residents decreased substantially. In general organisations, it is advised that meetings of six to nine people are most appropriate (R. Heller & Hindle, 1998). In aged care, if the aim of the meeting was to have a high representative participation rate, meetings with nine residents or less might be most appropriate. However, if the main aim of the meeting was to provide all residents within the hostel with a chance to contribute opinions and to be updated by the chairperson, as was the case in this study, it would be necessary to have a larger meeting size. Alternatively, it may be appropriate for residents to conduct information meetings where all residents are able to attend. At these meetings, residents could raise issues that concerned them. These issues could then be relayed by an elected resident representative to management for discussion at a resident committee meeting. Decisions could be made at these committee meetings and then reported back to the general resident population at the next information meeting. While similar formats were used in two hostels in this study, the managers and residents indicated that there were problems associated with these formats. For example, the resident committee members tended to focus on the presentation of grievances, rather than on the intended focus of decision-making. There were also problems with both the committee members and information meeting members not receiving feedback to their suggestions. It must, therefore, be ensured that these meetings and committees are not just established, but that efforts are made to ensure that they are effective. Training from an organisation, such as the Aged Rights Advocacy Service, might be useful in helping both managers and residents to establish and operate this combination of meetings.

There were some problems encountered with hostels that had residents at the meetings that did not want to, or could not easily, participate in the meetings. Where the chairperson kept encouraging their input, it only served to make their deficiencies more obvious and often embarrassed or frustrated the other residents. Once a resident makes it clear that they do not wish to participate in the meeting, it is recommended that they just be allowed to listen to what is being said. Freytag (1987) argued that it is crucial that these people are not pressured to contribute beyond their capabilities. However it is important that these people are then given other opportunities for participation away from the meetings (Gibbs & Salkeld, 1988). Again, this is where having elected resident representatives may be useful as the shyer residents could approach these people personally with their concerns outside the meeting. This may be less threatening.

There were some groups, however, who required extra attention in the meetings to allow them to participate. Minority groups at the meetings, such as minority cultures and deaf residents, may require extra efforts by the chairperson to ensure that their needs are considered at the meetings.

8.5 Topics discussed.

While, in general organisations, it is the role of the chairperson to determine the topics to be discussed in the meetings (R. Heller & Hindle, 1998), it would seem more appropriate for the chairperson in aged care hostels to allow the residents to guide the issues that are raised. This may help to ensure that residents feel a sense of ownership in the meetings and this has been suggested as a way of increasing participation (Residential Care Rights, 1999). Flexibility in the order of the agenda, particularly allowing residents to raise issues at any point during the meeting rather than just in the

appropriate sections, is also recommended by Residential Care Rights as a way to encourage the participation of frailer residents.

Topics raised by residents strongly revolved around food and dining issues, consistent with previous findings (Devitt & Checkoway, 1982; Gibbs & Salkeld, 1988; Zwick, 1994). While it has been argued that this may be a result of residents feeling uncomfortable discussing more controversial topics (Zwick, 1994), it appeared in this study that food issues occurred on a daily basis and had a large impact on the general satisfaction of the residents. It has been previously suggested that food is an important issue to the residents as it is one of their few remaining pleasures (Devitt & Checkoway, 1982) and consequently has a large impact on resident satisfaction (Glass, 1991).

Many chairpersons expressed their frustration about the topic of food being raised so frequently, sometimes leading the residents to feel uncomfortable about raising such problems. It may, therefore, be beneficial to hold a separate meeting for food issues, freeing up the general meeting for a wider range of issues to be dealt with. The hostel cook would be an appropriate person to invite to these meetings and their attendance was observed to be very useful in one hostel in the present study, consistent with previous findings (Gibbs & Salkeld, 1988). However, it must be ensured that they are able to accept criticism and are not too defensive as this was found to hinder the finding of solutions concerning food in another hostel in the present study.

The other main issues that were raised by residents were problems with maintenance, such as uneven paths, or things lacking in the hostel environment, such as a need for more chairs in the dining room, and activities, consistent with Zwick's (1994) findings. While the main topics raised by residents might appear to be quite minor to staff or an outside observer, control over issues that concern residents' daily life is important in

them achieving a feeling of control (Moos, 1981). Furthermore, once it has been demonstrated to the residents that their comments are listened to and valued, they have been found to address more care-related issues (Wells et al., 1986).

Some more controversial topics were raised, such as insurance policies, staff complaints, complaints about other residents, and hostel rules. While complaints about other residents would seem to be inappropriate for discussion at meetings, the chairpersons rarely stopped them. However, when other controversial topics were raised, the chairpersons either told the residents or implied that these would not be dealt with at the resident committee meetings. In some instances, the resident was spoken to about the topic after the meeting but in most cases, they were told that it was an issue to be dealt with by staff or management. While these topics have been deemed as appropriate discussion material in previous studies (Freytag, 1987; Gibbs & Salkeld, 1988), Zwick (1994) also found this kind of reluctance on the part of the chairperson.

The topics raised by the chairpersons often concentrated on activities, probably a result of a large number of chairpersons also being the activity coordinators. Interestingly, while the chairperson often did not feel that it was appropriate for the residents to discuss hostel rules and policies, these topics were commonly talked about by staff at the meetings. This suggests that the chairpersons may feel that it could be an appropriate topic to be raised at meetings, and for residents to be given information about, but appeared to consider that the issues were non-negotiable and therefore inappropriate for discussion.

The majority of meetings included a section for residents to raise any issues quite late in the agenda, usually after the chairperson had raised any new business that he or she had. This is inconsistent with the notion that important topics should be dealt with early in

meetings in general organisations (R. Heller & Hindle, 1998). If residents raise their issues first and then the chairperson deals with his or her issues, this could reinforce to residents the importance of their issues.

Observations of residents contributing to the discussions suggest that the chairperson might ask each person individually whether there are any topics that they would like to raise. This question should be worded in a positive way to encourage input and ideally every person should be asked, regardless of his or her level of impairment. This would help to ensure that every person attending the meeting regards themselves as a potential participant in the discussions. However, there were problems with this taking a long time if there were large numbers of people at the meetings. Alternatively, residents could indicate to the chairperson before the meeting whether there were any issues that they wanted to raise, perhaps by simply writing their names on a list at the entrance to the meeting room.

8.6 Discussion type.

Most of the issues raised by residents at the meetings focused on criticisms. Many of the residents also raised issues that affected only themselves, rather than the group of residents as a whole. Both of these often led to less effective and less enjoyable meetings as they tended to produce disagreements between the residents. This in turn led to less frequent changes being made because residents were often given answers which were, effectively, you can't please everyone. It is important that residents make constructive comments and address wider issues rather than just focus on personal problems (Wells et al., 1986) and again, training might be of benefit.

In discussions, resident complaints were often answered by staff telling the resident how lucky they were at their hostel. This is potentially a negative comment because it may imply to residents that their comments are unfounded. Accordingly, it is recommended that any training should indicate that responses of this kind should not be used.

A number of comments that were made by staff members seemed to offend the residents who were at the meetings. This was usually a result of the staff member not thinking about how the comment may make the residents feel. In a small number of hostels, the chairperson even seemed to know, but not care, that such comments would be offensive. Training should advise chairpersons and staff to speak to residents with the same respect as they would to associates in general meetings, refraining from personal criticisms. Moreover, they need to be aware of particular topics that are sensitive to residents. The body language of residents could be an important cue to what offends them and in such cases, training in non-verbal communication skills would be of benefit.

9. Outcomes

The comments by the chairperson in response to issues raised by residents were found to strongly influence the social climate of the meetings. While the responses given by the chairperson did not seem to influence the likelihood of a positive outcome to the suggestions, they did appear to influence various residents' satisfaction with the meeting. When the chairperson was positive in their comments, it seemed to make the residents feel more confident about raising issues. Conversely, when the responses of the chairperson were more negative, often contradicting or disagreeing with what was said by the residents, the residents tended to become defensive and dejected.

Again, training guidelines might recommend that the chairperson thank residents when they raise issues, speak positively, and refrain from offering any of their own contradicting opinions. This may make the residents feel more confident and increase their participation level and satisfaction with the meetings.

Of the issues raised by residents in the meetings, roughly one-third of the topics were not minuted. Only half of the issues that were raised by residents at meeting one were subsequently raised at the next meeting. It is strongly recommended that every issue that is raised at a meeting be minuted. Every issue should also subsequently be raised at the next meeting, with some answer given, even if it is just reported as ongoing. It has been suggested that prompt answers can help to increase the success of the committees (Residential Care Rights, 1999).

Only one-fifth of the issues raised at the first meeting had a solution that was satisfactory to the residents by the end of the second meeting. This seems very low considering that there was an average of 8 weeks between meetings. This would therefore mean that residents would be forced to wait, on average, a further 8 weeks before a solution may be found to their problem, if it was raised at all. The residents expressed a degree of frustration regarding the lack of feedback and changes resulting from their suggestions, and also the length of time it took for any changes to be implemented. These comments were usually to the effect that it made no difference if they raised issues, as nothing would be done, or that if an issue were raised, they would have to suffer repercussions from staff. Gibbs and Salkeld (1988) and Zwick (1994) found in their studies that residents were similarly frustrated.

Many of the problems with getting answers to suggestions occurred as a result of the slowness of management. This was also found by Zwick (1994). In a small number of

hostels where the minutes were looked at by the author 1 year later, many of the same issues were still in the minutes, having not yet been addressed by management. These were seemingly minor issues, such as a request for chair pads on the bottom of chairs and a request for an air conditioner in the dining area. Even if these issues required consideration, over 1 year seems to be an unreasonable length of time to force residents to wait for an answer. Given this time delay, it is hardly surprising that many residents may lose their motivation to attend the meetings. However, the resident committee can at least keep including these issues in the minutes of each meeting to ensure that they are not forgotten. This will also provide valuable evidence in any independent evaluation of the usefulness of the meetings.

In a number of hostels in this study, meals were not cooked at the hostel, but were brought in by a catering firm. This was a great source of frustration to the residents, as their food complaints were often met with the reply that nothing could be done by the hostel as it was out of their hands. This was despite the managers generally agreeing with the comments raised by the residents. Given the importance of food issues to residents, it is strongly recommended that the managers contact the caterers or change companies to try to overcome some of these problems. Alternatively, food could be cooked at the hostel, and therefore more of the food issues could be more easily addressed. Nevertheless, it has been found previously that solving food problems are difficult to achieve as there are large numbers of individual preferences involved (Grossman & Wiener, 1988).

10. Member Interaction

On the whole, residents spoke socially before the meetings, were generally supportive of each other's views, listened while people were speaking, and did not interrupt the

speaker. This behaviour can facilitate the success of a committee (Residential Care Rights, 1999). However, these results must be interpreted with caution as greater numbers of arguments, seemingly over petty issues, have been found to result from increases in personal control leading to residents having increased desires to have their views heard (Byrd, 1983).

Similar to the findings of Zwick (1994), it was found in the present study that some residents were frustrated about the lack of formal communication in the meetings. Their comments reflected their frustration at the meetings being more of a chat than a formal discussion of problems. Again, this may be overcome by adopting more formal meeting structures such as the clear statement of aims and the provision of an agenda, minutes, and formal feedback mechanisms.

11. Communication Within the Organisation

Despite previous findings that management tended to use general information meetings rather than resident committees to communicate general information such as changes in the facility to the residents (Zwick, 1994), the vast majority of committees had the imparting of information as one of their main functions in the present study. Information usually included details of upcoming events and revised procedures or rules. However, for a committee to be successful, it is also essential that management show an interest in, and commitment to, the issues that residents raise, and that management act upon their suggestions (Zwick, 1994). This was not the case in the majority of the hostels in the present study as the commitment to finding outcomes was quite low.

The process of communication between the resident committee group and the manager varied. In the majority of hostels, the manager was present at the meetings and gave answers at the meeting or said that they would look into the issues raised. Managers must ensure, however, that they note all comments and suggestions and not just the ones with which they agree. Two hostels had the chairperson meet with the manager prior to the meetings to discuss any issues that the manager wanted raised on their behalf. Immediately after the meeting, they had another meeting for the chairperson to tell the manager what issues the residents had raised. The manager then addressed these issues and reported them back to the chairperson before the next meeting. This method could be effective, providing the meetings are relatively frequent; otherwise the residents may become frustrated due to being forced to wait so long for any feedback. Furthermore, the chairperson must ensure that all issues are reported to the manager, rather than just the ones that they feel are important, as was the case in one hostel.

Another communication problem occurred when the manager sometimes attended meetings and sometimes did not. When they were not in attendance, residents were told that the issues would be noted and their discussion would be postponed until the manager next attended. This meant that no issues were addressed at the meeting and residents were forced to wait until the manager next attended a meeting, sometimes not until several months later.

Most hostels had no formal method for obtaining input from, or providing feedback to, residents who did not attend the meetings, and this was consistent with previous findings (Wells et al., 1986). One hostel had a suggestion box but it had never been used. Wells et al. found that resident committee members surveying other residents was an effective method to increase their influence and improve general communication

within the facility. The display of notices and announcements over the PA system were also effective methods for providing information to residents.

12. Organisational Culture

It is important that an outside evaluator has some degree of understanding of the culture of an organisation when assessing or studying it (Wells et al., 1986). In the present study, this was very evident in one hostel where there were high numbers of Italian residents. If assessed as one would another hostel, it would appear that there was a high level of conflict and hostility amongst the residents. However, it became apparent that it was a part of their culture to openly express their views, sometimes quite forcefully, but it was without malice and did not seem to give offence.

It was found in this study that the culture of the overall organisation seemed to have a large impact on the process of the meetings. Various meetings that were run quite well, still seemed to contain unsatisfied members who did not enjoy the meetings. Conversely, there were other meetings which were not well structured and followed few formal procedures, but the residents all seemed to enjoy the meetings. This appeared to be a reflection of the overall satisfaction levels in the hostel, rather than the actual meeting itself.

Smaller events also seemed to have an impact on the meetings. For example, in one hostel, one meeting was unproductive and unsatisfying for the residents. However, the second meeting followed a concert the night before and the excitement seemed to carry over into the meeting, resulting in it being more productive and satisfying to the residents. Wells et al. (1986) also found that group processes can be affected by experiences or relationships outside the committee setting.

13. 'Useful' Versus 'Not Useful' Committees

The only notable observed difference between the committees where the manager perceived that the committee members found the committee to be *useful* as compared to those that were rated as *not useful*, was that the useful committees were all chaired by staff whereas the not useful committees were mainly chaired by a non-staff person. This raises a number of issues.

Firstly, was there a degree of social desirability in the response of the managers to this question? The managers might have been particularly reluctant to rate the meetings badly in such instances where he or she, or one of their colleagues, was the chairperson of the committee. However, they may have been less reluctant if a resident, volunteer, or family member, who presumably they did not know so well, was the chairperson. Presumably, they also knew more about the meetings that were chaired by themselves or another staff member and therefore were more likely to rate them well.

Secondly, the managers may have perceived that staff members were the best people to chair the committee meetings and therefore felt that they produced the most useful committees. This was supported by comments to the author to the effect that the managers felt that residents were unable to act in the position of chairperson, and where the manager appointed a chairperson, it was usually a staff member.

Thirdly, the lack of observed differences queries whether the question presented to the managers was adequately worded. The question asked, "*How useful do you think that the committee members find the committee?*" The question may have been ambiguous and it may have been more appropriate to just ask the managers for their own opinions of the committee's usefulness. Furthermore, the comparison groups of useful (*very*

useful and *useful*) versus not useful (*moderately useful* and *to some extent*) may not have provided enough difference between the two groups. Ideally, it would have been better to compare committees that were rated as *very useful* with ones that were rated as *useless*. However, there were not enough committees in these two groups; in fact, no committees were rated as *useless*.

Fourthly, the managers may have rated the committees on the basis of meeting and hostel characteristics that could not be easily observed by the author. These might have been related to such things as the hostel's organisational culture, the staff-resident relationships, or actual comments made by the residents to the manager in private discussion.

Finally, the lack of many obvious differences between the useful and not useful committees questions whether managers were able to accurately distinguish between these groups. It did appear that managers were able to distinguish between committees at the extreme ends of the scale, with the small number of meetings that were observed by the author to be particularly good or bad, also rated as such by the managers. However, the lack of overall observed differences suggests that managers might not be able to distinguish between the effectiveness of committee meetings. This is in line with previous findings that question the accuracy of staff assessment of residents' views (L. Wilson & Kirby, 2002). This has implications for the use of managers in the assessment of both committees and in the standards monitoring process. It would seem to be more accurate to use both independent evaluators and the views of residents.

14. Hostel Differences

While the author's impressions of the meetings were based on attendance at only two meetings at each of the hostels, there were some meeting characteristics that particularly stood out. Firstly, there was a wide degree of variation between the functions of the committee meetings. Some meetings were more formal with the chairperson apparently attempting to run them as they would in any other general organisation. The meetings focused primarily on issues that needed addressing in the hostel, such as maintenance or hostel rules, and finding solutions to these. Other meetings were more social and, while they still addressed issues raised by the residents, these issues tended to be more individual. The focus was not on decision-making, with the staff chairperson instead generally addressing the issues and finding solutions to these between the two meetings.

Secondly, the residents varied in the degrees to which they enjoyed the meetings. In the more formal meetings, while residents did not seem to interact socially, they did appear to be satisfied with the meetings and their processes, provided their opinions were listened to and the issues that they raised were addressed. Residents who attended the more social meetings did not seem to enjoy the meetings for their committee functions but enjoyed the more social aspect that was combined with the meetings. They seemed to enjoy the chance to interact with the other residents and staff, to have morning or afternoon tea, and to participate in a group activity. However there were some residents who did not appear to enjoy the format of meetings offered at their hostel. Some residents at the more formal meetings tried to raise personal or social issues and seemed a bit put out that these were discouraged. Other residents at the more social meetings commented that the meetings did not meet their expectations of what a committee meeting should entail.

The chairpersons of the meetings had a large impact on the satisfaction of the residents at the meetings. Some were caring and obviously enjoyed their role as someone who could help the residents address their needs. They seemed to have a good relationship with the residents and this positively affected the meetings. Other chairpersons did not seem to value the meetings and instead viewed them as a formality. Still other meetings had different chairpersons at each meeting with the satisfaction of the residents varying according to the chairperson.

Finally, as mentioned already, the organisational culture of the hostel seemed to impact upon all of the aforementioned areas. If a meeting was not well run but the residents were happy in the hostel, they still seemed to regard the meeting as a success. In hostels where the residents were not happy, the meetings had a negative feel and focused generally on complaints.

Despite these observed variations in the meetings, the quantitative measure used in the present study, which aimed to provide an overall picture of the committees at each hostel, failed to highlight this variation. Another limitation to the quantitative measures used in the present study was that the outcomes of the meetings were unable to be measured accurately as only two meetings were attended by the author and therefore many of the outcomes were unknown at that stage. An accurate measure of outcomes would be beneficial as it could be argued that one of the most adequate measures of a committee is the degree to which it achieves desirable results.

One problem with using purely quantitative measures in studies of committees is that it does not allow such things as the specific effects of the organisational culture on meetings and the overall 'feeling' of a meeting to be included. These are very important meeting factors that could contribute greatly to the satisfaction of the

participants. In future studies of this kind, while a quantitative measure of organisational culture or social climate might also be useful, it would be recommended that an observer record their observations as in the present study, noting as much qualitative data as possible. The observed variations between the two meetings at the one hostel in the present study also have implications for any formal evaluations since very different impressions would have been gained from the two meetings. Accordingly, evaluations should involve the observation of more than one committee meeting. Furthermore, as there was a great deal of variety in the committee meetings between each of the hostels, it is important that evaluations are specific to a hostel and that they are not generalised from the observations of other, potentially quite different, committee meetings.

15. Conclusion

The data contained in this study provide a specific picture of the format and processes of resident committees in 18 South Australian hostels. While one of the main potential benefits of resident committees is to provide residents with control over their lives (Freytag, 1987; Residential Care Rights, 1999), in this study, the committees were formed by staff, with staff members primarily running the meetings and setting the agendas. Similar results have been found previously (Devitt & Checkoway, 1982; Freytag, 1987). The majority of hostels had all-can-attend formats for their resident committees, consistent with previous findings (Devitt & Checkoway, 1982; Zwick, 1994). Despite recommendations that resident committees should aim towards being more than just grievance mechanisms or social gatherings, and aim to provide opportunities for planning and decision-making (Freytag, 1987; Residential Care Rights, 1999), the meetings in this study were primarily forums for residents to present their grievances to the hostel staff. No committees consisted of residents exclusively,

with the manager chairing the majority of meetings. While residents raised important topics at the meetings, such as food, environment, and activities, the incidence of successful outcomes was poor. There were very few differences between meetings that were perceived by the manager as being regarded by the committee members as *useful* and those that were perceived to be regarded as *not useful*. Overall, it seemed that the committees may not have fulfilled their potential for resident control, and the dominance of staff input raises doubts about the suitability of resident committees for fulfilling the accreditation standard of decision-making and control.

16. Future Studies

After having attended 35 meetings, it was clear that the resident committee meetings had both a variety of functions and formats. While a number of recommendations have been made on the basis of observations in these meetings, further detailed studies need to be conducted to determine the impact of general organisational characteristics on the success of the resident committees. In particular, it would be beneficial to determine the specific organisational cultures or social climates of these hostels to see whether they are associated with particular aspects of the meetings. It would also be beneficial to determine the views of the residents on the committees and their satisfaction with them, their opportunities for decision-making, and whether these opportunities meet their expectations. As the actions of the chairperson were observed to impact on the meetings, it would also be useful to obtain the residents' satisfaction levels with this leadership. One important aspect of resident committee meetings is the degree to which they empower the residents. To the extent that this is a subjective state of the residents, it is necessary to obtain the residents' opinions on the extent to which they view the meetings as successful. Furthermore, a limitation of the present study was that it was unable to accurately quantify the outcomes of the meetings and the extent to which they

were satisfactory to the residents. An appropriate way to do address these issues would be to follow F. Heller et al.'s (1989) decision-making study in general organisations, using various questionnaire methods to obtain some quantitative and qualitative data on the committees, from the residents' viewpoints.

CHAPTER FOUR

A Model of Decision-Making

1. Decision-Making

The process of group decision-making in social settings is central to our democratic society's functioning (Ellis & Fisher, 1994). Ellis and Fisher defined a group decision as "a choice made by group members from among alternative proposals available to them." (p. 141)

Studies on the processes of decision-making generally fall into *prescriptive* approaches, which attempt to provide an ideal process for decision-making, and *descriptive* approaches, which describe how group decision-making actually occurs (Ellis & Fisher, 1994). Several studies have provided models to describe the group decision-making process, generally outlining a number of phases that decision-making tends to follow (Bales & Strodtbeck, 1951; Scheidel & Crowell, 1964; Tuckman & Jensen, 1977).

2. F. Heller, Drenth, Koopman, and Rus' (1989) Model of Decision-Making

F. Heller, Drenth, Koopman, and Rus (1989) conducted a study analysing the decision-making processes in seven organisations over three different countries. Their longitudinal study assessed the effectiveness of the processes of short, medium, and long-term decision-making procedures. The central variable to the study was power, measured by the "Influence-Power Continuum". This measure assessed the level of

participative decision-making that the supervisor allowed in a work group, ranging from *No or minimal information to Complete control* (p. 66).

One of the main areas of decision-making that was studied by F. Heller et al. (1989) was operational decision-making within existing work-groups. Operational decisions were defined as ones that could be made at the “workshop level” (F. Heller et al., 1989, p. 35) and had relatively short time frames. The investigation was conducted via a questionnaire format, using groups of workers who worked closely together on various operational decision-making tasks.

F. Heller et al. (1989) found that the degree of participation that the work group was allowed in decision-making (independent variable) was the strongest predictor of the dependent variables General Satisfaction, Satisfaction with Participation, Effects of Participation, and Skill Utilisation. The contingency variables in their model, defined as those variables moderating the relationship between the independent and dependent variables, included such variables as Group Characteristics, Expectations of Participation, Climate for Participation, and Job Characteristics, and each of the dependent variables were also used as contingency variables in regression analyses. They found that the contingency variables that had the most effect on some or all of the dependent variables were Satisfaction with Participation, Group Characteristics, and Expectations of Participation.

2.1 Control over decision-making.

The Influence-Power Continuum was designed to measure the level of consultation that occurs when decisions are made regarding a range of issues. The 5-point scale ranges from *No or minimal information to Complete control*. The measure gives a level of

power that a person or group possesses with power being highest when a person's advice is accepted and implemented (F. Heller et al., 1989).

Moos and Lemke (1996) designed an instrument called the "Policy and Program Information Form" which assesses the policies and services in aged care settings. The instrument has a sub-scale that evaluates resident control by measuring the input that residents are allowed into a range of decisions affecting their lives, such as deciding on activities and mealtimes. The scale is similar to the Influence-Power Continuum but is measured on a 4-point scale and is designed specifically for use within aged care facilities.

There is some debate as to whether the encouragement of high levels of decision-making and control in aged care is as desirable as the provision of a structured and stable environment (Moos & Lemke, 1984). Nevertheless, Moos and Lemke argued that it is beneficial for residents to have opportunities to exercise their personal choice in their patterns of daily activities and also to have control via formal structures and policies enabling residents to have a formal say in the running of their hostel.

One important consideration when studying decision-making in an elderly population with a reasonable degree of dependence is that their desire for decision-making control may be different to those people studied in general working organisations. Reinardy (1995) argued that, while some people may desire full control over their decisions, others may prefer a nominated person to make decisions for them. Nevertheless, as long as those people give someone else the right to make their decisions, then they will achieve a vicarious sense of control. As a result of this, they will still feel that they have a say in the decision-making process. Ellis and Fisher (1994) similarly argued that participation in decision-making is not as essential as the provision of an opportunity for

decision-making. Green and Hewitt (1987) found that well-being in residents improved if they were encouraged to make more decisions related to their personal lives. Similarly, Langer and Rodin (1976/1994) found that a resident group who was given increased control over such decisions as their daily activities and the decoration of their rooms was happier than a control group who had little opportunity for decision-making.

2.2 Expectations of participation in decision-making.

F. Heller et al. (1989) used a questionnaire designed to assess group members' expectations regarding the future use of a participative system. An example of a statement to be rated is, "*Because of the consultative procedures, people will get more job satisfaction*". They found that the workers' expectations regarding participation had an influence on the dependent variables, particularly Effects of Participation. Furthermore, the degree of participation in decision-making was strongly related to Expectations of Participation.

Moos and Lemke (1996) designed a questionnaire that assesses residents' preferences regarding policies and services in aged care facilities. The instrument has a sub-scale that evaluates residents' ideal levels of resident control by measuring the input that residents would ideally like to provide into a range of decisions affecting their lives. The scale covers identical topics to Moos and Lemke's (1996) "Policy and Program Information Form" Resident Control sub-scale.

2.3 Comparing ideal and actual hostel characteristics.

The comparison of residents' ideal views and the actual hostel characteristics can be very useful in assessing aspects of aged care settings. Cummins (1997) argued that this

comparison is important in the study of quality of life, as a good life quality is a result of a close match between what an individual wants and what they actually receive.

A number of studies have been conducted in aged care that have found that there are significant differences between the wishes of residents and what they actually experience in the hostels. Moos and Lemke (1996) found that in one hostel, residents wanted more control over policies than they actually had. They also found that in aged care hostels overall, there was a very low rate of congruence between residents' ideal and actual views of social climate. Similarly, the author found in a previous study of three South Australian hostels that male residents desired significantly greater Cohesion, Comfort, and less Conflict than was evident in the hostel and female residents desired greater levels of Resident Influence and Independence and less Organisation in the operation of the hostel (L. Wilson & Kirby, 2002).

2.4 Satisfaction with leadership and participation in decision-making.

F. Heller et al. (1989) found that the outcome variable Satisfaction with Participation, which measured leadership and opportunities for participation, had the strongest link with the Influence-Power Continuum scores out of all of the dependent variables measured. Those individuals and work-groups that had a higher participation level in decision-making were more satisfied with the group leadership and opportunities for decision-making.

Heslin and Dunphy (1964) reviewed studies on satisfaction in small groups and found that perceived opportunity to participate in decisions was one of three crucial factors of member satisfaction. The others were status congruence and perception of satisfactory progress towards set goals. Kowitz and Knutson (1980) argued that satisfaction is

crucial to work-groups since people voluntarily join groups because they perceive them as a means of satisfying certain needs. Likert (1987) found that leadership style was very important, with a leader who was skilful at relating to the group members being more likely to result in increased job satisfaction and productivity amongst their subordinates.

No studies of the elderly have been found that have examined satisfaction levels with group leadership and opportunities for participation. Instead studies have tended to focus on the links between decision-making and measures of general life satisfaction (Byrd, 1983; Green & Hewitt, 1987; Vallerand et al., 1989).

2.5 Life satisfaction and participation in decision-making.

F. Heller et al. (1989) found that workers' General Satisfaction with the organisation was significantly related to the level participation in decision-making, when individual group members' results were analysed. Nevertheless, they did not find this same significant relationship when using the work group, rather than its individual members, as the unit of analysis. They therefore concluded that general satisfaction was not strongly or consistently related to participative decision-making. They found that it was the more specific variable of Satisfaction with Participation that was more closely linked to the actual levels of participation in decision-making. This relationship was found to be strong and consistent, when using either the group or the individual as the unit of analysis.

A number of studies of elderly residents in aged care have linked higher levels of decision-making with increases in various measures of life satisfaction. Timko and Moos (1989) found that residents with greater control over the environment had a better

well-being. Grossman and Wiener (1988) argued that resident participation in decision-making is crucial to their quality of life. Green and Hewitt (1987) found that one way to improve well-being in residents was to help them to make more decisions related to their personal lives. Vallerand et al. (1989) argued that high satisfaction can be achieved amongst nursing home residents if they are able to determine a clear link between their personal choice and an outcome. Byrd (1983) found that when residents increased their participation levels in decision-making about program management, their life satisfaction levels also increased.

2.6 Effects of participation in meetings.

A number of studies in general organisations have established links between increased participation in decision-making and improved effectiveness in decision-making (F. Heller et al., 1989). These studies were based largely on the human relations approach, which proposed that worker participation in organisational decision-making led to a more satisfied worker and therefore a more productive one. However, the direction of the causal relationship has been questioned, as has the possibility of the effects of intervening variables in this relationship, such as social or political factors (Buchanan & Huczynski, 1997).

F. Heller et al. (1989) found that the most commonly cited effects of participation in decision-making in organisations were that management was more aware of workers' wishes and complaints, and that people were better informed about what was going on in the company. The least noticed effects of participation were getting more say in departmental policy making and having more influence on day-to-day matters. They found a clear overall link between the levels of worker participation in decision-making and the perceived effectiveness of decision-making. This indicated that when the group

had more power in the decision-making process, its members believed that their decision-making produced more noticeable and positive effects.

Zwick (1994) in her study of resident committees in aged care, found that residents were often unaware whether their participation in the meetings actually led to any changes. This was said to be a result of the managers failing to regularly feed back the results to the residents. Devitt and Checkoway (1982) found that there was a large gap between the aim and the practices of resident committees. They found in their survey that resident committees generally did not achieve outcomes of policy change or increased power to the residents. Similarly, Gibbs and Salkeld (1988) found that while residents felt that the meetings served a social function, they realised that few of their suggestions actually led to any changes.

Zwick (1994) also found that there was a high number of complaints from residents who indicated that if there were any positive decisions and outcomes of the resident committee meetings, it was always due to a few residents. While this increased level of participation of a few residents led to positive outcomes, they remarked that “It is a bit awkward when a few people have to make their minds up for everyone”(p. 12). These comments suggest that increased participation in decision-making led to positive outcomes in this situation, but not always to positive feelings amongst those who made the decisions.

2.7 Group climate and participation in decision-making.

F. Heller et al. (1989) found that in five of the seven companies in their study, a positive relationship existed between the degree of participation in decision-making and a perceived positive climate in the work group. They also found that the climate in the

work group was a significant predictor of the outcome variables Effects of Participation, Satisfaction with Participation, General Satisfaction, and Skill Utilisation.

Kowitz and Knutson (1980) defined group cohesiveness as “. . . the extent to which the individual members of the group actually behave as a group” (p. 113). They argued that the achievement of group cohesiveness is crucial as it is generally related to member satisfaction and therefore increased effectiveness. This has been found in workplace and classroom settings (Buchanan & Huczynski, 1997).

A more cohesive group will tend to achieve their goals more efficiently, leading to better productivity as long as the group’s norms, goals and members are suitable for solving the problems (Buchanan & Huczynski, 1997). Thibaut and Kelley (1959) found that more cohesive groups tend to form when the members realise that there are gains and benefits to being a part of the group.

Ulschak et al. (1981) argued that for a group to achieve decision-making goals, all members must feel comfortable in sharing their ideas, and this must be facilitated by a supportive climate. Zwick (1994), in her study of resident committee meetings in aged care, reported residents as saying that it was difficult for them to speak out in resident meetings for fear of hurting one another’s feelings or being victimised. Instead, many residents preferred to raise issues privately away from the meeting format. This is not a good indication of a cohesive group. Nevertheless, Gibbs and Salkeld (1988) found that residents in their study saw the committee as a way to gain support and assistance when decisions were required. They also felt that the social contact and interaction with other residents was an important part of the meetings. This is perhaps a sign of a more cohesive group of residents.

2.8 Social climate and participation in decision-making.

F. Heller et al. (1989) found that a social climate that encouraged participation by workers was significantly related to the Influence-Power Continuum scores in the work-groups studied. They found that those groups of workers that were allowed greater participation in decision-making made a more positive evaluation of the overall climate for participation in the organisation.

Moos and Lemke (1996) defined social climate as a measure of the “unique personality” of an environment, which regulates the behaviour of the people within that environment (p. 110). Moos and Lemke constructed a questionnaire entitled “Sheltered Care Environment Scale” (SCES) designed to assess the social climate of aged care facilities. The questionnaire assesses a facility’s social climate by asking residents to answer questions regarding typical behaviours. The SCES determines three different social climate dimensions, which consist of Relationship dimensions (including Cohesion and Conflict), Personal growth dimensions (including Independence, Self-Disclosure and Organisation) and System maintenance and Change dimensions (including Resident Influence and Comfort).

A number of studies have been conducted on variables that relate to the social climate of aged care hostels. Lemke and Moos (1989) found that residents in hostels with higher rapport and control were more likely to be highly active in both informal activities and community activities. Timko and Moos (1989) found that the social climate dimensions of Independence, Resident Influence, and Organisation mediated most of the relationships between choice and control, and resident adaptation. Timko and Moos (1991) found that the level of care, type of ownership, size of the facility, and various resident characteristics all influence the type of social climate that a facility

develops. Lemke and Moos (1987) found that gender, education level, length of stay, and activity level all influenced resident perceptions of the facility's social climate. Gould (1992) found that more cohesive and independent social climates positively affected the life satisfaction levels of the residents.

3. Resident Committees as Groups for Analysis

F. Heller et al. (1989) used existing work-groups as units of analysis. They argued that analyses of decision-making processes for simple and short-term decisions are appropriately studied within existing groups, as long as the decisions under consideration are appropriate and relevant to the group. Groups are defined differently according to the perspective adopted, but a definition such as “. . . people who consider themselves to be part of an identifiable unit, who relate to each other in a meaningful fashion”, is relevant to most groups (Buchanan & Huczynski, 1997, p. 187).

Resident committee groups provide an existing group for analysis, especially appropriate to this study, as the purpose of such groups is to achieve consultation, discussion, and decision-making. Resident committees have been studied previously for a variety of reasons. Zwick (1994) used an interview and observation approach to study the operation of resident committee meetings and the satisfaction levels of the residents. This provided an overview of the meetings with anecdotal evidence. Devitt and Checkoway (1982) conducted a mail survey of resident committees to determine a picture of the typical committee group. Gibbs and Salkeld (1988) interviewed resident committee members regarding their thoughts and preferences for resident committees. Results of these studies are outlined in Chapter 1, *Section 4.6*.

4. Aims

Based on previous research in general organisations, particularly the work of F. Heller et al. (1989), the aim of this study was to investigate the opportunities for decision-making in a sample of South Australian aged care hostel residents. The main focus of this study was on the variables that were related to residents' perception of their opportunities for decision-making.

As a result of F. Heller et al.'s (1989) findings, it was decided that this type of decision-making analysis would be appropriate for the study of decision-making in aged care resident committees. Skill Utilisation was omitted from the dependent variables after the residents in the first hostel found it too difficult to understand. The dependent variables of Satisfaction with Participation, General Satisfaction, and Effects of Participation were measured.

Compared to the eight contingency variables measured by F. Heller et al. (1989), only a relatively small number of variables were measured in the present study. These included Group Characteristics, Expectations regarding Participation, and the Social Climate of the hostel. These were deemed to be the most relevant to the study and also the most easily understood by the elderly residents.

5. Areas of Investigation

Based on F. Heller et al.'s (1989) study, it was expected that there would be a positive relationship between the level of perceived participation in decision-making, and Satisfaction with Participation, General Life Satisfaction, Effects of Participation, and Group Cohesiveness. Based on Timko and Moos' (1989) study, it was expected that

there would be a positive relationship between the level of perceived participation in decision-making and the residents' Sheltered Care Environment Scale (SCES) scores on the Independence, Organisation, and Resident Influence sub-scales. Relationships between the level of perceived participation in decision-making and the SCES sub-scales of Cohesion, Conflict, and Self-Disclosure, and differences between residents' Policy and Program Information Form (Part Six) real and ideal Resident Control scores were also investigated.

Methodology

1. Sample

Overall a total of 134 residents participated, with 34 males (25%), 99 females (74%), and one person who did not indicate their gender on their questionnaire. Only residents who had been in the hostels for more than 2 months were chosen, as this avoided what was regarded as the initial stressful adjustment period (Joiner & Freudiger, 1993). None of the subjects were intellectually impaired, as indicated by staff.

2. Hostels

The 18 hostels that participated in the earlier studies were again approached to participate in this study, with 15 agreeing to participate. Hostel R did not participate as they had only two fluent English-speaking residents who regularly attended the meetings and after discussion with the manager, it was decided that this would create an insurmountable language barrier. The manager of Hostel G was keen for the residents to participate. However, when the author attended the resident committee meeting, the manager was absent and the acting chairperson (activity coordinator) was not particularly encouraging of the residents participating and consequently, none of the residents indicated that they wished to participate. One hostel that had four separate Lodges participate previously had only three participate in this study as one of these Lodges had been re-designated as a nursing home. As in the previous study, these three sections were regarded as separate hostels as they were completely independent from each other.

3. Questionnaires

3.1 Multiphasic Environmental Assessment Procedure.

Three parts of the Moos and Lemke (1996) “Multiphasic Environmental Assessment Procedure” were used. These are as follow:

3.1.1 Sheltered Care Environment Scale (SCES).

Perceived services and social climate in the hostels were measured using the Moos and Lemke (1996) “Sheltered Care Environment Scale” (SCES). This measure was written specifically for elderly people living in aged care facilities.

The SCES focuses on subjects’ personal evaluation of their living environment. It is a 63-item questionnaire, with *Yes/No* answers. One point is given for each “*Yes*” response. There are seven sub-scales: Cohesion, Conflict, Independence, Self-Disclosure, Organisation, Resident Influence and Physical Comfort. The seven sub-scales are outlined below with a sample question of each.

1. Cohesion: Measures how helpful and supportive staff members are towards residents and how involved and supportive residents are with each other. “*Do residents get a lot of individual attention?*”
2. Conflict: Measures the extent to which residents express anger and are critical of each other and of the hostel. “*Do residents ever start arguments?*”
3. Independence: Assesses how self-sufficient residents are encouraged to be in their personal affairs and how much responsibility and self-direction they exercise. “*Do residents sometimes take charge of activities?*”

4. Self-Disclosure: Measures the extent to which residents are encouraged to openly express their feelings and personal concerns. “*Are personal problems openly talked about?*”
5. Organisation: Assesses how important order and organisation are in the hostel, the extent to which residents know what to expect in their daily routine, and the clarity of rules and procedures. “*Are activities for residents carefully planned?*”
6. Resident Influence: Measures the extent to which the residents can influence the rules and policies of the hostel and are free from restrictive regulations. “*Are suggestions made by the residents acted upon?*”
7. Physical Comfort: Assesses the extent to which comfort, privacy, pleasant décor, and sensory satisfaction are provided by the physical environment. “*Can residents have privacy whenever they want?*”

The Cohesion and Conflict sub-scales measure relationship dimensions. Independence and Self-Disclosure measure personal growth and goal-oriented dimensions. The Organisation, Resident Influence, and Physical Comfort sub-scales assess system maintenance and change dimensions.

Reliability (cronbach’s alpha) is moderate to high for five of the seven sub-scales, with Self-Disclosure and Resident Influence varying considerably. The intercorrelations of sub-scales are moderate with three of the correlations above 0.50 (Moos & Lemke, 1996).

3.1.2 Policy and Program Information Form (POLIF), Part Six.

Part Six of the Moos and Lemke (1996) “Policy and Program Information Form” (POLIF) was used. This was used instead of F. Heller et al.’s (1989) Influence-Power

Continuum as it was specifically for use with an elderly population. The section entitled "Decision-making" is one of two sections that measure Resident Control in aged care facilities, defined as "how much residents are involved in facility administration and influence facility policies" (Moos & Lemke, 1996, p. 83). It asks residents to rate the extent to which they are involved in policy making in the following 16 areas: (1) planning entertainment; (2) planning educational activities; (3) planning welcoming or orientation activities; (4) deciding on new activities; (5) making rules about attendance at activities; (6) planning menus; (7) setting mealtimes; (8) setting visitors' hours; (9) deciding on the décor of public areas; (10) dealing with safety hazards; (11) dealing with resident complaints; (12) making rules about the use of alcohol; (13) selecting new residents; (14) moving a resident from one bed to another; (15) deciding when a sick or troublesome resident will be asked to leave; and (16) changes in staff. Residents were asked to indicate their level of involvement in decision-making, by placing a tick in one of four response columns. A sample question and corresponding response options is as follows:

<i>Staff/</i>	<i>Staff/</i>	<i>Residents</i>	<i>Residents</i>
<i>administration</i>	<i>administration</i>	<i>decide</i>	<i>basically</i>
<i>basically</i>	<i>decide but</i>	<i>but staff</i>	<i>decide</i>
<i>decide</i>	<i>residents</i>	<i>has input</i>	<i>by themselves</i>
<i>by themselves</i>	<i>have input</i>		

1. Planning entertainment such as movies or parties

After giving the questionnaire to 12 residents in one hostel, it was found that the format caused some difficulties. Instead of using all four response column options, residents tended to only tick down the left hand column if they had some input into the policy making in each area, ignoring the other three response columns. The format was

therefore changed to include a statement with four response options and four corresponding boxes underneath, for each of the 16 questions. After suggestions from two-thirds of the residents, the response options were also simplified. A sample question and corresponding response options for the revised questionnaire is as follows:

1. Who is involved in planning entertainment such as movies or parties?
(tick only one box)

- 1. *Staff only.*
- 2. *Staff mainly but residents have input.*
- 3. *Residents mainly but staff have input.*
- 4. *Residents only.*

This format seemed to cause no difficulties.

At the recommendation of Moos and Lemke (1996), the questionnaire was scored dichotomously. One point was given for each 3 or 4 response for questions 1 to 5, with one point also given for each 2, 3, or 4 response for questions 6 to 16. Otherwise the respondent scored zero for that item. A minimum score of zero indicated that the resident felt that they had no control over decisions in the 16 areas and a maximum score of 16 indicated that the resident felt that they had control over decisions in all 16 areas.

Although it is possible to use staff and resident responses to this questionnaire, only resident responses were obtained as it was their opinion as to their level of input more than the actual level that was sought.

The second part of the Resident Control sub-scale that looked at such topics as resident participation in committees, meetings, and paid jobs at the hostel, was not used after it was given to the managers at three hostels and they reported that many of the questions were either not relevant to them or were difficult to answer. Specifically they were unable to determine whether their “meetings” fell into the category of *resident council*, *house meetings*, or *resident committees*. Overall the POLIF Resident Control sub-scale has an internal consistency of 0.80 and a test-retest reliability of 0.84.

3.1.3 Policy and Program Information Form (Ideal) (POLIF Form I), Part Six.

The corresponding Ideal format to the Moos and Lemke (1996) “Policy and Program Information Form” (POLIF Form I, Part Six) was also used. This was used to assess residents’ ideal expectations of their participation levels in decision-making. While this was not identical in content to F. Heller et al.’s (1989) measure to assess workers’ expectations of their future participation in decision-making, it was decided that this questionnaire was more relevant to this study.

Residents were asked to indicate whether they felt that they should be largely responsible for decisions in five areas (corresponding to items 1 to 5 on the POLIF, refer to *Section 3.1.2*) and whether they should have at least some responsibility for decisions in the remaining 11 areas (corresponding to items 6 to 16 on the POLIF, refer to *Section 3.1.2*). After giving the questionnaire to 12 residents from one hostel, it was found that the format of four response columns caused the same difficulties in understanding as were encountered for the POLIF. Therefore, as the scoring methods were dichotomous, with 1 point given for each *Preferably Yes* or *Definitely Yes* response, and zero points given for each *Preferably Not* or *Definitely Not* response, the

response options were simplified to *Yes* or *No*, with 1 point given for each *Yes* response. A minimum score of zero indicated that the resident desired no control over the decisions in the 16 areas and a maximum score of 16 indicated that the resident desired control over decisions in all 16 areas. The internal consistency of the POLIF Form I is high (Moos & Lemke, 1996).

3.2 Life Satisfaction Index.

Life satisfaction was measured with a 6-item shortened version of the “Life Satisfaction Index” (Neugarten, Havighurst, & Tobin, 1961). The participants were asked to indicate whether they agreed, disagreed, or were unsure about six statements regarding their satisfaction with life. For example, “*I am just as happy as when I was younger*”. One point was given for each *Yes* response and for the *No* response to Item 4, which was worded negatively. No points were given for *Unsure* responses. A minimum score of zero indicated very low life satisfaction and a maximum score of 6 indicated very high life satisfaction. The specific questions used in this questionnaire are shown in the Results section of this chapter (Table 5). The Life Satisfaction Index, which was written specifically for use in elderly adults, has been extensively used and Steinkamp and Kelly (1986) have previously used this particular shortened version. They reported that it has high validity. The shortened version was chosen for use in the present study in order to reduce the total number of questions residents were asked to complete.

3.3 Modifications to F. Heller et al.’s (1989) decision-making questionnaires.

Modified versions of F. Heller et al.’s (1989) questionnaires were used to assess various aspects of the resident committee meetings. F. Heller et al. developed a series of questionnaires for use in general organisations so these had to be modified and

simplified for use with an elderly population. The wording of the questions had to be changed to make them more applicable. For example, “*Does your superior/boss pay too little attention to your ideas and suggestions?*” was modified to “*In the resident committee meetings, do staff pay too little attention to your ideas and suggestions*”. F. Heller et al. used a 4-point response format ranging from *Yes, definitely* to *Definitely not*. This was tried in one hostel with a group of 12 residents, but there were a number of problems. Firstly, after residents read the four response options, they tired quickly and were only able to complete part of the questionnaire. Secondly, residents tended to answer “*Yes*” or “*No*” to the author rather than answering with one of the four response options. For example, when one resident said “*Yes*” and was asked whether she meant “*Yes definitely*” or “*Yes, I tend to think so*”, she replied “*I think yes. You just put whatever you want to, dear*”. Therefore, the response options were limited to *Yes* or *No*.

F. Heller et al.’s (1989) scoring of the questionnaires also had to be slightly altered. While their end score on a 5-item questionnaire with four response options was a number between 1 and 4, being the average response option over the five items, this was not appropriate for the *Yes/No* format used in the present study. Instead, 1 point was given for each response option of *Yes* and the total score was a sum of all of the *Yes* answers. The exception to this was Item 3 in the Satisfaction with Participation questionnaire, which was worded negatively, and thus 1 point was given for the *No* response. While this positive wording of all but one question could lead to problems with respondents answering “*Yes*” to all questions, this was also the format used in F. Heller et al.’s original questionnaires, which reported good validity and reliability. Moreover, the author did not observe this to occur.

3.3.1 Satisfaction with Participation (SAT-P).

A modified list of F. Heller et al.'s (1989) 5-item "Satisfaction with Participation" (SAT-P) was used to assess the residents' satisfaction with the meeting leadership and the residents' opportunities for participation in the meeting. The modifications to the questions and to the scoring methods for use with an elderly population are outlined in *Section 3.3*. A sample question is, "*In the resident committee meetings, can you participate in decisions?*" The specific questions used in this questionnaire are shown in the Results section of this chapter (Table 4). The original scale was designed by F. Heller et al. to be descriptive rather than evaluative in order to produce the most accurate estimate of satisfaction. The original scale has been found to be highly reliable (F. Heller et al., 1989).

3.3.2 Effects of Participation (EFF-P).

A modified list of F. Heller et al.'s (1989) 3-item short version of the "Effects of Participation" (EFF-P) was used to assess residents' perceived effects of their participation in the meetings. The modifications to the questions and to the scoring methods for use with an elderly population are outlined in *Section 3.3*. The questions asked whether residents felt that their participation in the meetings resulted in them having: (a) increased influence over their day to day life, (b) their personal interests being better looked after, and (c) an increased input into policy making. The specific questions are shown in the Results section of this chapter (Table 3). The reliability of the original scale was found to be satisfactory (F. Heller et al., 1989).

3.3.3 Group Characteristics (GR-CH).

A modified version of F. Heller et al.'s (1989) 10-item "Group Characteristics" (GR-CH) was used to assess residents' opinions of the cohesiveness of the resident group in the meetings and how productively they worked together. Modifications to the questions and to the scoring methods for use with an elderly population are outlined in *Section 3.3*. Only 6 of the original 10 questions were deemed appropriate for this study. A sample question that was included is, "*Is there a friendly group atmosphere among the people who attend the resident committee meetings?*" The specific questions used in this questionnaire are shown in the Results section of this chapter (Table 7). The four questions from the original scale that were not included in the present study asked questions about the job tasks of the person, such as "*Does everyone in your group receive the information he needs for his work?*" The reliability of the original scale was found to be satisfactory (F. Heller et al., 1989).

3.4 Other questions.

A number of other questions were devised by the author to further gauge residents' perceptions of their meetings. One of the questions from the modified version of the Satisfaction with Participation questionnaire asks, "*Do you feel that you have a chance to take on responsibility in this facility?*" After the initial study in one hostel with 12 residents, it was found that many residents answered "No" to this question but added that they did not want any responsibilities and were happy with the staff making decisions for them. Therefore the question, "*Do you think that residents should be able to have more of a say about their lives?*" was added. Other questions added were (a) "*Who would you ideally like to be chairperson?*" (b) "*Why do you attend the resident*

committee meetings?” and (c) “Are there any changes that you would like to make to the resident committee meetings?”

These questions were added to provide further clarification of some of the previous findings from these hostels. *Question A* was added as a result of the author’s previous findings in these hostels that there were low numbers of residents chairing the committee meetings (Chapters 2 and 3). The question aimed to determine whether residents would prefer to chair the meetings themselves and were not receiving the opportunities, or whether they liked having staff chair the meetings. *Question B* was also added as the author observed a large variety of meeting functions in these hostels previously (Chapter 3) and it was decided that it would be beneficial to know why the residents attended the meetings. *Question C* was added to expand upon the answers to a similar question that was asked of the managers in the initial survey (Chapter 2). This question proved to be a problem when residents posted back the questionnaires without the author there to ask for elaboration. When most residents answered “*Yes*”, they did not elaborate and indicate which types of changes they would like to make. This question would perhaps have been better worded as “*Please state any changes that you would like to make to the resident committee meetings.*”

4. Procedure

A letter was sent to the manager at each hostel explaining the aims of the study, assuring them that the results would be kept confidential, that there would be little staff input necessary, and that feedback would be provided at the end of the study. A follow-up phone call 1 week later to the manager involved a detailed explanation of the study and sought permission to conduct the questionnaire sessions at their hostel. After permission was granted, it was generally the activity coordinator who made the decision

regarding the best format for the completion of the questionnaires. This was a result of them having more day to day contact with the residents and thus being better acquainted with their daily schedules and their personal abilities and preferences.

Some of the questionnaires were combined to form one larger questionnaire in order to reduce the total number of questionnaires to three. The Satisfaction with Participation questionnaire; Effects of Participation questionnaire; Group Characteristics questionnaire; Life Satisfaction Index; Policy and Program Information Form (Form I), Part Six; and the four additional questions were combined to form one 2-page questionnaire. Where the questionnaires were administered at three different sessions, this combined questionnaire was given at the first session; the Social Climate Environment Scale was given at the second session; and the Policy and Program Information Form, Part Six, was given at the third session.

In the first hostel, the author attended their morning tea at the suggestion of the activity coordinator. It was assumed to be a practical method as most residents were present and seated at tables. Nevertheless, this did not work as residents were not warned of the author's arrival and thus preferred just to sit and drink their cups of tea. Furthermore, it was very time consuming to approach each resident and determine if they were both physically and intellectually capable of completing the questionnaire. Another problem was that the activity coordinator was reading the newspaper aloud to the residents at the same time, and this created a noisy atmosphere. One more hostel was visited at morning tea time at the suggestion of the staff and the same problems were encountered. It was therefore decided that residents should be forewarned of the author's arrival by staff, and that it would be better to explain the study to a group of residents deemed by staff to be capable of completing the questionnaires. These two hostels were therefore re-visited using these revised methods.

Three methods were used to approach the residents to ask them to participate in the study and these were determined largely by the activity coordinators' preferences, as well as practical limitations such as the size of the hostel and the frequency of their meetings.

The first method was used in nine cases, which involved the author attending the resident committee meetings, explaining the study, and then asking the residents firstly, if they would like to participate and, if so, their preferences as to how they would like to complete the questionnaires. It was stressed that residents could choose different methods of participation. Those residents who chose to take the questionnaires with them and post them back were given them at the time, and those other residents who wanted individual help gave the author their names, and a time was organised to visit them. In one hostel, only one lady volunteered to participate and thus another method was subsequently used to gain more participants.

The second method was used in six hostels, and involved staff asking the residents at their resident committee meeting if they wished to participate, and in what format, and then the staff member took their names. In five hostels, the author then met with this group of residents to explain the study in more detail, at a time organised by staff. Two groups were asked to complete the questionnaires in their own time and then post them back. Two groups had three sessions organised by the activity coordinator where those residents who indicated their interest attended and completed one questionnaire at each session, with or without the author's help, as requested. One group completed all three questionnaires in a group discussion format with the author. In the sixth hostel, staff distributed the questionnaires and reply paid envelopes to the interested residents and then the author visited those residents in their rooms who had indicated that they wanted help.

The third method was used in a further two hostels, where the author went with the activity coordinator to residents' rooms and the activity coordinator explained the study to the resident and asked if they had a spare hour to go through the questionnaires with the author. Other methods of recruiting participants at these hostels had been tried unsuccessfully, with one being visited at morning tea and the other being visited at their resident committee meeting.

Overall a total of 134 residents participated, with 34 males (25%), 99 females (74%), and one person who did not indicate their gender on their questionnaire. Of the variety of methods used, the largest percentage of residents (43%) preferred to complete the questionnaires in their own time and subsequently post them back to the author. Other methods included residents completing the questionnaires with the author's help (30%), with the help of staff or volunteers (14%), with the help of family (2%), or completing the questionnaire mainly on their own in an organised group session (11%).

5. Limitations to the Methodology

There were some limitations with visiting the residents at their resident committee meetings and asking them for their preferences for participation. Residents did not know who the author was and therefore were wary of participating. Furthermore, few people usually spoke up in the meetings and therefore it was difficult to get anyone to offer their help or their opinion. It was most successful when the chairperson explained the study to the residents and outlined its benefits to them. The residents seemed to trust what this person had to say.

One hostel had a large number of non-English speaking residents who participated in their meetings and who wanted to participate in the study. Two interpreters were used

but problems arose because the interpreters often felt that they knew the answer to the question without asking the resident. They seemed to feel that this saved both them and the resident time in the interpretation. This was especially evident in the questions asking who was involved in making decisions about various issues (Policy and Program Information Form, Part Six). The author noticed this early in the study and reiterated to the interpreters that every question must be translated and only the residents' personal opinions recorded. At this point, they went back and asked the questions that they had missed.

Another problem that arose in having three separate questionnaire sessions was that often residents came to the first session as it was something new but then did not come to subsequent sessions. This was particularly evident in the hostel with the large number of non-English speaking residents, with staff telling the author that "*The novelty has worn off*". The non-English speaking residents had no relationship with the author, as communication was not possible. This seemed to have a large impact on the low participation rate in this hostel. It was therefore difficult to obtain complete sets of questionnaires in these hostels.

There were various methodological limitations to the questionnaires in this study. The main problem was that, although the questionnaires took on average 20 minutes per person, this appeared to exceed the concentration span of most residents. Some questions in the tests were similar, and several residents suggested that these apparently unnecessary extras should be omitted. The excessive length of the questionnaires for residents sometimes led to residents being reluctant to return to the following sessions.

Some of the items in the Sheltered Care Environment Scale were deemed inappropriate by the residents. Most found the questions about rules and regulations irrelevant and

inappropriate as they thought they were only appropriate for children. The question “*Do residents ever talk about illness and death?*” often caused offence because of its reference to death. Several questions were not specific enough. For example, “*Are the discussions very interesting?*” often provoked the question “*With whom?*” The residents did not like the *yes/no* format and wanted a third option of *sometimes*. The staff also made this comment. The irregular direction of the wording of some of the questions also caused confusion, although this wording is necessary to avoid *yes* answers to all questions. These problems have been encountered in a previous study by the author (L. Wilson, 1997). The best solution to this problem was for the author to go through the questionnaires individually with the residents to enable any queries to be answered.

As mentioned earlier, there were some problems with the format of the Policy and Program Information Form, Part Six. However the modification made to the format seemed to alleviate the confusion. Some residents also found it difficult to grasp the concept of the Policy and Program Information Form (POLIF Form I), Part Six. Problems with understanding the notion of *ideal* preferences have been encountered previously by the author (L. Wilson, 1997) although the presence of the author to explain this concept seemed to resolve most of the problems.

A modified 4-item version of F. Heller et al.’s (1989) “Skill Utilisation” questionnaire was given to 12 residents in one hostel but they indicated that they found these questions difficult to understand and felt that they were not relevant to their situation. A sample of a modified question is, “*Do you feel that the resident meetings give you the opportunity to be decisive?*” This questionnaire was subsequently not used.

Results

1. Characteristics of Participating Residents

Overall, 15 hostels participated in the study, with 134 residents completing at least one questionnaire. There were 34 males (25%), 99 females (74%), and 1 person who did not indicate their gender on their questionnaire. The average number of people from each hostel who participated was 9 ($SD = 4.59$), ranging from 4 to 19. There was an average of 2 males ($SD = 1.30$), ranging from 0 to 5, and 6 females ($SD = 3.94$), ranging from 2 to 15. Overall, 46% of the residents who attended the committee meetings in the previous study (Chapter 3) participated in the present study. The average length of time that a person had lived at the hostel was 46 months ($SD = 33.74$), ranging from 2 to 128 months, and their average age was 83 years ($SD = 6.27$), ranging from 65 to 97 years.

In the resident committees of each hostel, there were relatively small numbers of residents who were able, or willing, to participate in questionnaire studies. This small sample meant that it was not possible to conduct meaningful statistical comparisons between the different resident committees. Although it was acknowledged that there were differences between each of the resident committees on the variables tested in the present study, it was useful to use the entire group of residents, from all of the hostels combined, as a single unit of analysis. This allowed statistical tests to be conducted on a sample of 134 residents, therefore increasing the likelihood of uncovering significant and meaningful findings.

2. Independent Variable (Participation in Decision-Making [POLIF, Part Six])

2.1 Description and scoring.

Part Six of the Moos and Lemke (1996) “Policy and Program Information Form” (POLIF) was used, which was the section entitled “Decision-making”. This was used to measure the resident committee members’ perceptions of the level of participation that they had in decision-making in various areas. Participants were asked to rate the level of input that they had into decision-making, in 16 separate areas, as detailed in the Methodology section (*Section 3.1.2*). The higher the score, the more decision-making input the resident perceived themselves to have.

2.2 Overall.

Overall, 107 residents completed this questionnaire, with a mean score of 3.58 out of 16 ($SD = 2.36$), ranging from 0 to 9. This indicates that residents perceived that they had some participation in decision-making in only 3 to 4 of the 16 decision-making areas. There were no significant gender differences on this variable. There were no norms or other studies that have provided specific data for this questionnaire so no comparisons could be made.

2.3 Individual items.

Details of the percentage of respondents who indicated that they had influence in the decision-making in each of the 16 areas is outlined in *Section 7* (Table 11), where a comparison with residents’ ideal POLIF (Part Six) scores is made. Overall, residents felt that they had the most influence in the areas of setting visitors’ hours, making rules

about attendance at activities, and making rules about the use of alcohol. Residents felt that they had least influence over policies regarding the selection of new residents, deciding upon new activities, and planning educational activities.

2.4 Individual hostel differences.

The results, shown separately for each hostel, can be seen in Table 1. These results show the residents' perceptions of their decision-making in the resident committees.

Table 1:

Mean Policy and Program Information Form (POLIF) Part Six Scores and Standard Deviations (in Parentheses) Shown Separately for Each Hostel

Hostel	Mean	n
A	4.00 (2.55)	5
B	3.67 (2.42)	6
C	3.93 (2.09)	15
D	1.57 (2.23)	7
E	4.43 (2.57)	7
F	1.37 (0.74)	8
H	4.67 (2.31)	3
I	2.54 (1.56)	13
J ^a	6.00 (0)	5
K ^a	4.00 (0)	7
M ^b	6.50 (3.53)	2
N	4.00 (1.90)	6
O	4.71 (3.35)	7
P	4.67 (2.87)	9
Q	1.71 (1.38)	7

Note. ^a All participants completed the questionnaire as a group. ^b This hostel had only 2 participants.

Mean POLIF (Part Six) scores for each hostel are shown in Figure 1.

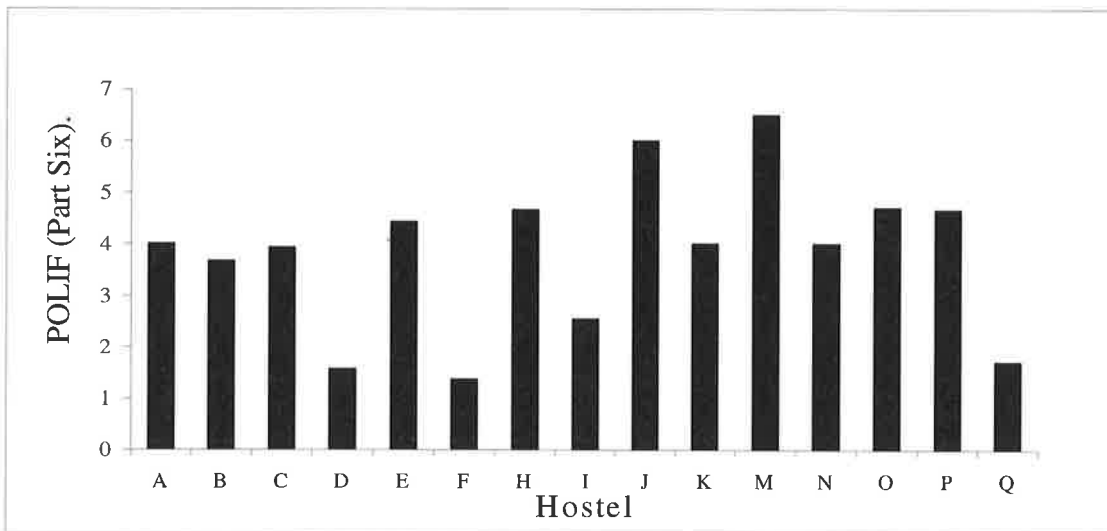


Figure 1. Hostel means on the POLIF (Part Six).

It can be seen that the residents from Hostels M and J perceived that they had the highest participation in decision-making, participating in 6 or more of the 16 areas. Residents from Hostels F, D, and Q perceived that they had the lowest participation in decision-making, participating in less than two areas. Residents from the other 10 hostels indicated that they participated in decisions in between two and five areas.

The residents from each of the 15 hostels indicated that they had influence over decision-making in similar areas. In 13 hostels, over 50% of residents indicated that they could help decide on visitors' hours. In 12 of the hostels, over 40% of the residents indicated that they were able to participate in decisions relating to attendance at activities. In 10 hostels, over 40% of residents felt that they helped make rules about the use of alcohol. In eight hostels, over 40% of residents indicated that they helped

influence policies on resident complaints. In seven hostels, over 40% of residents indicated that they could participate in menu planning.

3. Outcome Variables

The three outcome variables were Effects of Participation, Satisfaction with Participation, and Life Satisfaction. A summary of the means for the outcome variables for each hostel is shown in Table 2.

Table 2:

The Means and Standard Deviations (in Parentheses) for the Outcome Variables: Effects of Participation (EFF-P), Satisfaction With Participation (SAT-P), and Life Satisfaction (LSI), Separated for Each Hostel

Hostel	n	EFF-P (0-3)	SAT-P (0-5)	LSI (0-6)
A	5	1.80 (0.84)	3.80 (0.45)	4.20 (2.05)
B	10	2.50 (0.55)	3.83 (0.98)	1.83 (1.47)
C	9	2.33 (0.71)	4.00 (0.87)	2.00 (1.87)
D	8	1.13 (1.25)	2.13 (1.55)	2.75 (2.12)
E	12	1.64 (1.36)	3.73 (1.10)	2.09 (1.70)
F	7-8	1.57 (1.51)	3.00 (1.63)	2.14 (1.77)
H	4	2.00 (0.82)	4.00 (0.82)	3.00 (0.82)
I	13	1.77 (1.09)	2.69 (1.03)	2.77 (1.88)
J	5	2.00 (0)	5.00 (0)	3.80 (1.30)
K	6-7	0 (0)	0.33 (0.52)	0.83 (0.41)
M	4	2.00 (1.14)	3.50 (2.12)	4.50 (0.71)
N	6	1.00 (1.26)	2.83 (1.17)	3.17 (1.47)
O	6	1.33 (1.21)	3.67 (1.21)	2.50 (1.87)
P	16-17	2.50 (0.84)	4.50 (0.84)	4.50 (0.55)
Q	8	1.88 (1.25)	3.38 (1.51)	3.25 (1.67)

3.1 Effects of Participation (EFF-P).

3.1.1 Description and scoring.

The outcome variable of Effects of Participation (EFF-P) was used to assess what residents perceived to be the effects of their participation in the meetings. Three questions were used to assess this. The questions asked whether residents felt that their participation in the meetings resulted in:

1. Them having increased influence over their day to day life.
2. Their personal interests being better looked after.
3. Increased input into policy making.

The minimum possible score was 0 (no perceived effects of participation) and the maximum possible score was 3 (high effects of participation).

3.1.2 Overall.

Overall, 117 residents completed this questionnaire, with a mean of 1.73 ($SD = 1.14$), ranging from 0 to 3. There were no significant gender differences on this variable. There were no norms or other studies that have provided specific data for this questionnaire so no comparisons could be made.

Overall, 23% of residents felt that their participation in the meetings did not increase their influence in any of the above matters. Thirteen percent felt that they had an increased influence over one of the above areas, 32% felt that they had an increased

influence over two of the above areas, and 32% felt that they had an increased influence over all three of the above areas.

3.1.3 Individual items.

The percentages of positive answers to each item are detailed in Table 3.

Table 3:

Percentages of Positive Responses for Each Item on Effects of Participation (EFF-P)

Item	Yes
As a result of resident committee meetings, do residents have more influence on day to day matters?	63%
As a result of resident committee meetings, are residents' personal interests better looked after?	75%
As a result of resident committee meetings, are residents getting more say in policy making?	41%

The most commonly cited result of participation in resident committee meetings was that residents' personal interests were better looked after and the least cited effect was having more say in policy making.

3.1.4 Individual hostel differences.

Figure 2 shows a comparison between the mean EFF-P scores for each hostel and mean scores are given in Table 2.

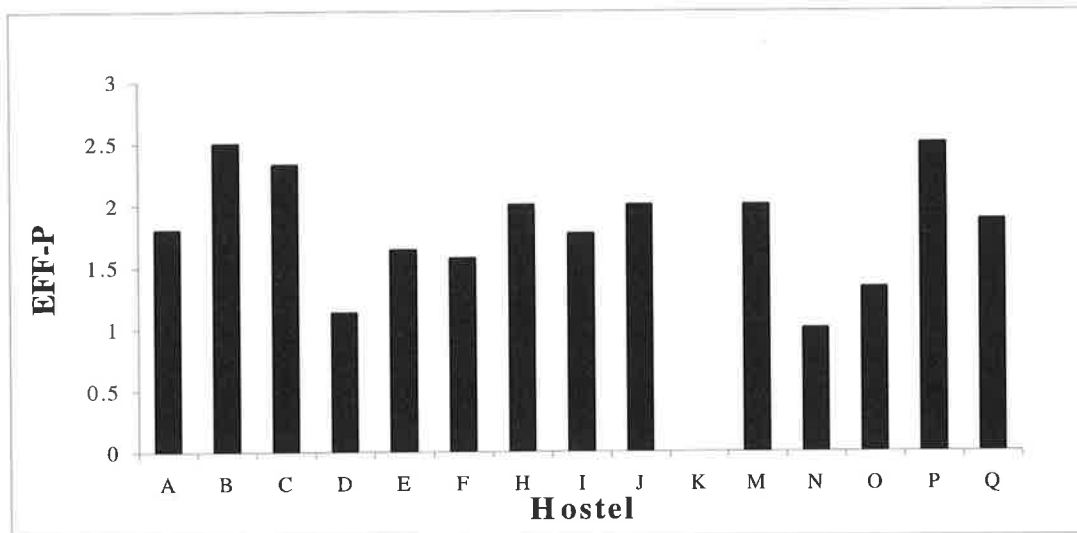


Figure 2. Hostel means on Effects of Participation.

It can be seen from Figure 2 that residents from Hostels P, B, C, H, J, and M perceived the greatest effects of their participation in decision-making, scoring between 2 and 2.5 out of a possible 3. Residents from Hostel K perceived the least effects of decision-making, scoring 0. The other eight hostels scored between 1 and 1.88.

3.2 Satisfaction with Participation (SAT-P).

3.2.1 Description and scoring.

The outcome variable of Satisfaction with Participation (SAT-P) was a list of five questions designed to assess the residents' satisfaction with the meeting leadership and the residents' opportunities for participation in the meeting. The minimum possible score was 0 (indicating low satisfaction with participation) and the maximum possible score was 5 (indicating high satisfaction with participation). Item 3 scored one point for a *No* response as it was worded negatively.

3.2.2 Overall.

Overall, 119 residents completed this questionnaire, with a mean of 3.29 ($SD = 1.45$), ranging from 0 to 5. Fifty percent of residents scored either 4 or 5. While there were no norms or other studies with which to compare these results, on a scale ranging from 0 to 5, it would appear that residents felt quite satisfied with their opportunities for participation. There were no overall significant gender differences on this variable.

3.2.3 Individual items.

The percentages of positive responses given for each item are detailed in Table 4.

Table 4:

Percentages of Positive Responses for Each Item on Satisfaction With Participation (SAT-P)

Item	Yes
In the resident committee meetings, do the staff ask for your opinion?	81%
In the resident committee meetings, can you participate in decisions?	81%
In the resident committee meetings, do staff pay too little attention to your ideas and suggestions?	33%
When changes in the facility occur, are you consulted by staff at the resident committee meetings?	62%
Do you feel that you have a chance to take on responsibility in this facility?	40%

Note. Item 3 is worded negatively.

Satisfaction with participation was greatest in the areas of staff inquiries of residents' opinions and the opportunity to participate in decisions, and the lowest in the

opportunity to have responsibility. After the latter item was given to residents in one hostel, it became clear that some residents did not wish to have any responsibilities. The question “*Do you think that residents should be able to have more of a say about their lives?*” was therefore added. Only 68 residents answered this question, which may indicate that they were unsure of their response. Only 41% of respondents who answered this question indicated that they felt they would like more say than they currently had. There was a significant gender difference on Item 5, with male residents significantly more likely to perceive that they were provided with opportunities to take on responsibility in the hostels ($M = 58\%$, $SD = 50.2$) than female residents perceived ($M = 34\%$, $SD = 47.7$), $t(117) = 2.38$, $p = .02$.

This was the only one of F. Heller et al.’s (1989) modified questionnaires that had a negatively worded question (question 3). The author observed that residents did consider this question and did not tend to just answer “*Yes*” to every question.

3.2.4 Individual hostel differences.

Figure 3 shows a comparison of the average SAT-P scores for each hostel and the mean scores are given in Table 2.

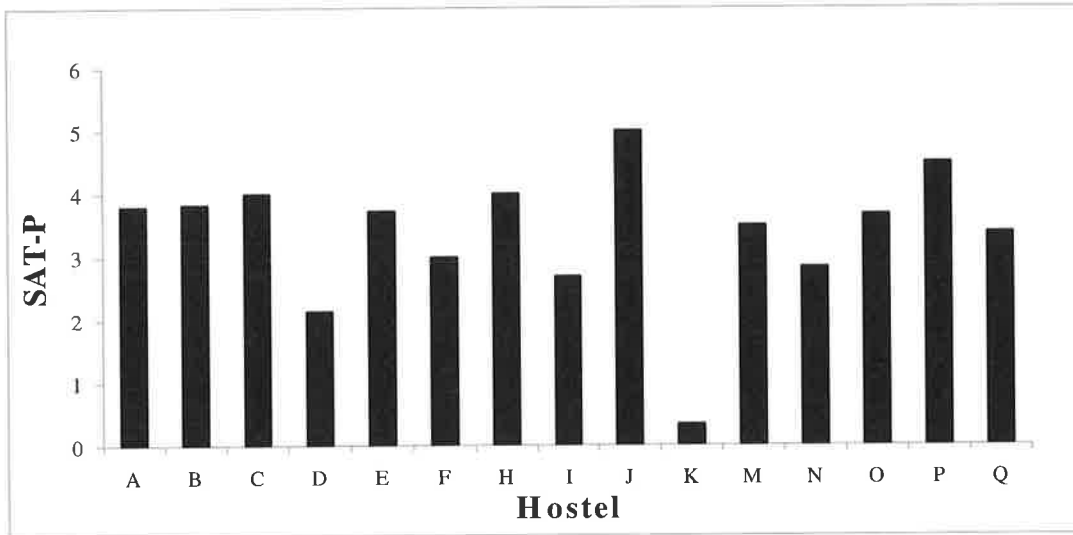


Figure 3. Hostel means on Satisfaction with Participation.

It can be seen from Figure 3 that residents from Hostels J, P, H, and C were most satisfied with their opportunities for participation, scoring between 4 and 5 out of a possible 5. Residents from Hostel K were the least satisfied with their opportunities for participation, scoring only .33. Residents from the other 10 hostels scored between 2.13 and 3.83.

3.3 Life Satisfaction (LSI).

3.3.1 Description and scoring.

The outcome variable of Life Satisfaction (LSI) comprised six items and was used to assess the overall life satisfaction of the residents. Residents were asked to indicate whether they agreed, disagreed, or were unsure in response to the six items. A score of 1 was given to each *Yes* response, and for the *No* response to Item 4. No scores were given for *Unsure* responses. The minimum possible score was 0 (indicating very low life satisfaction) and the maximum possible score was 6 (indicating very high life satisfaction).

3.3.2 Overall.

Overall, 120 residents completed the LSI, with a mean life satisfaction score of 2.78 ($SD = 1.77$), ranging from 0 to 6. There were no significant gender differences on this variable.

The average life satisfaction level was low with 49% of residents scoring 2 or under (11% scored 0, 18% scored 1, and 20% scored 2). Of the 51% who scored over 2, 12% scored 3, 17% scored 4, 19% scored 5, and 3% scored 6. Compared with the average of 62% given by Neugarten et al. (1961), the current average score of 46% was quite low, although Neugarten et al. used elderly people living in the general community.

3.3.3 Individual items.

The percentages of positive responses for each item are detailed in Table 5.

Table 5:

Percentages of Positive Responses for Each Item on the Life Satisfaction Index (LSI)

Item	Yes
As I grow older, things seem better than I thought they would be	53%
I am just as happy as when I was younger	41%
These are the best years of my life	22%
Most of the things I do are boring or monotonous	42%
As I look back on my life, I am fairly well satisfied	79%
I have made plans for things I'll be doing a month or a year from now	20%

Note. Item 4 is worded negatively.

Residents appeared to be highly satisfied when looking back on their lives. They did not commonly make plans for future activities and did not generally feel that these were their best years.

3.3.4 Individual hostel differences.

Figure 4 shows a comparison between the mean LSI scores for each hostel and mean scores are given in Table 2.

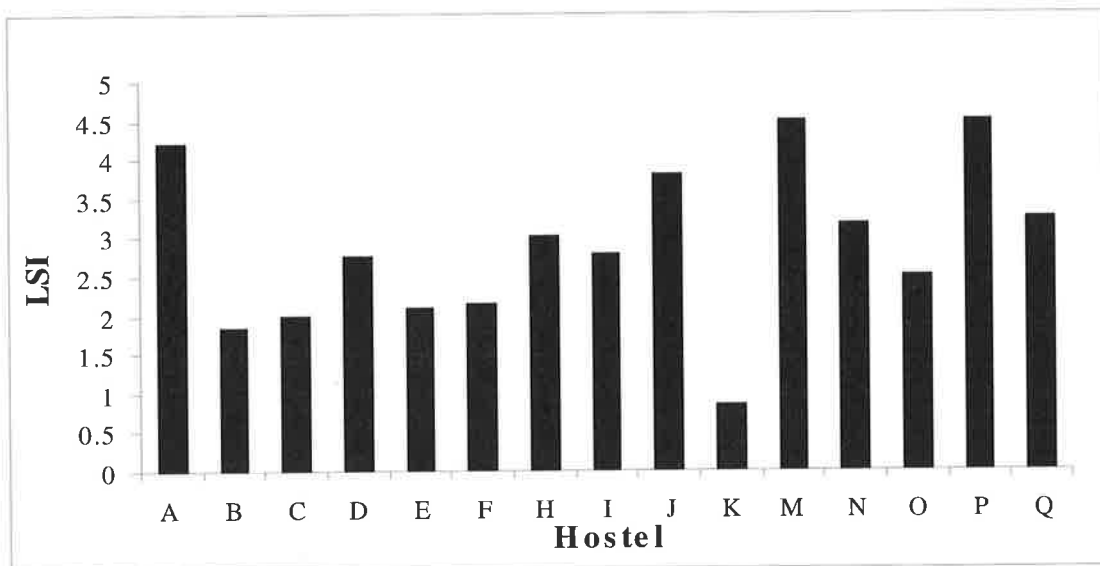


Figure 4. Hostel means on Life Satisfaction.

It can be seen from Figure 4 that the residents from Hostels P, M, and A were most satisfied with their lives in general, scoring over 4 out of a possible 6. Residents from Hostel A had a higher than average score on Item 6, scoring an average of 80%, potentially contributing to their high overall score. Residents from Hostel K had the lowest life satisfaction, scoring .83. Residents from Hostels B and C also had low life

satisfaction, with scores of 2 or under. Residents from the other nine hostels scored between 2.09 and 3.80.

4. Contingency Variables

The contingency variables (variables potentially intervening between participation in decision-making [POLIF, Part Six] and the outcomes), were 'Group Characteristics' (GR-CH); 'Social Climate' (SCES); and 'Ideal Participation in Decision-making' (POLIF Form I), Part Six. The means of each of the contingency variables, separated for each hostel, are shown in Table 6.

Table 6:

Means and Standard Deviations (in Parentheses) of the Contingency Variables: Group Characteristics (GR-CH), Program and Policy Information Form (Form I, Part Six), and Sheltered Care Environment Scale (SCES), Shown Separately for Each Hostel

H	n	G.C. (0-5)	P.I. (0-16)	Coh (0-9)	Com (0-9)	Con (0-9)	Indp (0-9)	Org (0-9)	R.I. (0-9)	S.D. (0-9)
A	5	3.80 (1.10)	4.20 (4.55)	7.00 (1.41)	8.40 (0.55)	2.60 (1.67)	4.60 (2.19)	6.80 (1.30)	6.20 (2.68)	3.20 (2.39)
B	7-10	3.90 (1.10)	2.14 (2.41)	5.29 (1.70)	7.43 (1.27)	3.00 (0.82)	4.00 (1.41)	7.00 (2.00)	5.14 (2.61)	3.57 (2.82)
C	9-13	3.78 (0.83)	3.80 (2.62)	5.85 (1.95)	7.92 (0.95)	2.77 (1.92)	4.00 (1.78)	5.92 (2.02)	5.77 (1.36)	3.08 (1.38)
D	8	3.25 (0.89)	8.25 (3.69)	4.00 (1.85)	8.00 (0.93)	3.50 (2.51)	2.38 (1.41)	5.00 (1.93)	3.38 (2.45)	3.13 (1.55)
E	8-12	3.08 (1.00)	3.64 (2.66)	5.88 (2.40)	8.50 (0.76)	1.13 (1.36)	4.63 (1.69)	6.38 (1.77)	4.63 (2.56)	1.75 (1.49)
F	5-8	2.57 (1.13)	4.38 (4.50)	4.17 (3.06)	6.80 (1.48)	1.80 (0.84)	5.20 (1.64)	7.00 (0.71)	4.60 (1.67)	2.60 (1.82)
H	3-4	3.75 (0.96)	5.00 (3.74)	5.67 (2.08)	8.00 (1.00)	3.67 (2.08)	5.00 (0)	5.67 (1.53)	7.00 (1.00)	3.67 (0.58)
I	13	3.31 (1.03)	6.00 (4.49)	4.46 (2.11)	7.77 (1.92)	3.00 (2.45)	2.92 (1.55)	5.69 (2.25)	4.00 (1.68)	2.62 (2.53)
J	5	5.00 (0)	6.00 (0)	5.60 (1.14)	8.20 (0.45)	5.00 (0.71)	5.60 (0.55)	8.20 (0.84)	4.60 (0.89)	5.20 (0.45)
K	6-7	1.67 (0.82)	6.14 (1.77)	2.57 (0.53)	8.43 (0.53)	3.43 (1.62)	2.57 (1.40)	6.29 (1.25)	1.57 (1.13)	1.00 (0.82)
M	2-4	4.00 (0)	11.00 (1.41)	5.00 (2.83)	9.00 (0)	3.50 (0.71)	5.00 (1.41)	6.00 (0)	8.00 (1.41)	2.50 (0.71)
N	6	3.67 (0.52)	9.67 (3.08)	3.50 (3.08)	7.17 (2.64)	2.67 (3.20)	2.33 (2.50)	5.50 (2.07)	5.00 (2.10)	2.67 (2.94)
O	6-7	3.00 (1.41)	5.83 (2.04)	5.29 (2.50)	7.14 (3.34)	4.14 (2.04)	3.86 (1.21)	6.00 (2.45)	5.57 (1.27)	3.00 (1.73)
P	8-16	3.81 (0.98)	5.13 (2.64)	6.88 (1.73)	8.75 (0.71)	1.75 (1.28)	5.00 (1.69)	7.63 (0.52)	5.38 (1.60)	2.75 (1.58)
Q	7-8	3.38 (1.41)	5.13 (2.23)	4.00 (1.73)	7.71 (1.50)	2.71 (2.14)	4.43 (1.27)	7.00 (2.00)	4.29 (1.25)	3.00 (1.41)

Note. H = Hostel, n = number of participants responding to the questionnaires, G.C. = Group Characteristics, P.I. = Policy and Program Information Form, Form I (Part Six), Coh = SCES Cohesion, Com = SCES Comfort, Con = SCES Conflict, Indp = SCES Independence, Org = SCES Organisation, R.I. = SCES Resident Influence, S.D. = SCES Self-Disclosure.

4.1 Group Characteristics (GR-CH).

4.1.1 Description and scoring.

The contingency variable of Group Characteristics (GR-CH) was used to assess residents' opinions of the cohesiveness of the resident group in the meetings and how productively the residents worked together. The minimum possible score was 0 (indicating low group cohesiveness) and the maximum possible score was 6 (indicating high group cohesiveness).

When speaking to the residents, it became clear that one of the questions, "*Does the resident meeting produce good and fast results?*" did not reflect the group's cohesiveness. Instead the residents tended to indicate that it was entirely a reflection of the staff and the hostel. Therefore, this question was excluded from the scale and the results are reported separately for this question. The revised scale ranged from 0 to 5. It was this revised scale that was used in the present study.

4.1.2 Overall.

The revised Group Characteristics sub-scale produced a mean of 3.45 ($SD = 1.13$), ranging from 1 to 5, with 119 residents completing this questionnaire. Overall, 6% of residents scored 1, 22% scored 2, 25% scored 3, 45% scored 4, and 21% scored 5. There were no significant gender differences on this variable. There were no norms or other studies with which to compare these results.

4.1.3 Individual items.

The percentages of positive responses for each item are shown in Table 7.

Table 7:

Percentages of Positive Responses for Each Item on Group Characteristics (GR-CH)

Item	Yes
Is there a friendly group atmosphere among the people who attend the resident committee meetings?	93%
Does everyone who attends the resident committee meetings know exactly what has to be done at the meetings?	59%
Does the group who attends the resident committee meetings work as a real team?	57%
In the resident committee meetings, do you feel free to give your opinion?	92%
Are there often conflicting interests between people at the resident meetings?	45%

The authors of the original questionnaire felt that conflict between group members was a positive aspect of meetings (F. Heller et al., 1989) and therefore it was scored accordingly in this study.

On the whole, residents felt that the groups were friendly and enabled each person to express their opinion. However, only approximately half of the residents felt that the group worked well together and that everyone knew what had to be done at the meetings. There were often conflicting interests in approximately half of the meetings.

The question of whether the meetings produced good and fast results had a *Yes* response given by 48% of residents. Hostels J, B, P, and A had 80% or more of their residents answer *Yes* to this question. Hostels K, F, and I produced the lowest results.

4.1.4 Individual hostel differences.

Figure 5 shows a comparison between the mean GR-CH scores for each hostel and mean scores are given in Table 6.

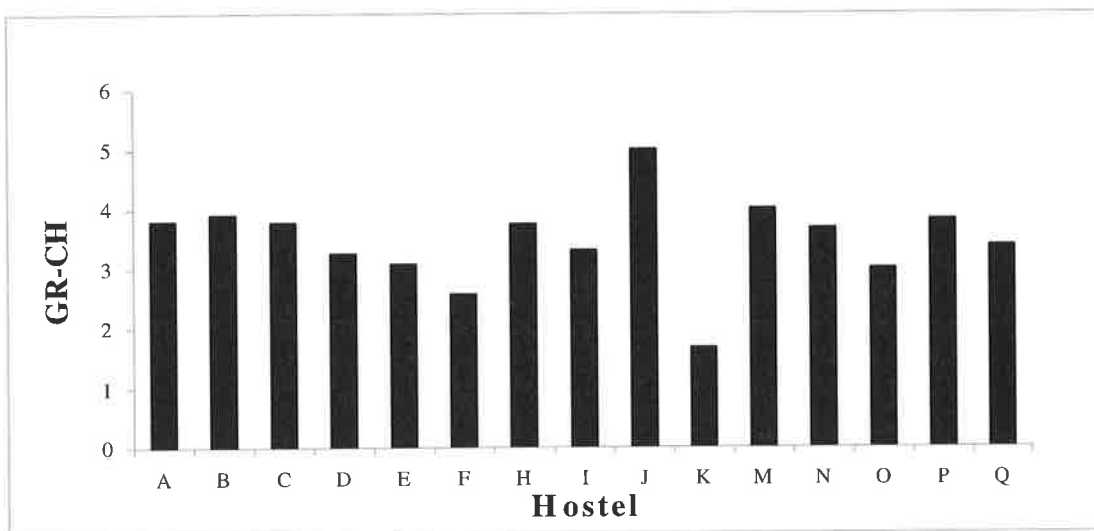


Figure 5. Hostel means on Group Characteristics.

The graph indicates that Hostels J and M had the most cohesive and productive groups, scoring 5 and 4 respectively. Hostels F and K were the least cohesive and productive, scoring 2.57 and 1.67 out of a possible 6. The other 11 hostels had very similar scores, scoring between 3.0 and 3.9.

4.2 Ideal levels of participation in decision-making (POLIF Form I, Part Six).

4.2.1 Description and scoring.

Part Six of the Moos and Lemke (1996) Policy and Program Information Form (POLIF Form I) was used, which was the section entitled “Decision-making”. This was used to measure the resident committee members’ ideal level of participation in decision-making in various areas. A minimum score of 0 indicated that the resident wished to have no control over decisions in the 16 areas and a maximum score of 16 indicated that the resident felt that they would like to have control over decisions in all 16 areas. This scale is directly comparable to the POLIF, Part Six.

4.2.2 Overall.

Overall, 108 residents completed this questionnaire, with a mean of 5.39 ($SD = 5.44$), ranging from 0 to 15. Twenty-two percent of residents scored 2 or under, 19% scored between 3 and 4, 26% scored between 5 and 6, 24% scored between 7 and 10, and 8% scored between 11 and 15. There were no significant gender differences on this variable. There were no other studies that have provided specific data for this questionnaire so no comparisons could be made.

4.2.3 Individual items.

Details regarding individual items are outlined in *Section 7* (Table 11). Overall, residents desired most decision-making input in the areas of planning menus, making rules about the use of alcohol, and setting visitors’ hours. Residents wanted the least

influence over the selection of new residents, planning educational activities, and deciding when sick and troublesome residents would be asked to leave the hostel.

4.2.4 Individual hostel differences.

Figure 6 shows a comparison between the mean POLIF Form I (Part Six) scores for each hostel and mean scores are given in Table 6.

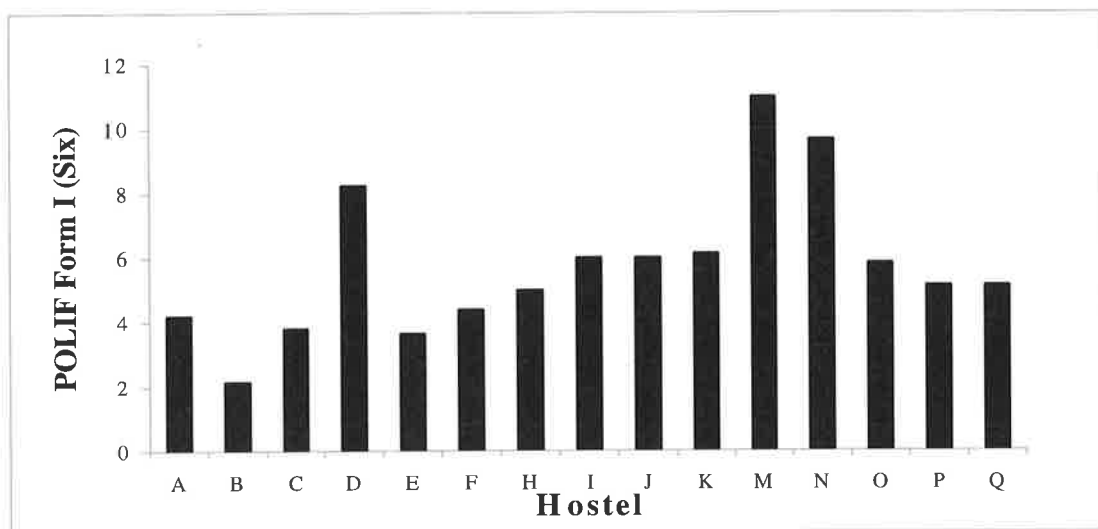


Figure 6. Hostel means on the POLIF Form I (Part Six).

Residents from Hostels M, N, and D wanted the highest participation in decision-making, desiring input into between 8 and 11 of the areas. Residents from Hostels B, E, C, A, and F wanted the least participation in decision-making, scoring between 2.14 and 4.38. Residents from the other seven hostels scored between 5 and 6.14.

4.3 Social Climate (SCES).

4.3.1 Description and scoring.

The contingency variable of Social Climate (SCES) was used to assess the climate of the hostel as a whole. There are scores on seven sub-scales, with a minimum score of 0 and a maximum score of 9 on each sub-scale. While Moos and Lemke (1996) converted the score out of 9 into an average percentage score of the nine items, it was more consistent to leave this as a score out of 9 for the present study, as the other questionnaires used were scored out of similarly low numbers. Therefore the norm scores that Moos and Lemke (1996) provided, were converted back into scores out of 9 for comparisons with the results of this study.

Of particular interest to this study were the sections on Resident Influence (measuring the extent to which residents can influence hostel policies and are free from restrictive regulations), Independence (measuring the level of independence and self-direction residents are encouraged to adopt), and Organisation (measuring the importance of order and organisation in the hostel). The aim of using this questionnaire was to see if the social climate characteristics of the hostels influenced the residents' level of satisfaction with meetings, resident life satisfaction, and their perceived effects of participation.

4.3.2 Overall.

One hundred and four residents completed this questionnaire. The means and standard deviations for each of the seven sub-scales are shown in Table 8. They are compared with the norms provided by Moos and Lemke (1996).

Table 8:

Means and Standard Deviations (in Parentheses) of the SCES Sub-Scales, Compared to Norm Scores

Sub-scale	Mean score (0-9)	Norm score (0-9)
Cohesion	4.99 (2.26)	5.85 (1.17)
Comfort	7.91 (1.52)	7.65 (0.99)
Conflict	2.88 (2.01)	2.61 (1.17)
Independence	3.90 (1.80)	4.32 (1.26)
Organisation	6.34 (1.87)	6.48 (0.99)
Resident Influence	4.75 (2.12)	4.05 (0.99)
Self-Disclosure	2.85 (1.93)	3.15 (0.99)

Two-tailed single samples *t* tests were conducted to compare the overall sample scores with the norm scores on each of the sub-scales. The overall sample scored significantly below the norms on Cohesion ($t(104) = -3.9, p < .001$) and Independence ($t(103) = -2.36, p = .02$), and significantly above the norms on Resident Influence ($t(103) = 3.37, p = .001$). There was a significant gender difference on the Organisation sub-scale with male residents ($M = 6.92, SD = 1.32$) perceiving higher Organisation than female residents ($M = 6.19, SD = 1.96$), $t(60.51) = 2.11, p = .04$.

4.3.3 Individual hostel differences.

Table 6 shows the hostel differences on each of the sub-scales. Hostels M, H, and A had the highest Resident Influence scores, with scores ranging from 6.2 to 8. Hostel K had the lowest Resident Influence score (1.57). Hostels J, F, H, M, and P had the highest Independence scores, scoring 5 or above. Hostels N, D, K, and I had the lowest Independence scores, scoring between 2.33 and 2.92. Hostels J, P, B, F, and Q had the highest Organisation scores, scoring between 7 and 8.2. Hostels D, N, H, and I had the lowest Organisation scores, scoring between 5 and 5.69.

5. Hostel Differences

Table 9 shows the committees that were perceived by the manager to be regarded as *useful* by the committee members and the committees that were perceived to be regarded as *not useful*, in the survey detailed in Chapter 2.

Table 9:

Committee Meetings That Were Perceived by the Manager as Regarded as 'Useful' or 'Not Useful' by the Committee Members

Useful	Not useful
C, E, G, I, J, P, Q,	A, B, D, F, H, K, N, O

To determine whether there were significant differences between the *useful* and *not useful* committees and whether there were significant overall differences between the 15 hostel committees on each of the variables, two-way analysis of variance tests were conducted (fixed factor [*usefulness*], random factor [*hostel*, nested within *usefulness*], significance level = .05).

It was found that there were no significant differences between the hostels with *useful* committees and the hostels with *not useful* committees, on any of the independent, contingency, or outcome variables.

There were, however, significant overall hostel differences between several of the variables. Results are shown in Table 10.

Table 10:

A Comparison of Hostel Means on the Independent Variable (POLIF, Part Six), Outcome Variables (EFF-P, SAT-P, LSI), and the Contingency Variables (GR-CH, POLIF Form I [Part Six], SCES). Significant Results From the Two-Way ANOVAs are Indicated ()*

Source (hostel nested within usefulness)	SS	df	MS	F	p
Between Subjects					
POLIF (Part Six)					
Hypothesis	179.47	13	13.81	3.14**	.001
Error	404.83	92	4.40		
EFF-P					
Hypothesis	28.38	13	2.18	1.95*	.032
Error	116.26	104	1.12		
SAT-P					
Hypothesis	81.12	13	6.24	4.61***	< .001
Error	140.657	104	1.35		
LSI					
Hypothesis	71.78	13	5.52	1.97*	.030
Error	293.69	105	2.80		
GR-CH					
Hypothesis	42.46	13	3.27	3.27***	< .001
Error	103.89	104	1.00		
POLIF Form I (Part Six)					
Hypothesis	388.30	13	29.87	2.94**	.001
Error	943.95	93	10.15		
SCES Cohesion					
Hypothesis	126.12	13	9.70	2.27*	.013
Error	385.45	90	4.28		
SCES Comfort					
Hypothesis	24.71	13	1.90	0.81	.645
Error	208.08	89	2.34		
SCES Conflict					
Hypothesis	77.35	13	5.95	1.59	.103
Error	333.18	89	3.74		
SCES Independence					
Hypothesis	93.85	13	7.22	2.82**	.002
Error	227.49	89	2.56		
SCES Organisation					
Hypothesis	64.60	13	4.97	1.52	.125
Error	290.64	89	3.27		
SCES Resident Influence					
Hypothesis	160.78	13	12.37	3.68***	< .001
Error	298.85	89	3.36		
SCES Self-Disclosure					
Hypothesis	70.39	13	5.41	1.54	.119
Error	312.89	89	3.32		

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

It can be seen from Table 10 that there were significant differences between the hostels on the levels of decision-making that residents were allowed (POLIF, Part Six), residents' ideal levels of decision-making (POLIF Form I, Part Six), residents' perceived effects of participation in the meetings (EFF-P), residents' satisfaction with their participation in the meetings (SAT-P), resident life satisfaction (LSI), and the characteristics of the resident committee group (GR-CH). There were also significant differences between the hostels' social climates on the Cohesion, Independence, and Resident Influence sub-scales. While these results show that a significant amount of the variation with respect to these variables was attributable to the hostel in which the resident lived, the numbers of residents from each hostel were too small to statistically determine the exact nature of these differences. There was a mean of 9 residents from each hostel who completed at least one questionnaire ($SD = 4.59$), ranging from 4 to 19 residents.

It was useful, however, to look at the mean scores of each individual hostel on each of the variables. These are shown in Figures 7 to 19. Figures were not produced for Hostels H and M as less than five residents from each hostel completed the questionnaires.

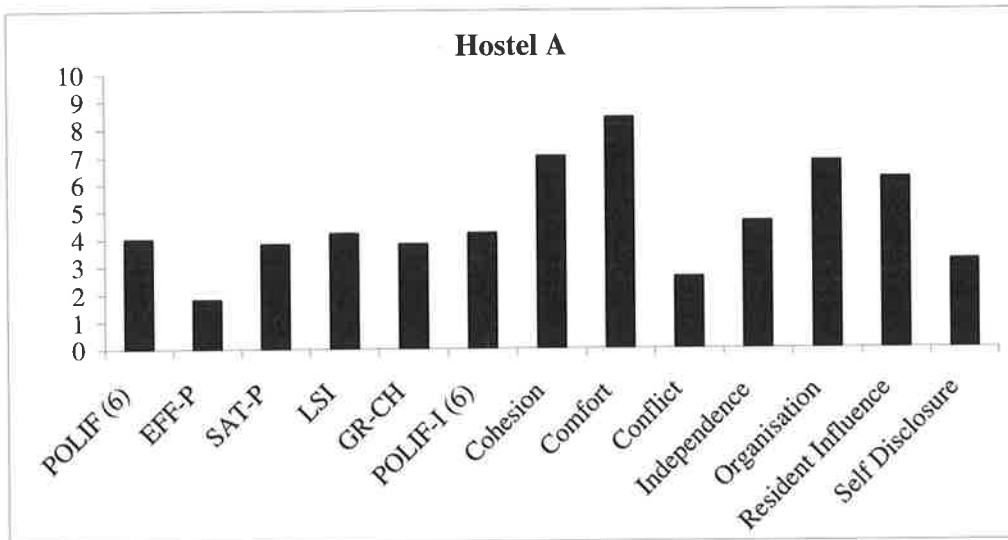


Figure 7. Hostel A: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

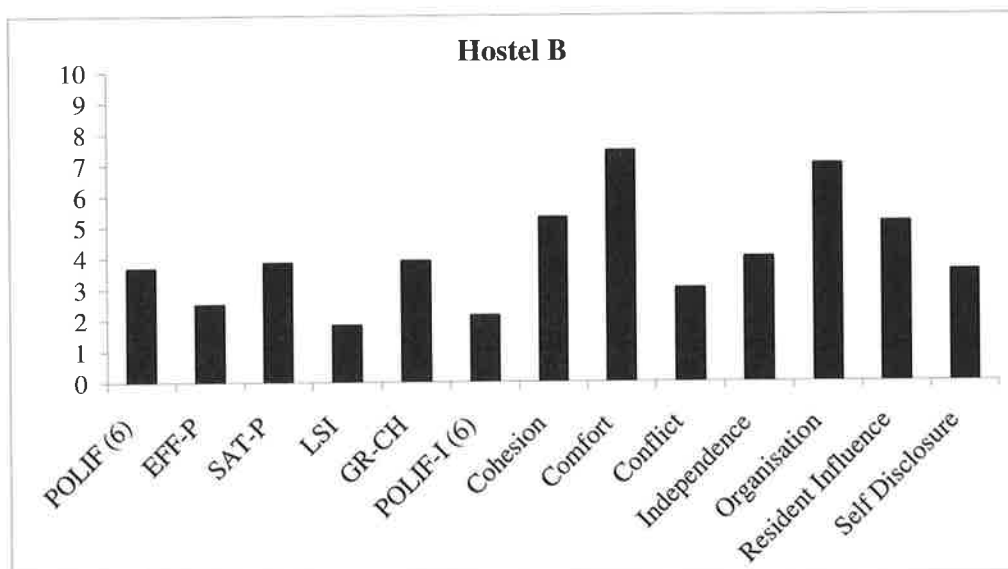


Figure 8. Hostel B: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

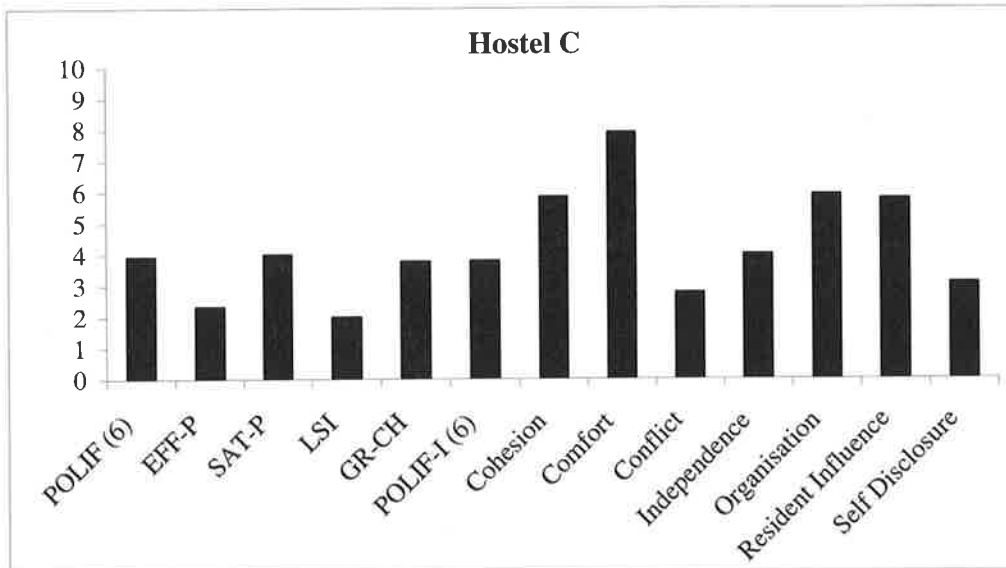


Figure 9. Hostel C: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

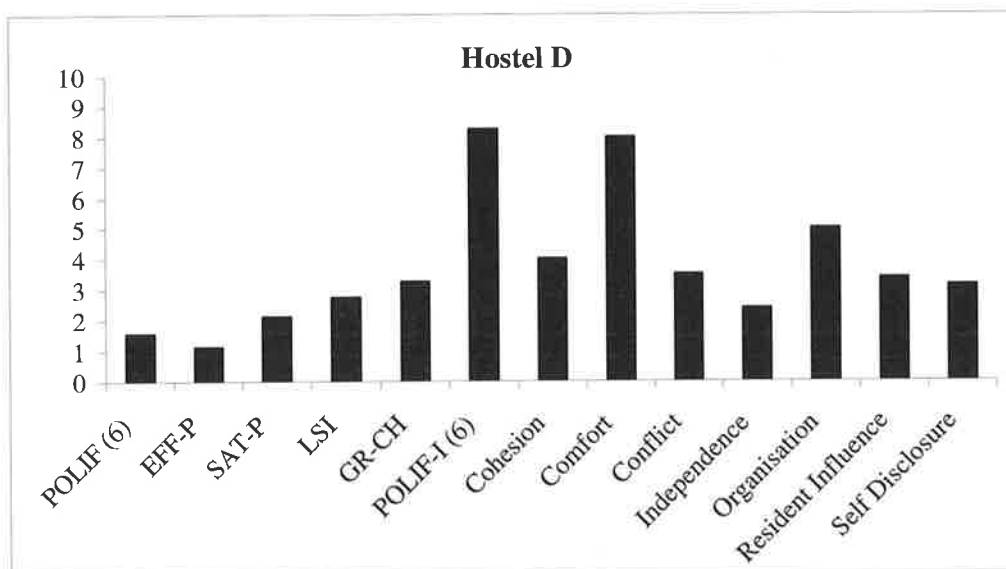


Figure 10. Hostel D: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

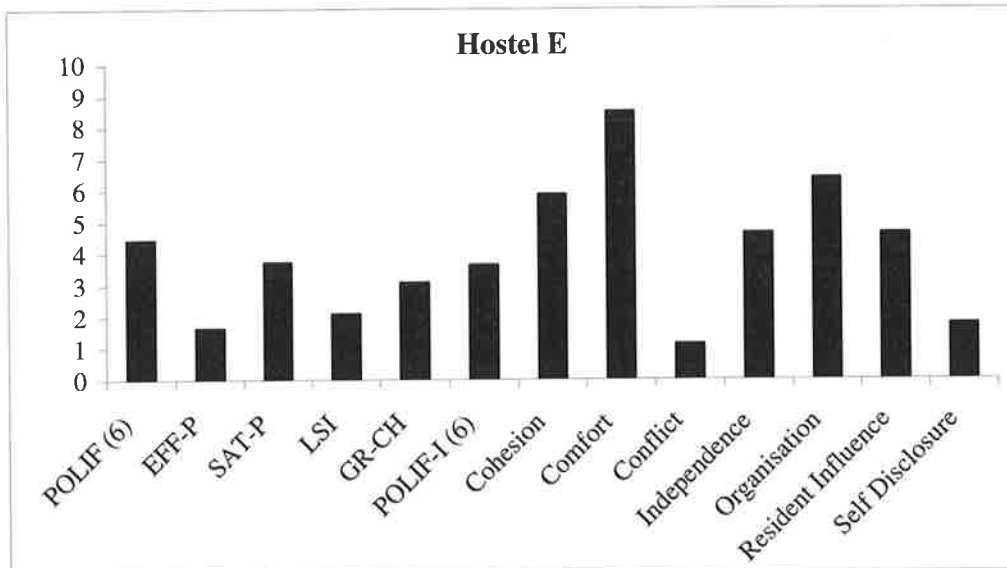


Figure 11. Hostel E: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

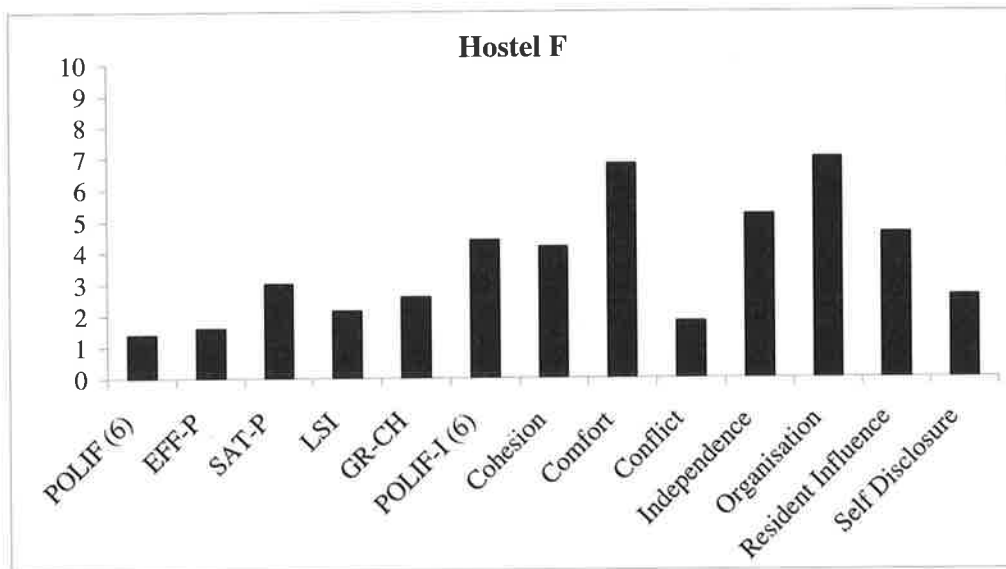


Figure 12. Hostel F: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

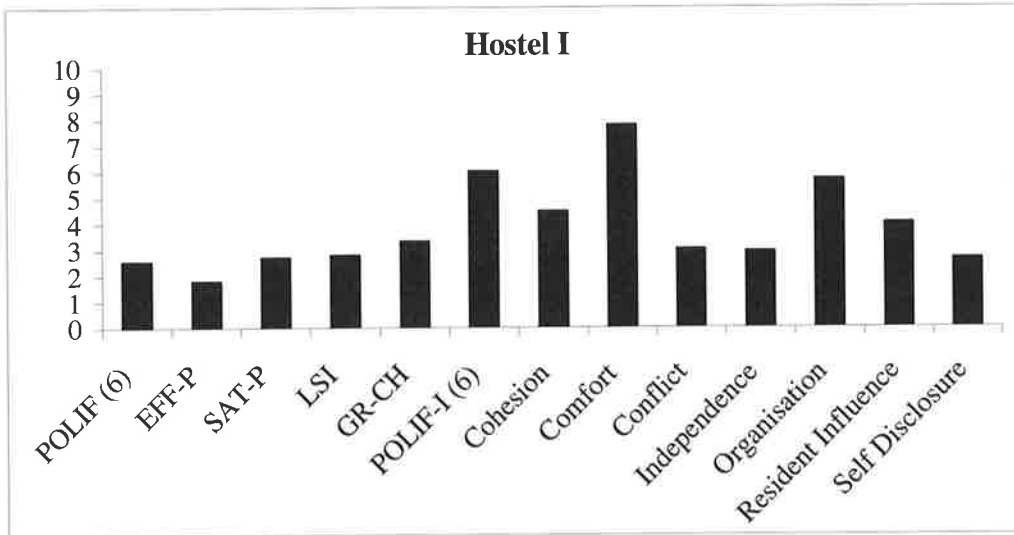


Figure 13. Hostel I: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

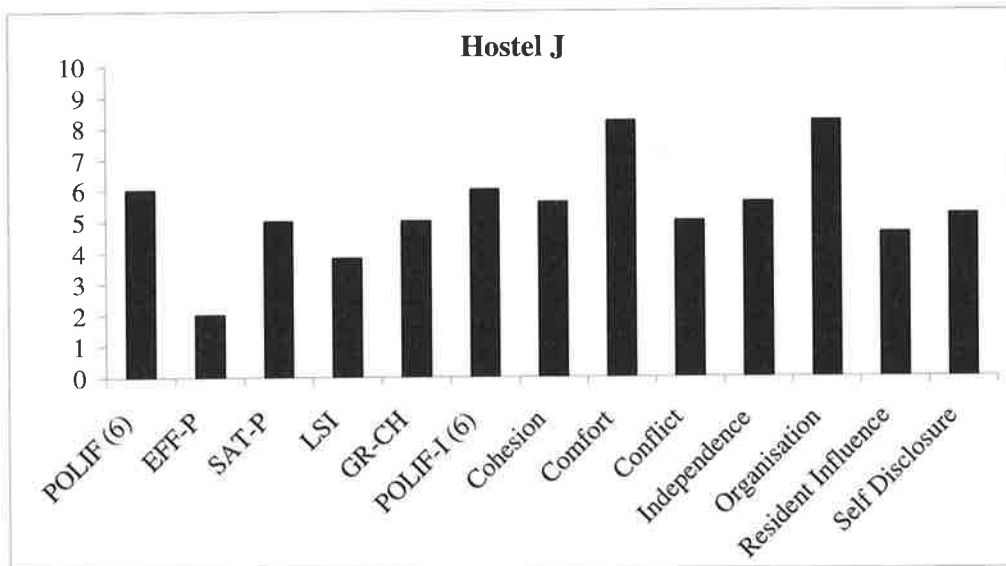


Figure 14. Hostel J: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

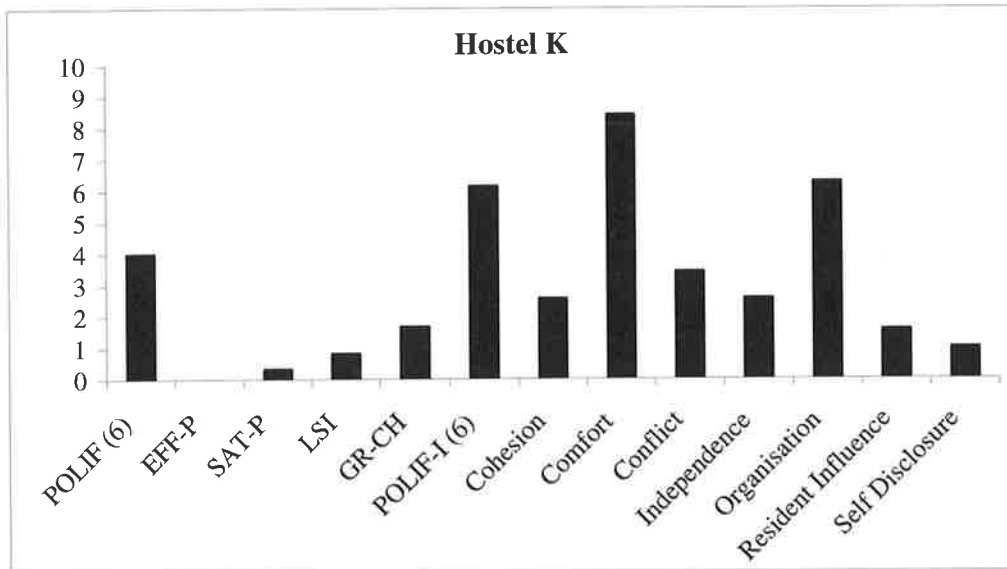


Figure 15. Hostel K: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

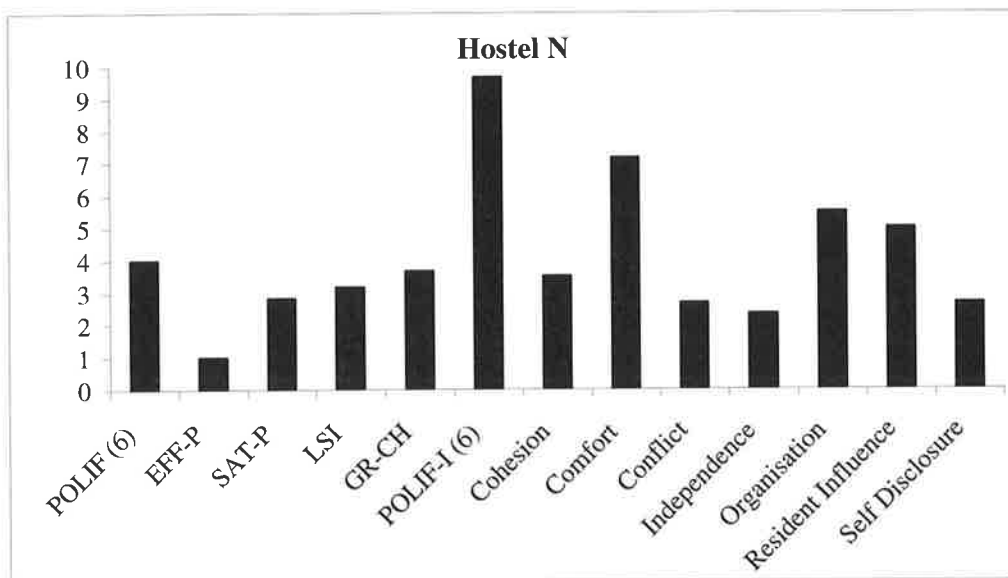


Figure 16. Hostel N: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

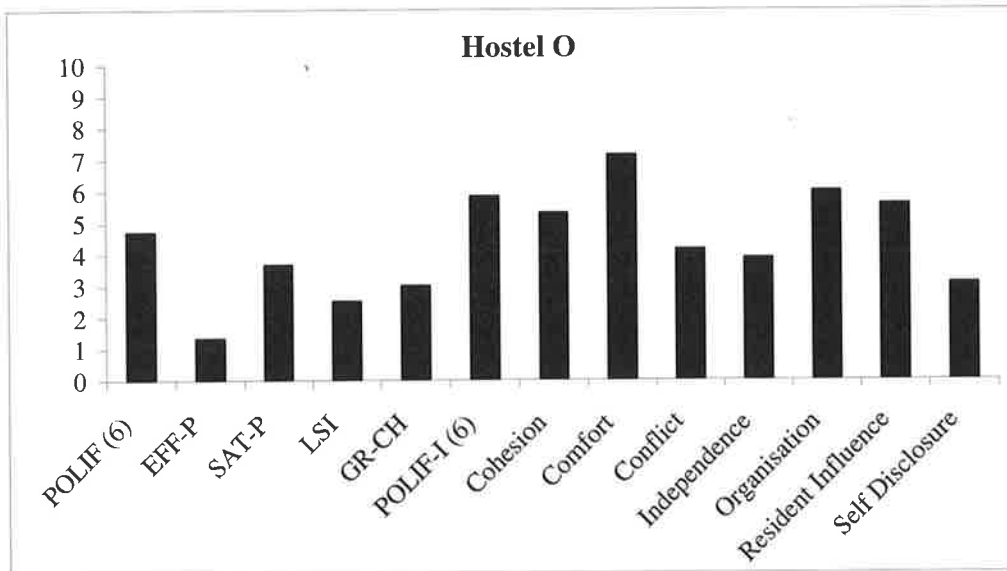


Figure 17. Hostel O: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

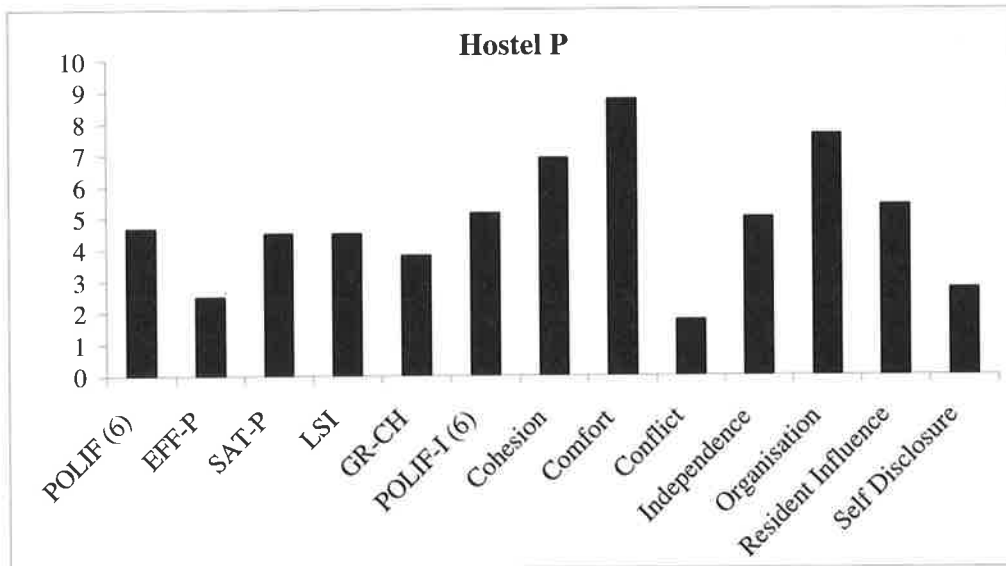


Figure 18. Hostel P: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

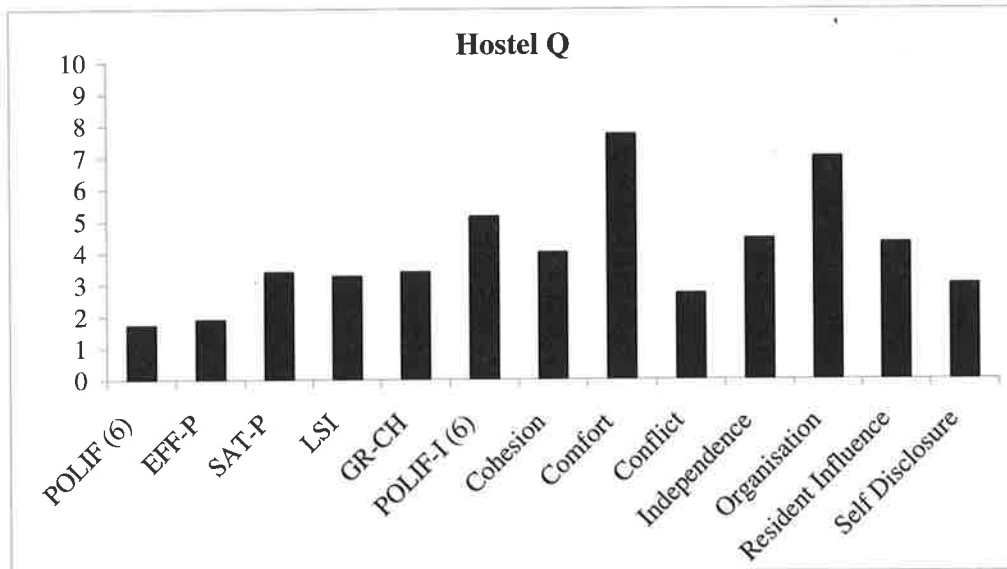


Figure 19. Hostel Q: Mean scores on Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, Group Characteristics, Policy and Program Information Form (Form I, Part Six), and Social Climate (Cohesion, Comfort, Conflict, Independence, Organisation, Resident Influence, Self-Disclosure).

It can be seen from these graphs that very different profiles existed for each committee on the Policy and Program Information Form (Part Six), Effects of Participation, Satisfaction with Participation, Life Satisfaction, and Group Characteristics. In particular, Hostels D, F, I, K, and Q had relatively low levels on all of these variables. No hostels scored highly on all of these variables although Hostels J and P did have higher than average scores on most of these variables. There was quite a variety in the ideal levels of participation in decision-making (Policy and Program Information Form, Form I, Part Six). The hostels had similar patterns on the social climate variables although differed in their absolute levels. In particular, there was an emphasis on high Comfort and Organisation, and low Conflict.

Due to the findings of significant hostel differences on the majority of variables, and also due to the hostels' obviously different patterns on the variables, it would therefore be beneficial in studies of this kind, to analyse each hostel separately if numbers of

participants permit. Further studies in this area would also be beneficial to determine whether there are “good” and “bad” hostels with respect to this group of variables, with, for example, some hostels perhaps scoring low on all variables and other hostels scoring high on all variables. However, for the present study, it was necessary to combine all of the residents into one group to enable statistical comparisons between the variables to be conducted.

6. Qualitative Questions

Three extra questions were added to these standard questionnaires.

6.1 Preferred chairperson.

Residents were asked to indicate who they would ideally prefer to be chairperson of the committee meetings. Ninety-four residents (70%) answered this questionnaire, with 64 (68%) preferring a staff member as chairperson, 17 (18%) preferring a resident, 6 (6%) preferring a volunteer, 2 (2%) preferring anyone who spoke their language (all from one hostel), 1 resident (1 %) wanted a family member, and 4 residents (4%) indicated the *other* option but did not indicate what this was.

It is noteworthy that none of the residents from Hostel O indicated that they would like a family chairperson, as was currently the case. The three residents instead indicated that they would prefer a staff member. Residents from Hostel D, where there was a resident chairperson, indicated mainly that they were happy with the current chairperson. In the other hostels, there was a reasonably wide degree of variation between individual residents' answers to this question, suggesting that they thought about their preferred chairperson and did not just answer in keeping with the status quo.

6.2 Changes to the meetings.

Residents were asked whether there were any changes that they would like to make to the meetings, with 86 residents (64%) answering this question. Fifty-six residents (65%) wished to make no changes, 8 residents (9%) wanted more attendance or input by residents, and 6 residents (7%) answered “Yes” but did not indicate the changes that they would have liked to make. The following responses were given by 2 residents (2%) each: know when the meetings are on, make more decisions, have a capable chairperson, have a microphone, have more capable residents, and be allowed more of say by the chairperson. The following responses were given by one resident (1%) each: residents raise issues at the meetings rather than later, residents should not take comments personally, have meetings longer and more often, and have a chairperson who is part of the hostel.

6.3 Why attend the meetings?

Residents were asked to indicate why they attended the meetings, with 102 residents (76%) answering this question. Forty residents (39%) indicated that they liked to be updated on events, 14 (14%) residents said that they wanted to be able to have a say, 10 (10%) said that they were interested in the meetings, and 7 (7%) enjoyed the opportunity to socialise. The following responses were given by five residents (5%) in each case: the meetings are compulsory, they speak for those who can't, and they don't attend any more as they dislike the meetings. Four residents (4%) indicated that they enjoyed the meetings. The following responses were given by three residents (3%) in each case: to improve the hostel and to make requests. The following responses were given by two residents (2%) in each case: for decision-making and they were invited to

go. The following responses were given by one resident (1%) in each case: they were concerned about the food and it was their duty as residents to attend.

7. POLIF (Part Six) and POLIF Form I (Part Six)

7.1 Overall findings.

To assess whether there was a relationship between the entire group of residents' ideal level of participation in decision-making and their actual perceived level, two-tailed related samples *t* tests were performed between the independent variable (POLIF, Part Six) and the contingency variable (POLIF Form I, Part Six). Results indicated that there was a significant difference at the .05 significance level, with residents wanting significantly more input into decision-making than they currently received ($t(98) = -4.84, p < .001$). It is also interesting to note that the range and standard deviation were much higher for the POLIF Form I (Part Six) than for the POLIF (Part Six), indicating that residents had a more varied view on the levels of participation in decision-making that they desired, than on the levels that were actually available.

To determine whether there was a relationship between the entire group of residents' ideal levels of participation in decision-making and their actual perceived levels on each of the 16 POLIF items, two-tailed related-samples *t* tests were conducted between the POLIF (Part Six) scores and the POLIF, Form I (Part Six) scores, on each item. Results are shown in Table 11.

Table 11:

Comparison Between POLIF, Part Six (Real) and POLIF, Part Six (Ideal) Scores for Each Item. Significant Results Between Real and Ideal Means on Two-Tailed Related Samples T-Tests are Indicated ()*

Item	REAL		IDEAL		<i>t</i>	<i>df</i>	<i>p</i>
	(%)	Rank	(%)	Rank			
1. Planning entertainment	7.5%	12	22.2%	11	3.43**	106	.001
2. Planning educational activities	4.7%	14	15.7%	15	-2.59*	105	.011
3. Planning welcoming or orientation activities	5.6%	13	19.4%	12	3.60***	106	< .001
4. Deciding on new activities	3.7%	15	44.4%	4	-8.60***	106	< .001
5. Making rules about attendance at activities	52.3%	2	43.5%	5	3.12**	106	.002
6. Planning menus	36.4%	4	67.6%	1	-6.88***	106	< .001
7. Setting mealtimes	18.7%	7	37.0%	7	-4.94***	106	< .001
8. Setting visitors' hours	65.4%	1	46.3%	3	4.94***	106	< .001
9. Deciding on décor of public areas	26.2%	6	25.0%	9	1.00	106	.320
10. Making policies about safety hazards	15.9%	8	37.0%	7	-5.39***	106	< .001
11. Making policies about resident complaints	36.4%	4	38.9%	6	-1.75	106	.081
12. Making rules about alcohol	47.7%	3	49.1%	2	-1.42	106	.160
13. Making policies about selection of new residents	1.9%	16	10.2%	16	-3.12**	106	.002
14. Making policies about shifting residents from one room to another	15.9%	8	17.6%	13	-1.42	106	.158
15. Deciding when a sick or troublesome resident will be asked to leave	10.3%	10	16.7%	14	-2.72**	106	.008
16. Making policies about staff changes	10.3%	10	23.1%	10	-3.99***	106	< .001

Note. % refers to the percentage of residents who scored 1 for that particular item.

* $p < .05$ (2-tailed). ** $p < .01$ (2-tailed). *** $p < .001$ (2-tailed).

Residents in this study perceived that they had the most say in decisions that were related to the areas of:

1. Setting visitors' hours (usually indicating to the author that they could decide when their visitors came).
2. Making rules about attendance at activities (usually indicating to the author that it was up to each resident individually whether they would like to attend).
3. Making rules about the use of alcohol (usually indicating to the author that each resident could decide if they wanted to drink alcohol or not, in their own rooms).

Residents perceived that they had the least influence over:

1. Making policies about the selection of new residents.
2. Deciding on new activities.
3. Planning educational activities.

Residents would have *ideally* liked to participate most in decision-making in the areas of:

1. Setting menus.
2. Making rules about the use of alcohol.
3. Setting visitors' hours.

They regarded input into decision-making in the following areas as least important:

1. Making policies about the selection of new residents (usually indicating that this was not the business of the residents).
2. Planning educational activities (usually indicating that they were too old for these activities).
3. Deciding when a sick or troublesome resident would be asked to leave (often joking that, while they would like to ask some people to leave, it was up to staff and families).

Table 11 shows that residents would have liked significantly more participation in decision-making than they were actually allowed, in 10 of the 16 areas. In particular, a discrepancy of more than 40% existed between ideal and actual scores on 'deciding on new activities'; a discrepancy of more than 30% existed in 'planning menus'; a discrepancy of more than 20% existed on 'making policies about safety hazards'; discrepancies of more than 10% existed in 'setting mealtimes', 'planning entertainment', 'planning welcoming or orientational activities', 'making policies about staff changes', and 'planning educational activities'; and discrepancies of between 6% and 9% existed for 'making policies about the selection of new residents' and 'deciding when a sick or troublesome resident will be asked to leave'.

Residents wanted significantly less input into 'setting visitors' hours' and 'making rules about attendance at activities', with discrepancies of 19.1% and 8.8% respectively.

7.2 Individual hostels.

Table 12 shows a comparison between the ideal and real decision-making levels in the 15 hostels.

Table 12:

A Comparison of Means on the Policy and Program Information Form, Part Six, Real and Ideal Sub-Scales (Standard Deviations in Parentheses)

Hostel	POLIF (Part Six)	POLIF Form I (Part Six)
A	4.00 (2.55)	4.20 (4.55)
B	3.67 (2.42)	2.14 (2.41)
C	3.93 (2.09)	3.80 (2.62)
D	1.57 (2.23)	8.25 (3.69)
E	4.43 (2.57)	3.64 (2.66)
F	1.37 (0.74)	4.38 (4.50)
H	4.67 (2.31)	5.00 (3.74)
I	2.54 (1.56)	6.00 (4.49)
J	6.00 (0) ^a	6.00 (0) ^a
K	4.00 (0) ^a	6.14 (1.77)
M	6.50 (3.53) ^b	11.00 (1.41) ^b
N	4.00 (1.90)	9.67 (3.08)
O	4.71 (3.35)	5.83 (2.04)
P	4.67 (2.87)	5.13 (2.64)
Q	1.71 (1.38)	5.13 (2.23)

Note. ^a All participants completed the questionnaire as a group. ^b This hostel had only 2 participants.

While the numbers of residents from each hostel were too small to enable statistical comparisons to be conducted between the POLIF (Part Six) and the POLIF Form I (Part Six), there were some notable differences between the hostels' mean real and ideal scores. In particular, residents from Hostels D, I, N, and Q had notably higher ideal mean scores than actual mean scores. For Hostel D, there was a discrepancy of more than 6 points, for Hostel N, there was a discrepancy of more than 5 points, and for Hostels I and Q, there was a discrepancy of more than 3 points.

8. Relationships Between the Variables

8.1 Participation and antecedent conditions (group size).

Bivariate correlations revealed no significant relationships between the number of residents attending the meetings and their POLIF (Part Six) scores ($r = -.33$). This indicates that within this study, there were no effects of the meeting size on the residents' perceptions of their actual degree of participation in decision-making. There were also no significant effects of group size on Effects of Participation, Satisfaction with Participation, or Group Characteristics.

8.2 Participation and outcome variables.

To test whether there was a significant positive relationship between the level of perceived participation in decision-making and the outcome variables, correlation analyses were performed on these variables. Results are shown in Table 13.

Table 13:

Pearson's Correlation Coefficient Matrix for Residents Between the Policy and Program Information Form (POLIF), Part Six and the Outcome Variables: Effects of Participation (EFF-P), Life Satisfaction (LSI), and Satisfaction With Participation (SAT-P)

	EFF-P	LSI	SAT-P
POLIF (Part Six)	.14	.15	.22*
EFF-P	—	.19*	.58**
LSI	—	—	.30**

Note. * $p < .05$. ** $p < .01$.

The results indicate that there was a significant relationship between the Policy and Program Information Form (Part Six) and Satisfaction with Participation, with residents who perceived that they had higher levels of participation in decision-making also being more satisfied with their opportunities for decision-making. There were no significant relationships between POLIF (Part Six) and the other outcome variables of Effects of Participation and Life Satisfaction.

There were significant positive relationships between all of the outcome variables, with residents tending to either have high life satisfaction, perceive high effects of participation, and be highly satisfied with their opportunities for participation, or to score low on all of these variables.

8.3 Participation and contingency variables.

To test whether there was a significant relationship between the levels of perceived participation in decision-making (POLIF, Part Six) and the contingency variables of Group Characteristics, ideal levels of participation in decision-making (POLIF Form I, Part Six), and the SCES sub-scales, correlations were performed on these variables. Results are shown in Table 14.

Table 14:

Pearson's Correlation Coefficient Matrix For Residents Between the Policy and Program Information Form (POLIF), Part Six and the Contingency Variables: Ideal Decision-Making (POLIF Form I, Part Six), Social Climate (SCES), and Group Characteristics (GR-CH)

Variable	POLIF-I (6)	GR-CH	Coh	Com	Con	Indp	Org	R.I.	S.D.
POLIF (6)	-.05	.15	.33***	.33***	-.04	.14	.30**	.35***	-.04
POLIF-I (6)	—	.04	-.16	.06	.13	-.14	-.09	-.05	.02
GR-CH	—	—	.27**	-.02	.01	.18	.18	.26**	.23*

Note. POLIF-I (6) = POLIF Form I (Part Six), Coh = SCES Cohesion, Com = SCES Comfort, Con = SCES Conflict, Indp = SCES Independence, Org = SCES Organisation, R.I. = SCES Resident Influence, S.D. = SCES Self-Disclosure.

* $p < .05$. ** $p < .01$. *** $p < .001$.

There was no significant relationship evident between the residents' participation levels in decision-making (POLIF, Part Six) and the group characteristics. However the results did indicate that there was a significant relationship between the social climate of the hostel and the residents' perceived levels of participation in decision-making, with higher participation occurring in climates with higher Cohesion, Comfort, Organisation, and Resident Influence. The social climate had no significant impact on residents' ideal levels of participation in decision-making. Residents who perceived that the resident committee group had more cohesive and productive group characteristics, were likely to be from social climates that were more cohesive, had greater Resident Influence and had higher levels of Self-Disclosure.

The correlations between the SCES sub-scales were not included as they have been found to be highly correlated in previous studies (Moos and Lemke, 1996) and similar results were found in the present study.

8.4 Relationships between contingency and outcome variables.

As this was an exploratory study, it was also useful to see if there were any significant relationships between the outcome and contingency variables. The results are shown in Table 15.

Table 15:

Pearson's Correlation Coefficient Matrix for Residents Between the Contingency Variables: Ideal Decision-Making (POLIF Form I, Part Six), Social Climate (SCES), and Group Characteristics (GR-CH) and the Outcome Variables: Effects of Participation (EFF-P), Satisfaction With Participation (SAT-P), and Life Satisfaction (LSI)

Variable	POLIF-I (6)	GR- CH	Coh	Com	Con	Indp	Org	R.I.	S.D.
EFF-P	.10	.34***	.50***	.23*	-.19	.53***	.45***	.30**	.12*
SAT-P	-.08	.43***	.55***	.11	-.18	.56***	.41***	.44***	.21*
LSI	.17	.25**	.34***	.16	-.01	.22*	.20*	.39***	.19

Note. POLIF-I (6) = POLIF Form I (Part Six), Coh = SCES Cohesion, Com = SCES Comfort, Con = SCES Conflict, Indp = SCES Independence, Org = SCES Organisation, R.I. = SCES Resident Influence, S.D. = SCES Self-Disclosure.

* $p < .05$. ** $p < .01$. *** $p < .001$.

The results indicate that again the social climate of the hostel had a strong relationship with the variables, with residents who perceived high effects of participation, and were more satisfied with their participation levels and their general life, likely to be from hostels with high scores on Cohesion, Independence, Organisation, and Resident Influence. Hostels that had high Self-Disclosure scores were more likely to have residents who perceived better effects of their participation in decision-making and who were more satisfied with their opportunities for participation. Those residents who

perceived that their hostel was comfortable were also more likely to perceive better effects of their participation in decision-making.

Residents who perceived that the resident committee group had more cohesive and productive group characteristics were more likely to have a higher satisfaction level with their opportunities for participation, their life in general, and perceive better effects of their participation in decision-making.

8.5 Partial correlations.

Partial correlations were performed to determine the extent to which the relationship between residents' levels of participation in decision-making (independent variable [POLIF, Part Six]) and their satisfaction with participation (outcome variable [SAT-P]) remained significant when controlling for the contingency variables (POLIF Form I, Part Six; GR-CH; SCES) and for the other outcome variables (EFF-P, LSI). The results showed that when controlling for any of these variables, the relationship between POLIF, Part Six, and SAT-P was no longer significant. The greatest change in significance occurred when controlling for the social climate sub-scales, indicating that social climate had a large impact on this relationship.

9. Summary of the Results

It was found that there were significant differences between the hostels on the independent variable (Policy and Program Information Form, Part Six), the outcome variables (Effects of Participation, Satisfaction with Participation, Life Satisfaction), and the contingency variables (Group Characteristics, Sheltered Care Environment Scale (SCES) Cohesion, SCES Independence, SCES Resident Influence). However,

because of the low numbers of residents who participated from each hostel, all of the residents' scores from all of the hostels were combined to enable statistical testing of F. Heller et al.'s (1989) decision-making model. The findings of the present study were different from those reported by F. Heller et al. (1989) who found that the actual level of participation in decision-making was a strong predictor of all of the other variables. In the present study, while the level of participation in decision-making was significantly and positively correlated with the outcome variable Satisfaction with Participation, it was not significantly related to the other outcome variables. However, levels of participation in decision-making were also significantly and positively correlated with the social climate variables of Cohesion, Comfort, Organisation, and Resident Influence. Overall, the social climate variables were significantly correlated with all of the other variables except ideal levels of participation in decision-making.

Discussion

1. Aims

The primary aim of this study was to determine the levels of resident participation in decision-making processes in 15 South Australian resident committees. Furthermore, following the work of F. Heller et al. (1989) in general work organisations, aspects of satisfaction and climate that may have been related to this level of decision-making were also measured.

2. Level of Participation in Decision-Making

Participation in decision-making has been found to increase residents' sense of control and to ensure that the hostel is aware of the residents' needs (Lewis as cited in Wells et al., 1986). However, residents in the present study generally felt that they had control over only 3 to 4 of the 16 decision-making options available in this study. These results are similar to those found by Moos and Lemke (1996) who also used this scale and found that aged care residents indicated that they had little input into decision-making. F. Heller et al. (1989) similarly found that the amount of influence that work councils exerted over decision-making in general organisations was minimal.

The findings of low participation in decision-making may have been a result of the questionnaire including topics that were not particularly relevant to the committee members. Although this questionnaire has been widely used amongst a range of aged care facilities, including nursing homes, hostels, and apartments, many residents commented that it was inappropriate for them but that it would be more appropriate for staff to complete. After analysing the topics that were most commonly discussed in

meetings (outlined in Chapter 3), more questions regarding food, maintenance, and daily activities may have been more appropriate to this study and may have yielded higher participation results.

The level of participation varied significantly between hostels. For example, residents in three of the hostels participated in decisions in only one area and residents in another nine hostels participated in decisions in four or more areas. It may therefore be useful to look at the decision-making in each hostel individually in surveys of decision-making. This is further supported by F. Heller et al.'s (1989) findings that in general organisations, the levels of decision-making for workers differed between organisations.

In Hostels F, D, and Q, where residents' participation was the lowest of all the hostels, there were some problems evident in their meetings (as outlined in Chapter 3) that may have hindered their participation in decision-making. For example, in Hostels F and Q, the chairperson did not appear committed to stimulating resident input into the meetings, rarely asked for residents' opinions, and did not feel that the meetings were useful. These attitudes may have been clear to the residents.

In Hostel D, the chairperson was a resident who encouraged a great deal of resident input into the meetings. However, in this case, the chairperson indicated to the author that, even though the residents ran the meetings to try to increase resident input into decision-making, he was aware that the staff would still make the decisions regardless of residents' input. Presumably the other residents were also aware of this.

These findings suggest that the attitude of the hostel staff towards decision-making, whether they are the chairperson or other staff who attend the meetings, may be quite obvious to the residents and impact on their perceptions of decision-making control. It

would therefore be recommended that the hostel develops a positive policy towards resident participation in decision-making and that all staff are trained to act in accordance with this policy.

In Hostels M and J, where participation in decision-making was highest, the committee members were more independent, lived in independent units, and appeared to be in better than average health. However, Hostel J was unusual in that the chairperson of the committee was not particularly skillful and did not hold the meetings in high regard. This suggests that the health of the residents may also play a large part in their level of decision-making, with residents perhaps feeling that the healthier they are, the more able they are to participate in decisions.

Decision-making input was greatest in the areas of setting visitors' hours, making rules about the attendance at activities, and making rules about the use of alcohol. Residents often indicated that there were no formal rules for these things and residents were free to choose when to attend activities and when to have visitors, and could drink alcohol as long as they were aware that they were living in a communal living environment and were respectfully aware not to disturb others. These results were different to those found by Moos and Lemke (1996) who found that residents had most input into menus, resident complaints, and moving residents within the hostel. However, their study was of the general resident population, as they did not specifically examine resident committees.

Residents perceived that they had the least influence in decisions made regarding policies about selecting new residents, deciding on new activities, and planning educational activities. It was often commented that the selection of new residents was an issue for management and residents felt that they should not have input into this,

similar to previous findings (Moos et al., 1987; Zwick, 1994). Other questions from this survey to which residents made similar comments were regarding policies about asking troublesome or sick residents to leave, shifting residents from one room to another, and staff changes. It was also found that residents ideally wanted little input into these areas, consistent with the findings of Zwick.

Zwick (1994) found that it was the managers who felt that it was inappropriate for residents to have input into certain areas, including the management of the hostel, its financing, and the selection of residents, although the residents did not challenge this. In contrast, Moos et al. (1987) found that, in the hostel that they studied, management tried to encourage resident input into all areas and it was the residents who felt that their input into such things as the décor, dealing with resident complaints, and the selection of new residents was inappropriate. However, it has been found previously that resident committee input into the issues of resident selection and resident room placement has helped to improve their quality of life (Grossman & Wiener, 1988).

The finding of low resident input into planning educational activities was probably due to the general feeling amongst the residents that they were "*too old*" for such activities. Educational activities were in fact only offered in one hostel. This is consistent with previous findings that have suggested that most activities in aged care have a social rather than educational focus (Wells et al., 1986). However, educational opportunities may become increasingly important as the next generation of potentially better educated elderly become residents of aged care facilities.

It is unusual that residents felt that they had little control over the choice of new activities, particularly because this was one of the main topics that was raised by the chairpersons and staff at the resident committee meetings (outlined in Chapter 3). It

may be that the topics were raised, but residents felt that their suggestions were not listened to or that nothing resulted from them. This area would benefit from further investigation given the accepted importance of activities to the satisfaction of the elderly (Voelkl, Fries, & Galecki, 1995).

Wells et al. (1986) suggested that, with a hostel's commitment to increase the empowerment of the residents and to ensure that the residents' needs are listened to and attended to, the resident committee may move their decision-making capabilities away from safe topics such as food, towards more care-related issues. Considering the benefits of participation in decision-making, it would be recommended that hostels introduce measures to try to increase the empowerment of the residents. Individual and small group training sessions aimed at increasing self-esteem have been suggested as one way to benefit the empowerment of residents (Zwick, 1994). Resident committees also need staff support to resolve problems and initiate changes. For staff to effectively provide this support to residents, it is important that they are also empowered, by being given high levels of encouragement from management and with adequate support systems in place. Training programs have been suggested as useful in achieving this (Wells et al., 1986).

3. Differences Between Ideal and Actual Participation in Decision-Making

Residents ideally wanted to participate most in the decision-making in setting menus, making rules about the use of alcohol, and setting visitors' hours. These results are different to those found by Moos et al. (1987) who reported that the general resident population wanted most control over decisions regarding visitors' hours, planning welcoming/orientation activities and educational activities, and dealing with safety hazards.

While it has been suggested that the idea of consumer rights may be against the more submissive value systems of the elderly (Browning, 1992), this did not seem to be the case in the present study. There was a significant overall discrepancy between residents' ideal and actual levels of participation in decision-making, with residents ideally wanting a greater level of participation than they were allowed. These findings were similar to those of Moos and Lemke (1996) who found that the general resident populations wanted more control over policies than they had. However, these results were in contrast to the findings of F. Heller et al. (1989) who found that in work-groups in general organisations, the degree of participation in decision-making was very similar to the desired level of participation.

Overall, residents wanted greater input into the decision-making processes in nearly two-thirds of the decision-making areas that they were asked to rate. In particular, there was a large and significant discrepancy in setting menus. While only about one-third of residents felt that they participated substantially in deciding what sort of food would be provided, over two-thirds ideally wanted to be able to participate in decisions about the menus. It has been found that food is one of the hardest areas for a resident committee to achieve success, but events that increase participation in decision-making, such as food tastings, can help to achieve adequate outcomes (Grossman & Weiner, 1988).

Larger discrepancies were found with deciding what new activities would occur, with only a few residents feeling that they had substantial input into these decisions, whereas nearly half ideally wanted to help decide on new activities. It has been found by Byrd (1983) that, by increasing resident input into the planning and implementation of social activities, the activities were more enjoyable and suitable to the residents, and they had an increased satisfaction with life and with the hostel.

A large overall discrepancy also existed with regard to policies concerning safety hazards, with residents wishing to participate significantly more in this area. These findings are similar to those reported by Moos et al. (1987) who found that the provision of adequate safety features, such as smoke detectors and centrally located call buttons, was viewed by the residents as the most important and desirable physical feature of a hostel. It may be that the residents in the present study similarly felt that safety features were of great importance, and therefore wished to participate in making decisions about the relevant safety policies.

It is recommended that the chairpersons of individual resident committees conduct surveys of this kind, to determine the areas of influence in decision-making that residents desire. It is important that committees conduct surveys regularly as not only were different committee groups found to have significantly different preferences for participation in decision-making, but these preferences may well change over time. The issues that are found to be of importance to the residents may subsequently be raised at each meeting, so that the residents can provide input. It must be ensured, however, that the issues are not just raised with no changes, since food and activities were already the most commonly raised issues in the committees in this study (outlined in Chapter 3) and obviously just raising issues is not enough to give residents the feeling that they are able to participate in decision-making. Instead, it is recommended that decisions in the areas that are of importance to the residents be made at the meetings rather than changes decided upon by management and merely reported at the meetings. Resident opinions should be sought and where they are given and are feasible, they should be acted upon.

4. Outcome Variables

4.1 Effects of participation.

Residents who observe the effectiveness of a committee are more likely to use it (Freytag, 1987). However, in the present study, approximately a quarter of residents felt that their participation in resident committee meetings did not result in them having increased influence over their day to day life, or over policy making, nor did they feel that their personal interests were being better attended to. A further 13% felt that their participation led to positive effects in only one of these three areas. This study supports previous findings of a lack of positive results from participation in meetings, often due to a lack of feedback from the managers (Zwick, 1994).

Residents in this study felt that the main effect of their participation in resident meetings was that their personal interests were better looked after, with three-quarters of residents indicating that this was an effect of their participation. However, addressing personal issues as one of the main focuses of the meeting could potentially have a negative impact on the meeting. Wells et al. (1986) argued that it is better for meetings to focus on larger issues that affect the whole organisation, rather than concentrating on personal issues.

The least common effect of the meetings was having an increased say in policy making, cited as an effect by less than half of the residents. These results are consistent with the findings by Devitt and Checkoway (1982), who found that resident committees rarely lead to changes in hostel policies. Similarly, Timko and Moos (1989) suggested that residents find it more important to have influence in decision-making regarding their daily routines than regarding formal policies. The findings are not unique to aged care

organisations, as F. Heller et al. (1989) found that an increased say in policy making and having more influence on day to day matters were similarly the least noticed effects of decision-making in general organisations.

Residents from Hostels P, B, and C perceived the highest effects of their participation in decision-making. The residents from Hostels P and C were encouraged to make suggestions by the chairperson and it was clear that those residents had a good rapport with the chairperson. In both cases, the chairperson spoke to residents with respect and listened to their opinions. In Hostel P especially, residents' suggestions were always listened to, an answer was given, and in most cases, changes were implemented. In Hostel C, very few suggestions were made but residents obviously felt that they were able to do so. The findings from Hostel B are more unusual, as the residents in this meeting were very negative and the chairperson did not act upon the residents' suggestions. A possible explanation is that the activity coordinator helped the majority of residents in this hostel complete their questionnaires and thus this may have influenced their views in the positive direction.

4.2 Satisfaction with participation.

Overall, residents seemed quite satisfied with their opportunities for participation and the leadership of the meetings. However, while 81% of residents tended to feel that staff asked them for their opinions during the meetings, only about two-thirds of residents felt that the staff paid enough attention to their ideas and suggestions. It would, therefore, again be recommended that staff not only ask residents for their opinions but actually listen to them and make it clear that they are interested in their comments. This may explain some of the findings of low effects of participation, with the problem perhaps being not with the failure to ask residents for their opinions, but

paying too little attention to them. Training of staff in resident committee procedures may be one way of overcoming this problem.

An unusual finding was that 81% of residents felt that they could participate in decision-making in the meetings. This is a very positive result as Kowitz and Knutson (1980) argued that a person's satisfaction depends on their perception of their freedom to participate. However, this result is high considering the low number of areas in which the residents indicated that they were able to participate in decision-making. It may be that the residents were rating their degree of participation in decision-making within only a limited range of topics.

Thirty-eight percent of residents felt that changes were made within the hostel without their consultation at the meetings. Residents tended to indicate that staff made the changes and that residents were simply informed of the change at the meeting, or that they just found out once the change had been implemented. This is consistent with the findings of Zwick (1994).

The opportunities for residents to hold positions of responsibility at the hostels were limited, with only 40% of residents indicating that this was an option. While it was predicted initially that this may have been a result of residents not wanting these opportunities, 41% of residents indicated that they wanted to be able to have more influence than they currently had. This may indicate that positions of responsibility, which enable residents to participate meaningfully and to have a greater say about their lives, may be what the residents desire. It has been found previously that residents welcome the opportunity to assume responsibility for tasks that staff would usually perform (Wells et al., 1986).

There was a significant gender difference on the question regarding whether residents felt that they were allowed to take on responsibility in the hostel, with male residents more likely to indicate that they had opportunities to take on responsibility in the hostel than female residents. This question would benefit from further investigation to determine whether there were aspects of the committee meetings, the hostel social climate, or the actions of the male residents or staff that encouraged more responsibility from male residents.

Residents from Hostels J, P, H, and C were the most satisfied with their opportunities for participation. Again, for Hostels C and P, this may be explained by the positive behaviours of the chairperson towards the participation of the residents. In Hostel J, the residents completed this questionnaire with the author as a group discussion and this may have positively influenced their views. Furthermore, they all indicated in this discussion that they really liked the chairperson and therefore may have been reluctant to give answers that were not in her favour. They were also a very physically and cognitively capable group of residents and, while their suggestions were not always listened to, all residents seemed to feel comfortable giving their opinions.

One way to improve satisfaction may be to introduce meeting structures that suit all participating residents. While some people may have a greater desire for a structured meeting and others may desire less structure, it has been found in general organisations that an increase in the structure of the group has improved the group members' satisfaction levels (Bormann, as cited in Kowitz & Knutson, 1980).

4.3 Life satisfaction.

The life satisfaction scores of the residents seemed low as a group, particularly as the resident committee members participating in this study may have been more capable than the general resident population. The average score of 46% was low in comparison to the 62% average found by Neugarten et al. (1961) although this latter result was for elderly persons in the general American community. However, it was similar to the findings of Byrd (1983) in residents of a convalescent hospital. Only 20% of residents indicated that they had made plans for things that they would be doing in the future, with comments made including *"I'm too old to make plans"*, *"I'll probably just be sitting in my room"*, and *"I just try and get through each day."* Only about one-fifth of residents felt that these were their best years of their lives and about half felt that things were better than they had expected when they were older. Less than half were as happy as when they were younger and a similar number felt that things they do were boring or monotonous. Residents indicated that many of these dissatisfactions were a result of their poor health, with comments such as *"I never expected to be so sick"*. This was consistent with previous findings (Loomis & Thomas, 1991). Some of these problems, such as boredom, may be overcome by the careful planning of activities to suit those residents with poorer health. Other residents were frustrated at living in a hostel environment, with comments including *"I'd be happier if I wasn't here"*, *"I always thought I'd die at home with my wife"* and *"I miss home. This will never be home to me."* Nevertheless, over three-quarters of residents were satisfied with the lives they had lived.

Residents from Hostels P, M, and A were most satisfied with their lives. The residents from Hostels M and A were very independent and in good health and this potentially had a positive influence on their responses. This is supported by the residents from

Hostel A having a much higher than average score on Item 6, with more than three-quarters saying that they had made plans for the future. Residents from Hostel P were not so independent but the hostel had an unusually communal and friendly atmosphere, with excellent rapport between residents and staff. As outlined in Chapter 3, residents were offered individually tailored activities and were kept very busy, again suggesting the importance of activities. This is supported by findings that these residents scored much higher than average on items relating to their current life, with 88% feeling that life was better than they expected it to be and nearly half saying that these were the best years of their life. Comments made to the author attributed this to the hostel in which they lived, in contrast to previous findings that life satisfaction is independent of living situations (Loomis & Thomas, 1991). Further study in this area may be of benefit to determine whether the activities provided by the hostels impacted on the desirability of their environments.

Residents from Hostels K and B had particularly low life satisfaction scores. This was evident in the meetings from both hostels, with residents being particularly negative in their comments about the hostel and other residents. The meetings themselves also had a negative feel. As outlined in Chapter 3, while the meetings at Hostel K were run well and a lot of effort was put into making changes that suited the residents, the meetings nevertheless had a negative feel about them and the residents did not appear to enjoy them. This may have been related to their life satisfaction levels, with their low general life satisfaction perhaps contributing to the negativity in the meetings. The social climate of the hostel may have also had an impact on life satisfaction, with Hostel K scoring well below the average on both Resident Influence and Independence. However, further research would be needed to investigate whether these relationships existed, and if so, their causal aspects.

5. Contingency Variables

5.1 Group characteristics.

For a resident committee to be successfully run, it is often necessary for an outside facilitator to help the group to develop a sense of identity and cohesion (Freytag, 1987; Zwick, 1994). However, in this study, nearly all of the residents felt that there was a friendly atmosphere amongst their peers in the resident committee group. These findings are similar to those found by Devitt and Checkoway (1982) and Gibbs and Salkeld (1988), who found that the residents enjoyed the social interaction with the other group members in the meetings. Most residents also felt that the resident committee meetings had an atmosphere where they felt comfortable expressing their opinions. This finding is encouraging, as it would seem important that committee members feel that they have a good rapport with their peers at the meetings. However, the results were in contrast to the findings of Zwick who found that large numbers of residents at the meetings felt uncomfortable expressing their opinions.

The perceived productivity of the group in the present study was not so high, with just over half of the residents feeling that everyone knew what had to be done at the meetings and a similar number feeling that the residents worked as a team. This may reflect the more informal social focus of many of the meetings, rather than the focus being on making decisions and achieving goals. This supports findings in general organisations where high group cohesiveness has been found to be insufficient to ensure productivity (Kowitz & Knutson, 1980). The development of problem-solving, general communication, negotiation, and evaluative skills has been found to increase efficiency (Wells et al., 1986).

Approximately half of the residents felt that there were often conflicting interests between the residents at the meetings. The fact that they still felt that there was a friendly group atmosphere suggests that they viewed this as a natural process of the meetings and this was supported by such comments to the author as "*People will always disagree*" and "*We don't all think the same, do we?*" These findings are similar to those in general organisations, with cohesive group members tending to communicate more frequently and freely, feel more comfortable to participate, and have a higher rate of conflict and disagreement (Kowitz & Knutson, 1980). However, they are in contrast to the findings of Zwick (1994) who found that residents did not like to present contradictory opinions for fear of hurting one another.

Residents from Hostels J, M, and B perceived the most cohesive and productive resident committee groups. This is an unusual finding for Hostel B considering that the author observed high levels of resident discontent and personal arguments during the meetings. Again this may be partly explained by social desirability responding as a consequence of the questionnaires being completed with the help of the activity coordinator. The possibility of social desirability responding under these circumstances would be worthy of further investigation because if it was confirmed, it would have implications for assessing residents' satisfaction with their lives and their hostels. Research suggests that for accuracy concerning these questions, residents themselves should be asked rather than relying on staff opinions (L. Wilson & Kirby, 2002). Evidence of increased social desirability responding if asked by a staff member would suggest that resident views should be sought by skilled interviewers who are independent of the hostel.

Less than half of the residents felt that the meetings produced results with which they were happy, within a reasonable period of time. It became apparent over the course of these questionnaires that it was very important to residents that their suggestions at the

meetings were quickly followed up with observable results. Often, answering questions or giving progress reports at the next meeting was deemed too long an interval by residents, especially in hostels with 3-monthly meetings.

Residents from Hostels J, B, P, A, and C had the highest satisfaction with issues raised being followed up quickly and effectively. This was an unusual finding in Hostels J, B, and A as when the author attended the meetings, issues were generally not followed up at the following meeting. In Hostel C, only one issue was raised and it was followed up at the next meeting. Hostel P did follow up all issues at the next meeting and changes were generally made. No residents at Hostel K felt that the meetings produced good and fast results, despite a large number of changes resulting quickly from the group's suggestions. The residents' answers to these questions may have been based on more meetings than the author attended, and perhaps the long-term productivity of the committees was different to the productivity observed when the author attended the meetings.

As a result of this finding, it is recommended that when evaluating the actual level of productivity of the meetings, an independent observer should assess the actual number of changes made and the length of time taken for implementation. While it is important to also ask the residents for their views on this point, this may not be an accurate method of assessment in such cases.

5.2 Social climate.

Overall, the social climate of the hostels had significantly higher Resident Influence and significantly lower Cohesion and Independence than the American norms (Moos & Lemke, 1996). Wells et al. (1986) found that residents perceived similarly low levels of

Independence although they also found low levels of Resident Influence. The discrepancies from the norms found in the present study for the 15 hostels combined must be treated with some caution, however, as there was a significant amount of variation in these three variables between individual hostels. It would therefore be beneficial in future studies to obtain sufficient data to determine whether each individual hostel's social climate compares favourably to the norms. This was done successfully in a study by Wells et al. where there were a larger number of residents surveyed in each of two hostels. The resident committees subsequently addressed the social climate areas where each of the hostels were deficient and appropriate strategies for improving the social climate were implemented.

Of particular interest to the present study was the extent to which the hostels gave the residents opportunities to influence hostel policies (Resident Influence), to maintain independence (Independence), and the extent to which residents were able to predict their daily routines (Organisation).

Hostel J had the highest opportunities for Organisation and Independence but ranked slightly lower, when compared to the other hostels, on the opportunities for Resident Influence. Hostel P also scored quite highly on all three variables. These findings might explain some of the high resident satisfaction with the meetings in these hostels. Hostel K had a climate of low Resident Influence and low Independence and reasonably low Organisation, perhaps explaining some of the residents' dissatisfaction with the meetings and their low life satisfaction.

Male residents perceived significantly more Organisation than female residents. This is in contrast to previous findings by the author where female residents were found to perceive significantly higher Organisation than male residents (L. Wilson, 1997). These

findings indicate that male residents felt that there was more predictability in their daily routines than female residents. Since the findings are opposite to those found previously by the author in South Australian hostels (L. Wilson, 1997), it would be advisable for this finding to be further investigated. However, this result emphasises the need to analyse gender differences in studies of this kind (L. Wilson & Kirby, 2002).

6. Hostel Differences.

There were significant differences between hostels in residents' perceptions of both actual and ideal levels of decision-making. There were also significant differences between hostels in residents' satisfaction with participation, perceived effects of participation, perception of the group characteristics, life satisfaction, and the perception of the social climate variables of Cohesion, Resident Influence, and Independence. Despite the fact that no conclusions can be drawn from the present study about the specific nature of these hostel differences due to the low numbers of participating residents from each hostel, there did seem to be a tendency for some hostels to score particularly poorly on the majority of variables. This pattern would benefit from further investigation with larger numbers of residents to determine whether effective and ineffective committee meetings can be discriminated on the basis of these variables.

There were no significant differences between the committees that were perceived by the manager as being regarded as useful by the committee members and those that were not. These results support the author's observations of the resident committee meetings (detailed in Chapter 3), where very few differences were found between *useful* and *not useful* committee meeting procedures. These findings provide further evidence for the suggestion made in Chapter 3 that the managers were not able to accurately distinguish between these types of committees. As a result of these findings, it would again be

recommended that in future research studies and government evaluations of resident committees, instead of relying on staff or the managers to provide ratings of the committees' usefulness, a sample of resident committee meetings should be observed by an independent evaluator. Resident opinions on the usefulness of the committee should also be sought.

7. Preferred Chairperson

The vast majority of residents indicated that they would like a staff member to be the chairperson of the meetings, with the next most common choice being a resident. This may have been because staff members acted as chairpersons in the majority of cases and the residents had no experience with other chairpersons. They may also have felt that this was the chairperson with the most influence and expertise and therefore the most likely to get results.

The second most common preference was for a resident chairperson. In Hostel D, the only hostel with a resident chairperson, the majority of residents indicated that a resident was their ideal person to chair the meetings. This is encouraging and may suggest that if other residents are given such opportunities and training into how to chair a meeting, the other residents in the meeting could potentially respond well to their position.

Interestingly only one resident indicated that a family member would be an ideal chairperson and in Hostel O where there was a family member as chairperson, all residents indicated that they would prefer a staff member. It was clear from speaking to these residents that they felt that this would result in quicker answers being given to their inquiries. Despite recommendations that a volunteer would be an ideal chairperson

(Zwick, 1994), only 6% of respondents indicated this option. Again, this may be because residents feel that a volunteer would be less likely to produce results than a staff member.

8. Changes to the Meetings

A wide range of beneficial changes to the meetings was suggested by the residents. About one-third of residents suggested some form of change to the meetings, with the most common suggestion being more input and better attendance by residents. Interestingly, this was also the most common suggestion for improvements by managers in the initial survey (detailed in Chapter 2). Residents in previous studies expressed similar frustration with the lack of resident interest (Gibbs & Salkeld, 1988) and participation (Zwick, 1994) although this has been found to be often due to the residents feeling that either their age or their health limited their input.

Due to the apparent need for increased resident participation, methods to improve this should be introduced into the resident committees. Resident input could be improved with staff support and with measures employed to empower the residents such as providing opportunities for training (Zwick, 1994). Various other suggestions may be easy to incorporate into the meetings, such as using a microphone, notifying the residents when the meetings are held, and having meetings that are frequent and of an appropriate length.

Other suggestions would require more effort to be implemented, including a more capable chairperson and resident committee members, making more decisions, the chairperson allowing residents more input, and residents not taking comments personally. These suggestions for changes are all essentially part of the meeting process

that could benefit from group training. Training for resident committees can be provided, free of charge, by the Aged Rights Advocacy Service (South Australia). This may help the group to interact more effectively and better equip the chairperson to effectively run the meetings. This was found to benefit the committee at Hostel D, with the residents indicating that they were taught very valuable meeting skills. Further suggestions for improvements to committees are discussed in Chapter 5, *Section 5*.

9. Why Attend the Meetings?

The majority of residents attended the meetings in order to be updated on things that were happening in the hostel. Residents often commented to the author that the meetings were the main way to keep in touch with things that were happening. Comments included *“How else will I know what’s happening?”* and *“They (the staff) tell us what’s happening for that month”*. It has been found that people join groups as a means of fulfilling their needs (Kowitz & Knutson, 1980) and it is obvious that the need to be updated on information regarding hostel life was of utmost importance to the residents in this study. These resident comments support the observation made in Chapter 3 that most of the meetings appeared to be more information meetings than true committees designed for decision-making.

Other main reasons for attending the meetings included residents having an opportunity to have a say, residents being interested in the meetings, and residents enjoying the opportunity to socialise with others. Previous studies have found that residents liked the committees for providing opportunities to have social contact with other residents and providing them with support when making decisions (Gibbs & Salkeld, 1988).

The varied reasons for attending the meetings may indicate the need to have separate resident information meetings, where all residents can attend, be updated on information and socialise with others, with a resident committee as a sub-group of these information meetings. This small group of residents, who are interested and capable of decision-making, could then be responsible for representing the views of groups of other residents and for making decisions on their behalf. Similar recommendations were also made as a result of the author's observations of the committee meetings, outlined in Chapter 3.

It is interesting that very few residents indicated that they attended the meetings to air their grievances, despite this being one of the main functions observed by the author (outlined in Chapter 3). The residents in Zwick's (1994) study indicated that the meeting function was mainly to present complaints. This difference could have occurred because, while residents may not have attended the meetings with the intention of making complaints, this is what actually eventuated at the meetings. This may have been a result of other residents' tendencies to do this, or perhaps at the encouragement of the chairperson, or because there seemed to be no effective and constructive decision process.

10. Relationships Between the Variables

10.1 Group size.

The size of the group had no significant effect on the decision-making levels that the group was allowed, or upon their satisfaction with participation, the group characteristics, or the effects of decision-making. These results are inconsistent with the findings from the previous study (Chapter 3) where the author observed that there

were higher levels of resident participation in smaller meeting groups, with participation decreasing as the group size increased. This suggests that, while the size of the meeting group impacts on the quantity of resident participation in general, it does not change the residents' perceptions of their specific involvement in decision-making, their satisfaction with decision-making, or the cohesiveness of the meeting group. This finding may be reassuring to very large hostels that have many residents who want to attend the committee meetings. While the actual levels of resident participation may be observed to be low, the present results suggest that the residents are likely to feel that this does not impact on their decision-making opportunities.

10.2 Decision-making and satisfaction with participation.

Like F. Heller et al. (1989) and their review of many other studies in general organisations, the relationship between the level of participation in decision-making and satisfaction with participation was positive and significant. The greater the participation that a resident was allowed in the decision-making process in the resident committee, the more satisfied they were with their opportunities for participation and the leadership of the group. These findings highlight the influence of high levels of resident control in decision-making on the level of satisfaction within the resident committee group. Therefore, one way to increase the satisfaction of the committee members may be to provide them with greater opportunities for participation.

The author is unaware of any other studies in aged care hostels that have measured satisfaction with participation, although studies have found links between increased control and general satisfaction measures (Byrd, 1983; Green & Hewitt, 1987; Grossman & Weiner, 1988). Therefore, while these results suggest that the satisfaction-participation relationship in aged care organisations may be similar to

general work organisations, as no other studies of this kind have been carried out in aged care, it would be beneficial to repeat this study to see if the results are replicated.

10.3 Decision-making and life satisfaction.

There was no significant positive relationship between participation in decision-making and life satisfaction. While F. Heller et al. (1989) found some significant relationships between these variables, they concluded that the relationship was not consistent. Instead they argued that the variable of satisfaction with participation was more consistently related to decision-making, a finding replicated in the present study. However, the lack of relationship between decision-making and life satisfaction was not consistent with some previous findings in aged care that a perception of increased opportunities for decision-making leads to an improved well-being and happiness (Green & Hewitt, 1987; Langer & Rodin, 1976/1994). Longino and Kart (1982) conversely found that there was a significant negative relationship between residents' participation in formal activities and their life satisfaction. While some may suggest that the findings of this study lend support to the theorists who propose that life satisfaction is more closely related to a person's individual locus of control rather than the control of the environment (Timko & Moos, 1989), the close relationship between life satisfaction and the other outcome variables in the present results does not support this claim.

10.4 Decision-making and effects of participation.

The prediction that there would be a significant positive relationship between participation in decision-making and perceived effects of participation was not supported in this study. This is in contrast to the findings in general organisations by F.

Heller et al. (1989). This indicates that the residents in this study did not perceive a link between their levels of participation in decision-making and the effects of their participation in resident meetings. Zwick's (1994) study found that positive effects of participation in the meetings were often due to the input of a small number of residents. The residents in the present study may have felt similarly, thus explaining the lack of an overall link between these variables.

10.5 Decision-making and group characteristics.

The prediction that there would be a significant positive relationship between the level of perceived participation in decision-making and the group characteristics was not supported by these results. This is in contrast to the findings of F. Heller et al. (1989) in general organisations and suggests that the resident committees' group cohesiveness and productivity were not enhanced by having an increased participation in decision-making. However, since the levels of perceived group cohesion within the resident committee group were already high, this may have resulted in them being unaffected by the level of participation in decision-making.

10.6 Group characteristics as a contingency variable.

While group characteristics were not significantly related to the level of participation in decision-making, there were significant positive relationships between all of the outcome variables and the group characteristics variable. This suggests that in the present study, due to its lack of relationship with the independent variable, group characteristics cannot be defined as a contingency variable that influences the relationship between participation in decision-making and the outcome variables. In contrast, F. Heller et al. (1989) found that the characteristics of the work-groups were a

significant predictor of the levels of participation in decision-making and the outcome variables used in the present study.

Relationships between group satisfaction and group cohesion have been found previously in general organisations (Kowitz & Knutson, 1980), and it has been suggested that they are desirable group goals that affect each other. Furthermore, the relationship between effects of participation and satisfaction with participation and group characteristics found in this study has been found previously in general organisations (Kowitz & Knutson, 1980). While it has been argued that a cohesive and satisfied group is not enough to ensure its effectiveness, it does increase the likelihood of it occurring. Furthermore, a person who sees results of their participation in a group will be likely to develop greater attraction to, and satisfaction with, the group (Kowitz & Knutson, 1980). This suggests that the characteristics of the group are more closely related to their satisfaction levels and perceived positive effects of participation rather than the actual participation level.

10.7 Ideal participation in decision-making as a contingency variable.

In contrast to F. Heller et al.'s (1989) findings of a significant relationship between expectations of decision-making and satisfaction with participation, effects of participation, and general satisfaction, no such relationships were found in this study. This suggests that a resident's ideal levels of participation in decision-making were not related to their life satisfaction, their perceived outcomes of participation, or their satisfaction with the meeting leadership and opportunities for participation. Furthermore, there were no significant relationships between the social climate of the hostel and ideal decision-making levels. This suggests that residents may have formed their ideal levels of participation in decision-making from factors separate to the

resident committee meetings and the general hostel climate. Instead, elderly people's ideal levels of decision-making may be a result of their personality or their previous life experiences.

This finding may provide a challenge to the hostel management and staff, as it means that they will need to cater their opportunities for decision-making to a wide range of people with different ideals. It would perhaps be beneficial to provide opportunities for high levels of participation in decision-making, and then those people who do not wish to use these opportunities can nominate a family or staff member to make decisions on their behalf. This has been found previously to still achieve a sense of control in these residents (Reinardy, 1995). Alternatively, an elected resident or group of residents could represent those who do not wish to participate in decision-making.

10.8 Social climate.

It was evident in this study that the social climate of a hostel was potentially the most consistent influence on aspects of decision-making. Aspects of the social climate were positively and significantly related to all of the other variables in this study except ideal levels of participation in decision-making. The findings of this study indicate that a hostel's social climate was related to the levels of resident participation in decision-making, their satisfaction with participation in the meetings, their perception of the outcomes of the meetings, their life satisfaction, and the cohesiveness and productivity of the resident committee group. It is unclear whether the social climate created these positive meeting characteristics, was a result of good meetings, or whether cause occurred in both directions. Further study in this area would be beneficial to determine the direction of this relationship.

The most commonly associated aspects of social climate to these variables were Cohesion, Independence, Organisation, Resident Influence, and Self-Disclosure. Conflict was not significantly related to any of the variables and Comfort had a minimal effect in comparison to the other social climate variables, although this was probably due to little variation in the perception of Comfort, which was uniformly high. These results were similar to those found previously by Timko and Moos (1989) who found that Independence, Resident Influence, and Organisation were strong mediators in the relationship between resident adaptation and choice, and control in aged care. Similarly, F. Heller et al. (1989) found that those people who perceived a higher participation in decision-making in general work organisations, were more likely to view the company's social climate as one that promoted participation.

It has been argued that quality of life issues must only be examined within the context of the organisational culture (Grossman & Weiner, 1988) and the present findings further strengthen this claim. Grossman and Weiner defined autonomy, including individuality, independence, control, and participation in meaningful activities, as one of the key definitions of quality of life. Other aspects included physical comfort and meaningful interpersonal relations. Aged care residents are particularly vulnerable to learned helplessness as a result of environments that do not encourage them to use their full potential (Foy & Mitchell, 1991). Therefore social climates that promote these attributes could potentially lead to an increased quality of life in the residents. Alternatively, it may be that changes to the levels and quality of resident participation in decision-making may, over time, lead to beneficial improvements in the social climate of a hostel.

More specifically, to benefit resident committees, it would be recommended that steps be taken by the hostels to help promote social climates that are cohesive, promote

independence, resident influence, self-disclosure, and are highly organised. The size of a hostel, level of care provided, type of ownership, and resident characteristics have all been found to influence the social climate of a hostel (Timko & Moos, 1991). In line with the findings of the current study, Moos and Lemke (1994) found that hostels that provide residents with greater control, tend to have social climates that foster resident influence and cohesion. They suggested that effective resident committees might give residents more participation in decision-making as well as strengthening the relationship between residents and staff.

It could also be suggested that training methods be employed that teach the hostel management and staff to introduce measures that promote more positive social climates, especially promoting independence, organisation, and resident influence. Solomon and Vickers (as cited in Solomon, 1982) found that by educating staff about the problems associated with low control and learned helplessness, the delivery of care can be improved, thus resulting in a culture of increased control. Training of staff by an expert aged care nurse can also highlight to staff the importance of organisational culture (Gould, 1992).

Wells et al. (1986) found that there were more specific methods for improving the social climate of aged care hostels. The need for residents to be clear on policies and procedures (Organisation) was improved by residents organising the development of an information booklet, with staff support. Independence and self-sufficiency was enhanced by residents and staff installing more effective orientational aids within the hostel, such as clearly visible clocks. Resident Influence was improved by the introduction of formal methods for obtaining resident and family opinions, such as survey methods and the introduction of policies and procedures for resident privacy. The communication and relationships within the hostel were improved by such things as

the establishment of a welcoming committee, and the participation of residents in a training course to improve their communication skills. However, Wells et al. argued that a skilled facilitator is required to help introduce major social climate changes, as they will potentially be faced with such problems as resistance, conflicts, and low morale.

The present findings about the critical nature of the social climate of hostels may help to explain some of the unusual findings outlined in Chapter 3. Many of the meetings appeared to be successful in their format, processes, and conduct by the chairperson but the residents still did not appear satisfied with them. It may be that these hostels had social climates that were impacting on the residents' views and no matter how well run the meetings were, the impact of social climate was too strong to enable them to be successful.

11. Model of Decision-Making

The aim of F. Heller et al.'s (1989) study was to test a model of decision-making. A similar attempt was also made in this study, although it was much more exploratory. The finding of a link between satisfaction with participation and participation in decision-making was the only part of the F. Heller et al.'s model that was supported by this study. Despite this lack of relationship between participation in decision-making and the outcome variables (effects of participation and life satisfaction) and contingency variables (group characteristics, ideal levels of participation in decision-making, social climate), life satisfaction, effects of participation, and group characteristics were highly correlated with satisfaction with participation. Therefore, the effects of these variables on the participation (in decision-making)–satisfaction (with participation) relationship may require further investigation.

The lack of relationship between the level of participation in decision-making and group characteristics, life satisfaction, and effects of participation may be a result of the group's focus on social functions. A cohesive and satisfied group in general organisations has been found to tend to neglect their task functions in preference to the development of a satisfied and tight-knit group (Kowitz & Knutson, 1980). There may have been a tendency for this to occur in the present study, although the relationship of these variables to the effects of participation suggests that there was still some focus on the outcome of tasks.

Overall, the model of decision-making that is more appropriate to resident committees in aged care may involve viewing social climate as having the closest relationship with aspects of decision-making. The results also suggest that group characteristics may be more accurately defined as an outcome variable, rather than a contingency variable due to its strong relationship with the other outcome variables. Ideal levels of participation in decision-making are unrelated to the resident committee group characteristics but may be more closely related to personality characteristics and past experiences of the residents.

12. Limitations

Using resident committee groups as a unit of analysis was necessary, but had some limitations. The main problem was that it was difficult to encourage large numbers of residents to participate in a questionnaire study. There were relatively small numbers of residents who regularly attended the meetings and of these, some people were incapable or not interested in completing questionnaires. These problems have been found in previous studies of residents in aged care by the author and others (Wells et al., 1986; L. Wilson, 1997) but they seemed to have been increased when using a resident

committee group. Therefore the numbers who participated from each hostel were too small to conduct meaningful statistical comparisons other than to say that there were significant hostel differences on the majority of variables. Participation was found to be greater in hostels that had a meeting leader who was positive about the study and encouraged the residents to participate.

There were some problems encountered with the method of residents filling out questionnaires in this study. Some residents filled the questionnaires out in a group, some completed them on their own in a group session, and others completed them in their own time and posted them back to the author. The main problem occurred when either the activity coordinator or interpreters helped the residents to complete the questionnaires. It is not known whether the activity coordinator in Hostel B influenced the answers of the residents but they were quite positive in comparison to predictions made by the author after attending the meetings. In Hostel P, where interpreters were used to help some of the residents, they were sometimes noted answering questions for the residents without translating them, indicating that they felt that they knew what the resident thought. It was stressed by the author that it was important that every question was translated for the resident. However, it may be necessary to use properly trained translators to ensure a more accurate result. Furthermore, the residents who required translation had a very low rate of completing more than the first questionnaire. This seemed to be a result of their having no immediate contact with the author and therefore they did not develop any sort of meaningful relationship. The other English-speaking residents at the same hostel developed a relationship with the author and this seemed to increase their repeat attendance at the questionnaire sessions.

13. Conclusion

The data contained in this study provide a specific view of the residents' perceptions of their level of decision-making in 15 aged care hostels. Overall, residents did not perceive that they had high levels of participation in decision-making, and ideally would have liked to have more involvement. While they most commonly participated in decisions related to setting visitors' hours, attendance at activities, and the use of alcohol, they would have liked more participation particularly in the areas of food menus and activities.

While most residents were satisfied with their participation in the meetings and felt that the resident group was cohesive, the resident committee group was not perceived to be very productive at working together, the perceived effects of participation seemed to be quite low, and the majority of residents felt that the meetings did not produce good and fast results.

Although there was a strong relationship between the levels of participation in decision-making and satisfaction with opportunities for decision-making, consistent with the findings of F. Heller et al.'s (1989), participation in decision-making was not related to the other outcome variables. The main finding was that the social climate of a hostel was strongly related to the residents' life satisfaction, their satisfaction with the meetings, their perception of positive outcomes, the resident groups' cohesiveness and productivity, and the level of participation in decision-making. This emphasises the importance of social climate as a factor that may affect hostels' resident committee meetings, and therefore efforts should be made to promote social climates that particularly enhance resident influence, organisation, and independence. There is a need for further research to consider whether the characteristics of the committees affect

the social climate of the hostels and/or vice versa. If the former is the case, efforts to ensure effective and efficient meetings might improve the social climate over a period of time.

CHAPTER FIVE

Conclusions and Future Recommendations

1. Outline of the Studies

Overall, this series of studies assessed both the prevalence and functioning of resident committees in South Australian aged care hostels. It is a particularly important study in Australia because the implementation of minimal accreditation standards in 1997 has led to an increasing tendency to implement resident committees as a method of fulfilling the expected outcomes of resident control and decision-making associated with the standards (Gibson, 1998).

2. Study 1: State-Wide Survey of Committees in South Australian Hostels

Study 1 focused primarily on the methods and effectiveness of communication within aged care hostels. A particular strength of this study was that it surveyed the communication in a variety of groups, including staff, resident, joint resident/staff, and family committees and meetings. Furthermore, this study invited participation from all South Australian aged care hostels and this resulted in responses from 67% of hostels (n = 106). While a small number of surveys have assessed the number of resident committees in Australian aged care facilities (Braithwaite et al., 1993; Peat, Marwick, Mitchell Services, 1986; Rhys Hearn, 1986), only a selected sample of South Australian aged care facilities were used. The author is unaware of any study that has attempted to survey all hostels in one Australian state, although one study has attempted to assess all

nursing home resident committees in one American state (Devitt & Checkoway, 1982). To date, this has been the most comprehensive and wide-reaching survey of these committees in hostels in South Australia. The results of this survey have now been published in the *Australasian Journal on Ageing* (L. Wilson & Kirby, 2003).

Overall, this study found that the most common forum for residents to communicate with hostel staff and management was via resident information meetings. However, on average, these were held only once every 10 weeks which tends to suggest that communication in this format was relatively infrequent. Surveys and suggestion boxes were also provided in the majority of hostels, although while not assessed in this study, the usefulness of suggestion boxes has been found to be limited (Zwick, 1994). In the one hostel in Study 2 that was observed to have a suggestion box as a part of their resident committee meetings, it had never been used.

Sixty-five percent of hostels had resident committees in place, although there appeared to be some confusion between resident information meetings and resident committees, so this may have led to an overestimation of the percentage having resident committees. This percentage was higher than the 50% in Moos' (1981) American study, although it was substantially lower than the 77% in Devitt and Checkoway's (1982) American study. Furthermore, earlier Australian findings have shown that there was a much higher incidence of resident committees in South Australian nursing homes (81%) than found in the hostels in the current study (Braithwaite et al., 1993). While this may actually be the case, it is possible that the definition of a committee was more relaxed in earlier studies and included those meetings defined as "information meetings" in this study. Another possible explanation is that the actual incidence of resident committees in aged care facilities has declined over time.

Although the majority of resident committees were introduced to encourage resident participation, most of them were formed by, and attended by staff. They were scheduled relatively infrequently (once every 7 weeks on average) and were mainly restricted to the discussion of food, environment, and activities. These findings question the extent of resident participation in decision-making. Since the most commonly suggested improvement by managers for these committees was an increase in resident input and participation, it would benefit the operation of resident committees if hostels implemented methods for increased resident participation, such as regular and frequent meetings, holding the meetings in a suitable environment, having adequate agendas and minutes, and the provision of formal training for the committee members and the chairperson.

While the majority of resident committees were perceived as useful and influential by the managers who completed the questionnaires, it is crucial to also obtain the views of residents on the committees. The present study assessed resident opinions through questionnaires in Study 3. This is particularly important as the usefulness of the committees, as defined by the managers, did not often correspond to the effectiveness of the meetings as observed by the author. Furthermore, it has been found that resident and staff ratings of various hostel characteristics have been found to be incongruent (Moos & Lemke, 1994; Stein et al., 1987; L. Wilson & Kirby, 2002).

The contribution of other groups to decision-making in the hostel was not widely utilised. While staff committees were common, management chaired the majority of these meetings. To the extent that these may also be largely information meetings provided from management to staff may make it difficult for staff to achieve true participation in operating the hostel, which may in turn limit their capacity to transfer some of this control to the residents (Stein et al., 1987). Joint resident/staff committee

meetings were rarely used, although the findings suggest that many of the committees that were reported as “resident committees” may more accurately be defined as “joint resident/staff committees”. Opportunities for family input were minimal and the results suggested that about half of hostel managers did not feel that family committees would be of benefit. This is consistent with previous findings (Zwick, 1994).

From the results of this study, there was a clear need to assess whether the operation of resident committees actually provided forums for resident participation. Furthermore, while the managers generally felt that residents found the committees to be useful, it was crucial to also adopt a more resident-focused approach and ask residents about their views.

3. Study 2: Observation of Resident Committees

While Study 1 found that 65% of aged care hostels had resident committees in place, no specific information on the structure and processes of these meetings was obtained. Since it has been suggested that having a successful committee in place may help residents to achieve various benefits of control in the hostel (Freytag, 1987; Gibbs & Salkeld, 1988; Residential Care Rights, 1999; Wheeler, 1992; Zwick, 1994), it was therefore considered to be important to determine how effective these committees actually were in practice. In this second study, various structures and processes of the meetings were observed. A participant observational approach was adopted in order to obtain as much qualitative information as possible.

After attending 35 meetings at 18 hostels, it became clear that the initial predictions about the overestimation of the numbers of true “resident committees” in Study 1 were very likely to be correct. The majority of meetings that were attended in this study

appeared to be more like resident information meetings that acted as forums for information exchange rather than forums for decision-making. The meetings were generally initiated and chaired by the manager as there was a common belief amongst the staff and management that residents were incapable of running a meeting. The meetings generally coincided with morning or afternoon tea, with an all-can-attend format and there were few that had formal meeting structures. The topics discussed were commonly restricted to those topics generally considered to be *safe*, such as food and activities (Braithwaite et al., 1993; Devitt & Checkoway, 1982; Zwick, 1994). There were also very few changes made as a result of resident suggestions.

A number of potential deficiencies were found in these meetings, which if corrected, might help to improve the formal function of the meetings. About half of the committee meetings did not have effective seating arrangements, half had problems with residents being unable to see the chairperson and about two-thirds had problems with residents being unable to hear. This often led to a lot of disruptive extraneous talking between the residents. Ideally, there should be adequate numbers of comfortable chairs, arranged in a format that enables all people to see and hear the chairperson. This arrangement should discourage side-discussions away from the general meeting. Effective microphones would also reduce hearing problems.

Only half of the hostels held their meetings in rooms that were private and quiet, and the majority of meetings were interrupted by such things as staff mobile phones and announcements over the PA system. However, hostels were more successful in the provision of a welcoming meeting setting with a comfortable temperature, although a small number of hostels had stark and cold meeting rooms.

The use of resources in the meetings was generally limited to staff members typing and distributing the minutes. The assistance of outside organisations was very limited, consistent with previous findings (Devitt & Checkoway, 1982).

Over half of the hostels cancelled or postponed meetings and over half started their meetings late. This was a great source of frustration for the residents and it gave the impression of a less formal and less important meeting. If the managers want to show that they are actually committed to increasing resident participation, then they need to make considerably more effort in these areas. For example, holding meetings on a regular day of the month and at a regular time, such as after lunch, might help to increase resident attendance and participation.

While in Study 1 it was found that 88% of meetings were reported by managers to have a formal agenda and minutes, it was found in Study 2 that just under half actually had agendas, although all hostels had minutes of some form. Nevertheless, it was apparent in Study 2 that their existence did not ensure their effective use. The majority of committee meetings did not use either of these aids effectively, and the residents were not widely provided with copies of the agenda or minutes, contrary to recommended practice for meetings (R. Heller & Hindle, 1998). It would be beneficial to provide residents with a copy of the agenda and minutes and to state the aim of the meeting at its commencement. The agenda should be adhered to where possible, and all comments raised should be noted in the minutes.

All-can-attend meetings were the most common committee forums, with an average of 17 residents attending these types of meetings. The manager was most commonly the chairperson. While the average number of residents who verbally participated in the meetings was 60%, participation was highest in meetings with nine or fewer residents.

There was a tendency for meetings to be informal, commonly as a result of staff members indicating that they did not want to stress the residents. The main focus of the majority of meetings was the presentation of information by the chairperson or staff member and the presentation of complaints by the residents. However, the residents seemed most satisfied following meetings that focused on decision-making, suggesting that a true resident committee, with resident involvement in decision-making, is what residents wanted.

Consistent with the findings of Study 1, the topics discussed in the meetings were mainly restricted to food, maintenance, and activities. These topics seemed to be initiated by the residents and the focus on food seemed to be a frustration to many chairpersons. Residents were observed to feel comfortable in the discussion of these topics and their preferences for topics of discussion was further investigated in Study 3. Observations also suggested that the focus on these topics was a result of residents not being encouraged to participate in more major decisions.

The incidence of feedback at the meetings was very limited, with the majority of issues raised at the first meeting not being raised again at the subsequent one. Only one-fifth of the issues that were raised by the residents at the first meeting had been satisfactorily resolved by the end of the second meeting.

The chairperson also seemed to have a large impact on the success of the meetings. Four of the 21 chairpersons in Study 2 seemed to let their personal feelings and mood impact on the success of the meeting and it may therefore be beneficial for them to receive some training on how to conduct meetings in a more objective way. Formal training was limited to only one chairperson. The chairperson of the *useful* committees was a staff member in all hostels in contrast to the non-staff person chairing the

majority of *not useful* committee meetings. This was the only observed difference between the two groups. There are a number of possible reasons for this finding, including the possibility of social desirability ratings and managers having a better knowledge of the staff-run committees.

The comments heard from some residents regarding the meetings appeared to be inconsistent with the actual process of the meetings. For example, some residents commented that they enjoyed meetings that seemed to have low resident participation and were poorly run. Similarly, other meetings were well run but the residents seemed to complain a lot about them. This suggested that the organisational culture of the hostel may have been impacting on the meetings and therefore needed to be further investigated.

Overall, while the managers commonly expressed frustration over the lack of resident involvement, there are a number of steps that they could take to improve this. Specific examples are outlined in Chapter 3, although it generally appears that training of the resident, staff, and management committee members may be one of the most beneficial steps towards improvement, since it would presumably incorporate emphasis on the importance of many factors found to be deficient, such as starting the meetings on time. Furthermore, the potential impact of organisational culture needs to be considered and where necessary, improved to further facilitate resident participation.

Many of the findings from this study provided further information on some of the questions in the initial survey outlined in Study 1. They suggest that there is a need, when conducting this kind of quantitative survey, to further validate the findings via qualitative methods in at least a sample of hostels. For example, when surveying the numbers of hostels with resident committees, it is unlikely to be sufficient to just ask

management whether this form of committee exists, as even with precise definitions of various types of committees such as the ones used in the present studies, it could lead to many resident information meetings being misinterpreted as resident committees. Similarly, managers' responses concerning committee meeting details, such as the presence of agendas and details of the chairperson, were also often found to be inaccurate when compared to observations of the committees in practice.

4. Study 3: Model of Decision-Making

Observations made in Study 2 suggested that the resident committee meetings were typically forums for information exchange and for the presentation of grievances, as opposed to decision-making opportunities. However, it was thought to be important to give resident committee members the opportunity to comment on aspects of the meetings such as their actual and ideal opportunities for participation in decision-making, perceived outcomes of the meetings, satisfaction with their opportunities for participation, and their general life satisfaction.

Unfortunately insufficient residents from each hostel were either available or willing to complete questionnaires to enable individual hostels to be accurately compared. While there were significant hostel differences on all variables except the social climate variables of Comfort, Conflict, Organisation, and Self-Disclosure, no conclusions about the specific nature of these differences could be made. This resulted in only general conclusions concerning differences between hostels being drawn, although some general patterns in hostel differences did emerge. Future studies utilising larger numbers may be useful in determining hostel differences in decision-making, although this is likely to be made difficult by the lack of willing and able resident participants.

Overall, this study attempted to test the application of F. Heller et al.'s (1989) general contingency model of decision-making in aged care hostels. The model proposed that the greater the level of participation that a person has in decision-making in an organisational setting, the more satisfied they are with their opportunities for participation, the better effects of decision-making they perceive, and the better general satisfaction they have. These relationships are mediated by such factors as the group's characteristics, the social climate of the organisation, and the people's expectations of participation.

Consistent with F. Heller et al. (1989) study, Study 3 found similarly strong links between participation in decision-making and satisfaction with opportunities for participation. Although this relationship has been found widely in general organisations, the author is unaware of any study that has assessed this link in resident committees in aged care hostels. The finding suggests that one way to potentially increase the satisfaction of the members of the resident committee may be to increase their opportunities for decision-making. However, the links were not found between levels of participation in decision-making and the other outcome variables.

Observations from Study 2 did not conclusively show whether the restricted focus on what seem to be relatively minor topics was a result of residents' preferences and/or the encouragement of managers. The findings from Study 3 suggest that, while residents perceived that their input into decision-making about such issues as resident selection and room placement, asking residents to leave, and staff issues was minimal, they also wanted little input into these areas. Nevertheless, input into such areas has been found to be beneficial (Grossman & Weiner, 1988), and Braithwaite et al. (1993) suggested that input into these more policy-centred topics should be necessary for hostels to adequately achieve accreditation standards relating to residents' freedom to comment or

complain about hostel conditions. There was also evidence in Study 2 of chairpersons ignoring more controversial issues when the residents raised them. Therefore, the reluctance of residents to feel that these were appropriate topics for discussion may have been influenced by these views of the chairperson.

There was a significant discrepancy between the overall levels of participation that the resident committee members were allowed in decision-making and the levels of participation that the members desired. Residents generally wanted more influence in making decisions, particularly in the areas of food menus and activities. These were areas that the managers indicated were most commonly discussed (Study 1) and that the author observed as commonly discussed in the meetings (Study 2). However, the results from Study 3 suggested that, while discussion of food and activities was common, actual participation in decision-making in these areas was low.

The finding that residents would ideally like to participate more in decision-making was consistent with the observations of meetings in Study 2, where residents appeared to be most satisfied following meetings that focused upon decision-making. Similar to the comments by the managers in Study 1, residents also indicated that increased resident participation would be the most beneficial improvement to the meetings. However, neither managers nor residents elaborated on their answers to suggest ways in which to improve resident participation. Since it appears that management and residents have similar aims and ideals in regard to the meetings, methods to establish increased participation need to be explored. Importantly, management should note that residents desire an increase in participation in actual decision-making as well as a general increase in participation, as indicated by more people attending the meetings or more talking by the residents. Therefore, a greater focus on decision-making could serve to improve overall participation.

While approximately half of the managers indicated that the resident committees were very influential in the organisations (Study 1), the author observed very few changes as a result of resident participation in the committee meetings in Study 2. Similarly, in Study 3, only a third of residents felt that their participation led to positive effects on their personal interests and their daily activities, and to more involvement in policy making. Moreover, approximately a quarter of residents perceived no positive effects of their participation in the meetings. These findings tend to confirm Brathwaite et al.'s (1993) suspicions that the accreditation standards requiring residents to have a say about their lives in hostels, including input into policies and procedures, may not be adequately fulfilled by resident committees.

Following some of the inconsistent findings in Study 2, where, for example, a seemingly well run committee had unsatisfied members, it became apparent that the meeting processes and functions may be better understood within the context of the hostel's organisational culture. Consistent with previous findings on the importance of social climate in studies of control (Timko & Moos, 1989), social climate was found to be significantly associated with a large number of the meeting variables in Study 3. Particularly, hostels with high Cohesion, Independence, Organisation, Resident Influence, and Self-Disclosure were associated with more positive resident perceptions of the group cohesiveness, their levels of participation in decision-making, satisfaction with participation, outcomes of the meetings, as well as the general life satisfaction of the residents.

The investigation of organisational culture variables in this study was restricted to the more surface level of social climate. A more in-depth qualitative examination, over a more extended period of time, would be needed to investigate the contribution of deeper

levels of organisational culture, such as basic assumptions and values, to the procedures and outcomes of resident committees.

In support of the observation of only one difference between *useful* and *not useful* committee meetings in Study 2, there were no significant differences between the two groups in Study 3. These findings suggest that managers may not be able to accurately distinguish between useful and not useful committees.

5. Practical Recommendations

5.1 Implement practical methods for increased resident participation in resident committees.

The major suggestion by the managers and residents for improvements to resident committees was a greater participation rate by the residents. As this was a common source of frustration, it would be of benefit to the meetings for certain methods to be employed to improve this. Various simple methods were discussed in Chapter 3. A brief outline of these suggestions includes:

1. Ensure that the meetings are held on the date that they are scheduled and that they start on time. Hold the meetings on a regular day of the month, for example, the first Monday of each month, and at a regular time. Getting staff members other than the chairperson to remind residents and assist them to the meetings may help them to start on time.
2. Hold the meetings in a room that is comfortable and appropriate to the size of the meeting. Book rooms well in advance to ensure that they are always available for the meetings. Ensure that the room is quiet and has easy access for wheelchairs and

walking frames. Reduce the distractions in the meetings, such as mobile phones, PA announcements, and background noise.

3. Provide adequate numbers of chairs, and a variety that are comfortable and easy to get in and out of.
4. Ensure that the seating arrangement allows all people to see and hear the chairperson and limits the opportunities for irrelevant side-discussions. A circular arrangement is preferable, but where space does not allow this, a number of seating arrangements should be trialled for their appropriateness. The chairperson should arrive early to ensure that the chairs are arranged appropriately.
5. Have a formal constitution detailing the aims and procedures of the meetings supplied to all members.
6. Provide all residents with a copy of the agenda and minutes that are simple, accurate, and presented in a large size font. A copy of the minutes should be provided between the two meetings and also at the meeting in case members forget their copies.
7. Have a committee member, other than the chairperson, specified to take the minutes.
8. An adequately trained resident may be most appropriate as the chairperson. Alternatively, a neutral chairperson, such as a volunteer, would be appropriate with a management person attending half way through the meeting to address the issues that had been raised.
9. Ensure that the residents are the majority group in numbers at the meetings.
10. Ensure where possible, that the same person chairs each meeting, to provide consistency.
11. If the aim of the meetings was to achieve high levels of verbal input from each resident, a maximum of nine residents would be appropriate. This might be achieved by having an effectively functioning system, comprising separate

information meetings for all residents, in combination with resident committee meetings for a small number of elected residents.

12. If there are minority groups in attendance, their opinions should be asked for specifically from time to time.
13. State the aims of the meeting at its beginning. A written statement of the aims at the top of the agenda may be useful.
14. The first topic on the agenda should be concerned with positive achievements and celebrations, to create a positive atmosphere. More negative issues such as complaints could then be raised later in the meeting.
15. All issues raised at the meetings should be included in the minutes, particularly those raised by the residents.
16. There could be a separate meeting for specifically addressing food issues, to which relevant catering staff could be invited to attend.
17. The chairperson should be open to the possibility of the discussion of more controversial topics.
18. In the new business section of the agenda, residents should be the first group to raise any issues, followed by the chairperson and any staff and family members present.
19. Each resident should be asked individually whether they have anything to raise at the meeting, regardless of their level of impairment. Alternatively, meetings could have members elected to be responsible for voicing the concerns of specific groups of residents, including the frail residents.
20. A time limit for the meeting should be set to ensure that residents do not lose interest or concentration. Where meetings consistently run over time, more frequent meetings should be scheduled.

5.2. Make decision-making the main focus of the resident committee meeting.

While the majority of committee meetings had their major functions as the expression of grievances by the residents and the provision of information by the chairperson, it was clear that residents seemed most satisfied following the meetings that focused on decision-making. Furthermore, Study 3 found that those residents with increased participation in decision-making were more satisfied with their opportunities for participation and the leadership of the meetings than those residents with less input into decision-making. Residents also desired greater levels of participation in decision-making than they were actually allowed.

The meeting focus on the presentation of complaints need not be changed, although addressing positive and celebratory topics at the start of the meeting may help to improve the meeting participants' attitudes for the remainder of the meeting. Once grievances have been presented, the focus should be on the addressing of these issues and the discussion of possible solutions. This may increase the satisfaction of the residents with the meetings and show them that their contributions are worthwhile. It could be recommended that the chairperson and the residents always discuss potential solutions to issues before a final solution is reached, perhaps by the form of a majority-rules vote. This solution can then be presented to management, with a final answer being given at the next meeting.

Formal training, from an agency such as the Aged Rights Advocacy Service, would also be beneficial for all members of the committee. This would help to facilitate effective decision-making and it would be necessary to conduct these training sessions regularly to ensure that they are provided to any new members of the committee. Formal

evaluations by an independent agency would also be useful to check that the decision-making is efficient and effective.

5.3 Ensure residents are allowed to participate in decision-making in the areas to which they would ideally like to contribute.

While the topics that were discussed in the meetings in this study are commonly described as relatively “safe”, usually revolving around food, activities, and the environment, it is apparent that these were some of the main areas that residents would most like to discuss (Braithwaite et al., 1993; Devitt & Checkoway, 1982). However, the author observed that some more controversial topics were raised by residents in Study 2, such as rules and policies, and residents indicated in Study 3 that they would like to participate in decision-making in a broader range of areas. It is therefore important that residents are given the opportunities to discuss a broad range of topics. This could be facilitated by conducting a survey of the residents on the committee to assess the topics that they would like to discuss. The chairperson could then divide these into meaningful categories, which could be raised in the new business section of each meeting. The author observed successful segmenting of new business in this way in two meetings in Study 2.

However, there are a number of ethical questions that should be noted here, for the researcher, the chairperson, and the accreditation assessor. Gibson (1998) argued that while there are often arguments that the residents should focus on more policy-centred issues rather than more restricted matters such as food, she suggested that forcing residents to focus on issues that they do not feel comfortable discussing may in fact hinder their right to choose. Therefore, if questionnaires were to be used, it should be ensured that residents are asked to indicate which issues they would like to discuss

and/or how they would like the issues to be dealt with. Thus their rights would be enhanced rather than hindered by the choice of discussion topics.

5.4 Implement more formal procedures to address suggestions to ensure that there are fast and suitable outcomes from the meetings.

The author observed very few resolutions of issues raised by the residents at the meetings and the residents similarly perceived quite low effects of their participation in the committees. It is recommended that there should be formal documented processes for addressing issues and communicating the outcomes back to the residents.

One potential way to achieve this may be for the meetings to follow a form of the interaction method that has been found to increase the productivity of meetings in general organisations (Sackton, 1993). A neutral chairperson could record the decisions that are made at the meetings and then hold a regular scheduled meeting with the manager immediately following the resident committee meeting. Issues that were raised by the residents, and their potential solutions, could be discussed. The manager could then investigate practical methods for these solutions to be implemented and schedule another meeting with the chairperson before the next meeting to give final answers. Residents could then be given feedback at their next meeting and have no need to confront the manager directly. However, this method would require a commitment to hold the meetings regularly. Furthermore, some problems were found in Study 2 where a chairperson appeared to be biased in their reporting back to the manager.

Another method may be for an impartial chairperson to run the meeting and when all issues have been raised, the manager could then be invited to attend the latter part of the

meeting where the chairperson would relay suggestions to them. This would ensure that the suggestions are made anonymously. The manager could then give any answers that can be given at the time and note the others for a solution to be given at the following meeting.

Whatever method is adopted, it is important that both the chairperson and the manager are committed to its success. Unfortunately, however, the residents would still be dependent on the manager for potential outcomes to their suggestions and the process is generally one where resident committees have no formal role in the management of a hostel (Gibson, 1998). One potential solution to this could be to have regular formal evaluations of the resident committee decisions by a neutral outside body who can give feedback on the decision outcomes and make recommendations for improvements.

5.5 Improve the social climate of aged care hostels to increase the success of resident committees and potentially the overall control that residents have.

Achieving cultural change in aged care hostels is a challenge and is often a slow process. Such problems as resistance and anxiety are often encountered when change occurs in organisations (Wells et al., 1986). However, the development of a beneficial social climate is important, as it has the potential to influence residents' adjustment and well-being (Moos & Lemke, 1994). It is useful to have a social climate that is similar to pre-aged care life in terms of control and flexibility in one's life since if these are suddenly removed, residents may withdraw socially (Stein et al., 1987). Social climates that support interpersonal relationships and self-direction are most desirable (Timko & Moos, 1990).

In the present study, it was found that social climates that were scored higher on Resident Influence, Organisation, Independence, Cohesion, and Self-Disclosure were associated with the residents' positive perceptions of the resident committee processes. However, it must be noted that this is a two-way process, whereby the improvement of a social climate may improve the resident committee meetings, which in turn will improve the social climate and so forth.

There are a number of articles that have outlined methods to improve aspects of social climate. For example, Timko and Moos (1990) found that policies promoting autonomy can improve Cohesion, clearer policies can improve Independence and Resident Influence, and giving residents more privacy and choice over daily activities can improve Resident Influence and Independence, and reduce Conflict.

Moos, Lemke, and Clayton (1983) outlined a number of ways that will help to successfully achieve a desirable culture for an aged care hostel. The process includes:

1. Environmental assessment.
2. Feedback of these results.
3. Planning and instituting change.
4. Reassessment (Moos et al., 1983, p. 78).

It is important that the physical and architectural resources, policy and program resources, resident and staff resources, and social climate are all assessed when attempting to alter a hostel's culture so that attempted changes are compatible with the functioning of the whole system (Moos et al., 1983).

Timko and Moos (1991) argued that the social climate must first be assessed and then it can be determined which types of interventions may lead to appropriate changes being made to the social climate. However, the process of climate change is complex, with attempts to improve one aspect of social climate potentially also being successful in improving other aspects. For example, methods to improve Independence, such as an increase in opportunities for input from the resident committee, may also benefit the Cohesion and Resident Influence in a hostel. Nevertheless, these interventions may only be successful in social climates that are responsive to change. Similarly, Timko and Moos (1990) argued that the complex process of social climate change might result in an increase in one social climate variable being detrimental to another aspect of the social climate. For example, if a hostel emphasises interpersonal support between residents and residents and residents and staff, this may hinder efforts for increased Independence and Resident Influence.

While the present study only assessed residents' perceptions of the existing social climate, it would also be beneficial if desiring to change the social climate, to assess the residents' ideal levels of the social climate variables. Comparisons could then be made and deficiencies could be addressed. Moos and Lemke (1996) have developed corresponding Ideal and Actual Social Climate measures, which have successfully been used for this purpose. This is particularly important given findings that these views have been found to be incongruent (L. Wilson & Kirby, 2002). Resident committees have also successfully utilised these questionnaires to determine the best issues to address in their meetings (Wells et al., 1986).

5.6 Social climate must be assessed in studies of this kind.

Social climate has not been widely used in the assessment of aged care facilities although it has been successfully used in other settings (Moos & Lemke, 1994). However the study of organisational climate in aged care is crucial as it has been linked to aspects of quality of life (Timko & Moos, 1990). Study 2 found that social climate may have had more influence on the satisfaction of the residents during and after the committee meetings, than the process or structure of the meetings. Similarly, social climate dimensions were significantly associated with residents' perceived levels of participation in decision-making, their satisfaction with their opportunities for decision-making, the resident committee group characteristics, resident life satisfaction, and perceived effects of decision-making.

It is therefore recommended that in studies of resident committees and decision-making in aged care hostels, the social climates of the hostel should also be assessed. In particular, the social climate dimensions of Resident Influence, Independence, Cohesion, Self-Disclosure, and Organisation should be noted for their influence. It is important that the residents are the people used to assess social climate as staff views have been found to not only be different to the residents' views, but consistently more favourable (Stein et al., 1987; L. Wilson & Kirby, 2002). Study 3 also suggested that independent assessors rather than staff or managers should help residents to complete assessments because of potentially increased social desirability responding in the latter case.

5.7 Satisfaction with participation rather than general life satisfaction as an effective outcome measure for decision-making.

Satisfaction with opportunities for participation has been found to be more closely related to perceived levels of decision-making in work groups in general organisations than more general satisfaction levels (F. Heller et al., 1989). The findings from the present study suggest that this relationship also occurs in resident committees in aged care. Therefore, in academic studies on decision-making, it may be more appropriate to utilise satisfaction with participation as an alternate dependent variable to life satisfaction or well-being.

5.8 The mere presence of resident committees should not be considered as adequate to achieve the expected outcome of decision-making and control.

Gibson (1998) queried the success of the current outcome measures of the assessment of decision-making and control in aged care. She suggested that while the majority of facilities have resident committees in place, it is doubtful whether they actually provide a forum for participation in decision-making or give residents the opportunities to comment or complain about the facility. Nevertheless, their mere existence is currently assumed to be adequate to fulfil a variety of expected outcomes in the accreditation process.

Consistent with previous Australian findings in nursing homes (Braithwaite et al., 1993), the present study found that the presence of resident committees did not ensure that residents were provided with opportunities to comment on, or be involved in decision-making concerning the hostels' policies and procedures. In many cases, the *committees* would be more accurately classified as *information meetings*, with one of

their main functions being the passage of information from the manager and other staff to residents. Therefore, it is recommended that the accreditation assessors check whether the committees actually provide residents with real opportunities to participate in decision-making and voice their opinions, before the relevant expected outcomes are accepted as achieved. This could be done via formal external evaluations of the meetings that involve observation of a number of meetings, and the completion of a questionnaire (as used in this study) that assesses residents' perceived levels of participation in decision-making.

5.9 The provision of training to the members of the resident committee may be beneficial.

Similar to previous findings (Devitt & Checkoway, 1982), Study 1 found that only 16 out of 106 managers indicated that the resident committee had received any formal training or assistance in how to run their committee. However, the main cited method of training/assistance was the assistance of staff, which has the potential to be both biased and intimidating. Only five hostels had received training/assistance from outside organisations. Previous studies have suggested that training may be beneficial to the resident committees (Gibbs & Salkeld, 1988; Zwick, 1994) and similar recommendations would be made as a result of this study.

It may be beneficial for residents to receive education in how to increase their general feelings of empowerment and their interpersonal skills (Gibbs & Salkeld, 1988; Zwick, 1994). Workshops have been previously conducted to try and increase residents' self-esteem, to encourage a greater awareness of residents' rights, and to encourage the sharing of common experiences (McDermott, 1989). However, one potential problem

is the discouragement that may occur if these feelings have been instilled by trainers and then no changes result (Lee & Benware Carr, 1994).

It may also be useful for residents to be provided with information regarding the community resources that are currently available to them (Gibbs & Salkeld, 1988), as the use of these resources has been found to be limited (Devitt & Checkoway, 1982). The one resident committee that had a resident chairperson in Study 2, had received training by the Aged Rights Advocacy Service (ARAS) into effective ways for residents to conduct their own committee. An ARAS representative conducted two information sessions for the residents and then attended the first two of their committee meetings. These residents reported that they found this training very beneficial and the author would recommend it to residents from other hostels. This is a free service, available to all South Australian aged care hostels, with similar services operating throughout Australia.

Educating staff and management on mechanisms to develop a resident-focused approach could also be useful, and Freytag (1987) suggested that staff awareness programs might be useful for improving staff attitudes to the resident committee. Gibbs and Salkeld (1988) suggested that a broad approach to training be adopted, ranging from the inclusion of residents' rights into the coursework for students of aged care, through to formal training and educational courses for current staff. Agbayewa et al. (1990) found that debriefing sessions for staff after the meetings allowed staff to explore some of their potentially negative feelings towards the residents in the meetings. This was considered to be particularly important, as aged care staff tend to have little experience in dealing with group dynamics. Lee and Benware Carr (1994) conducted workshops for staff members aimed at increasing their understanding of the needs of the residents and it was found that the staff had similar concerns to the residents. Overall, it

is important to include staff and management in the training and implementation of change, as it may increase the chances of positive and lasting changes occurring (Wells et al., 1986).

The Aged Rights Advocacy Service (ARAS) has a new instrument available to hostels which aims to stimulate feedback from residents and their families on the strengths and deficiencies in the hostel's processes of consultation. The instrument adopts a *train the trainer* approach, with the ARAS preferring to train the hostel's diversional therapist or activity coordinator in the best ways to implement the questionnaire. The "Quality Quiz" is administered by the hostel's trained staff member, in a 1-hour interactive session that involves residents and their families. The benefits of this process may include an increased awareness for residents and their families regarding their rights to have a say about the hostel, promote open communication between the residents and the hostel, and provide the hostel with information regarding their consultation processes which can be used as feedback to stimulate improvements (Residential Care Rights, 2002).

Nevertheless, while these general forms of training may be useful, the author recommends that some specific training methods should also be implemented, focussing on the specific needs of a resident committee. For example, it could be beneficial for residents and staff to receive information regarding such specific topics as how to write a constitution, how to use minutes and agendas effectively, the appropriate settings for meetings, the topics that each group wishes to discuss, the recommended duration and frequency of meetings, and effective group communication methods to achieve specific outcomes such as problem solving and the implementation of solutions. It is recommended that everyone who intends to be involved either directly or indirectly in the committee receives information in these areas. This may increase the range of

people who are committed to the success of the group and it can also provide a more unified understanding of the desired attributes of the committee. Agbayewa et al. (1990) used briefing sessions prior to the meetings to discuss the topics for the meeting and ways to handle any controversial issues. Debriefing sessions following the meetings enabled the discussion of any problems in the processes of the meetings, with potential future solutions discussed. They found this form of training to be useful and the author would also recommend its use. Such training would also need to be provided on a regular basis due to typically high resident and staff turnover, to ensure that skills are maintained over time.

As the actions of the chairperson were found to be of great influence over the process and climate of the resident meetings in this study, it is recommended that the chairperson receives specific training in ways to effectively conduct a resident committee meeting. In general organisations, R. Heller and Hindle (1998) recommended that a chairperson who shows undesirable behaviour should be challenged by the group. However, this may not be appropriate in aged care settings where the chairperson is often the manager and residents may feel reluctant to challenge them. The completion of a self-evaluation questionnaire of one's skills as a chairperson has also been recommended (R. Heller & Hindle, 1998). Furthermore, business courses often provide training courses in small group discussions and leadership abilities (Winter, 2000). Receiving feedback from peer evaluations has been rated as most useful in learning how to act in a meeting situation, followed by self-evaluations (Winter, 2000). These methods might be effective starting points for the chairpersons in aged care. However, it is recommended that the chairpersons of resident committees are also taught methods that are specific to chairing a resident committee in aged care, as this group of people has unique needs. They are more frail, and the chairperson may need extra skills such as the expertise to focus on the participants' abilities rather than

their lack of abilities, and the skills to use flexibility and creativity in the planning of participation (Residential Care Rights, 1999). The training of appropriate and positive verbal and non-verbal communication skills might also be useful as, in the present study, they were found to impact upon the participation of residents at the meetings.

5.10 Evaluation of resident committees by an independent academic evaluator.

Semradek and Gamroth (1995) suggested that it is beneficial for academics and aged care hostels to develop a working relationship to improve autonomy in long-term care. They suggested that it would be useful to evaluate the innovative strategies that care workers utilise to successfully enhance autonomy and control in the residents. The technical evaluation would most appropriately be done by academic institutions so that the staff can concentrate their time on the care of the residents. The academic evaluations could then be shared with the staff and management, who can assist in the implementation of structures and policies that will enhance control.

Similar recommendations would be made as a result of the present study. It would be more appropriate for an independent evaluator to assess the success of resident committees in aged care hostels, both by surveying the opinions of residents and observing of a number of meetings, rather than asking staff or the manager to rate the committees' effectiveness. While staff ratings of residents' quality of life are still widely used in aged care (Neumann, Araki, & Gutterman, 2000), they have been found to be inconsistent with the views of the residents themselves (L. Wilson & Kirby, 2002). The primary role of staff and managers is to provide care for the residents and it may therefore be unrealistic to expect them to undertake evaluations of residents' views of the hostels.

Wells et al. (1986) adopted a method of action research where research was undertaken to examine problems within the facility, and possible solutions were formulated and then acted upon. Evaluations were then performed to assess the effectiveness of the action. They utilised an independent social worker to specify the training needs required by the committee group in order for them to successfully undertake the tasks required of them.

Various benefits resulted from the academic evaluation of the resident committees in the present study and it is likely that similar evaluations would have similar benefits in other aged care facilities. The independent evaluations enabled residents to present their views of the committee without feeling influenced by staff. As a group, the residents responded well to the author and felt comfortable expressing their views openly in regards to their resident committee meetings. In fact, one activity coordinator commented that more suggestions regarding the committee and activities in general were made to the author in the questionnaire sessions than had been made to her over the past 10 years.

Evaluation also benefited the meetings as a number of suggestions for improvements were made by the author. For example, one hostel implemented various procedural changes to their meetings as a result of the author's feedback, including the provision of written copies of the minutes, and the rearrangement of the seating format. Furthermore, academic evaluation was also useful to management, who expressed interest in the findings of the study, but seemed to have insufficient time to implement suggestions based on the findings. Therefore, further benefits would be achieved if an academic person was available to return to the hostel and, as part of a research project, to assist in the implementation of some of the suggested changes for increased resident control.

5.11 Increase the formal opportunities for input of residents' families.

Previous studies have found that the input of residents' families is beneficial in strengthening the link between families and the facilities (Wells et al., 1986). However, only 12% of hostels in this study had family committees in place, consistent with previously low findings (Gibbs & Salkeld, 1988; Zwick, 1994). Importantly, 47% of the hostels without family committees felt that one would be useful. In the resident committee meetings in which family members attended, the author found their input to be constructive and applicable to the wider resident population. However, the fact that half of the respondents did not think that a family committee would be useful indicates the need for research into the reasons for these feelings.

It is recommended that hostels increase the opportunities for family involvement, either as separate family committees or as members of resident committees. Some caution must be exercised if the latter option is adopted as the author found that too many non-resident members can overpower the views of the residents. It must also be ensured that residents do not feel that families are taking over their own opportunities for decision-making (Residential Care Rights, 1999).

The fact that such a large number of hostels without family committees felt that their existence would be useful suggests that they need some assistance in implementing them. Formal guidelines, outlining the appropriate form of input for families, need to be determined and established by management, staff, families, and residents (Residential Care Rights, 1999). The support and assistance of an outside organisation such as the Aged Rights Advocacy Service or Residential Care Rights may also be very beneficial.

6. Limitations

In Study 1, where hostel managers were surveyed on the prevalence of information meetings and committees, there were some apparent difficulties in understanding the distinction between resident committees, resident information meetings, and joint resident/staff committees. This probably led to a number of resident information meetings and joint resident/staff meetings being misinterpreted as resident committees. There was also some doubt about the accuracy of the managers' answers in the questionnaire to such questions as the presence of an agenda and the person who chaired the meetings. After observation of a number of these committees, it became apparent that the information supplied in the questionnaire did not always correspond to the actual meeting characteristics. This indicates the need to carefully define types of committees in future surveys, and the need to check that the survey findings correspond to the actual committees through a method of observation. The results also suggest that some consideration needs to be given to the degree of variation from one meeting to another in terms of the chairperson and procedures, as these were observed to change from one meeting to the next in some hostels.

While the author did not contribute to the meetings in Study 2, there were some instances where the residents and the chairperson were acutely aware of the author's presence. Every effort was made by the author to be unobtrusive but it is impossible to know what effect the author's presence had. Some residents were also aware of the author taking notes at the meetings, a problem that would have been overcome by the use of a tape recorder. This would have also eliminated some of the difficulties in recording verbatim what was said, although it was understandable that hostel managers were not in agreement with tape recording due to ethical considerations.

In resident committee meetings, it was only possible for the author to observe some surface level aspects of organisational culture. Although these surface levels can reveal some clues to the culture of the hostel, objective interpretation is very difficult (Schein, 1992). While the questionnaire studies in Study 3 provided the author with quantitative data on surface aspects associated with social climate, further more extended qualitative studies would be required to fully understand the unique organisational cultures in each hostel.

In Study 3, there were some difficulties in encouraging residents to participate in questionnaire studies. Many of the residents appeared either uninterested or wary of completing questionnaires. As there were a number of quite lengthy questionnaires, many residents also indicated that, understandably, they did not feel that they were capable of their completion. Furthermore, in hostels where the questionnaires were completed in three sessions with the author, once residents had completed the first questionnaire at one session, it was difficult to both maintain their interest enough to get them to attend the other sessions, and to get them to remember to attend. While the author rang the managers on the day prior to the session to ask them to remind the residents, it was apparent that this did not always occur. Furthermore, a number of different methods were used to complete the questionnaires: some residents filled them out in a group, some on their own in a group session, and others completed them in their own time and posted them back to the author. It is not known whether these different methods of completion affected the answers to the questionnaires.

The sample of residents who completed the questionnaires was probably not completely representative of the resident group who attended the meetings. The participants seemed to consist of the more capable residents, as they appeared to find the questionnaires less daunting. The sample also consisted of less non-English speaking

residents than were represented at the committee meetings and one hostel was excluded from the study as a result of their large numbers of non-English speaking residents. In larger studies of this kind, professionally trained interpreters would be needed to enable the inclusion of these people. However, as mentioned in Study 3, care would need to be taken to ensure that the interpreters did not answer according to their beliefs concerning the residents' views.

There were some limitations to the questionnaires used in this study, with the main one being that the average completion time of 20 minutes per questionnaire appeared to exceed the concentration span of most residents. The excessive length of the questionnaires for residents sometimes led to them being reluctant to return to the following sessions. However, it is recognised that it is difficult to investigate some topics using shorter questionnaires given validity and reliability requirements. Some questions were similar and several residents suggested that these near duplications should be omitted. Some of the items in the "Sheltered Care Environment Scale" were deemed inappropriate by the residents, mainly the items that made a reference to death or rules and regulations. The residents also did not like the *Yes/No* format and wanted a third option of *Sometimes*. The staff who helped the residents complete the questionnaires, also made this latter comment. The irregular direction of the wording of some of the questions also caused confusion, although this is necessary to avoid *Yes* answers to all questions. Some residents also found it difficult to understand the terminology used in the "Policy and Program Information Form, Form I" (Part Six). While these problems have been encountered in previous studies by the author (L. Wilson, 1997), the questionnaires have been constructed this way based on extensive research and testing. The best solution to this problem is for the researcher to go through the questionnaires individually with the residents to enable any queries to be answered.

There were also some problems with the residents not being able to understand the format of the “Policy and Program Information Form” (Part Six). However, the modification made to the format, which included giving four separate response option boxes for each question (outlined in Chapter 4, Methodology, *Section 3.1.2*), seemed to alleviate the confusion. Problems were also encountered with having four available response options for the “Group Characteristics”, “Satisfaction with Participation”, and “Effects of Participation” questionnaires and for the “Policy and Program Information Form, Form I” (Part Six). For example, in the latter questionnaire, residents tended to simply answer “Yes” to an item, without further elaborating whether they meant “Definitely Yes” or “Preferably yes”. Similar problems were encountered when the resident answered “No” to an item. The restriction of the response options to simply *Yes* or *No* was successful in overcoming this problem.

Using resident committee groups as a unit of analysis was necessary but had some limitations. The primary problem was the low numbers of residents who attended the committee meetings. Of these residents, generally only a small percentage participated in the questionnaire study. This meant that the resulting sample was quite low for each individual hostel. Therefore, statistical comparisons between the different hostels could only reveal the presence or absence of differences, but could not reveal the nature of these differences. Consequently, no statistical comparisons were conducted between the residents’ perception of decision-making (Study 3) and the author’s observations of that hostel in Study 2.

7. Future Studies

It is recommended that all studies that aim to assess the prevalence of resident committees ensure that the meetings actually function as committees rather than

information meetings. Clear definitions of resident committees should be provided to the respondents. In the current study, the author devised the definition in conjunction with a member of the Aged Rights Advocacy Service, a member of the Seniors Information Service, and five hostel staff members, although it still seemed to create some confusion. The observation of a number of meetings or clarification with the respondent regarding their definition of a resident committee may be needed to avoid confusion with other meetings, particularly information meetings. If these steps are not taken, the results will overestimate the numbers of aged care hostels that have true resident committees in place.

The fact that the majority of hostels had an information meeting plus one or more committees suggests that more than one of these procedures is needed to adequately address resident needs. Accordingly, further research is needed to determine the relative benefits of each type of committee and the optimum combination of committees that will best facilitate resident communication, participation in decision-making, and their consequent quality of life (L. Wilson & Kirby, 2003). Further research into the reasons why family committees are not widely utilised would also be useful, as would an investigation into effective ways in which to establish and conduct these committees successfully. It could also be useful to investigate the effectiveness of joint committees that have various combinations of residents, staff, managers, and family members.

A particularly beneficial study may be to replicate Studies 2 and 3 in hostels with larger numbers of residents. The larger sample size may enable the statistical assessment of hostel differences in decision-making and its associated variables. Furthermore, the quantitative decision-making data could then be investigated for its association with the observational data obtained from the resident committee meetings. This might enable some specific conclusions to be made regarding differences between the meeting

functions and processes in hostels with differing levels of participation in decision-making for their residents.

If larger numbers of residents were surveyed from each hostel, it would also be beneficial to have them assess the actual and ideal social climate. Social climate could then be linked to the investigator's observations of the resident committees to assess whether certain types of hostel social climates tend to lead to specific meeting processes and outcomes.

It is recommended that future studies should utilise both qualitative and quantitative techniques in the assessment of resident committees and decision-making since different data can be obtained using these techniques. It is also important that resident opinions of the hostel and the resident committee are obtained.

Finally, a study that assesses the usefulness of training to the success of resident committees would be beneficial. While a number of authors have recommended that training would be beneficial (Freytag, 1987; Gibbs & Salkeld, 1988; Zwick, 1994), there is a need to provide evidence of its success and maintenance over time.

8. Conclusion

This study achieved its aims in providing a comprehensive look at resident committees and decision-making in South Australian aged care hostels. There is every indication that these findings would be widely applicable throughout Australia, as each hostel, regardless of state or territory, is required to fulfil the same accreditation standards. However, previous studies indicate that South Australia has been found to have a greater incidence of resident committees than other states, and therefore these data may

be more optimistic than the situation Australia-wide (Rhys Hearn, 1986). There is, therefore, a need to replicate this study in other Australian states and territories.

While resident committees were present in over half of the hostels, this study confirmed previous research that has raised doubts concerning whether they are actually true resident committees. It seems that this figure provides an overestimation of the numbers and instead, what many managers define as committees, may be more appropriately classified as information meetings.

While the accreditation standards currently require hostels to have procedures for decision-making and control, it seems that the mere presence of resident committees should not be taken as indicating that these opportunities are provided to the residents. Instead, evaluators should observe a number of successive meetings over time to see whether they provide adequate opportunities for decision-making with feedback. The questionnaires used in this study might be useful for helping to determine whether residents are given the opportunity to participate in decision-making to the levels that they desire.

Training, evaluation, and research concerning resident committees offer the possibility of genuine participation by aged care residents in decision-making and have the potential to help fulfil the intention of government regulation concerning resident committees, namely, to improve residents' satisfaction with the hostel services and the quality of their lives.

Appendix A:

Checklist for Resident Committee Meetings

STRUCTURE OF THE MEETING

1. Seating

- a) Are the chairs comfortable?
- b) Are they easy to get in and out of?
- c) Are there adequate numbers of chairs?
- d) Does the positioning of chairs encourage discussion?
- e) Does the positioning of chairs reinforce everyone's equal status?
- f) Can everyone see?
- g) Can everyone hear?
- h) Is the seating such that small group discussions are more common than whole group discussions?
- i) Are the staff members seated behind a desk?
- j) Where do residents choose to sit? e.g., do residents sit near each other/near staff?
- k) Where does chairperson sit?
- l) Does this fulfil a dominating and clear role or just serve to stimulate discussion?
- m) Are there any unusual seating patterns? e.g., do all males sit together?
- n) Is there easy access for wheelchairs and walking frames?

2. Setting

- a) Private?
- b) Quiet?
- c) Not near staffing areas?
- d) Easy to leave?
- e) Close to toilets?
- f) Are there any distractions? (e.g., animals, TV, announcements over PA, mobile phone call)
- g) Are these welcome or detrimental?
- h) Can discussion occur freely without fear of other people hearing?
- i) Is the setting welcoming?
- j) Is the temperature of the room comfortable?

- k) Is there a clock in the room? (so can adhere to the agenda and not run over time)

3. Resources

- a) Stationery.
- b) Typing material.
- c) Projector.
- d) Tape recorder.
- e) Microphone.
- f) White board.

4. Timing of the meeting

- a) Is the timing convenient to all members?
- b) Does the meeting start on time?
- c) Length of meeting (1-hour maximum).
- d) Do residents appear to be losing interest or concentration?
- e) Does the meeting appear to be cut short by the chairperson?
- f) Is the meeting held when scheduled?
- g) If it was cancelled, what was the reason for this?
- h) Are residents informed of the date of the next meeting at the end of the current meeting?
- i) Do any residents leave during the course of the meeting?
- j) Do any residents arrive part way through the meeting?
- k) Is the meeting constructive for its full duration?
- l) Are the meetings held at least every 6 weeks, but preferably monthly?

PERSONAL VARIABLES

- a) How many residents are at the meeting?
- b) Do the same residents attend each of the meetings?
- c) Can all attend or are there elected members?
- d) Do staff assist people to the meetings?
- e) Do staff remind people of the meetings?
- f) Who chairs the meeting?

- g) What is this person's status in the facility?
- h) Who takes the minutes? (preferably not chairperson)
- i) Do family/staff/volunteers/management attend?
- j) Is this meeting also to enable groups other than residents to express their concerns? (e.g., staff, family)
- k) Are there any guest speakers in attendance who make a specific contribution to the meetings?
- l) Are residents the majority group in numbers?
- m) Are the views of residents the most commonly heard?
- n) Are there enough people at the meeting to enable discussions to be conducted in depth?
- o) Are there too many people at the meeting so that it is more of a discussion group rather than a forum to solve issues?

VERBAL/NON-VERBAL COMMUNICATION

1. Verbal communication by the chairperson

- a) How do they address residents?
- b) How do they raise issues?
- c) How do they respond to comments?
- d) Adult or child-like manner with residents?
- e) Residents speak in child-like or adult manner to chairperson?

2. Non-verbal communication by the chairperson

- a) Does the chairperson have an open or closed stance?
- b) Do they sit behind a desk?
- c) Do they sit or stand?
- d) Do they look into the eyes of residents or away?
- e) Do they look interested?
- f) What is the implied non-verbal communication when the chairperson asks each resident whether he or she would like to raise an issue?

3. Voice Tone

- a) Child-like?
- b) Like a teacher?
- c) Bossy?
- d) Equal status? (i.e. business associate)
- e) To a friend?

MEETING PROCESSES

1. Information

- a) Are there formal rules for the meetings?
- b) Do all members have access to a copy of these rules?
- c) Do they have an understanding of them?
- d) Are the rules adhered to?
- e) Is there an agenda?
- f) Is everyone provided with a copy of the agenda?
- g) Is the agenda strictly adhered to?
- h) Is the agenda set out accurately? (i.e., simple, one page, specific)
- i) Are minutes taken?
- j) Are they posted on a notice board?
- k) Is everyone provided with a copy of the minutes shortly after the last meeting?
- l) Is everyone provided with a copy at the meeting?
- m) Do people appear to be reading these?
- n) Do they seem interested in them?
- o) Are the minutes set out adequately?
 - Large enough to read?
 - Names of people present?
 - All main items?
 - Decisions made?
 - Action to be taken?
 - Deadlines for action?
- p) Are the minutes unbiased, concise, and accurate?

- q) Is the progress of issues raised in the previous minutes raised at the meeting?
- r) Are meetings widely advertised?
- s) Are there formal voting procedures in place?
- t) Are the voting procedures undertaken correctly?
- u) Are there rules for a quorum?
- v) Are they strictly adhered to?
- w) Are the rules adequate?
- x) Are there any sub-committees?

2. Participation

- a) How many people talk at the meeting?
- b) Do the same people talk at both meetings?
- c) Are they all given the same attention?

3. Resident interaction with each other

- a) Do residents talk to one another?
- b) Are they supportive of one another?
- c) Do they talk to each other before the meeting starts?
- d) Are residents critical of each other?

4. Order of meeting

- a) What time does everyone arrive?
- b) What time does the chairperson arrive?
- c) Does the meeting appear to be formal or informal?
- d) Is this the intention?
- e) What does the major function of this meeting appear to be?
 - Tea/coffee?
 - Chat?
 - Supportive function?
 - Meeting to hear grievances?
 - Meeting to make decisions?
 - Presentation of information?

- f) Is the purpose of the meeting stated by the chairperson at the start of the meeting?
- g) Is there any obvious conflict as to the purpose of the meeting?
- h) Are there any interruptions in the meeting?
- i) Are residents forced to leave by staff, can they make their own decision, or are they encouraged to stay?
- j) Are the names of those present noted?
- k) Are there any apologies?
- l) Previous minutes read?
- m) Passed and seconded?
- n) Business arising from previous meeting?
- o) New business? (grouped into sections)
- p) Are important topics discussed early in the meeting?
- q) Date of the next meeting given?
- r) Thanks for attending?
- s) Is the meeting declared closed?
- t) Is the timing of this declaration appropriate?

5. Raising topics

- a) Who raises the topics?
 - A number of residents?
 - One resident mainly?
 - Chairperson?
 - Staff member?
 - Family member?
 - Other?
- b) Are all comments acknowledged by the chairperson?
- c) What is the main function of the discussion?
 - Support?
 - Criticism?
 - Praise?
 - Decision-making?
- d) Which of these is encouraged?
- e) What do residents tend towards?
- f) Do residents mainly make queries or suggestions?

- g) Does the chairperson summarise each discussion?
- h) Is there a summary of topics at the end of the meeting?
- i) Is this accurate?
- j) Is everyone asked individually whether they have anything that they would like to say?
- k) What is the phrasing of this question?
- l) Do many residents raise topics in this section?
- m) Is there any pattern to the topics raised in this section? (i.e. minor or major)
- n) What are the most commonly raised topics by residents?
- o) What are the most commonly raised topics by staff?
- p) Are the main topics individual concerns or issues that concern most people at the facility?
- q) Is respect shown to the speaker?
 - by staff?
 - by residents?
- r) Are there any interruptions while the speaker is talking?
 - by whom?
- s) Are there any small group discussions/whispering while the speaker is talking?

6. Outcome of proposed topics

- a) Are residents' comments ignored?
- b) Are suggestions made during the meeting listened to by the chairperson?
- c) Is there an immediate answer given?
- d) Is the suggestion noted in the minutes?
- e) Is the suggestion noted and the resident told it would be looked into?
- f) Is a group discussion encouraged?
- g) Is a consensus reached and a decision made?
- h) Are residents asked to come up with a solution?
- i) Are the solutions given at the next meeting?
- j) How is the solution response given by the chairperson phrased?
- k) Is the solution reached implemented effectively?
- l) If not, what are the barriers to this?
- m) Do residents seem to be satisfied with the outcomes?

- n) What is the general feeling of most of the committee members during and after the meeting (ie Uplifted? Dejected?)

7. *Actions of the chairperson*

- a) Who is the chairperson?
- b) Were they elected?
- c) Are there provisions in place for a replacement if the chairperson is unavailable?
- d) Do they have experience in running committees?
- e) Have they received any training while on this committee?
- f) Does the chairperson address people by name?
- g) Do they act as a 'first among equals'?
- h) Does the chairperson conduct proceedings in accordance with the rules of the hostel?
- i) Is the chairperson impartial?
- j) Do they ensure that the meeting runs smoothly and that all speak in the correct manner and when addressed?
- k) Do they sure that irrelevant matter is not discussed?
- l) Do they declare the meeting closed?
- m) Do they sign the minutes of the meeting to vouch for their correctness?
- n) If something personal is raised, does the chairperson say to the person that they will speak to them following the meeting?
- o) Does the chairperson exhibit any of the following undesirable behaviours?
 - a) Show bids: defend the needs of one person.
 - b) Indecision: steps back from the meeting when a decision is required.
 - c) Manipulation: keeps asking people to reconsider rather than letting the facts speak for themselves.
 - d) Anger: obvious or subtle anger.

8. *Staff members*

- a) Is there a staff member present?
- b) Are they present for part of or the entire meeting?
- c) Do they participate in the meeting?
- d) Do they take over the meeting?

- e) Do residents appear wary of their presence?

9. Praise versus criticism

- a) Is talk focused on praise or criticism?
- b) Which is encouraged by:
- Staff?
 - Chairperson?
 - Residents?
- c) Which topics are praise usually centred on?
- d) Which topics are criticisms usually centred on?
- e) Are there any conversations that make residents feel uncomfortable?
- f) Do staff defend the facility/staff/residents when criticised?
- g) Do residents defend the facility/staff/residents when criticised?
- h) Do staff criticise residents?
- i) Do residents criticise staff?
- j) Was there criticism of the facility? By whom?
- k) Are there any comments in the meetings that obviously offended or upset residents?

10. Consistency of the meetings

- a) Do both meetings have a similar feel?
- b) Does the chairperson behave in a similar manner at both meetings?
- c) Does each meeting exhibit a similar level of formality?
- d) Is the agenda similar at both meetings?

11. Culture

- a) Were there any clues to the culture of the facility?
- b) Stories conveying culture?
- c) Evidence of staff versus resident culture?
- d) Are residents told how lucky they are?
- e) Are resident conditions compared to other facilities?
- f) Are there comments regarding how good the staff are and how hard they work?

- g) Are there any comments implying either directly or indirectly that staff like or dislike working at the hostel?
- h) "Us" or "we" used in reference to the staff and resident group?
- i) Evidence of a power struggle in the facility (between manager and care staff, maintenance etc)?
- j) Is this power struggle detrimental to residents?
- k) Is there mention of rules in the facility?
- l) Who raised this?
- m) What is the response to this?

PROCESS OF COMMUNICATION WITHIN THE ORGANISATION

- a) How does the committee report to the other non-attending residents?
- b) Do other non-attending residents often provide input to the meetings?
- c) How does the information pass from the committee meetings to management?
- d) How does management provide feedback to the residents/committee members?
- e) Does management provide residents with information via:
 - a) Regular meetings with management to update information?
 - b) Resident representative on the management committee?
 - c) A nominated staff member for residents and the committee to direct their inquiries?
- f) Are there any problems evident in the communication chain within the organisation?

OTHER QUESTIONS

- a) Does the committee have a regular process of review that is conducted at least once per year?
- b) Have committee members received any training in how to run a committee?
- c) Have interested family members and volunteers been encouraged to participate in the meetings?

- d) Have family members of people with dementia been approached individually to participate in the meetings?
- e) Is there anything else that stands out as being particularly good or bad?

Appendix B:

Summaries of the Author's Observations of Individual Hostels'

Resident Committee Meetings

Hostel A

When the manager was approached, she initially declined to participate in the study, saying, “*The staff are too busy*”. Once I explained that I was interested to see how their meetings were run, as they were the only place with a minister of religion acting as the chairperson, she agreed to participate. There were 61 residents at the hostel.

1. Aims and Goals

In the initial survey (detailed in Chapter 2) the manager indicated that the committee was formed as a “*Resident community liaison re issues affecting the hostel*”. The major function of the meetings appeared to be to hear grievances and, particularly in the second meeting, to find solutions to these problems. The purpose of the meeting was not stated by the chairperson during either meeting, but was written in the constitution as:

- To receive comments, suggestions, and criticisms concerning any matter of welfare and safety of the residents and to represent those views to appropriate bodies.
- To develop suggestions and plans which increase the physical, social, mental, and spiritual well-being of the residents of *Hostel A*.
- To represent the views or needs of the residents of *Hostel A* or their relatives to the Management of *Hostel A*.
- To evaluate priorities in regard to the development of property and facilities at *Hostel A*.

Despite most of these issues being addressed, it seemed that most members of the committee overlooked the emphasis on the residents' best interests in general and instead often focused on what their own personal preferences were.

2. Type of Committee

The committee was officially named the "*Hostel A Community Support Group*" and was a merger of two previously existing committees, the "Resident Committee" and the "Friends of *Hostel A* Committee". This merger was undertaken as the manager felt that it was more useful to have information meetings for the residents in each lodge, with only one nominated resident from each area responsible for making decisions. These were the nominated representatives from each area, elected at the Annual Resident Meeting.

3. Setting

The meetings were held in a very large communal dining room. The area was quite dark as only one of the lights was switched on. It was cold and felt too large and impersonal for such a small meeting group. The area was private, away from staffing areas, and free from interruptions, although the setting was noisy as it adjoined a kitchen area. There was no clock in the room.

The seats were lightweight dining chairs and were comfortable, easy to move, and easy to get in and out of. There was an adequate number of chairs. The chairperson and a volunteer organised the circular seating arrangement, with the chairperson forming part of the circle. The assistant manager sat behind a table, as did the minute-taker. I sat at a nearby table just out of the circle.

While there were no complaints that people couldn't see, one lady had recently resigned because she was losing her eyesight. There was a comment by a different resident at each meeting that they couldn't hear although this comment was ignored each time. One resident resigned because she couldn't hear well and felt that she ". . . was a burden at the meetings".

The volunteers tended to sit together, as did the male residents and the female residents. The low number of attendees meant that the committee members were seated close to each other and within direct view. This prevented extraneous conversation.

4. Resources

No specific resources were provided for the meeting. The minute-taker provided her own stationery and was responsible for the typing and distribution of the minutes.

5. Timing

The meetings were held once every 3 months, at 1:00pm on a Tuesday. The residents had nominated this time as the most convenient. Both meetings were held when they were scheduled and they started on time with the chairperson saying, "*It's 1:00, let's get started*". The meetings lasted 45 minutes and 35 minutes. The length of time for the meetings was appropriate, with no one losing interest or concentration, and the meetings were constructive for their duration. The meetings were not closed prematurely by the chairperson. Instead he asked, "*Is it okay if I declare the meeting closed?*" in meeting two.

6. People on the Committee

6.1 Numbers.

There were five residents who attended each of the meetings; three women and two men. The constitution stated that the committee shall “*consist of not less than 4 nor more than 7 residents*”. Also on the committee was the manager (although the assistant manager had attended all year as the manager was always unavailable), one appointed staff representative (quality assurance officer), four “*friends of Hostel A*” who were volunteers associated with the parish that incorporated *Hostel A*, one management board representative (although they had not been present for at least a year), and the local chaplain. A volunteer acted as the secretary. At the first meeting it was decided that it would be beneficial for the maintenance man to attend the meetings and accordingly he was invited to the second meeting. As a result, the meetings were attended by five residents and eight non-residents. The hostel had 13 male and 48 female residents, with 8% of that group represented on the committee.

Residents were not assisted to the meetings, nor did staff members remind them. They reminded each other and this seemed to work well, as indicated by all being present at both meetings. There were enough people present for discussions to be carried on in depth although due to the relatively low number of residents, their views were somewhat overlooked. The residents were not the majority group in numbers nor were they the main voices heard at the meetings.

6.2 Chairperson.

The chairperson was the acting chaplain although this was a different person during the two meetings. The chaplain at the first meeting resigned after 15 years service and the new chaplain took his position between meetings one and two. There was no provision for a stand-in chairperson if the chairperson was sick, but this had never been the case. The chairperson of meeting one had experience in running a wide range of committees but the chairperson of meeting two did not. At the start of the second meeting, the chairperson commented, "*I don't want to chair. I don't know what to do or how to run a meeting*".

In both meetings, the chairperson adopted a leadership role, acting as the person to whom comments were addressed. While the chairperson of meeting one offered little input into the meeting, the chairperson of meeting two spoke often, usually in support of the residents' opinions. Neither of the chairpersons offered their own opinions.

7. Meeting Process

7.1 Constitution.

The committee had a formal constitution, which outlined rules such as voting procedures and group aims. All members had a copy of these rules and an apparent understanding of them. The rules seemed to be quite closely observed except on the issue of voting. While the constitution required that voting would be done by a show of hands, with the president having no deliberative vote but the casting vote if needed, no formal voting was undertaken. Instead, contentious issues that would have been ideally decided by a vote, such as the format for a memorial service (which caused much

disagreement), the loudest and perhaps most powerful opinion was taken. This was usually that of the assistant manager.

7.2 Agenda and minutes.

The meetings had an agenda that was provided to the chairperson by the secretary. The agenda was simple and brief, although it was the same for each meeting. It just outlined the general order that the meeting would follow rather than stating any individual issues to be addressed. None of the committee members were provided with a copy of the agenda.

The committee had minutes, which were taken by one of the volunteers, who acted also as the secretary. Each committee member was provided with a set of minutes approximately 2 months after the meeting, being 1 month before the next meeting. A copy was not provided at the meeting. Only two committee members (resident and minute-taker) remembered to bring their minutes to the meetings, and on both occasions the resident had to lend their copy to the chairperson. A copy of the minutes was not displayed anywhere around the hostel.

The size of print in the minutes was 11 point font, which was slightly too small to be easily read by elderly people. The minutes included adequate information regarding the people who attended the meetings, and the main items discussed, although no deadlines for action or names of people to follow through with certain issues were included. Of the 18 topics raised, 5 were not minuted. These were all topics that were raised by residents.

7.3 Order of meeting.

Everyone, including the chairperson, arrived at the meetings approximately 5 minutes early. The meetings started on time and were conducted in a reasonably formal format, following the order set out in the agenda.

The meetings began with the names of those present being noted by the secretary and the chairperson welcoming everyone. The secretary then gave any apologies. The agenda was followed closely and on one occasion in both meetings, a resident raised a new business issue early in the meeting and was told "*We'll leave that until 'new business'*" by the chairperson. However, in the first meeting the chairperson forgot to raise this issue again.

The minutes of the previous meeting were read at meeting one but were "*taken as read*" at meeting two. On both occasions they were passed and seconded. The meetings then followed the agenda of business arising, manager's report, general business, the date of the next meeting, thanks for attending, and the meeting was declared closed.

7.4 Resident participation.

At the meetings, 8 of the 10 people present contributed to the discussions. Two residents did not speak at all. In meeting one, the residents' opinions were largely unheard, as the volunteers and staff members tended to talk over the top of them. On a number of occasions, a resident raised an issue that they clearly felt was important, and then the volunteers, staff, and chairperson discussed the issue and came up with their own conclusions. On one of these occasions, a resident inquired about who would

water the gardens since the resident who usually did them was too sick to continue. This issue was of great concern to the sick resident and thus important to the resident who raised the issue. After a brief discussion that did not include the resident, the volunteers concluded that it didn't matter at that time of year as it was raining. The chairperson raised the issue again at the next meeting as 'minutes of the previous meeting' and the assistant manager said simply "*I think that one's still unresolved*".

At the second meeting, the participation rate of the residents was much greater, seemingly due to the presence of a more interested and skilled chairperson (despite their lack of experience) and the quality assurance staff member. Both had attended the committee meeting for the first time. Both of these people listened to the comments of the residents and then made sure that their comments were not overlooked. They adopted the approach that it was the residents' best interests that were of main concern when any issues were raised. For example, when the chairperson raised a resident issue about not having a lock on their bathroom door, the maintenance man and the assistant manager dismissed it, with the assistant manager saying, "*It needs to be opened from the outside, so the RN's aren't happy with a lock*". The quality assurance representative replied that "*Ultimately it's important that the residents rather than the RN's are happy. I wouldn't like to go to the loo without a lock*". She then proceeded to come up with an appropriate solution with the maintenance man. Furthermore, when solutions were reached in the meeting, the chairperson and the quality assurance representative asked the residents, "*Are you happy with that solution?*"

7.5 Topics discussed.

One male resident, the chairperson, and the quality assurance representative, raised most of the topics. All of the comments were acknowledged, but in meeting one, this

usually just consisted of the chairperson indicating to the minute-taker to note down the suggestion. The raising of topics was more successful in meeting two, with the chairperson listening to the speaker and then reiterating the comment to the rest of the group, encouraging a discussion based on the best interests of the residents.

The topics raised were mainly ones affecting all residents at the hostel, rather than just individual concerns. These topics were mainly problems with maintenance around the hostel that needed addressing. These included: who would water the garden now that the usual resident couldn't; the trees and wood near the cottages were a problem; gutters were blocked; tree roots were dangerously pushing up a cement path; an inoperable sliding door; the lawn area was too dark; and a query concerning where residents were to go during the building upgrade. Other topics discussed were a request for serviettes at breakfast and dessert forks at teatime, and one resident wished to resign from the committee.

The topics raised by the chairperson were a request for a toilet door lock for one resident and an inquiry regarding the health of one resident. These comments were made by the chairperson in the second meeting on behalf of residents with whom he interacted. The assistant manager raised the issues of staffing arrangements; the details of the memorial service; the suggestion that the maintenance man should attend meetings; and the building upgrade. Topics were generally noted in meeting one and solved where possible in meeting two.

7.6 Meeting similarities and differences.

The two meetings had very different social climates, primarily as a result of the different chairperson and the quality assurance representative. The second meeting was

much more focused on the needs and rights of the residents and worked more to find solutions rather than merely noting criticisms. However, both meetings had similar levels of formality.

8. Outcomes

Of the 16 topics raised, 5 were not minuted and were largely ignored. These five were all topics raised by residents. The outcomes were more successful in meeting two. For example, in meeting one, when a resident complained about the trees dropping leaves in the gutter, they were told by the assistant manager to *"Write it in the maintenance book"*. When the resident replied that he had, he was told *"Well the staff are very busy you know"*. When this issue was raised again in the second meeting, the quality assurance representative kept pushing for a suitable solution to the problem with the maintenance man, and it was decided to lower the height of the tree. She checked that the residents were happy with this solution and they were. Solutions were found to nine of the topics discussed. All of the solutions were proposed in the second meeting and therefore it is not known whether the solutions were implemented or not.

One of the problems that hindered suitable outcomes being found to various issues was that the non-resident committee members did not seem to be aware of the issues that were very important to the residents. For example, when talking of the upgrade of the building, one of the residents worriedly inquired *"Where will the residents go during this time?"* The assistant manager answered, *"They'll be catered for"* without elaborating further. The chairperson in the second meeting replied, *"It's advisable to be reassuring that it will be better. Perhaps one question is whether they can all come back"*. In reply, *"Yes there's the same number of beds"*, apparently missing the point of the chairperson's concern. Another example concerned the discussion of the format

for the annual memorial service where the residents wanted to follow the usual format of a lunch following the church service. The volunteers concluded that it was too much work and just tea or coffee and biscuit would suffice, despite residents feeling that this was disrespectful.

At the conclusion of meeting one, most of the residents appeared to be dejected and uninterested as their input had often been ignored. However, at the conclusion of meeting two, their spirits appeared to be quite high and they invited me to stay and look around the hostel with them. They took obvious pride in doing so.

9. Member Interaction

The residents in the committee were supportive of each other and spoke like friends before and after the meeting. They were supportive of each other's views verbally, for example, "*Yes, he is right, the door does get stuck*", and non-verbally through their encouraging and interested body language. The residents sat together and tried to some degree to form a communal voice against the other non-resident committee members.

The speaker was shown respect when they were speaking with all but one volunteer listening and not interrupting the speaker. The assistant manager seemed to be a bit rude and uncaring about various comments. For example, when one resident stated that a few residents had inquired after another resident, as they hadn't seen them for a while, she replied, "*What about them? They're sick, that's all*". The chairperson at the first meeting also made a comment that seemed to offend residents, saying "*We should have invited (the author) when B (a resident) was here as he always caused some fights and was very disruptive*". Another discussion that seemed to offend residents was when

people talked about the building upgrade with one volunteer describing the rooms as “ . . . *small and poky and not fit for living in*”.

9.1 Verbal communication.

The chairperson at both meetings made an effort to address people by their first names. The chairperson at meeting one spoke in a slightly business like tone and seemed a little impersonal. In contrast, the chairperson at the second meeting was very positive and encouraging in the way he spoke, gently enquiring about people’s views, particularly those of the residents.

9.2 Non-verbal communication.

The chairperson of meeting one had a closed stance, with his arms and legs crossed. He failed to maintain eye contact with the speakers while they spoke, instead looking at the secretary and nodding once he got the gist of the comment, indicating to put the comment in the minutes. He gave the impression of being slightly uninterested in the meeting. The chairperson of meeting two had an open stance, turning his body to face the speaker, with an interested expression on his face. He looked into the eyes of each speaker and made a particular effort to show an interest in what the residents were saying.

10. Communication Within the Organisation

After the meetings, two residents told me that the resident committee members reported back the decisions of the committee to the other residents by speaking to them at mealtimes or on other social occasions. Other non-participating residents also provided

input to the meetings by discussion with members at mealtimes. The assistant manager told me that meeting issues were passed to management by a member of management on the committee and decisions were then passed back to the committee via this person. However, I noticed in the minutes that a management representative had not attended for at least a year.

11. Culture

Aspects of the hostel culture were illustrated by a few incidents. Firstly it appeared that the assistant manager did not hold the residents' opinions in high regard and many comments communicated that the staff issues were of more importance. The manager did not attend either meeting and had not attended in the past year, merely saying each time that she was too busy. There was a clear distinction between the resident and staff groups, rather than working together as people of the same hostel. Residents were also told a number of times how hard the staff worked, for example, "*The staff have done a great job decorating for Christmas. They're very busy you know and they did it for you in their spare time*".

Hostel B

When the manager was approached for permission to attend the meetings, she obliged without asking the residents first. There were 60 residents at the hostel.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that she did not know why the committee had been formed. The chairperson did not emphasise at any point, in either meeting, the purpose of the meetings but they appeared to be forums to discuss problems and for the manager to impart information.

2. Type of Committee

Meeting one was a *resident meeting* which had an all-can-attend format, and meeting two was a *resident committee* which had elected representatives, with one resident from each area of the hostel.

3. Setting

The *resident meeting* was held in an adequately sized activities and morning tea room. The room was bright and welcoming and of a comfortable temperature. Although the room was close to the front desk and the manager's and activity coordinator's offices, the door was kept shut so the area was private. The room was generally quiet but was connected to the PA system, and there were a number of announcements that interrupted the meeting. There was no clock in the room.

The *resident committee* meeting was held in a small, private reading room that was away from staffing areas. The room was very stark and quite dark, as there was only a very small window. In this room, there were also a number of distracting announcements over the PA. This room was a bit cold as it was not often used and therefore not heated.

The seats at the *resident meeting* caused great problems. The chairs were too heavy and many people found it difficult to pull the chairs in after they had sat down. The shape of the chairs was also uncomfortable, with them being a U-shape if looking from above. This meant that the residents could not lean back comfortably in the chairs. One lady complained about the chairs to the chairperson before the meeting started but was ignored.

The chairs were placed around a 10 metre long table, with the manager, resident chairperson, and activity coordinator sitting at the head of the table. There were 12 people on each side of the table but the width of the chairs and the table legs meant the chairs were placed so closely together around the table that each time a new resident entered to sit down, the resident next to them had to pull out their chair and stand up so there was room, and help them into the chair. Instead of creating a feeling of helping one another, this seemed to annoy many of the residents. There was no easy access for wheelchairs or walking frames.

The seating arrangements were very poor in the *resident meeting* and did not encourage a group discussion, but rather individual comments. The chairperson missed many comments, as she was too far away to hear them. This resulted in some people becoming bitter because they felt that they were being ignored, "*It doesn't matter what I say. No one listens anyway*".

There were a number of complaints of people being unable to hear at the *resident meeting*. Initially, the chairperson used a microphone and there were four complaints that people found it hard to hear with the microphone. “*I can’t hear with the microphone. I can’t separate the words. You’re making a booming sound*”. As a result, the microphone was abandoned but this led to three more complaints of people being unable to hear. The chairperson told those people to sit closer to her, to which one lady replied, “*That’s not fair if he has to sit down there*”. Problems with hearing also arose due to the high levels of extraneous talking caused by the seating arrangements, meaning that people around the residents who were chatting couldn’t hear the main body of the meeting. A number of residents said, “*Ssh, we can’t hear, don’t talk*”, “*Sit and listen*” and “*Shut up*”, and the chairperson once told two residents to “*Be quiet so others can hear*”.

In the *resident meeting*, there were also problems with people being unable to see. This was largely due to the seating arrangements whereby if one person leant forward to see, the person next to them was unable to see.

The chairs at the *resident committee* meeting were the same as in the resident meetings, although they were spaced a little further apart and the table was much smaller. Two residents chose to sit on their walkers in preference to the chairs. There were no problems with seeing or hearing in the *resident committee*.

4. Resources

A microphone was provided for use at the meetings but as the sound was not clear, it was only briefly used. The minute-taker was provided with stationery and the hostel secretary typed the minutes.

5. Timing

The *resident meetings* were held bi-monthly, on Monday at 1:30pm. The meeting was held when it was scheduled although it was due to have been cancelled. The manager only proceeded to hold the *resident meeting* as I was there. The meeting started 5 minutes late and lasted 45 minutes. No residents lost concentration at the meetings although one person had to leave the meeting to go to the toilet. The *resident meeting* was cut short by the chairperson, when, in a small break in conversation, the chairperson said, "*Is that it then? C (resident), please close the meeting*". The meeting time was unnecessarily extended as there was a lot of chatting between the residents. The chairperson was not able to stop this as she was too far away from many of the residents to hear or see who was providing the distraction.

The *resident committee* meetings were also held bi-monthly but on the alternate months from the resident meetings. The *resident committee* meeting was also held on Monday at 1:30pm. There was no one present in the meeting room at 1:30pm. When I checked with the manager to once again confirm the meeting, she responded "*I had completely forgotten. Oh well, we may as well hold it now you are here*". The meeting started 5 minutes late and ran for 40 minutes. The *resident committee* meeting was ended prematurely by the chairperson. When a resident asked to be excused to go to the toilet, the chairperson said, "*I must be going myself. I'll close the meeting*".

6. People on the Committee

6.1 Numbers.

All residents at the hostel were invited to attend the *resident meeting*, with 21 women and 4 men in attendance. Hostel B had approximately 60 residents with 42% of the residents being represented at the *resident meeting*. The large number of residents in attendance made it difficult to carry out discussions in depth or for people to have an equal say. The numbers of people and the seating arrangements led to the meeting becoming more of a discussion group, with several small conversations taking place away from the main discussion group. Residents were not assisted to the meetings, nor did staff members remind them. A notice of the meeting was written on the blackboard for daily activities. The chairperson of the *resident meeting* was officially a resident, although the manager acted as chairperson. The activity coordinator attended, took the minutes, and spoke about the activities during the meeting.

The official name for the *resident committee* was "*The Lodge Representative Committee*". One representative from each lodge volunteered to act as a representative on this committee. There were five women and one man on the *resident committee*, which was approximately 10% of the total number of residents. The manager acted as the chairperson. No other staff members were present. At the *resident committee* meeting, there were enough people present to carry out discussions. Residents were not assisted to the meetings, nor did staff members remind them. A notice of the meeting was written on the blackboard for daily activities.

6.2 Chairperson.

At the *resident meeting*, the chairperson was officially a resident, but all they were required to do was to open and close the meetings. Even when they suggested that they sign the minutes, the manager replied “*I will do it*”. The manager was the chairperson of the *resident committee*. As detailed earlier, the manager was a poor chairperson, presenting personal opinions, showing favouritism, and making people feel uncomfortable about raising issues. She did not encourage discussions, nor did she strive to reach solutions. She also failed to control the extraneous talk at the meetings.

7. Meeting Processes

7.1 Agenda and minutes.

Neither meeting had an agenda but both followed some approximate meeting procedures. The *resident meeting* was conducted informally although the intention of the chairperson seemed to be to conduct it in a more business-like manner. The seating arrangements, which contributed to a high number of interruptions and talking, prevented this. There were no voting procedures undertaken but the chairperson instead seemed to pay attention to the gist of the conversation.

The *resident committee* meeting was conducted more formally, although this appeared to be a result of fewer residents in attendance and therefore the chairperson was able to control the meeting more easily.

The activity coordinator took the minutes of the *resident meeting*. Residents had no access to a copy of the minutes and the manager indicated that they were only taken “. . .

. *to keep on record*". When the chairperson read out the minutes, the emphasis was not on them being very important with her asking, "*Are they close enough to correct?*" The minutes were reasonably detailed and included the names of the people who had made the suggestions.

The *resident committee* meeting followed a similar format, except the manager (chairperson) took the minutes.

7.2 Order of meeting.

Everyone arrived at the *resident meeting* approximately 10 minutes early and the chairperson arrived just after the meeting was due to start, as she had forgotten about it. While the residents were waiting for the meeting to start, the activity coordinator and one resident made everyone a cup of tea or coffee. The chairperson read out the minutes of the previous meeting and gave any solutions that had been implemented as they were read. Comments regarding the minutes were encouraged and the chairperson asked questions like "*Is the tuna better now?*" The chairperson signed the minutes, raised some issues, and then allowed the residents to begin. However, this format was only loosely followed as residents raised and discussed some new issues while the minutes were being read. The date of the next meeting was not given and the resident chairperson formally closed the meeting.

A similar format was followed in the *resident committee* meeting although the chairperson also asked each resident individually whether there were any new issues that were raised in their Lodge.

7.3 Resident participation.

There was not a great deal of effective resident participation at the *resident meeting*. Thirteen people contributed in some way to the meeting, although many of these were just minor comments. Several people spoke at the same time and as a result their contributions were not noted.

The chairperson did not pay equal attention to the comments made by residents. Some she missed, as she did not hear what was said. At times this seemed to be the intention of the residents, as when the chairperson asked for clarification, they did not repeat what was said. The chairperson gave more importance and positive responses to comments that she agreed with. For example, one resident said, *"The cauliflower was too hard to eat"*, to which the chairperson replied, *"Yes, I found that today too. I'll mention that"*. However the following is an example of a conversation which was deemed less important and evoked a negative response by the chairperson.

Resident: *"The fish was awful"*.

Chairperson: *"I had the fish today and it was fine"*.

Resident: *"It tasted as though it had been reheated"*.

Chairperson: *"No it was very nice"*.

Resident: *"The chips weren't nice either"*.

Chairperson: *"Most residents really like the food. There are 60-odd residents and everyone else said the fish was nice. There are more things that you don't like than you do like."*

Resident (to another lady): *"You can't get anywhere here"*.

Resident 2: *"The chicken was nice today"*.

Chairperson (to Resident): *"Didn't you like the chicken either?"*

Resident: "*Don't worry. Let's leave it.*"

Later in the meeting, someone commented that the pasties were nice and the chairperson asked the same resident:

Chairperson: "*Well, did you like the pasties?*"

The resident did not reply but said to the lady next to her, "*If I say anything here then I'll have to swim in their rotten juices. Sounds awful but it's true.*"

In the *resident committee* meeting, there was a good level of participation by the residents. All residents participated to an equal degree and contributed to the meeting. The chairperson again let her personal opinions influence a number of the conversations and she was very defensive of the hostel. However, she was unable to ignore comments with which she disagreed, as there were only six people present.

7.4 Topics discussed.

The topics raised in the *resident meeting* and *resident committee* meeting were in two general sections. Firstly, the manager raised any issues that she needed to raise and then the residents could raise any new issues. In the *resident committee* meeting, there was also a section where residents could raise issues that were directly relevant to their Lodge.

None of the issues raised by the residents were done with confidence, seemingly a result of the negative attitudes of the chairperson. In the *resident meeting*, some of the residents were angry when they raised topics and some were despondent as they were ignored. In the *resident committee* meeting, all of the residents were apologetic when

they raised an issue as the chairperson became defensive of the hostel and appeared to look at them accusingly, and often replied negatively when a comment was raised.

The topics that were raised by residents were often based on personal beliefs or queries as opposed to issues that affected the hostel as a whole. Topics that residents raised in the *resident meeting* were: the fan heaters were too noisy; good to see the teller machine working; the curtains and wallpaper were faded; three food complaints; there was a shortage of serviettes in one lodge; tea was served late one night and families take mugs to residents' rooms so there was a shortage in the kitchen. The chairperson raised the issues of whether residents felt that the hairdresser arrived too early; whether residents were happy with the podiatrist; E-Lodge to become high care; and changes to staff routines.

In the *resident committee* meeting, the topics raised by residents were: one lady always vomits on the dinner table; two food complaints; a staff inquiry; discussion regarding a disturbing resident; and two complaints by residents about staff. The chairperson added that the food petition had been sent off.

In-depth discussions did not really occur and the chairperson did not encourage them. Instead, the chairperson usually listened to the people who had opinions similar to her own.

Rules in the hostel were mentioned a lot, with the chairperson explaining the rules for afternoon tea; the need of residents to move from E-lodge; changes to rules for administration of medicine; menu ordering; and the use of the emergency call bell.

7.5 Meeting similarities and differences.

The two meetings were similar in formality and agenda. There was a high level of dissatisfaction at both meetings. However, the discussions were more productive at the *resident committee* meeting as there were fewer people present and thus all people could be heard.

8. Outcomes

The chairperson was very poor at encouraging discussions or finding an acceptable resolution to raised issues. Usually the chairperson would merely give an answer such as, "*that is the rule*", or "*we can't please everyone*". On most occasions, the chairperson would strongly defend the hostel and thus things were rarely changed. For example, when one lady commented that many people had complained that the fan heaters were noisy, the chairperson replied "*That's too bad because it is cold*". Residents also complained that their dinner was served late one night and the chairperson said, "*I'm sure it wasn't*". A number of residents reiterated that it was, so she checked and reported next meeting, "*I don't know what they were thinking but I checked and it was served early*". The residents said, "*Oh they must have been confused*", quite apologetically.

As detailed earlier, there were two comments that showed that residents didn't believe that the meetings would achieve anything

Out of the 13 issues raised by the residents that needed solutions, none of them was resolved satisfactorily. One "solution" that eventuated as a result of an inquiry by the chairperson concerned the early time the hairdresser arrived. The chairperson said,

"Are you happy with the time she starts or would you like her to come later?" The residents replied that they were "happy". The chairperson then specifically asked the residents who had early appointments and they said they were also happy. The chairperson then went on to conclude, "All right, I'll make it 7:30 and tell her that we brought it up and decided that it was too early" despite no such comments having been made by the residents.

At the conclusion of both meetings, the residents seemed to feel dejected, and some seemed to be quite offended by the chairperson. The residents in the *resident committee* seemed resigned to the fact that the meetings achieved little.

9. Member Interaction

The residents at the *resident meeting* were not particularly friendly as a group. Each person had one or two people who they talked with before the meeting started. They were not particularly supportive of each other during the meeting as there were a lot of divided interests. There were many personal insults, especially when people were talking and others couldn't hear. When the chairperson sided against various residents' comments, in defence of the hostel, some residents sided with the resident and others with the chairperson, which caused a great deal of disharmony within the resident group.

The speaker was not shown a great deal of respect by the chairperson or by the other residents when talking. Part of this appeared to be a result of the culture within the group. It also seemed to be partly due to the seating arrangements, which sometimes made it difficult to identify the speaker, as not all could see or hear them. A number of

residents asked others to be quiet when trying to listen to the speaker. This only served to create more noise and nasty comments.

The speakers were shown respect in the *resident committee* meeting and all listened attentively while they spoke. The members were supportive of one another, and joked together. The women encouraged the male resident to speak up and when he commented jokingly, "*It's a bit hard being the only man amongst six women*", they replied "*We're nice to you*" and he said, "*I know, I'm lucky*".

9.1 Verbal communication.

The chairperson did not use names when addressing residents but simply looked in their direction. She was negative in her communication and defensive of the hostel. At one stage, a resident raised a personal query and instead of discussing it later at the request of the resident, she talked about it at the meeting.

9.2 Non-verbal communication.

The chairperson sat with her arms crossed, often rolled her eyes or shook her head when she disagreed with what a resident was saying, and frequently sighed and leaned back in her chair in a seemingly apparent display of boredom.

10. Communication Within the Organisation

The manager did not take the comments of the residents seriously and commented to me that she noted the minutes of the meetings and looked through them, but "*. . . most of the comments are unfounded, they just like to complain*". She said that, "*I don't expect*

to have to make any changes” as a result of their comments. It was just up to her personal opinion whether she made changes or not. Only the issues where changes were made were reported back to the residents at the following meeting. The progress of the other issues that were raised was not reported upon.

The minutes of the *resident meeting* were read at the following meeting, which was the resident committee meeting, and vice versa. The problem with this was that different people attended these two meetings and therefore the residents did not receive specific answers to the issues that they raised.

11. Culture

There seemed to be a lot of dissatisfaction amongst the residents in the hostel in general, and this appeared to affect the meetings. The meetings were focused on criticism and there was much conflict between the residents. The manager, and her apparent reluctance to let residents have control over aspects of their lives, seemingly stimulated a lot of this. Instead, she gave the impression that she knew the best way for things to be run and her opinion was the only one that mattered.

The manager did not seem to take the meetings seriously and commented to me after the *resident committee* meeting, *“Those lodge rep. meetings drive you crazy”*. When I returned 1 year later, they were no longer held, with the manager saying, *“There was a lack of interest all round”*.

Hostel C

When the manager was approached for permission to attend the meetings, she agreed without asking the residents. The hostel had 31 female residents. The resident meetings were held bi-monthly.

1. Aims and Procedures

In the initial survey (detailed in Chapter 2) the activity coordinator (who completed the survey on behalf of the manager) indicated that the committee was formed to “*Give residents the feeling they have ‘a say’*”. The chairperson emphasised at the start of the first meeting that the purpose of the meetings was to raise any praise or problems that the residents might have. The main aim of the meetings appeared to be to provide a supportive function, have a chat, and hear grievances.

2. Type of Committee

The meetings were conducted informally and this was the intention of the chairperson “*. . . so that the residents are not intimidated*”. All hostel and nursing home residents were encouraged to attend the meetings.

3. Setting

The meetings were held in a large activities room. The room was bright and was welcoming as it was filled with activities, games, posters, and notices. The room was situated away from all staff areas and was private. The room was quiet for most of the time except for seven announcements over the PA system during the course of the two

meetings. There was a clock in the room. The temperature of the room was comfortable with the chairperson checking, "*Is everyone warm enough?*"

There was a combination of lightweight dining chairs and lounge chairs. Some of the lounge chairs were hard and others soft and residents chose where to sit according to their personal preference. There were adequate numbers of chairs and easy access for wheelchairs and walking frames.

The chairs were positioned in an approximate square, with the chairperson and the minute-taker at the front, the hostel residents on the right of the chairperson, and the nursing home residents directly in front and to the left of the chairperson. All of the hostel residents chose to sit together in one part of the room. The nursing home residents were assisted to the meeting by staff and volunteers and these residents were placed directly in front of the chairperson. They were not able to choose where they sat. Instead the staff member asked the chairperson, "*Where should I put . . . ?*" and the chairperson would indicate a position.

The seating arrangements were conducive to discussions and all people could see the others. There was one comment by a nursing home resident that she was unhappy with where she was sitting as "*There's no need for me to be by myself*". She was not moved as the volunteer said that she was "*put there*" because that's where the sewing machine would be set up for her after the meeting.

There were some complaints that people couldn't hear the chairperson and this was a result of the position she sometimes adopted. She often stood up and walked to the right side of the room to address the hostel residents, which meant that her back was facing the nursing home residents. One lady commented "*We can't hear when you talk*

to the other residents” to which the chairperson apologised and said that it wouldn’t happen again.

4. Resources

No specific resources were provided for the meeting. The minute-taker (a volunteer) provided her own stationery. The hostel secretary was responsible for typing the minutes.

5. Timing

The meetings were held once every 2 months, at 1:30pm on a Tuesday. Both meetings were held when they were scheduled and no meetings had ever been cancelled or postponed at this hostel. Instead, other activities were planned around the meetings. Both meetings started 15 minutes late although the chairperson and all of the hostel residents were present at meeting one but they were waiting for the nursing home residents to be brought in by the staff. The chairperson was running late for meeting two. The meetings lasted 45 minutes and 30 minutes. The length of time for each meeting was adequate and residents were given ample opportunities to raise any issues. Some residents appeared to lose concentration and interest towards the end, when all residents were asked individually whether there were any issues that they would like to raise.

One resident left each meeting early because they had visitors and another left to have a blood test. The staff just came and wheeled them out (they were all nursing home residents). Six residents arrived part way through the meetings as staff members brought them in. The meetings were constructive for their duration.

6. People on the Committee

6.1 Numbers.

The committee was officially named the “*Hostel C Residents Meeting*”. All residents, including both nursing home and hostel residents, were invited to attend the meetings. Thirty-one women attended meeting one and 21 women and 1 man attended meeting two. In each meeting, 16 of these residents were hostel residents. Of a total of 31 hostel level care residents in the hostel, 52% attended the meetings. Similar residents attended both of the meetings. The chairperson was the activity coordinator, and a volunteer took the minutes. Four volunteers and one staff member attended both meetings. They sat amongst the nursing home residents. Two family members were present at meeting two as they were visiting their mother.

There were sufficient people to carry out discussions in depth. The large numbers of residents did not prevent individuals being heard, as many of the nursing home residents did not want to, or were unable to, participate verbally.

There were no guest speakers present although one (a dental hygienist) had been invited for the next meeting. Residents were assisted to the meetings, were reminded by staff members at lunchtime, there was a notice in the newsletter, a message was called over the PA system, and those more dependent residents were reminded individually.

6.2 Chairperson.

The chairperson was the activity coordinator and she had previously volunteered to take on this role. She felt that the residents were not capable of acting in the role of

chairperson because others would feel that this resident was being favoured. She did, however, encourage residents to chair one meeting if they wished. One resident did do this but the chairperson said that the other residents found it very hard to hear her. The chairperson had no formal experience in running meetings.

In both meetings, the chairperson tried to adopt a role to stimulate conversation rather than a true leadership role, but this did not eventuate. Instead, she did most of the talking and residents only occasionally made comments.

7. Meeting Processes

7.1 Agenda and minutes.

The meetings had no agenda. Minutes were taken but residents were not provided with a copy. They were told that they could request a copy if they wished to. The minutes were spaced well, although the writing was too small (size 12 font). They contained adequate levels of detail.

7.2 Order of meeting.

The chairperson arrived before the meeting was due to start at meeting one but arrived a little late at meeting two. The meetings were conducted in a very informal way. The minutes of the previous meeting were read and when the chairperson asked for a resident to pass them, no one spoke up so a volunteer did instead. The chairperson had no agenda to follow. The chairperson instead raised issues as she remembered them. Three times she said, "*I think that's all I've got to say*". She would then think about it for a moment and then remember something else. Then she said, "*That's the end of my*

input. Now it's over to you", and waited for residents to raise any issues, and when they didn't, she proceeded to ask each person individually. After the meetings, volunteers, staff, and residents had afternoon tea and sat together chatting.

7.3 Resident participation.

There was a very low level of resident participation at both of the meetings, despite the high numbers of residents present. The chairperson kept encouraging people to speak up, for example, "*Please bring up any praise or problems that you have at the meeting. That's what they're for*". Nevertheless, this did not occur and three residents told me after the meetings that they didn't need to say anything, as they were happy with everything.

Only three residents spoke at meeting one and seven people spoke at meeting two. The chairperson did say to me that the residents seemed to feel reluctant to raise issues and often they seemed "*. . . too scared to comment*". Mostly, instead of raising issues at the meetings, they "*. . . tell the girls (staff) as it happens*". If issues were raised with the chairperson or the other carers, the residents were very adamant that they "*. . . wanted it taken no further*". She felt that they did not want management or the nursing staff to know "*. . . as they are too scared to face them*". She felt that this was a common response in elderly people.

7.4 Topics discussed.

Most of the topics raised in the meetings consisted of information given to the residents by the chairperson. Topics raised by residents included a request for clothes mending

and a request for breakfast to be served later, both of which were raised during meeting one.

The chairperson raised the topics of: thanks to all involved in the accreditation process; fish and chips day; Red Cross help; whether they wanted a guest speaker at the next meeting; introduced a new volunteer; thanks to volunteers; thanks to residents for visiting other residents who were bed-ridden; a request that if residents are going to give cards to other sick residents, it might be nice to give all residents the opportunity to sign them; asked how the food was; and talked about some upcoming activities.

The chairperson commented to me after meeting one that it was the first meeting in a long time where residents had raised any suggestions, other than food issues. She was very encouraged by this.

The chairperson asked each person individually *“Is there anything that you’d like to bring to the meeting?”* Some of the nursing home residents seemed to have difficulty with understanding the wording of this question. In this section, six people over the two meetings were missed, as the chairperson became distracted and forgot where she was up to.

The issue of secrecy was a personal topic that was raised and addressed by the chairperson. The chairperson had observed that many of the residents had passed around a card for a sick resident without asking all people to sign it, feeling they had to hide it from the staff members. The chairperson stressed that they *“were a family”* and it was lovely to send cards and she hoped that they would feel comfortable to do it openly.

7.5 Meeting similarities and differences.

The two meetings were similar in formality and agenda, but there was more resident input at the first meeting.

8. Outcomes

The chairperson tried to encourage discussions and comments but to no avail. She was positive in response to comments. For example, in response to a resident request for clothes mending, the chairperson replied, *“That’s very reasonable. If you can’t sew, we can’t always wait for family”*. She suggested that she would find a solution to this but then four residents volunteered to do it on a Thursday, thus finding the solution themselves. The only other issue that was raised was the breakfast times and the chairperson said *“I’ll speak to the girls”*. At the conclusion of the meetings, all residents seemed very happy and talked among themselves and with the chairperson and the staff.

9. Member Interaction

The residents at the meeting were very friendly as a group and acted like a group of friends. All of the hostel and nursing home residents seemed to know each other and sat and talked before and after the meeting. The residents were polite to each other during the meetings, perhaps as there were no debatable issues to raise that could cause disagreement.

9.1 Verbal communication.

The chairperson used people's first names or surnames according to the preferences of the residents. She spoke in a very respectful way. She responded to comments positively and treated any comment as important. She did, however, speak slightly as if she were a teacher speaking to young children.

9.2 Non-verbal communication.

The chairperson stood up to talk so that all could see and hear her. This was not threatening, however. She walked over to people when they made a comment so that she could talk to them more personally. When each person was asked individually whether they wished to raise any issues, the chairperson would walk up to that person, and especially to the nursing home residents, put her hand on their arm to gain their attention.

The speaker was shown respect when they spoke by the chairperson and by the other residents. There was no irrelevant talking.

10. Communication Within the Organisation

The chairperson told me that she addressed most of the issues after the meetings and then reported back to the residents at the next meeting. Major issues were taken to management if needed, such as activities that required large budgets. However, so few issues were raised that the chairperson could usually address them all quite simply.

11. Culture

It was very difficult to decipher the culture of this hostel. There was very little talk at the meetings and the chairperson felt that they were too afraid to raise issues. However, they all seemed very happy and positive about the hostel, and all staff, volunteers, and residents were a close-knit group. They respected the chairperson and felt happy to chat with her about her family and other personal issues over tea and coffee. It may have been that the residents were happy with their friends and their immediate staff but were intimidated by the higher level staff for some reason.

Hostel D

The manager had changed since the initial study. When the new manager was approached, she decided to participate in the study without asking the residents, despite the chairperson of the meetings being a resident. The hostel had 5 male and 35 female residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed as a “*Legal requirement?*” The aims of the meetings were not stated by the chairperson, although the main function of the meetings appeared to be for residents to raise issues that the manager could then consider, and comment on. There was some conflict as to the purpose of the meetings between the chairperson and the activity coordinator. The chairperson seemed to regard the meetings as being a forum for residents to make sure that they had control over their lives and to remind staff that the residents were capable of making decisions and expected good service. The activity coordinator appeared to try to take some of this control away, by doing such things as changing the meeting times without the residents’ approval. While the chairperson conceded in a conversation with me after the meeting that “*It didn’t matter what we said about the frequency of the meetings, staff will still change them anyway*”, he tried his hardest to push residents’ rights. He told me that he often reminds the manager that “*People come here to see out their days and that it is my job and the staffs’ job to make sure that their time is as pleasant as possible*”.

2. Type of Committee

The committee had an all-can-attend format at the request of the residents. The meetings were conducted in a formal way and this seemed to be the intention of the chairperson and the preference of the residents.

3. Setting

The meetings were held in a large communal activities area, which adjoined a kitchen. There was a little background noise as the activity coordinator was preparing morning tea. The room was right next to the front desk and other staff offices but the adjoining door was closed. The room was therefore quiet and private. The only interruption was from a staff member who came to tell the minute-taker that she had a phone call. The setting was welcoming and decorated with various crafts that the residents had made. The temperature of the room was comfortable. There was no clock in the room.

The seats were padded dining chairs that were comfortable and easy to get in and out of. There were adequate numbers of chairs.

The chairs were set up by the residents and were positioned in a semi-circle with the chairperson seated out the front. There were also two tables behind the semi-circle, where some residents chose to sit. This is where the males tended to sit. The seating positions were ideal, as it was the way that the residents chose for it to be set up. The manager also sat out the front at the request of the chairperson. She would have preferred to sit behind the residents but the chairperson told her that she was useful out the front so that she could clarify some issues.

There were no problems with people being unable to see or hear. The chairperson used a microphone and directed all staff who spoke to also use it. Even when the manager said that she hated using it, he told her that *"You must. Some people can't hear so well"*. The chairperson also repeated comments back to the residents and checked a number of times whether everyone could still hear. He also told one lady to come and sit at the front, near the microphone speaker, as she normally had problems hearing the meeting.

4. Resources

A microphone was used by the chairperson at the meetings and by the other staff members who spoke. The minute-taker provided her own stationery. The hostel secretary was responsible for typing the minutes. The residents had also used the services of the Aged Rights Advocacy Service 2 years ago, to help them run their own meetings.

5. Timing

The meetings were originally scheduled monthly, at 10:00am on a Monday. Meeting one was held 2 weeks after it was originally scheduled, although the activity coordinator was going to cancel it again on the day, but it was held as I had arrived. Meeting two was scheduled 2 months later, a decision made by the activity coordinator without asking the residents. The residents asked why the meetings were changed to bi-monthly but no reason was given. Both meetings started 15 minutes late. At meeting one, the chairperson arrived late. At meeting two, the activity coordinator forgot to photocopy the minutes and this delayed the meeting. The residents were frustrated at the lateness of the meetings. At meeting two, residents commented on this saying, *"I'll go to sleep*

if I have to sit here much longer” and “We always have to come and then wait another half hour”.

The meetings each lasted for 50 minutes. The length of time for the meetings was appropriate, with no one losing interest or concentration, and the meetings being constructive for their duration. There was no extra irrelevant conversation. Residents were informed of the dates of the meetings in the monthly calendar received by each resident.

6. People on the Committee

6.1 Numbers.

The committee was officially named the “*Residents Meeting*”. There were 11 females and 2 males at meeting one and 10 females and 4 males at meeting two. Roughly the same residents attended both meetings. All residents in the hostel were invited to attend but staff did not assist residents to the meetings. Of the 40 residents at the hostel, approximately 34% attended the meetings.

A resident chaired the meeting on his own. Originally there were no staff members present at the meetings. In the last year, the activity coordinator had been invited, as had the manager, and the secretary to take the minutes. The chairperson indicated to me that their presence was useful to enable answers to be given on issues on the same day as they were raised. The residents were the majority group in numbers and the main voice heard. There were adequate numbers of people to enable discussions to be carried out in depth. All views and opinions were heard.

6.2 Chairperson.

The chairperson was a resident. The meetings had previously been chaired by the manager but residents felt that their needs were being overlooked. They organised a representative from the Aged Rights Advocacy Service to visit and she taught them how to conduct their own meetings. After 1 year, they invited limited staff to attend on the proviso that they were only invited guests there to provide the residents with answers to their queries.

The chairperson was very skilled at running the meetings. He represented the needs of the residents and did not allow the staff to control the meeting. The only limitation to having him as chairperson for the meeting was that he still had to rely on the manager to take the issues to the management board, and then wait for them to decide whether they would be implemented or not.

7. Meeting Processes

7.1 Agenda and minutes.

The meetings had an agenda, which was prepared by the chairperson. The agenda outlined the order of the meeting with a brief heading regarding the topics to be raised. He told me that he prepared the agenda “ . . . *by going around the place and seeing what things need to be done*”. He also raised issues on the basis of comments made to him by other residents. The agenda was handwritten and only for reference by the chairperson.

The meetings had minutes taken by the hostel secretary. Despite a request by the chairperson, committee members were not provided with a copy of the minutes. At meeting one, the secretary brought a handwritten copy, as the minutes of the previous meeting had not yet been typed. Two copies of the minutes were passed around for the residents to read prior to meeting two. Three people commented that the size of the writing was too small to read. Most residents opted to wait for the chairperson to discuss them in the meeting. The names of the people who had made suggestions were included in the minutes.

There were voting procedures used at these meetings, with a show of hands and majority rules.

7.2 Order of meeting.

The majority of the residents were present at the meetings 5 minutes before their scheduled start. The meetings both started 15 minutes late. They were conducted formally according to an agenda although they did not really have a formal feel about them. This may have been because the chairperson was a resident and did not exert authority over the other meeting participants. The chairperson read out apologies and the topics in the minutes of the previous meeting, at which point these issues were discussed. The residents raised issues as a group, followed by the chairperson raising issues that he considered to be important. The residents and staff were asked individually whether there were any topics that they would like to raise. Everyone was then thanked by the chairperson for his or her attendance and morning tea was served.

7.3 Resident participation.

Five residents spoke at meeting one and seven spoke at meeting two. The residents commented on the chairperson's suggestions (meeting one) and raised issues (meeting two). There seemed to be no new issues to raise in meeting one so the chairperson instead asked the residents how various things were going. They all seemed to feel comfortable with this format. The chairperson raised many issues on behalf of the residents at the meetings. He told me that the residents were "*very vocal*" away from the meetings, however they preferred him to raise issues at the meetings. The residents seemed comfortable for the chairperson to talk to the staff on their behalf.

The level of participation was similar at both meetings. Residents were paid equal attention when they raised an issue. The chairperson made them feel that their comments were important. For example, when one lady said that turkey was the only option for dinner the other night and she didn't like it, she commented, "*Maybe I should just eat the vegetables*". The chairperson replied, "*No, that is a very good point. That's not good enough, is it*".

7.4 Topics discussed.

Very few of the residents raised topics in meeting one. Generally the chairperson raised issues that he felt were in need of addressing, or that the residents had mentioned to him. For example, the chairperson asked the manager, "*Any news on the new menu? We need to know when the menu is coming in, don't' we*" (to the other residents). He would address the questions or issues to the manager and ask for a comment on its progress. When the minutes of the previous minutes were being read, the chairperson

would stop after each point and say to the manager, "*Can you please report on how that is going?*"

When there were no topics raised in meeting one, the chairperson asked the residents about topics of interest, such as, "*Is everyone enjoying the craft?*" and the residents would talk about this. After the discussion of each topic, the chairperson would summarise the discussion. Each resident was also asked individually by the chairperson, "*How do you feel about things?*" and "*Would you like to say something?*"

Residents were given the opportunity to raise issues before the chairperson or the staff had their turn. The chairperson tried very hard to make sure that all residents felt comfortable talking at the meetings and all were given an opportunity to speak. He also knew the residents very well and was aware of one lady, in particular, who was too shy to participate much. When she made a comment, he would listen very carefully and repeat it to the group so that her needs were not overlooked. He seemed to rephrase this slightly as his idea, seemingly to prevent her from being embarrassed.

The only new topic that was raised by residents (other than the resident chairperson) in meeting one was a query directed to the chairperson about how long the hot water should take to heat up. He gave her an immediate answer.

The chairperson raised the following issues: whether the residents were enjoying the cooking sessions; whether they were enjoying the craft sessions; whether all enjoyed the bus trip; and a query to the manager about where the chicken coop should go.

In meeting two, there were more topics raised by the residents. It is unclear what the reason for this was other than there may have been more food problems, which

stimulated their talking. The issues raised by residents (other than the resident chairperson) were: six food complaints; why can't the residents use the stoves; why do the residents have to pay for craft now; residents unhappy with people not having to pay to watch the craft sessions; dining chairs too heavy; request to raise a personal issue; problems with staff shortage; complaints about people smoking outside rooms; toaster broken; and one tree is dying.

One lady asked, "*This is a personal thing. Can I bring it up?*" The chairperson told her to speak to the manager after the meeting.

The issues raised by the chairperson in meeting two were: fascia boards need replacing; complaint that the activity coordinator changed the meetings to bi-monthly without consulting the residents; food is a big problem; when is the new menu starting; rubbish bins too full; floors in dining and laundry area need scrubbing; and there was a broken chair in the laundry.

The manager and the activity coordinator did not raise many issues, but were instead present at the meetings to answer queries from the residents. The issues that were raised by the activity coordinator at meeting one were: upcoming activities; need for two more residents to act as signatories for residents' withdrawals; and the change of the next meeting date, but she raised no issues at meeting two. The manager raised no issues at meeting one, and at meeting two mentioned only that there were some new volunteers coming.

7.5 Meeting similarities and differences.

The two meetings were similar except that at meeting one, there were no minutes and at meeting two, copies were provided for the group to read. There were also many more issues raised by the residents in meeting two, although it is unclear why this occurred.

8. Outcomes

The chairperson pushed hard for solutions to be given by the staff but they often changed the topic. Sometimes he pushed the issue, for example, when the activity coordinator changed the times of the meetings without asking the residents:

Chairperson: *"What's happening with the meetings? They were monthly, then six weekly. Now bi-monthly. Who decided that?"*

Activity Coordinator: *"Me"*.

Chairperson: *"You didn't discuss it. You told us"*.

Activity Coordinator: *"What would you like me to do James?"*

Chairperson: *"Discuss it"*.

She then went on to phrase it as a suggestion but the residents did not really have a say.

But at other times, the chairperson let the issue go after making the point that something really needed to be done. For example:

Chairperson: *"What's happening with the new menu?"*

Manager: *"I don't know either"*.

Chairperson: *“Well it’s an absolute disaster. They’ve saved so much money by changing cooks but its terrible”.*

He left the comment at that, with no resolution, but seemingly having made the point that residents would not be pushed around.

The outcome of most of the topics raised was that the chairperson addressed the comment to the manager, and then she gave an answer, or would try to find a solution. All of the suggestions that were made were noted in the minutes and then raised again at the next meeting. The chairperson would either say that the issues were resolved or would ask the manager to update the residents on their progress. The solutions most often did not come from the resident group but instead the chairperson would make the suggestions and the staff members would give the solutions. The chairperson would often tell the residents that he would make sure that a solution would be found and encouraged them to tell him if they were still having problems.

The outcomes of the topics raised by residents were: query about how long hot water should take to heat up (immediate answer given by chairperson); six food complaints (minuted, chairperson reiterated to the manager that food was a problem, no solution); why can’t the residents use the stoves (manager to talk to resident after meeting); why do the residents have to pay for craft now (answer given by activity coordinator); residents unhappy with people not having to pay to watch the craft sessions (activity coordinator disagreed and the policy stayed); dining chairs too heavy (manager dismissed this but the chairperson suggested pads on the bottom and the manager to look into it); request to raise a personal issue (told by chairperson to raise with the manager after the meeting); problems with staff shortage (manager explained problems); complaints about people smoking outside rooms (manager and chairperson

will try to find a solution); toaster broken (manager to replace); and one tree is dying (chairperson told resident that it just dropped leaves in winter).

All of the above issues were minuted. When I returned to the meeting 10 months later as a part of the follow-up study, it did not appear from the minutes that many issues had been attended to. For example, the fascia boards to some cottages had just been replaced (1 year after the suggestion was raised), and the suggestion for pads on the bottom of the dining chairs had just that month been discussed by management and rejected as too dangerous.

It appeared that the chairperson did his best with the limited power that he had in the hostel. However, there was a very long process for changes to be made, stalled by management.

At the conclusion to the meetings, the residents seemed very happy and felt as though they were empowered. Much of this seemed to be due to the chairperson making them feel this way and them realising that he would not forget their needs. They all appeared to enjoy the meetings.

9. Member Interaction

The residents at the meetings were supportive of each other and spoke like friends before and after the meeting. They sat next to the closest person when they arrived at the meetings and did not seem to have specific friends. They talked about each other's families and obviously all knew each other well. They were supportive of each other's views verbally, with comments such as, "*Yes a lot of us think that*", and non-verbally through their encouraging and interested body language. There was also a lot of respect

and admiration for the chairperson. All residents seemed very happy when he arrived and did not mind when he was late at meeting one.

The speaker was shown respect while they were speaking and all residents listened with interest. The chairperson also showed the speakers respect and was encouraging of their participation. He was friendly with the residents and welcomed each of them to the meeting by name as they walked in.

The chairperson seemed to make sure that the residents weren't treated as dependent or incapable. For example, when the activity coordinator said "*We have some new volunteers . . . don't be scared of them*", the chairperson replied, "*Why should we be? Isn't that right?*" (to the other residents, who agreed with him).

9.1 Verbal communication.

When speaking, the chairperson wasn't impartial but instead sided with the views of the resident who raised the issues, and then discussed this with the staff member. He spoke very politely to the residents and called them all by their first names. He appeared to know them all well. He was positive in his response to comments and summarised each discussion back to the group. His tone of voice was friendly, but it was obvious he had control of the meeting.

9.2 Non-verbal communication.

The chairperson sat on his gopher (motorised transport) at the front of the room. He looked into the eyes of each person who was talking and nodded his head in encouragement.

10. Communication Within the Organisation

There was input into the meeting by the other residents who did not attend the meetings, as the chairperson would raise issues on their behalf. He then spoke to them about the outcomes of the issues that were raised, when he saw them around the hostel. The major process of communication for the meetings was that the chairperson went around the hostel and found issues that needed attending to. He then raised them at the meeting where the manager took note of them, and then passed them on to the management board. This process was good in theory, but the process of taking issues from the manager to the management board and then reporting back to the residents was very drawn out. As mentioned earlier, the issues of putting pads on the bottom of chairs need not have taken so long. The length of time was seemingly due to a delay in discussing it at the management meeting and not because it was a complex issue that required in-depth discussion.

11. Culture

Aspects of the culture of the hostel have been alluded to already. Mainly, the chairperson tried to retain control over the residents' lives on their behalf. He made sure that their interests were listened to. He was not too intimidated to push for issues on their behalf. The manager appeared to share his views in the meetings and did not take over the meetings or disagree with what the residents said. The activity coordinator however, tried to control the residents and there was some tension here.

It seemed to be a part of the culture encouraged by the manager and the resident chairperson, to encourage residents to speak up if there was a problem.

Despite the fact that the meetings led to few changes being made, all of the residents seemed to enjoy the meetings and they had a large turnout. This seemed to be due to the way that the resident chaired the meeting.

Hostel E

The manager had changed since the initial study and had changed again when I approached the hostel the year after this study. When the new manager was approached, he was very keen to participate in the study and to have some feedback on the findings. There was a total of 31 female and 7 male hostel level residents in the facility.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed “*As a requirement for outcome standards and as a process for communication with the residents*”. The chairperson did not state the aim of the meetings at any point but it was partly unnecessary as the agenda was so detailed that it was clear what were appropriate issues to discuss.

The main function of the meetings appeared to be for management to update residents on relevant issues. The chairperson told me that he would rather have a monthly meeting with the residents to talk about issues, such as quality assurance, rather than having one resident on the management committee. He felt that this enabled all residents to be involved “*. . . and they can't complain that they don't know what's happening*”.

2. Type of Committee

The committee was officially called the “*Resident Meeting*”. All residents at the hostel were invited to attend the meetings although the hostel care residents were given more encouragement to attend than the nursing home residents were.

3. Setting

The meetings were held in a communal TV and lounge area, which was adequately sized but very long. The room was private, quiet, and away from staff areas. There were a number of comments that the room was cold. There was a clock in the room.

The seats were padded dining chairs, which were comfortable and easy to get in and out of. There were adequate numbers of chairs. The chairs were positioned in eight rows, with two chairs on either side of a central aisle. Five chairs were also roughly positioned around the chairperson and activity coordinator, who sat at the front of the room. The minute-taker sat in one of these chairs. People who were in wheelchairs sat at the front of the room as their wheelchairs would not fit anywhere else. One man in a wheelchair did sit at the back of the room because this is where all of the other male residents sat. One man helped him get there but had to move eight chairs for it to be possible. I sat at the back of the room.

There were a number of people who commented to their friends that they couldn't hear when a resident made a comment. However, the chairperson reiterated each discussion over the microphone, enabling all to hear the main issues discussed in the meeting. A number of residents were unable to see the chairperson although no one was heard complaining of this.

4. Resources

A microphone was used by the chairperson at the meetings. The minute-taker provided her own stationery. The hostel secretary was responsible for typing the minutes.

5. Timing

The meetings were scheduled to be held monthly, at 11:00am on a Tuesday. Meeting one was held when it was scheduled and meeting two was postponed for 1 week. The meetings were held immediately after morning tea, which was served at 10:30am in the same room. Both meetings started 10 minutes late, although the chairperson was present and chatting with the residents. They were waiting for some more dependent residents to be brought in by the staff members. The meetings lasted 35 minutes and 40 minutes. The length of time for the meetings was appropriate, with no one losing interest or concentration, and the meetings were constructive for their duration. Both meetings were closed slightly prematurely by the chairperson, with him closing the meeting without checking whether anyone had any other issues to raise.

6. People on the Committee

6.1 Numbers.

There were 20 females and 4 males at meeting one and 13 females and 3 males at meeting two. Roughly the same residents attended both meetings. All residents in the hostel were invited to attend and staff helped people to the meetings if they requested this. Of a total of 38 hostel level care residents in the hostel, approximately 53% of them attended the meetings. The manager chaired the meetings and the activity

coordinator was also present at the meetings. A resident took the minutes. The large number of people present may have prevented issues being discussed in depth.

6.2 Chairperson.

The manager was the chairperson and he felt that this was the best option as *They* (the residents) *are a bit like children and there would be issues of favouritism*". There was no provision for a replacement chairperson in case the chairperson was absent, but the meeting would instead be postponed. The chairperson told me that he had experience in running meetings in general organisations and this was evident in his formal approach to the meetings. The chairperson adopted a leadership role, acting as the person to whom comments were addressed. He raised most of the issues. The chairperson also felt that it was his responsibility to find solutions to issues raised by the residents.

7. Meeting Process

7.1 Agenda and minutes.

The meetings had an agenda, which was prepared by the chairperson. The agenda outlined the order of the meeting, with brief headings regarding the topics to be raised. The manager asked the staff for comments that had been made to them by the residents. He then thought up a solution and placed it on the agenda. A copy of the agenda and minutes was placed on each chair before each meeting.

A resident who had volunteered several years ago took the minutes. Each resident was provided with a copy of the minutes at the meeting. The minutes did not contain all of the topics that were raised and did not contain enough detail on the decisions made for

following them up. For example, the chairperson raised the issue that there were new tablecloths, and inquired whether residents would be happy to use them just on special occasions. A resident suggested that clips be put on the edges so that people's walking frames didn't catch on the cloth. The chairperson said that he would organise this, but the minutes only said "*Tablecloths—to be used on special occasions*". The size of the print in the minutes was adequate (size 16 font) but when I returned 1 year later, while the minutes were more detailed, they were printed in size 10 font and were far too small to read. The minutes were generally read with interest.

There were no formal voting procedures used at these meetings, although residents indicated to me that in the past, majority rules votes had been conducted and they felt that this was a fair system. As an example, one lady told me that they had ice-cream every night in the summer and while this was not ideal for her, she said that it was decided at a vote so it was fair as all had their say.

7.2 Order of meeting.

The majority of the residents were present in the meeting room half an hour before the scheduled start of the meeting, as this was when morning tea was served. The activity coordinator was also present then as she served the tea and coffee. The chairperson arrived 5 minutes prior to the meeting and various residents, who were assisted to the meeting by staff members, arrived a little after the scheduled meeting time.

The meetings both started 10 minutes late. They were conducted formally according to an agenda. It seemed to be the intention of the chairperson to conduct the meetings formally and residents acted accordingly. For example, when residents wanted to raise an issue, they stood up to address the chairperson. The order of the meetings was

apologies, statement of resident amenities, minutes of previous meeting, quality assurance, occupational health and safety, business arising, new business, residents business, and other business. The meeting was then declared closed.

7.3 Resident participation.

Twelve residents spoke at meeting one and eight residents spoke at meeting two. Their input was mainly to offer comments on the suggestions that were made by the chairperson. They all seemed to feel comfortable with this format. They did not seem to want to raise issues at the meeting and one lady was heard approaching the activity coordinator after the meeting to ask her to raise an issue to the manager on her behalf. The participation was similar at both meetings. All residents were paid equal attention when they raised an issue. There was one problem at the end of the meeting, when a resident tried to raise an issue, and was very slow and couldn't communicate what she wanted to say. The chairperson closed the meeting and said to the activity coordinator, "*I'll leave that one to you*" in reference to addressing the concern of the resident.

The chairperson was encouraging of resident participation and when an issue was raised, said, "*Yes that is a very good point*".

7.4 Topics discussed.

Residents raised few of the topics discussed in the meetings. Generally the chairperson raised issues that he felt either the residents needed updating on, or that he personally would like to change. The manager told me that the meetings were a good forum to raise issues to the residents in a way that made the residents feel that they had "*ownership*" of the ideas. His method of raising issues to the residents accomplished

this successfully, usually introducing an issue by saying, "*I would like to suggest to you that . . .*". Then if the residents agreed with his suggestion, they seemed to feel that they had made the decisions themselves.

The section for residents to raise any issues came very late on the agenda. Residents did not seem to feel comfortable raising issues at the meetings, but often made suggestions to the activity coordinator who then mentioned this to the chairperson to be raised at the following meeting. The chairperson asked, "*Would anyone like to bring up anything?*"

The main topics raised were ones that affected all residents at the hostel rather than individual concerns. The topics raised by residents in meeting one were: a suggestion for clips on the tablecloths; staff were not present if people needed help getting breakfast at the early sitting; praise for the help of the manager; and the desserts were not sweet enough. The only issue raised in meeting two by a resident was the suggestion for a microphone to be provided to the bus driver for their outings.

The chairperson raised the issues of quality assurance; explained the revised telephone system; updated residents on the staff room renovations; suggested the use of new tablecloths only on special occasions; changes to laundry routine; time and dates for shopping trips given; new heaters purchased; new cutlery purchased; policy change to documentation; upcoming pain assessments; medication administration rules; staff compliment forms introduced; shopping trips; food temperature checks to be done; catering menu given; information about the use of agency staff; new staff introduced; suggestion to change washing machine availability hours; rubbish disposal changes; and occupational health and safety issues of new concrete paths, signs for the stairs, and new cleaning signs.

There was no criticism of the hostel and on a few occasions, residents were reluctant to raise issues with staff as they felt that they worked very hard and *“tried their hardest”*.

When some issues were discussed, there was a quick conversation between the activity coordinator and the chairperson to clarify the point that was made. This was in the resident’s favour as the activity coordinator was there seemingly to act as an advocate for the residents’ needs and wishes.

7.5 Meeting similarities and differences.

The two meetings were very similar in all ways.

8. Outcomes

The residents agreed with all of the suggestions that the chairperson made, with them often stating *“What a good idea”* or *“Yes, that will be better”*. At no stage did they question the suggestions.

Discussions were not encouraged on the topics that residents raised and instead the chairperson said that he would find a solution and follow it up. When residents raised an issue, they generally offered a solution to the problem.

The outcomes of residents’ suggestions included: a suggestion for clips on the tablecloths (chairperson–*“I’ll look into clips . . . we’ll sort something out”*) but this was not minuted and no feedback was given at meeting two. Residents suggested that staff should be present in case people needed help getting breakfast at the early sitting, (chairperson–*“I’ll talk with staff and see if we can come up with an answer”*) but this

also was not minuted and no feedback was given at meeting two. The topic about desserts not being sweet enough was minuted but not answered.

A suggestion for a microphone to be provided to the bus driver for their outings (chairperson- *"I'll jump on your bandwagon and see what we can do"*) was raised in meeting two, and therefore the outcome is unknown.

As the issues were not minuted or raised by the chairperson at meeting two, it is unclear whether any changes resulted from the suggestions.

At the conclusion of the meetings, the residents seemed very happy and appeared to feel that many of the suggestions that the manager had made, were actually decisions made by the residents. They all appeared to enjoy the meetings.

9. Member Interaction

The residents at the meetings were supportive of each other and spoke like friends before and after the meeting. They were supportive of each other's views verbally, *"Yes the custard does need to be sweeter"*, and non-verbally through their encouraging and interested body language.

The speaker was shown respect when they were speaking and all residents listened with interest. As an example, when one man began to say something while another resident had not finished what they were saying, the man apologised and waited until the other resident had finished. The chairperson also showed the speakers respect and was encouraging of their participation. He was friendly with the residents and welcomed each of them to the meeting by name as they walked in. His approach seemed quite

different, being more formal rather than affectionate as were many of the female chairpersons at other hostels in this study.

9.1 Verbal communication.

The chairperson used people's first names and seemed to make an effort to do this. The chairperson spoke in a slightly business-like tone that was very clear, slow, and easily understood. He raised issues by saying, "*I would like to suggest . . .*". In response to comments, he praised the comment, repeated the comment to the group, and then said something equivalent to, "*We'll see what we can do*".

9.2 Non-verbal communication.

The chairperson had an open stance and sat at the front of the room with his legs uncrossed, leaning forward slightly. He looked at the residents when they spoke.

10. Communication Within the Organisation

The activity coordinator told me that the major process of communication for the meetings was that the staff and activity coordinator in particular, noted any comments that were made to them by residents and these were given to the manager to raise at the meetings. Other information issues were also raised at meetings. After the meeting, the chairperson followed up any issues that were raised. However, the progress on these issues was not reported back to residents.

11. Culture

The manager seemed to regard the meetings as important and he said to me "*I always like to get there 5 minutes early*". As we were leaving to go to meeting one, there was a phone call for him and he told the secretary to say he was in a meeting and that he would return the call later. The manager told me that he encouraged a high degree of independence and this was evident in his manner with the residents. He did not "baby" them as some staff did, but treated them as clients who were entitled to a service. However, much of the control that the residents felt they had was only superficial. When he raised issues at the meetings as suggestions, the residents felt that they had "ownership" of the ideas. This was the aim of the manager but he also told me that the changes would have gone ahead anyway, even if the residents had not agreed. Nevertheless, the way that they were raised made the issues seem less like rules and more like appropriate changes to daily life.

Part of the culture of the hostel seemed to be to encourage the residents to speak up if there was a problem. However, the residents recognised how hard the staff worked and often defended the staff members.

Despite the fact that in the meetings there were few suggestions made by the residents and the issues were not followed up at the next meeting, all of the residents seemed to enjoy the meetings and they had a large attendance. This seemed to be due to the way that the manager chaired the meeting.

Hostel F

When I approached the manager for permission to attend the meetings, she felt no need to ask the residents. The facility had 19 female residents and was designed to accommodate retired nurses.

1. Aims and Goals

In the initial survey (outlined in Chapter 2), the manager indicated that the committee was formed “*For the residents to have a formal documented meeting*”. The aims were not stated at the start of the meeting but the residents seemed to want it to be a forum for complaints. The chairperson often corrected this and she indicated that she thought that the meetings were also forums for suggestions.

2. Type of Committee

The committee was formally named the “*Residents Meeting*”. All residents at the facility were invited to attend. Despite the chairperson seeming to want to have the meetings formally conducted, the residents did not appear to be capable of this. She often seemed to become frustrated that the residents were not able to fully understand the processes of the meeting.

3. Setting

The meetings were held in the communal lounge area. The area was private and quiet and was situated well away from any staffing areas. The room was well sized for the number of people present. There were no real distractions except for a dog that the

chairperson brought to visit the residents. Although the residents talked to the dog before the meeting, they paid it no attention during the meeting so its presence was not detrimental. The temperature of the room was cold with residents commenting "*It's cold in here*" and when they went to turn the heater on, the other residents said, "*No, we're not allowed to touch it*". There was no clock in the room.

The seats were a combination of lounge chairs and dining chairs. There were no instances where a resident found it difficult to get in or out of the chairs. However, one lady did not stay at the meeting after realising that there were only "*low*" seats left. The chairs were positioned in a rough circle with the volunteer chairperson forming part of this circle, sitting next to the resident chairperson. They sat behind a table to rest the minutes on. I was positioned in one corner of the room, behind the circle.

There were problems with residents being unable to hear, as the chairperson directed much of her speech to one side of the room (towards the most able residents). One lady commented, "*We can't hear over here*" to which the chairperson sighed and said, "*Well you should have brought your hearing aid*". The lady bitterly said that she had it in and that she could not hear her because the chairperson always had her back to them. One lady commented after the meeting "*I didn't hear a thing*". These comments were made despite the room being very small, with all of those who attended sitting close together, and the chairperson talking very loudly.

4. Resources

The chairperson was provided with paper to record the minutes and she also subsequently typed the minutes. No other specific resources were provided for the meeting.

5. Timing

The meetings were held once every 2 months although there was a gap of 6 months without meetings while building renovations were being completed. Meeting two was postponed for a month as there was a management AGM. The meetings were held at 10:00am on a Monday. Both of the meetings were running 20 minutes late with the chairperson arriving late as she was reminding some residents of the meeting, and then went to get a staff member to pour some tea and coffee. Both meetings lasted 50 minutes in total, with 20 minutes at the start while everyone was given tea and coffee and 30 minutes of meeting time. The meetings were constructive for their duration, although they both seemed to have been closed prematurely by the chairperson, as people were still asking questions after it had been closed.

6. People on the Committee

6.1 Numbers.

All residents at the facility were able to attend the meeting. Twelve women attended both of the meetings, with the same people attending both of the meetings, comprising 63% of the residents at the hostel. The chairperson, who was also the hairdresser at the facility, had worked there for 20 years and was also on the management board. The manager officially named a resident as the chairperson in the initial questionnaire, but she had a very limited role. The chairperson took the minutes.

There were not quite enough people present to carry out discussions in depth because there were only six people who participated effectively.

The chairperson reminded residents who usually attended the meeting individually if it got close to the meeting time and they were not present. Otherwise, one of the more capable and outspoken residents reminded the other residents as she felt that *"It is the duty of each lady to attend these meetings"*.

6.2 Chairperson.

The chairperson was officially a resident although she did very little in the meeting, did not want to be in the role, and the residents did not regard her as the chairperson. When the resident chairperson tried to start the meeting, the other residents said, *"The meeting hasn't started yet. H (volunteer chairperson) is not here"*.

The real chairperson was therefore considered to be the facility hairdresser who had also become a member of the management committee after her many years of service.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were conducted loosely according to an agenda, although this was just handwritten and was only for reference by the chairperson.

The committee had minutes, which were taken by the chairperson. The residents were provided with a copy of the minutes approximately half way between the two meetings. These included most of the topics discussed but did not include any decisions that had taken place or who would be responsible for their implementation. The size of the

minutes was far too small for elderly people to read (size 10 font). Formal voting procedures were used with a show of hands and majority rules.

7.2 Order of meeting.

Three residents arrived at the meeting before it was due to start as they were present for morning tea and were unaware of the meeting. Five other residents arrived 5 minutes early and then the chairperson went to collect another four who arrived 10 minutes after the scheduled time, although at this stage, tea and coffee was still being served. Roughly the same pattern occurred at both meetings. The chairperson arrived on time at meeting one and 10 minutes late at meeting two. Both meetings started 30 minutes late as morning tea was being served.

At the start of meeting one, the chairperson commented to me, *“I don’t know what we’re going to talk about . . . It’s only a formality. I don’t know if you’ll get anything out of it”*.

During the meeting, the chairperson loosely stated the aims of the meetings. The resident chairperson commented *“Has anyone got any complaints?”* at which the chairperson corrected her and said that the meetings were also in place for praise and suggestions. The resident chairperson then said, *“Has anyone got any suggestions?”* to which the chairperson and one of the residents mockingly said *“That’s better”*.

During the course of the meetings, one lady left due to a staff member coming to get her as she had a phone call. One lady arrived late and then left, as there was no chair for her that she found comfortable. Despite the request of the chairperson for other residents to swap seats to accommodate her, all of them refused.

The meetings began with the chairperson recording the names of each of the residents present. She then got morning tea for everyone and organised where everyone should sit, trying to get people in their favourite chairs. One lady was told by the chairperson to sit near her because she couldn't hear very well, although she didn't want to sit there.

The chairperson told the resident chairperson to welcome everyone and read the minutes. At both meetings, the resident chairperson did not want to read the minutes and appeared to be very flustered. She asked, "*Can't someone else read them?*" particularly after a number of residents commented that they couldn't hear and were very rude about it. The chairperson then read the minutes of the previous meeting and asked if everyone agreed with them. One lady said "*yes*" so the volunteer chairperson asked the resident chairperson to sign them. The residents then just made a number of comments without prompting and when there was a gap in the talking, the chairperson raised some issues that the manager wanted her to address. After a small amount of discussion, the chairperson gave the date of the next meeting. In meeting two, the chairperson also discussed some details of her family. The meeting was then closed.

7.3 Resident participation.

The majority of residents did not appear interested in the meeting from the start and at least three of them were there solely for the morning tea, commenting "*I wasn't expecting this meeting*".

Six residents spoke at the meetings although only three of them actually participated in the topics of discussion. The other residents just made comments to each other, generally about other people at the meeting.

Not all of the residents were given the same attention when they spoke at the meetings. When one lady spoke, the chairperson ignored her each time. This lady was slightly demented and seemed to frustrate the chairperson. At one point when this resident was interrupted, she said quite crossly, “*Well, I was just saying something*” and the chairperson replied “*Shall we close the meeting?*”

7.4 Topics discussed.

The topics raised in the meetings were mainly personal queries, such as one lady having too much food and another lady wanting to know where to get her glasses from. The comments were mainly queries or complaints. The chairperson, on behalf of the manager, raised most of the topics.

In meeting one, the only issue raised by a resident was that she missed one of the nurses who had left. In meeting two, residents raised a query about where to get one resident’s glasses; a complaint about having too much food; a complaint about a noisy resident; one lady enjoyed the pianist; general chat about the painting of the facility; and a request for a box for the cat to sleep in.

More topics were raised by residents in meeting two than in meeting one. It may have been because the chairperson only had one issue to raise in meeting two so there was more time for resident input.

The chairperson raised issues on behalf of the manager of accreditation; building changes; restriction of the manager’s office opening hours; and telling residents to approach staff and not the manager with problems.

The only discussion that was conducted in any depth was the restriction of the manager's office hours. Many residents were not happy about this but the chairperson said that it was "*already decided*".

There were a number of mentions of rules in the facility other than the manager's office times. Other rules mentioned were the residents not being able to use the heater or open or close the curtains, and not to approach the manager with problems.

Residents were told a number of times how lucky they were at the facility. The chairperson told them how good the staff were to them and said, "*You're very lucky ladies*". She also commented on how good their food was in comparison to other hostels.

There were a number of topics talked about that seemed to offend residents. One was a criticism of another resident, which obviously offended her friend. In the discussion about a staff member who had resigned, the chairperson said, "*She's too qualified to be working here now. You should be happy for her. She's moved up in her position as a nurse. No one wants to be changing bedpans all their life*". Another comment by the chairperson was that "*You'll have to learn to write your complaints down and take them to N (manager) between 11-12*" to which a resident replied "*I don't have to learn to do anything. I'm quite capable you know*".

7.5 Meeting similarities and differences.

The two meetings were similarly negative in their feel and productivity. There was slightly more constructive resident input in meeting two.

8. Outcomes

The issues that were raised at the meetings were noted in the minutes but no discussions were encouraged or solutions sought. The only answers given were that residents should either direct their queries to the staff or tell the staff at the time when problems happen. The residents were obviously uncomfortable about this as they commented a number of times that “. . . *the staff are too busy*”. There were no outcomes of the previous meeting mentioned, as there were no solutions found.

At the end of the meeting, all of the residents seemed to feel dejected. One lady was cross and frustrated because she felt that all of the residents should be made to come to the meetings. Another lady commented “*I didn’t hear anything and I didn’t learn anything*”. Another comment was “*If that was a meeting, I’ll eat my hat*”.

9. Member Interaction

The residents who attended the meetings did not seem close as a group, despite such a small number of residents living in close proximity. There were a few small groups of people who got along, but overall there seemed to be a lot of animosity between the residents. There was an unusual culture that perhaps stemmed from being such a small facility. The residents were not polite to each other but spoke rudely as if to someone they knew well enough to speak to that way. For example:

Resident 1: “*I have too much food*”.

Chairperson: “*Take that up with the kitchen staff*”.

Resident 2 to Resident 1: “*Oh, shut up*”.

Residents 3: *“She doesn’t know how to shut up”*.

The chairperson also seemed to stimulate this behaviour, as she was also prone to making personal comments. For example, part way through the meeting when the resident chairperson was reading the minutes (at the prompting of the chairperson), the other residents were not listening, and none had read the minutes. The chairperson said to me over the top of the other residents, *“See I told you they had no idea”*.

The chairperson did not seem to show the speakers respect most of the time, and if she did, it was quite obvious that this was superficial. For example, one lady commented that her name was not on the minutes of the previous meeting and the chairperson replied *“I’m sorry about that. I’ll add it on”* but commented under her breath, *“She wasn’t there”* and rolled her eyes.

9.1 Verbal communication.

The chairperson called people by name and seemed to know each of the residents well. She attempted to be diplomatic when raising an issue, by saying, *“There are some suggestions that N (manager) would like me to put to you”*, but would then tell the residents that the decisions were already finalised. She spoke to the residents like children in her tone and in the language she used. She was critical of some residents in her language and seemed to ignore people who she didn’t like.

9.2 Non-verbal communication.

The chairperson had an open stance in the meetings although she sat behind a desk. She looked into the eyes of residents when they were speaking, but she rolled her eyes at

times and sighed when people were talking about things that she felt were irrelevant to the meeting.

10. Communication Within the Organisation

Before the resident committee meetings, the chairperson had a meeting with the manager to discuss any issues that she wanted raised at the meeting. Immediately following the committee meeting, they had another meeting to discuss the issues that had been raised. I was able to attend both of these meetings and although this concept worked well in principle, it was not effective in practice. The chairperson told me that she did not feel that any of the issues raised by the residents were warranted and she seemed to raise them to the manager as such or did not raise them at all. As both the manager and the chairperson were on the management committee, they were responsible for raising issues to that committee on behalf of the residents. However, they indicated to me that no such issues had ever been raised.

11. Culture

Many aspects of the organisational culture have been highlighted in this report already. The culture seemed to be one where residents knew each other well, although didn't really get along well. They were openly critical of each other and there were many clashes in personality. A part of the problem may also have been that there was a wide range of dependencies amongst the residents and the more able residents did not fully understand the problems associated with dementia. In meeting one, one lady complained about another resident and the chairperson replied, "*It's a bit difficult with dementia*" to which the resident replied, "*That's not dementia. That's running the show*".

The residents were given little control in the facility and this was not disguised in any way. It was made clear in the meetings that decisions had already been made and that if they complained, it would not change anything. They were treated like children and a number of comments emphasised this. For example, they were “. . . *not allowed*” to use the heaters or curtains in case they broke them. They were told that “*You all need to be reprimanded from time to time*”, in reference to the problem of residents taking issues to the manager, rather than to the staff as they were supposed to.

The chairperson gave little importance to the meetings. The chairperson told me that “*The meetings are a waste of time. We only have them because of government regulations*”. The manager disputed this and told me that she felt that the residents found them useful but as she did not attend the meetings, it was clear that she did not really know what happened there.

Hostel G

The manager gave me permission to attend the resident committee meetings, without asking the residents. There were two different areas in this hostel, each of which held their own meetings. I attended one meeting in one of the hostel areas. The next two meetings were cancelled because the activity coordinator was on outings. The manager was then replaced and the meetings were cancelled altogether. When I approached the hostel to participate in another study approximately 1 year later, they still did not have meetings. However, as a result of my inquiry, the new manager stated that "*You prompted us to start the meetings again*". I attended one of these later meetings.

The hostel section in which I attended the meetings had 66 female and 11 male residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed to "*provide input from residents*".

The aim of meeting one was not stated, although it appeared principally to be a forum to make criticisms. In meeting two, the aim of the meeting was also not stated although the manager told me that it was held so "*the residents know what's happening . . . they can also raise major issues*". The aim of the meetings appeared to include the hearing of grievances and an opportunity for the chairperson to impart information to residents and their families.

2. Type of Committee

Meeting one was officially named “*Resident Meeting, Lodge A*”. Meeting two was officially called the “*Residents and Relatives Meeting*”. Both meetings had all-can-attend formats.

3. Setting

Meeting one was held in the kitchen and dining area of the lodge. The room was private, quiet, and although small, had a very comfortable feel. It was not close to staff areas. There was a clock in the room.

Meeting two was held in an activity hall. The room was larger, slightly cold, and quite sparsely furnished. It was private, quiet, and away from staff areas. There was a clock in the room. A dog was present at meeting two but it was not distracting as it sat on the chairperson’s lap while the meeting was in progress.

The seats in meeting one were lightweight dining chairs that were comfortable and easy to get in and out of. However, there were not enough chairs set up in the room and some residents had to sit on the seat of their walking frames. There were other chairs available in the room but it was difficult to move them into the meeting circle after other residents had sat down.

The chairs were positioned by the residents in a semi-circle, with the chairperson sitting behind a table at the front. Everyone could see although one lady commented that “*I didn’t hear a thing*”.

The chairs at meeting two were heavier padded chairs that would have been heavy to move but fortunately this was unnecessary. While there were adequate numbers of chairs, they were quite close together making it a little inconvenient for those people with walking frames.

The activity coordinator placed the chairs in four rows, at meeting two. The chairperson and minute-taker sat at the front. There was a comment by two ladies after the meeting that they couldn't hear.

4. Resources

The minute-taker was provided with stationery and the secretary typed the minutes. No other resources were provided.

5. Timing

Although the initial meeting I attended (meeting one) was scheduled monthly, the three meetings prior to the one that I attended, and all subsequent meetings, were cancelled. The meeting was to have begun at 10:00am on a Monday, but I was informed that the activity coordinator had gone on an outing. When the activity coordinator was located, she postponed her outing until later and attended the meeting. On the way to the meeting, the activity coordinator went to the residents' rooms to remind them of the meeting, commenting to me that "*You have to remind them all the time because they always forget*". When we arrived at the meeting, the residents had been waiting for 40 minutes and commented, "*We were going to give you until 10:30*". She replied "*Oh well, I'm here now*".

Meeting one lasted 35 minutes and no residents appeared to lose concentration. The chairperson allowed residents ample time to make comments. The meeting was constructive for its duration. One resident left during the meeting because a staff member came and told her that she had to have a blood test. This was the last meeting held that followed this format and was run by the activity coordinator.

One year later, the new manager reinstated the resident meetings. They were scheduled to be held monthly at 2:00pm on a Monday. I attended the first of these meetings and they were held regularly every month. The meeting started on time and lasted 45 minutes. Two people left during the course of the meeting, with one resident having a blood test and one family member becoming annoyed and therefore leaving.

6. People on the Committee

6.1 Numbers.

In meeting one, all residents who lived in that lodge area were able to attend. Of the 32 residents in the area, 11 people attended the meeting (34%). The chairperson was the activity coordinator for that area and she also took the minutes.

There were enough people attending to carry out discussions in depth and for all people to have an equal say. Residents were not assisted to the meetings by staff members, but were reminded in the newsletter and immediately prior to the meeting by the activity coordinator.

At meeting two, all residents at the facility were invited to attend but only those who lived in the hostel section were told the dates of the meetings or reminded of them.

Seven women and three men attended, comprising roughly 13% of hostel residents. Family members were also invited to attend the meetings, with three family members actually attending. They were the wife of one nursing home resident and the two children of another resident. The chairperson was the manager and the activity coordinator took the minutes.

6.2 Chairperson.

The chairperson of meeting one was the activity coordinator for that particular lodge. She was chosen by the manager as the “*natural choice*” as she knew the residents well. She was an effective chairperson as she encouraged input from the residents and strived for solutions. She was also able to stimulate conversations.

The chairperson of meeting two was the manager and he acted in this role, because he said that he did not know of anyone else who would be appropriate for the position. He had some experience in running meetings in general organisations. He acted as the head of the meeting and took control of it in instances where he felt as though the meeting was taking the wrong direction.

7. Meeting Process

7.1 Agenda and minutes.

Meeting one had no agenda and did not follow much structure. The chairperson took minutes but no residents had been provided with a copy of them. When the chairperson asked the secretary for a copy of the previous meeting’s minutes, she couldn’t find them

so the chairperson said, “*Just give me the ones for the meeting before. They’ll never know anyway*”.

Meeting two followed a formal agenda and was quite business-like. However, this was not the intention of the chairperson who wanted to have “ . . . *an informal chat over a cup of tea*”. The chairperson and the minute-taker were the only people on the committee who had a copy of the agenda. It outlined in detail all of the issues to be raised, the order in which to raise the topics and then finished with new business.

The chairperson took the minutes at meeting one. They were very brief and did not contain much detail. At meeting two, the activity coordinator took the minutes. No committee members were provided with a copy. They contained sufficient detail, and any decisions or follow-up details were outlined. However, no dates for the follow-up of issues were given. The minutes were not entirely accurate, as some suggestions made by residents were omitted. The names of the people who made the comments were included in the minutes “ . . . *so that I (the chairperson) can then address the person in the next meeting*”. The writing was large enough for residents to easily read. However, no one received a copy. There were no formal voting procedures for either meeting.

7.2 Order of meeting.

Everyone arrived at meeting one early, except the chairperson and the residents who she had reminded on the way to the meeting. They all arrived 30 minutes late. The chairperson read the minutes of the previous meeting (although it was actually the one prior to that, as stated earlier). As she read each issue on the minutes, she checked with the residents whether each situation was any better now. The residents were then

encouraged to raise any issues, and solutions were sought and decisions noted. There were some quite lengthy periods of silence as the chairperson wrote the minutes of the meeting. After making sure that no more issues needed to be raised, the chairperson declared the meeting closed.

People arrived at meeting two 5 minutes early, as did the chairperson and the activity coordinator. The meeting began with business arising from the previous meeting. The chairperson then raised any issues that he felt needed addressing and the family and residents were then invited to raise issues. The chairperson then invited any new issues to be raised. The meeting was not formally closed but instead the activity coordinator said, "*It's time for a cup of tea*".

7.3 Resident participation.

The participation at meeting one was very good, with all residents providing some input into the meeting. All residents were encouraged to talk by the chairperson and she continually asked them for suggestions and for their opinions. The chairperson treated the resident's comments as important and this helped to encourage further participation. Residents also listened to each other and provided encouraging comments, such as "*That's good*".

At meeting two, four residents and one family member participated in the meetings but in different ways. Only one resident had an issue to raise and the other residents just made small comments in response to what the chairperson was saying. One very outspoken family member, who ended up dominating the meeting, raised the main issues.

The chairperson at meeting two paid attention to all comments made. In the end, the family member was dominating the meeting over one particular issue so much that the chairperson told them to *“Come and see me after the meeting and we can discuss it”*. He told me that he did not want the issue to become an unnecessary worry for the residents.

7.4 Topics discussed.

At meeting one, the residents were asked, *“Does anyone have any problems or suggestions for improvements?”* The only topic raised by residents was a complaint about the repetitiveness of the food. The chairperson asked the residents to suggest some ideas for outings and a number of suggestions were made.

In meeting two, the chairperson said he preferred that if a family member wanted to raise an issue at the meeting, they contacted the manager prior to the meeting so that it could be put on the agenda. The chairperson could then raise it in a way that did not seem as a complaint as otherwise he felt *“ . . . that the residents will jump on the bandwagon and think that there are a lot of problems”*.

At meeting two, after the chairperson had raised and discussed the issues on the agenda, he said, *“Well it’s over to the floor if there’s anything to raise”*.

The only topic that was raised by a resident in meeting two was a request for a fly-screen on her window.

One family member raised the issues of problems associated with the policies related to the distribution of medication, and the fact that residents didn't know how to work their air-conditioners.

The chairperson raised the issues of garden upgrades; an upcoming working bee; building upgrade; and some upcoming activities.

7.5 Meeting similarities and differences.

The two meetings were entirely different, with different people, functions, locations, and agendas. Meeting one was friendly and everyone was supportive of each other. Meeting two was more formal and impersonal and was not conducive to resident participation.

8. Outcomes

The chairperson at meeting one was very good at encouraging discussions with the ultimate aim of reaching a solution. When a food complaint was made, the chairperson said, "*Does anyone else find this a problem with the menu?*" After a number of comments, she said "*Well let's try and find a solution. What would you like?*" She then noted all of the food suggestions and said that she would tell the kitchen staff. She also encouraged specific suggestions to be made for outings, with the details finalised at the meetings.

At the end of meeting one, the residents seemed to feel uplifted and excited about the new outings and the prospect of food changes. They seemed to feel empowered and pleased that they had reached some conclusions.

The chairperson at meeting two also made an attempt to encourage a discussion although it was not necessary as people were happy to discuss issues. The request for a window screen was followed by the chairperson asking if anyone else had the same problem. He told the resident that it would be very expensive to do this, as the building would soon be demolished. The family member suggested that a piece of wood stopping the window from being opened would be secure and this was eventually treated as the solution. The chairperson asked the activity coordinator to *"Note that down"*. The issue of the pharmacy policy that was raised by the family member was discussed and eventually the chairperson said, *"I don't think that this is the forum. Let's discuss it afterwards"*. This is what was done, despite the protests of the family member. The problem with the air-conditioners was dealt with by saying, *"I'll get maintenance to look at them"*.

There was not a good atmosphere at the end of this meeting as there appeared to be a great deal of tension between the family member and the chairperson. They went into another room to discuss the issue further. The other members appeared to feel uncomfortable.

9. Member Interaction

The residents at meeting one were a close group and were very supportive of each other. They listened as each person talked, encouraged people to have their say, and chatted like a group of friends.

The residents and family members at meeting two did not seem to know each other well but interacted more as a group of associates. They did not particularly encourage the other residents to contribute to the meeting.

In both meetings, the chairperson and the other members showed the speaker respect when they were talking. However in meeting two, the chairperson tried to be diplomatic and patient with the family member but eventually needed to intervene and postpone the conversation.

9.1 Verbal communication.

The chairperson at meeting one used everyone's names and she was very encouraging in her communication. She was positive in her response to comments and this helped other residents to be similarly encouraging. Her tone of voice and her language seemed to make the residents feel as though she was learning things from them. She often said, *"I'm not familiar with . . . Could you explain it to me?"*

The chairperson of meeting two did not use people's names, perhaps as, being new in his role, he was not on familiar terms with them. He was business-like in his speech and spoke to all residents and family members in the same manner.

9.2 Non-verbal communication.

The chairpersons of both meetings were open in their stance and looked into the eyes of the residents when they spoke. The chairperson of meeting one was more encouraging in her facial expressions, often smiling and nodding while the residents spoke. Even though she was taking the minutes of the meeting, she would look at the residents when they spoke and then stop them and note their comments.

10. Communication Within the Organisation

At meeting one, the chairperson said that she followed up the issues with the appropriate staff member. There was no method of feedback to the residents and as there were no more meetings, it was unclear whether the issues were addressed. It seemed that the residents just trusted that the issues would be followed up.

At meeting two, the manager followed up the issues with the appropriate staff members and then reported the results back to the members at the following meeting. Other residents were able to provide input through their family members.

11. Culture

The culture of the hostel was very hard to decipher. At the time of attending meeting one, it seemed that very little weight was given to the meetings as the chairperson forgot on a number of occasions, and when I said that I couldn't attend the next meeting, she said, "*Well we'll change the date. It makes no difference to us*". The meetings were then cancelled. However during the meeting, the chairperson listened closely to what the residents said and encouraged them to make decisions. It seemed that the reason that many of the meetings were cancelled was to enable residents to attend outings, with six organised per fortnight.

Later, when the meetings were re-instated, they seemed to be given more importance perhaps both because the manager was present and the family members seemed to speak up more than the residents did. The family members also did not allow the manager to ignore issues. However, considering only eight residents attended from the whole hostel, resident input at meetings was still perhaps not the highest priority. The

meetings were also more structured for family input and thus did not really increase the level of resident control.

Hostel H

Five of the meetings at this hostel were cancelled for a variety of reasons. The activity coordinator said that “*I try my hardest, I advertise in the newsletter, put signs up and I reminded them*”. At the first meeting, when no one had arrived after 20 minutes, she told me “*I’ve got some bad news. Three residents are sick, one’s depressed and won’t come out of her room, and two are having tea and scones and they refused to come*”. She told me that the meeting would be the following week.

I went the following week and the meeting was cancelled because one of the residents was sick and had to go to hospital that morning. The meeting was re-scheduled for the following month. The following month, the meeting was cancelled until the following month and then was cancelled that month too, after being re-scheduled twice. At this point, I asked whether they would still be having meetings and the activity coordinator said, “*Yes, eventually*”. It was decided at this point that it was best for me to not attend at this hostel.

A year later, I again approached the hostel and asked if the meetings had recommenced. The same manager told me that they had never stopped and thus I was able to attend one meeting. There was a total of 50 female and 20 male residents in the hostel.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed as it was “*. . . instigated by management*”. The committee had a formal constitution, which outlined rules such as voting procedures and group aims.

Nevertheless, only the manager was aware that this existed and none of the committee members had read it.

2. Type of Committee

The committee was named the “*Residents/Family meeting*” but was renamed when I attended the following year as “*Resident Committee*”. No one knew why it was changed as family were still invited; in fact no one was really aware that it had changed. They did not have elected members for their meetings although there were only a small number of residents who were interested in attending and thus they were the only ones who were notified.

3. Setting

The meetings were held in the staff room. When I went to go in, the door was shut with a sign on the door saying, “*Staff only*”. The room was small and filled with tables and chairs, which made it difficult for those residents with walking frames or wheelchairs. The setting was not particularly welcoming for residents as it was filled with staff notices. The room was quiet and private, with a comfortable temperature and was free from distractions. There was a clock in the room.

The seats were lightweight plastic chairs and were easy to move and easy to get in and out of. There were adequate numbers of chairs. The chairs were positioned around a central square table, with the chairperson at the head of the table. I sat behind the row of residents, in a chair back from the table. There were no complaints of people having problems with seeing or hearing the meeting.

4. Resources

No specific resources were provided for the meeting. The chairperson had stationery supplied and the secretary of the hostel later typed the minutes.

5. Timing

The meetings were to be held monthly although obviously this was rarely the case. They were due to be held at 10:30am on a Thursday. This time was convenient for the residents but there were comments by one of the family members present and one of the residents that it was an inconvenient time for family. The meeting started 10 minutes earlier than the scheduled time. The meeting went for 40 minutes.

6. People on the Committee

6.1 Numbers.

There were eight residents who attended the meeting, comprising seven females and one male. This was 9% of the total resident group. Any resident could attend the meetings although only those who indicated that they would like to regularly attend were reminded by the activity coordinator and were given the minutes. One resident's daughter attended the meeting. Despite the meeting being open for family members, no other family regularly attended, apparently due to the inconvenience of the time. The residents were the majority group present in number and the main voice heard at the meetings.

6.2 Chairperson.

The activity coordinator attended the meeting and acted as both chairperson and minute-taker. The chairperson was selected as "*the natural choice*", in the words of the manager. It is unusual, perhaps, that one of the residents did not act in this position, as they were very independent and clearly capable of the task. The chairperson did not adopt a leadership role but instead simply minuted the suggestions. She made no effort to encourage input, nor did she contribute to the discussions.

7. Meeting Process

7.1 Agenda and minutes.

The meeting had an agenda, which was written by the chairperson. The agenda was simple and brief, and covered the specific topics to be raised in the 'business arising' section. All committee members were provided with a copy of the agenda.

The committee had minutes, which were taken by the chairperson. They went into sufficient detail, contained decisions that had been made, but did not outline the follow-up procedures that would be undertaken. The writing was large (size 14 font) and could be easily read by all present. Minutes were provided at the following meeting. Only those people who attended the meetings were provided with a copy of the minutes. There were no formal voting procedures.

7.2 Order of meeting.

Everyone arrived at the meeting early so the meeting started 10 minutes earlier than scheduled. The activity coordinator and the family member provided everyone with a cup of tea or coffee before the meeting commenced. The meeting began with the chairperson inviting someone to read the minutes, and the family member volunteered. She read them out and asked, "*Do you all agree?*" and three people commented "*Yes*". There was no time allocated for discussion of the minutes; instead the chairperson proceeded directly to reading the agenda. It was read out verbatim and then the residents made comments after that, with no prompting necessary. The chairperson discussed these issues. Immediately after there were no comments to be made on the business arising, the chairperson said, "*Okay, now it's over to you. Anyone?*" Residents and the family member then raised issues, making comments in no particular order, and the chairperson noted these. The meeting was not closed but the family member had to leave so all attendees just left.

7.3 Resident participation.

All of the committee members participated in the discussions. All suggestions and comments were treated as equally important by all of the people present. The residents just talked in a discussion format while the chairperson noted down any suggestions that were made.

7.4 Topics discussed.

The initial topics raised in the meeting were the 'business arising' where the chairperson commented on the outcomes of issues raised in the previous meeting. One of the issues

was overlooked and a resident raised it again. There was a discussion and an apparent solution found.

Next, residents and family raised any issues that were of concern to them, which were very predominantly food issues. Each person raised the issue to the group and comments were made on this topic. Many personal opinions on food were given but they seemed to affect the wider group of residents as these people were often speaking on behalf of their lodges. Comments were based primarily on complaints, not due to the encouragement of the chairperson but more as result of a natural process. The complaints were not overly critical however, and residents often reiterated how lucky they were. One lady commented *"To me, hostel H is always my home and I won't have anyone run it down. But we do have some little complaints"*. This tends to sum up the general feeling of the meeting.

The topics that residents raised were four food complaints and the fact that the need for a TV remote control had not yet been addressed from the last meeting.

The family member raised the issue of one resident having a room near the front entrance where everyone could see in. She felt that tinted windows would be appropriate. She also raised the issue that one resident had a room without any windows or access to fresh air. The chairperson raised no new issues.

8. Outcomes

Of the four topics that were raised in the previous meeting, three were solved and feedback was provided to the committee. One of these issues (the need for a TV remote control) had been overlooked again and was thus put in the minutes again.

Of the topics raised in the current meeting, the chairperson noted the food issues, with no answer given and no attempted clarification of the meaning of the comment. Instead, she just sat back and minuted what was being said. Answers were given to the family member's complaints about the rooms with the chairperson saying, "*I think there's no chance of anything being done*". She did minute the suggestions, however.

At the conclusion to the meeting, most residents were talkative and still discussing the topics that had been raised.

9. Member Interaction

The residents at the meeting did not seem to particularly be friends but acted more like business colleagues. They did not talk before or after the meeting but were able to interact effectively on a more business-like level. The other members at the meeting showed the speaker respect, even when they disagreed with what they were saying. No one seemed to take this disagreement personally but appeared to accept it as a function of the meeting.

9.1 Verbal communication.

The chairperson called each of the residents by their first name socially, but did not address them during the meeting. She had no issues to raise and she did not speak much at the meeting.

9.2 Non-verbal communication.

The chairperson did not look at residents when they spoke. She did not seem uninterested or rude, but was noting down the comments and suggestions as they were made. The residents did not seem to mind this, as they did not address their comments to her or wait for a reply, but instead addressed their comments to the group.

10. Communication Within the Organisation

The activity coordinator followed up on the suggestions made and approached the appropriate people with them, usually the manager. The outcomes of these suggestions were then reported back to the committee members at the next meeting.

11. Culture

It was difficult to determine the culture of this hostel as I only attended one meeting and there was very little staff/resident interaction to note. It was unusual however, that so many meetings were cancelled initially due to a lack of resident interest, and yet this group of residents seemed very interested and capable of participating in the meetings. The hostel was a very large one and it was also unusual that such a comparatively small number of residents attended the meetings.

Hostel I

When I approached the manager for permission to attend the meetings, she said that she would ask the residents at their next meeting because they had objected to some things in the past, when she thought that they wouldn't mind. She said, "*They are a bit funny at times*". The hostel had 15 male and 54 female residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed for "*Communication between residents and residents and residents and management*". The aim of the meetings were not stated at any point during them, although they appeared to be to hear grievances and to find solutions to them, and also for staff to get residents' approval for some new ideas.

2. Type of Committee

The committee was officially named the "*Residents Meeting*". It had an all-can attend format. The meetings seemed quite informal

3. Setting

The meetings were held in an upstairs communal lounge and activities area, which was long, narrow, and L-shaped. The room was very plain with no decoration. It was neither quiet nor private, as it was the main passageway from one end of the hostel to the other. People were continually walking past and talking. There were no doors that could be shut. The room was away from staffing areas but there were a number of

interruptions such as three announcements over the PA, and one staff member coming into the room to get a signature from the chairperson. There was no clock in the room.

The seats were a combination of lounge chairs and dining chairs and there were no complaints that they were uncomfortable. There were adequate numbers of chairs. Due to the unusual shape of the room and to the large number of residents present, there was a semi-circle of chairs in front of the chairperson, four narrow rows behind this, and one row to her right.

There were a large number of complaints that people couldn't see or hear the chairperson, although all of these were made to other residents. There were two wide poles in the middle of the room that prevented some residents from seeing and some residents were too far back to see.

Difficulties with hearing the chairperson seemed to be partly due to the size of the room. When people couldn't hear, they would ask the person next to them what was said, which increased the general room noise. Noisy passers-by also exacerbated the problem. A microphone that was present may have overcome these problems but it was not working at either meeting. The chairperson sat at the front of the room behind a table.

4. Resources

The chairperson was provided with paper to write the minutes. The hostel secretary later typed the minutes. A microphone was provided but was not in working order.

5. Timing

The meetings were held monthly, on the second Tuesday of the month at 2:30pm. Neither of the meetings were held when they were scheduled. Meeting one clashed with an activity so was postponed for 1 week, and meeting two was postponed for one month due to “*staff changes*”. Both meetings started late, with meeting one running 30 minutes late as the chairperson was busy. She commented to me, “*I’m running so late they’re going to hang me*”. Meeting two was running 10 minutes late and one resident said to me “*The meetings usually run late*”. All residents were in the room waiting at the scheduled time for the meeting to start. The meetings were 30 minutes and 55 minutes in length.

6. People on the Committee

6.1 Numbers.

All residents at the hostel were able to attend the meeting. Twenty-one women and 4 men attended meeting one and 22 women and 6 men attended meeting two. This represented approximately 38% of the hostel residents. Very similar people attended both of the meetings. The chairperson was the hostel manager at meeting one, and an administration staff member at meeting two. It had been planned to have the activity coordinator chair the second meeting but one had not been appointed at that point. The new hostel manager also attended meeting two.

There were probably too many people at the meetings to allow in-depth discussions, although this was also hindered by the room shape and size.

Residents were assisted to the meetings by staff if requested and this applied to the three people in wheelchairs. Residents were reminded of the meeting by an announcement over the PA at lunchtime, as well as in the monthly newsletter.

6.2 Chairperson.

The chairperson at meeting one was the manager of the hostel, who had very good rapport with the residents. She raised a number of topics that she thought concerned the residents and then encouraged them to comment. She was very kind and residents respected her. She did not encourage them to raise a lot of new issues however. Four times over the last year, the residents were asked at meetings if they wanted to chair it and no one accepted this offer. She also chatted about her personal life with the residents at the end of the meeting, which encouraged more residents to talk.

The chairperson at meeting two was an administration staff member who temporarily acted as chairperson. She had little knowledge of the residents. The new manager tended to take over the meeting and residents seemed unsure to whom they should direct their queries. Neither the manager nor the chairperson encouraged resident input; in fact the manager was slightly discouraging of it.

7. Meeting Processes

7.1 Agenda and minutes.

The meetings were quite unstructured with no agenda. Instead each meeting was an open forum for suggestions, comments, or criticisms. The minutes of the previous meeting were read out at meeting one but not at meeting two.

The meetings had minutes taken by the chairperson and a copy was put in the monthly newsletter received by all residents. The size of the writing in the minutes was slightly too small (size 11 font) but the layout and spacing were ideal. The minutes contained sufficient detail, including the decisions made, who would follow them up, and whether issues were resolved or ongoing. However, nobody brought their minutes to the meetings.

There were voting procedures, with a show of hands and majority rules.

7.2 Order of meeting.

All residents arrived at the meetings early but the chairperson arrived late on both occasions. Meeting one began with the chairperson noting the number of residents present to record in the minutes. The minutes of the previous meeting were read with opportunities for comments after each point. The chairperson raised some issues and then residents were asked once if they wanted to raise anything. The chairperson then chatted about her family and about the eclipse that had occurred on the previous night. The meeting was then closed. While the meeting did not seem to be closed prematurely, six people approached the chairperson with queries directly after the meeting. Meeting one did not appear to be formal, with the chairperson chatting in a very friendly way with the residents.

Meeting two began with the introduction of the new manager who spoke about various issues. The business arising from the previous meeting was then addressed, the chairperson raised some issues, and then residents were given an opportunity to raise issues. The meeting was then closed. Meeting two was much more business-like as the manager was very formal in her interaction style. She had not worked in aged care

previously but only in general management positions. This appeared to affect the tone of the meeting.

Having different chairpersons and different agendas for each of the meetings was quite confusing and it seemed that residents were unsure when they should raise topics for discussion.

7.3 Resident participation.

A relatively small number of residents contributed to the meetings, with the same six people speaking at each meeting. A number of other people spoke at the end of meeting one when the chairperson started chatting generally. This seemed to encourage the shyer residents to speak.

The chairperson at meeting one was very good at encouraging resident participation, repeating what was said so that other residents could hear. The chairperson also asked questions to clarify what was said and to try to better understand the comment. The chairperson in meeting two did not do this.

Those people who sat close to the chairperson in both meetings talked a lot and contributed to the meeting. Those further away complained a lot to each other but the chairperson was out of their direct view and hearing range, and didn't notice their comments. It was unclear whether more involved people chose to sit closer or whether they were more involved because they were closer. The former was probably more likely as the residents sat in similar spots at both meetings.

All residents were given the same degree of attention by the chairperson when they spoke at meeting one and all points were treated as important. In meeting two, one man's comments were ignored as the other outspoken ladies didn't agree with him and spoke over his comments.

7.4 Topics discussed.

There appeared to be some conflicts over the purpose of the meetings, especially in the second meeting. Residents were keen to discuss food issues when the manager asked them, "*Are there any new issues that you would like to spring forth?*" They raised some food issues and the manager replied "*I'll tell you what I've learnt, you just can't please everyone. I will come to the meetings if you like but will you please save the food gripes to the end*". The residents seemed a bit put out by this and did not raise any food issues later.

There was no real structure to the way in which topics were raised in the meetings, or when they were raised. Residents were given no real encouragement to raise issues and were only asked once per meeting.

The chairperson at meeting one was very positive in response to people raising topics and treated all comments as important. She encouraged residents to discuss issues that she raised. For example:

Chairperson: "*Are the vegetables still cold?*"

Three residents: "*Yes, they're still cold*".

Chairperson: "*Do you think that it's from the plates or the bain marie?*"

Comments: "*Both*".

Chairperson: *"Is it often of sometimes?"*

Comments: *"Sometimes"*.

Chairperson: *"If the bain marie was hot, then it should keep the food warm. Do you agree?"*

Comments: *"Yes"*.

Resident: *"If they plug the bain marie in, then it should stay hot"*.

Chairperson: *"Thank you. That's a very good point. I'll speak to the staff"*.

There was no such encouragement in meeting two, with the manager giving short answers. For example, a resident commented that *"The meals are too large when there's three courses"* to which the manager replied, *"It doesn't matter if there's too much"*.

The topics raised by residents were: dining chairs need re-upholstering (raised many times at previous meetings, according to the minutes); cleaners should put back furniture where it came from; five food complaints; request for a bathroom clock; batteries need replacing in dining room clock; query where to buy batteries; request for bus trips; meal sizes too large; and a request for afternoon tea on weekends.

The chairperson asked for opinions on a bench being moved; explained the incontinence pads supply changes; vegetables hard (after hearing comments from residents); opinions concerning times at which residents would like music played during the day (meeting one); whether it was okay for physiotherapy activities to be held upstairs; and notification of meeting time changes due to staff hours (meeting two).

The manager raised the issues in meeting two of staffing issues; increased distinction between nursing home and hostel; new activity coordinator; breakfast system changes; no hot breakfasts in summer; and menu changes.

The raising of issues by the manager was slightly underhanded in that they had already been decided on, but she wanted to make the residents feel that they had made the decisions. For example, she told the residents that *"There's been a lot of comments . . . so with the hotter weather, we won't have the hot breakfasts"*. One man asked why and she replied that *"People felt that it was too hot and heavy for summer"*. However, I had heard her talking to staff before the meeting and they told her that the residents would be upset about it. She replied that it was necessary, as there were staff shortages in the mornings. Three other issues were raised in the same way.

The manager, having not previously worked in aged care, was quite unaware of the issues that were sensitive. For example, she explained that there would be a greater distinction between hostel care and nursing home care so that if a resident required extra care, they would have to move to the nursing home section. One lady commented *"But we didn't need the care when we came here but now we do"* to which the manager replied, *"Then you'll have to move into the nursing home"*. She seemed quite unaware of the stigma that surrounded living in the nursing home section.

7.5 Meeting similarities and differences.

The two meetings were similar in that they didn't follow a structured agenda. This was not such a problem in meeting one, as the chairperson listened to comments at whatever stage of the meeting they were raised. However in meeting two, the manager discouraged comments being made while she was talking, and then the residents were

unsure when to raise issues. Meeting one was more supportive, with the chairperson trying to include all residents, making them feel that their suggestions were important, and speaking to them personally. The atmosphere of meeting two was much more business-like, with the manager keen to run the meeting formally.

8. Outcomes

The outcomes of topics raised in meeting one were: dining chairs upholstered (still being approved by management-ongoing); cleaners to put furniture in same spots (chairperson to speak to them); food complaints (please tell staff at the time, but chairperson will tell them also); clock in bathrooms (manager will ask management-noted); clock batteries need replacing (chairperson to organise); where to buy batteries (chairperson to organise); and the vegetables were hard (chairperson to speak to staff).

In meeting two, the outcomes were: meal sizes too large (manager to look into smaller plates); request for afternoon tea on weekends (denied); when will they have the new food menu (manager to “*find out*”); and two food complaints (residents told to tell the cook at the time).

In meeting one, no comments were ignored and all residents were either given an answer or were told that the chairperson would find out or put their request to management. However, the progress on issues raised in meeting one was not raised in meeting two, with only the mention of the clocks in the bathroom being commented on as “*ongoing*” and still being organised.

In meeting two, one of the requests was denied, and the food complaints were ignored with residents told to tell the staff at the time (obviously this wasn't working). Also,

although residents disagreed a number of times with issues that were proposed by the manager, the residents' comments were disregarded.

At the end of meeting one, all residents were very happy and stayed back to talk to one another and to the chairperson. After meeting two, the manager rushed off, and no residents stayed back either.

9. Member Interaction

The residents who attended the meetings consisted of a large number of small groups of friends, but most of the residents seemed to know those outside their group only vaguely. Residents were supportive of their friends, but were quite critical of the comments made by other residents. For example, one lady commented "*Last Sunday, my cake was mouldy*", to which other residents said accusingly, "*Well mine was really nice*".

The staff group did not seem particularly close to the residents and neither the staff nor the residents were addressed by name at the meetings.

9.1 Verbal communication.

The chairperson at meeting one was very kind and encouraging in her words, and seemed to make residents feel valued. She raised issues that residents had mentioned to her, and in response to comments, she often said, "*That's a very good point*". She was full of respect for the residents and treated them accordingly. The chairperson at meeting two obviously did not really know the residents well. The chairperson and the manager were very business-like in their language and abrupt in their comments.

9.2 Non-verbal communication.

The chairperson of each meeting sat behind a table to lean on it to write the minutes. The chairperson of meeting one listened carefully to what each resident said and always looked interested and had an encouraging smile on her face. Although she took the minutes, she did not look down to write as she made only brief notes on each discussion and expanded on them directly after the meeting. Therefore, she was able to maintain eye contact.

The chairperson of meeting two also looked at the residents while they spoke but without an encouraging look. The manager looked slightly uninterested while the residents spoke and a number of times spoke to the chairperson while a resident was speaking.

10. Communication Within the Organisation

Most of the time, the chairpersons said that they would follow up the issues. Some needed to be cleared by management who then made the final decision. This had caused some problems, as management seemed to be slow in approving many suggestions. For example, when I looked at the minutes of the previous meetings, I saw that the issues of the broken washing machine and the need for a new air conditioner had been on the agenda for 10 months.

The chairpersons did not raise the progress of issues at the next meeting so residents did not know whether the issues had been followed up. Residents who did not attend the meetings were able to see what was discussed, as all residents were provided with a

copy of the minutes in the newsletter. No non-attending residents provided any input into the meetings.

11. Culture

There were a few clues to the culture of the hostel, although it seemed to be changing with recent staff changes. There was no real closeness between the staff and the residents and this appeared to be worse with the staff changes. There was no real conflict between residents and staff but they just didn't have a great deal of interaction. There did not seem to be a close relationship among the residents either, with a lot of them seeming to know little more than each other's names and faces.

Residents' suggestions did not appear to be given a great deal of weight, as indicated by the manager bringing issues to the meetings with which she knew residents would disagree, but implementing the decisions nevertheless. There were a couple of comments by the manager about how lucky the residents were in comparison to other places.

The new manager did not know much about aged care and this may have been a problem. It appeared to cause some upset in the meeting, with various comments she made seeming to be sensitive issues for elderly people.

The meetings seemed to be regarded as important by some staff, but not by others. For example, afternoon tea was scheduled at the same time as the meeting and thus many residents had to choose, even though they indicated that they would like to attend both. Conversely, one family came to visit their mother and the lady at the desk said; "*She*

likes to go to the meetings now. It will be finished at 3:00pm or you could attend with her”.

Hostel J

When I approached the manager for permission to attend the meetings, she said that she would check with the residents at their next meeting and get back to me. The hostel had 11 male and 77 female residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that she was “*unsure*” why the committee had been formed. The chairperson did not emphasise the aim of the meetings. The purpose of the *resident meeting* appeared to be for residents to present problems and to suggest solutions to them. It was also a forum for the chairperson to impart information to the residents.

The purpose of the *resident committee* meeting was not stated but it appeared to be a forum for residents to discuss problems, to raise issues on behalf of other residents, and mainly for the manager to seek residents’ opinions on various issues before finalising solutions and implementing them.

The manager indicated to me that she considered the aim of having both the *resident meeting* and the *resident committee* was so that all residents could be updated on issues and information at the *resident meeting*. Decisions could then be made on behalf of all residents by the resident representative at the *resident committee* meetings. She conceded that the system did not work very well because the resident representatives were not capable of making decisions. She said that at least she was able to ask their opinions on some issues before implementing them.

2. *Type of Committee*

There were two types of committees, one of which was held for all residents (*resident meeting*) and the other for elected resident representatives (*resident committee*). Both were held bi-monthly. I attended one meeting of each.

3. *Setting*

The *resident meeting* was held in an adequately sized dining and lounge area. The room adjoined the kitchen and was close to the staffing areas, and was therefore noisy and not very private. There was easy wheelchair access, a clock in the room, and the room temperature was comfortable.

The *resident committee* meeting was held in a small, private reading room, away from staffing areas. The room was quite dark with only a very small window. The room was free from distractions and quiet, the room temperature was comfortable, and there was no clock in the room.

The seats at the *resident meeting* were comfortable, padded dining chairs. There were adequate numbers of chairs. The chairs were set up by staff in four rows, and I sat in the back row. The chairperson sat out the front. The people at the back appeared to find it somewhat difficult to see the chairperson but no one complained of this. The use of a microphone alleviated most of the hearing problems.

The seats used in the *resident committee* meeting were a combination of lounge chairs and padded dining chairs. There were two residents who sat in the lounge chairs but obviously found them too low to easily get in and out of. They did not complain about

this but instead asked another resident to help them in and out of their chairs. The seats were arranged in a rough circle, with the chairperson forming part of the circle. She sat behind one of the small tables in the room to rest the minutes on. The room was slightly too crowded to ensure easy access for residents using wheelchairs and walking frames.

One lady commented to me, "*I never hear a thing that's said*", but the room was very small and quiet, so that may have been a result of her having hearing problems. The chairperson also spoke in a normal conversational tone, and speaking more loudly may have helped.

4. Resources

A microphone was provided for use at the *resident meetings*. The chairperson was provided with stationery and the secretary later typed the minutes.

5. Timing

The *resident meetings* were held bi-monthly with the *resident committee* meetings held on the alternate months.

The *resident meetings* were held at 2:00pm on a Friday. The meeting was postponed for 1 month, as the manager was absent. However, once it was realised that the manager was going to be absent for a further 2 months, the acting manager chaired the meeting. The meeting started on time. The meeting lasted for only 15 minutes and the chairperson said to me that "*Maybe there wasn't much talking because C (manager) was away*". No resident lost concentration during the meeting and it was constructive for its duration.

The *resident committee* meeting was held at 11:00am on a Friday. One lady commented that she was going to resign from the committee because she found it too difficult to get ready by 11:00am. Two others agreed but the chairperson said that it was as late as they could make it. The meeting was not held when it was originally scheduled but was postponed for 1 month due to the manager's absence. The meeting lasted for 45 minutes. The meeting was not constructive for the full duration as it became very chatty towards the end. One lady commented to me, "*This is turning into a social chat now*". The meeting was ended by the chairperson a little prematurely as she looked at her watch and said, "*Oh, it's 12:15. If there's nothing else then I think we'll leave it at that*" and stood up.

6. People on the Committee

6.1 Numbers.

The committees were officially named "*The Residents Meeting*" and "*The Resident Committee*". All residents at the hostel were able to attend the *resident meeting* and people volunteered to act as resident representatives on the *resident committee*.

Twenty-nine women and five men attended the *resident meeting*, comprising approximately 38% of the hostel residents. The chairperson was officially the manager but the acting manager chaired the meeting in the absence of the manager. She also took the minutes. No other staff attended this meeting.

There were too many people at the *resident meeting* to carry out discussions in depth and for all people to contribute equally. It was more of an information meeting and a forum for residents to make comments and for these to be noted. Many comments by

residents were made to other residents, rather than being addressed to the whole group, seemingly due to the large numbers of people there. There were some small group discussions while people were talking and other residents often told these people to be quiet.

At the *resident committee* meeting, there were nine females and one male and these were all of the members of the committee. This represented 11% of the total hostel population. There were enough people to carry out discussions in depth although, for such a small meeting group, there were a lot of individual conversations. The chairperson was the manager and she also took the minutes. No other staff members attended.

Staff did not assist residents to either the *resident meeting* or the *resident committee* meeting. However, there was a memo circulated and the residents also reminded each other.

6.2 Chairperson.

The manager was the official chairperson of both meetings, and she indicated to me that she felt that the residents would be incapable of doing this.

At the *resident meeting*, the acting manager was the chairperson. She had no experience in running meetings and this was evident. All she really did was take minutes of suggestions, without encouraging discussions or providing any possible solutions.

At the *resident committee* meeting, the chairperson was the manager. She told me that she had some experience in running meetings. She was kind to the residents, knew them well, but did not encourage them to keep to the format, nor did she try to resolve issues. She treated the meetings as more of a social chat.

7. Meeting Process

7.1 Agenda and minutes.

The *resident meetings* were conducted with little formality. There was no agenda, but the chairperson read the minutes of the previous meeting and then had a section on new business. These were the only formalities followed. The meeting was not opened or closed.

The *resident committee* meetings were also conducted with little formality and had no agenda.

The *resident meeting* had minutes that were taken by the chairperson and they were displayed on a notice board, but when the chairperson asked if anyone had read the minutes, there was no response. The minutes were of adequate print size and spacing and included the name of the person who would address each of the issues. They were a little brief on information, however. No names of the residents who had made the suggestions were included. There were no formal voting procedures used.

The *resident committee* meeting had minutes that were taken by the chairperson. Each member was sent a copy of the minutes following the meeting but no one had brought them to the meeting. The minutes were of adequate print size and spacing and included

the name of the person to address the issue. They were a little brief on information, however. No names of the residents who had made the suggestions were included. There were no formal voting procedures used.

7.2 Order of meeting.

At the *resident meeting*, everyone arrived approximately 10 minutes early and the chairperson arrived on time. The chairperson introduced herself and apologised on behalf of the manager for her absence, and then read the minutes of the previous meeting. When these were read, business arising from them was discussed. Some of the residents raised new business in this section and the chairperson did not discourage this. A section then followed where the chairperson raised two 'new business' issues and the residents were able to raise any other 'new business'. The meeting was then finished, without being formally closed.

At the *resident committee* meeting, everyone arrived approximately 10 minutes early and the chairperson arrived on time. The chairperson read out the minutes of the previous meeting and announced any solutions that had been implemented as they were read. The residents also raised some new issues while the minutes were being read, and they were discussed. A section for 'new business' followed, with the chairperson raising any issues first and then residents were invited as a group to raise new business issues. The date of the next meeting was not given and the chairperson then closed the meeting.

One problem with the order of the meetings was that at the *resident meeting* the minutes of the *resident committee* meeting were read, and vice versa. This meant that the issues raised and the answers given were not directly relevant to the people who attended the

meetings. It also served to reduce any distinction between the functions of each meeting group.

7.3 Resident participation.

At the *resident meeting*, there was very little participation. Only 9 residents out of 34 contributed verbally to the meeting. Other residents made comments on issues but they were to one another rather than to the whole meeting group. Each person was given the same attention when addressing the chairperson, but this occurred very infrequently. The chairperson did not know the residents well and admitted to me that she did not know how to chair a meeting. So, in response to each comment, she just noted it in the minutes and did not encourage further discussion.

In the *resident committee* meetings, there was a good level of participation by the residents, with all residents contributing equally. However, not all residents were given the same attention by the chairperson when they raised issues.

7.4 Topics discussed.

In the *resident meeting*, the chairperson raised some topics and then the residents were given their opportunity to do so. Only three residents raised topics. Many of the topics were raised while the minutes of the previous meeting were being read. The chairperson did not correct this, but noted them in the minutes.

The topics raised were ones that affected individual residents and were also personal queries. The topics raised in the *resident meeting* by residents were: two food complaints; query regarding contents insurance; request for brighter lights in the dining

room; request for more hand rails in the passages; and a comment that one resident had had some clothes stolen. Six other food comments made during the discussion were missed by the chairperson. This was because the residents did not directly attract her attention before making the comments but just made them. She did not hear them and was not in their direct line of vision either.

The chairperson only raised one issue; asking the residents to be prompt when they had ordered a taxi.

In the *resident committee* meeting, the chairperson raised any issues that she had and then the residents were given an opportunity to raise any new business. Many issues were raised while the minutes of the previous meeting were being read, and the chairperson did not discourage this. Instead she encouraged discussion about the topics and then moved on to the next issue from the previous minutes.

In the *resident committee* meeting, a number of residents raised issues, some of them on behalf of comments made to them by other residents. The meeting was very chatty, with many comments missed by the chairperson because she was in conversation with other residents.

The topics raised by the residents were: one food suggestion; one lady would like to be able to cook; request to use toasters in their rooms; request for a bin in the dining room; praise for staff on achieving accreditation; and concern that the cactus was not being properly cared for.

The chairperson raised the issues of an inquiry about how the fire upgrade was going; an inquiry regarding the new menu; and whether the residents would like a mobile shopping van to come.

There were discussions on each topic raised and the residents all seemed to feel comfortable talking to each other. However, these were more chatty conversations as opposed to discussions aimed at resolving issues. There was one in-depth conversation and that was about whether residents would like a mobile shopping van to call. There were some divided opinions as some residents felt that it may take trade away from the shop at the hostel. Eventually consensus was reached and it was decided to give it a 3 month trial. It appeared that discussion was encouraged by the chairperson on this issue and not on others because it was a topic that was raised by the chairperson with the specific aim of reaching a decision.

7.5 Meeting similarities and differences.

The two meetings were very different in format and agenda.

8. Outcomes

At the *resident meetings*, the chairperson did not encourage any discussions. Instead she just noted the suggestions in the minutes. This may have been because she had no experience in running a meeting.

The outcomes of the issues raised were: two food complaints (minuted, not raised at next meeting); query regarding contents insurance (chairperson suggested that the resident check her contract, minuted, not raised at next meeting); request for brighter

lights in the dining room (minuted, not raised at next meeting); request for more hand rails in the passages (minuted, will be checked, not raised at next meeting); and a comment that one resident had had some clothes stolen (told it's difficult to prove in hostels, no answer, not minuted).

None of the issues that were raised by residents were raised in the following meeting. It was therefore difficult to know whether the suggestions of residents at the *resident meetings* eventually led to any changes being made. There were some indications that changes may not have occurred. For example, one lady who requested brighter lights in the dining room said that it had been mentioned by a lot of residents at a number of meetings, but nothing had been done. Some of the residents at the end of the meeting were talking and expressed their frustration over the issue of the lights having to be raised so many times.

At the *resident committee* meetings, the chairperson did not encourage discussions to find solutions to problems. Instead, she chatted about the issues but no solutions were reached. For example, when one lady commented that she would like to cook, the chairperson replied, "*I can imagine that you would miss that*". One lady talked about how she liked not cooking and others talked about various recipes that they used to cook. The conclusion to the discussion was the manager saying, "*Just be happy like J (a resident) that you don't have to cook or clean up*". She said this in a happy conversational way and the resident did not seem to be particularly unhappy that nothing was resolved.

There were two issues raised to which the chairperson just said that there would be no solution. The request of residents to have toasters in their rooms had obviously been a long-standing issue. The residents talked about it briefly and the chairperson stated, "*I*

think this is always going to be a problem. There's no real solution". Another lady raised what she referred to as *"a very sensitive problem"* explaining that a cactus belonging to one of her friends had been left for her to care for as the other lady was too sick. The lady who cared for the indoor plants kept bringing it inside and over-watering it, which was upsetting all of the residents who enjoyed the cactus. The chairperson said, *"Well, I don't think that I'll buy into that one"*.

The outcomes to the other issues that residents raised at the *resident committee* were: one food suggestion (chairperson *"Well I'm sure if you asked the other residents, they would think differently"*, not minuted); request for a bin in the dining room (minuted, bin bought); and praise for staff on achieving accreditation (minuted).

At the conclusion of the *resident committee* meeting, most of the residents were happy and chatted to each other and to the chairperson. The only resident who did not appear to be happy was the one who complained that the meeting was too chatty.

9. Member Interaction

The residents at the *resident meeting* were friendly to each other but seemed to mainly have specific friends with whom they chose to sit and interact. Each person had one or two people with whom they talked before the meeting started. The meeting was too brief for me to see whether residents were supportive of each other's views. There were no criticisms of each other although some people became a bit annoyed when people were talking while the speaker was trying to make a point. This was partly a result of there being so many people present, as well as the configuration of the chairs. It often became unclear who was the speaker.

The residents on the *resident committee* appeared to be a close group of friends and were supportive of one another. The speaker was shown respect and all listened attentively to the speaker.

9.1 Verbal communication.

At the *resident meeting*, there was very little verbal communication by the chairperson.

At the *resident committee* meeting, the chairperson was very conversational in her communication. She was not really impartial, as her opinion usually comprised the final decision. She did not prevent irrelevant material from being discussed. When personal issues were raised, instead of discussing them with the residents later, she told them that she wouldn't enter into these debates. She chatted with individual residents, which meant that other residents' comments were missed in some cases.

9.2 Non-verbal communication.

The chairperson of the *resident meeting* sat at the front and looked a bit uncomfortable. She did not always look into the eyes of the people who were speaking as she was often not in their direct line of vision and while they were talking, she was noting the comment in the minutes.

The chairperson of the *resident committee* meeting sat with her arms and legs crossed but did not give the impression of being uninterested. She leaned forward on the desk and did give the impression of being an authority figure. She looked at the person who was talking but she would often focus more of her attention on some residents than others.

10. Communication Within the Organisation

The manager read the minutes and decided whether any changes should be made. The aim was to report back to the residents at the next meeting, but this was not done. Therefore the residents received no feedback on whether their suggestions had led to any changes being made.

11. Culture

It was very difficult to interpret the culture of this hostel. The comments of the residents were not taken particularly seriously by management, as very few outcomes seemed to result from their suggestions. The manager indicated to me that she felt that the combination of a meeting and committee worked well in principle but that they did not really function according to their aim.

While the residents were not given a lot of control, they did not seem to be too unhappy about this. It was unusual that the residents after the *resident meeting* were frustrated whereas no changes resulted from the *resident committee* meeting either, but these residents did not appear to be unhappy with this.

Hostel K

When I approached the manager for permission to attend the meetings, she felt no need to ask the residents. This area of the hostel had 16 residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed “To encourage resident participation in lifestyle and care programs”. The aim of the meetings appeared to be for the lodge manager to give information to the residents and for the residents to nominate any changes that they would like to have made. While the aim of the meetings were not specifically stated, the lodge manager did say, “I’ll now go around and ask everyone if they’ve got anything that they’d like to change”.

2. Type of Committee

The meeting was named the “*Residents Meeting*”. All residents in the lodge were strongly encouraged to attend.

3. Setting

The meetings were held in the communal kitchen and dining area. The area was not private as there were two large doorways that opened out on to two hallways. There were no doors that could be shut. The room was situated approximately 20 metres from the front desk and the manager’s office. The room was quiet, bright and cheerful, of comfortable temperature, and was well sized for the numbers of people present. There

were two interruptions, with the acting manager having two mobile phone calls in meeting one and the secretary coming to talk to the manager in meeting two.

The seats were padded dining chairs, which appeared to be comfortable. There were no instances where a resident found it difficult to get in or out of the chairs. There were adequate numbers of chairs. I sat just behind the group of residents.

The chairs were left in the same position as they were set up for meals. The lodge manager and the resident chairperson sat out the front of the room and everyone else sat around the five dining tables, in the same place that they sat to eat their meals. While this seating arrangement could have been potentially conducive to extraneous talking, this did not occur. The staff sat amongst the residents. There was easy access for walking frames and wheelchairs.

There were no comments from residents that they couldn't hear, and everyone was able to see.

4. Resources

The minute-taker was provided with a book in which to write the minutes. The hostel secretary later typed them. No other specific resources were provided for the meeting.

5. Timing

The meetings were held on the third Thursday of each month, at 2:00pm. Although the manager told me that they were always held when scheduled, the first meeting was cancelled because there was a fashion parade scheduled for the same day. The manager

was on leave for 2 weeks and this seemed to be the only reason that the meeting was allowed to be postponed. Both of the meetings were 10 minutes late, with the chairperson waiting for residents to arrive at meeting one and all people waiting for the hostel manager at meeting two. Both meetings lasted for 30 minutes. The length of the meetings was adequate.

6. People on the Committee

6.1 Numbers.

Eight female residents and two male residents were present at meeting one and eight female residents and three male residents were present at meeting two. This represented approximately 66% of this section of the hostel. All three of the care staff who worked in the area also attended along with the assistant manager and the lodge manager. At the second meeting, there were also two government accreditation officials and three family members who were invited due to the accreditation process. The manager was back from leave at meeting two so she also attended.

The lodge manager and a resident acted as co-chairpersons.

There were enough people present to carry out discussions in depth. However, at meeting two, there were so many non-residents in attendance that the residents' views were somewhat overlooked.

Residents were reminded individually of the meeting by the staff and were assisted to the meetings. There was also a notice of the meeting on the board of daily activities, as well as in the newsletter.

6.2 Chairperson.

The lodge manager and one male resident carried out the chairperson role. The resident welcomed everyone, then was asked by the lodge manager to read the minutes. He read them and the lodge manager made comments on each issue. The lodge manager did not have a great deal of authority. She knew the residents well which was beneficial but before any promises were made, she checked with the hostel manager verbally at the meeting.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were quite informal. There was no agenda but at each meeting, the previous minutes were read, with 'business arising' issues discussed after each issue was read, and then 'new business' issues were addressed. The meeting, while structured, had the feel of a conversation.

While a staff member took the minutes and they were kept on record, residents were not provided with a copy, nor was there a copy available for them to read on a noticeboard. The minutes were accurate and all issues raised by residents in the meetings were included in the minutes. The minutes also included a section on who would take action on each of the issues and their current status (i.e., ongoing, resolved). They included the names of those people who had made the suggestions, primarily to enable them to be followed up with the right person.

There was no voting at the meetings.

7.2 Order of meeting.

Most of the residents arrived 5 minutes early at the meetings. The chairperson arrived at the same time but then left to collect some residents. The manager arrived late to the meeting that she attended.

The meetings began with the resident chairperson welcoming everyone to the meeting and the lodge manager read the apologies. The resident chairperson then read the minutes of the previous meeting, pausing after each item for the lodge manager to update residents on the progress of the issues. The lodge manager raised any issues that she had and then asked each resident individually whether there were any topics that they would like to raise at the end of the meeting. Everyone was thanked for their attendance and then afternoon tea was served.

7.3 Resident participation.

The majority of residents did not actively participate in the meetings. At meeting one, five residents spoke, but at meeting two, only two residents spoke. This appeared to be a result of there being so many non-residents at meeting two that residents appeared to be intimidated about voicing their opinions.

All of the residents were given the same respect when they were speaking although in an isolated instance, one resident's comments were merely acknowledged, with nothing done about her suggestions.

7.4 Topics discussed.

Most of the topics raised in the meetings were raised by the lodge manager. These were information issues rather than problems to be discussed or addressed. The chairperson raised all of the issues that she had to raise and then it was the residents' turn.

Each of the residents was asked individually whether they had any topics to raise. This was asked by the lodge manager in meeting one and phrased, "*NAME, is there anything that you'd like to change?*" The manager asked the question in meeting two and asked, "*NAME, are there any suggestions that you would like to make?*" The issues that were raised by residents were ones that affected each individual personally, rather than the whole group.

The issues raised by residents at meeting one were: a request for an urn rather than a kettle; request for a resident to be allowed to put her phone on her bedside table at all times, rather than having to put it on the cabinet during the day; a complaint that a staff member told one lady off for having a messy room; request for broad beans; complaint about the coating on the fish and chicken; and a request to thaw out bread the night before rather than having it frozen. Three residents raised these issues.

The only issue raised by residents at meeting two was a request for stewed fruit.

The issues that were raised by the chairperson were: information regarding an upcoming Aged Rights Advocacy Meeting; two upcoming activities; a fundraising update; requests for suggestions for activities (meeting one); talk about five upcoming activities; and three inquires regarding food (meeting two).

The manager asked a resident in meeting two whether she was settling in well and how her dog was going.

The topics raised by the residents were mainly centred on complaints. Even when suggestions were made, they were phrased as criticisms. For example, one lady said, *"I'd like stewed fruit. I just cannot face another meal of tinned fruit"*, and this was said quite rudely.

7.5 Meeting similarities and differences.

The two meetings were very similar in their feel and agenda. However, the level of participation of the residents was lower at meeting two as there were a lot of non-residents in attendance.

8. Outcomes

The responses to the comments made were generally *"We'll look into it and see what we can do. Put it in the minutes"*. No specific answers are given. Nevertheless, all but two issues raised were addressed and resolved either at the meeting or between the two meetings.

The outcomes of the topics raised by residents at meeting one were: a request for an urn rather than a kettle (resolved, has been purchased); request for a resident to be allowed to put her phone on her bedside table at all times rather than having to put it on the cabinet during the day (meeting one, chairperson said *"we'll see"*, meeting two, manager reported that she had discussed it with the lady between meetings); complaint that a staff member told a lady off for having a messy room (not minuted); request for

broad beans (resolved and purchased); complaint about the coating on the fish and chicken and a request to thaw out bread the night before rather than having it frozen (not minuted).

The suggestions that were made for activities by the residents were all implemented, including a two night trip to Victor Harbour, a trip to the Almond Blossom Festival, a lunch at a hotel, and the initiation of a bowls club.

The same lady raised the two issues that were not minuted. It seemed unusual that these were ignored as all other suggestions were followed up and implemented. When the lady raised her complaint that the staff told her off for having a messy room, she said:

Resident: *“ . . . she told me off for having two hair clips on the floor. She also told me that I didn't need two pens on my phone table. That's not a crime is it?”*

Chairperson: *“Well it's to keep the room tidy. You don't need two pens”.*

Resident: *“It's not a crime is it? What if one runs out?”*

Chairperson: *“Keep one on the table and one in the drawer”.*

Resident: *“There's no point in saying anything. It's no crime”.*

Later in the same meeting, she said:

Resident: *“I don't like the coating on the fish and chicken”.*

Chairperson: *“I know”.*

Resident: *“I've told K (manager) and she doesn't listen to anything you say. She just says okay and forgets”.*

Chairperson: *“There's nothing we can do. It comes in that way from the suppliers”.*

This was despite the fish and chicken that was used being bought by the kitchen staff at the supermarket.

The issue raised at meeting two by a resident who preferred stewed fruit to tinned fruit was replied to by the manager: *“We’ll do some. Pears are in season. We can make it one of your jobs in the morning”*.

All residents seemed happy with the outcomes of their suggestions, except the lady who had had her two suggestions ignored. However, at the conclusion of the meetings, the residents still seemed annoyed and appeared to feel as though they were treated poorly.

The outcomes of controversial topics were decided away from the meeting. This applied to the lady who wanted her phone on her bedside table and also to a conversation that was stimulated by the manager asking a new resident how her dog had settled in. This led to many complaints about the dog from other residents. The manager ended up saying *“Well I’ll go and speak to everybody about the dog as not all people feel comfortable to speak at the meeting”*.

9. Member Interaction

The residents knew each other well as a group, as all of their daily activities were conducted together. However, there was not a lot of talking between the residents before and after the meetings, and they were not particularly supportive of each other at the meetings. There was some criticism of a resident who had just moved in although she was not present at the meetings.

9.1 Verbal communication.

The chairperson called people by their first names and seemed to know each of the residents well. The lodge manager did not really stimulate conversation but instead acted as a person who would take residents' suggestions to the appropriate authorities. She was mostly neutral in her response to comments, by just indicating that they would be looked into. The exception to this was in response to one resident's comments, as outlined earlier. The lodge manager used a very caring and kind tone of voice. Only occasionally, she spoke a little like a teacher, for example, when she corrected the resident chairperson when he was reading out the minutes.

9.2 Non-verbal communication.

Both of the chairpersons had open stances. The resident chairperson sat in a chair and the lodge manager stood behind the resident chairperson, reading over his shoulder as he read the minutes. They looked into the eyes of each speaker and appeared interested in what they were saying.

10. Communication Within the Organisation

If an issue was raised in the meetings, the manager addressed the issue and the solution was reported back at the next meeting. For more sensitive issues, the manager would visit the resident to discuss any solutions between the meetings. For example, residents were visited individually regarding the problem with the dog, as was the lady who requested to have her phone on the table.

While the issues seemed to be addressed, there may be have been some problems with the communication that occurred outside the meetings. For example, one resident commented that she had told the manager about a food complaint but “ . . . *she always forgets*”.

The manager indicated that no issues were passed to the management board, as she was able to address all of the issues herself.

11. Culture

The residents in this area of the hostel did not seem to be particularly satisfied with it. However, the meetings were run effectively and many changes resulted within a relatively short period of time. The chairperson was also kind and encouraging, so it would appear that the dissatisfaction was due to the general culture of that area rather than the meetings.

One unusual aspect of the culture was the way that one resident, in particular, was treated entirely differently to the others, having her suggestions criticised. Another contradiction in culture concerned whether the hostel was accommodating to individual needs or not. Staff did seem to try and accommodate individual needs, such as letting one resident bring her dog with her and purchasing broad beans for another resident. However, there were strict rules about not having the phone on the bedside table during the day and keeping the rooms of residents clean, with only one pen on the table. Furthermore, one lady's request for different fish and chicken was denied whereas other food changes were implemented.

Hostel L

When I approached the manager for permission to attend the meetings, she felt no need to ask the residents. This area of the hostel consisted of 2 male and 12 female residents. These residents were quite dependent and the area was made into a high care (nursing home) section shortly after.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager stated that the committee was formed to “. . . encourage resident participation in lifestyle and care programs”. The aim of the meeting was not stated but seemed to be a forum for residents to make suggestions, and for the manager to give information, but primarily the meeting served a social function.

2. Type of Committee

The meeting was named the “*Residents Meeting*”. All staff and residents in the lodge attended the meetings. The meetings were quite informal.

3. Setting

The meetings were held in a communal kitchen and dining area. This area was not private, as there were two large doorways that opened out on to two hallways. There were no doors that could be shut. The room was noisy, as there was a staff member in the kitchen making afternoon tea during each of the two meetings. There was also quite a lot of noise generated by people talking as they were walking past the meeting room.

The room was away from staffing areas, but all staff were present at the meetings. The room was well sized for the number of people present. There was a bird and a rabbit in the room during the meetings, which proved quite distracting as two residents were forced to hold them after being given them by a staff member. It was approximately 10 minutes before someone noticed that these residents were uncomfortable with this. The setting was welcoming with lots of photos and a bright Olympic display. There was no clock in the room.

The seats were a combination of lounge chairs and dining chairs. There were no instances where a resident found it difficult to get in or out of the chairs. There were adequate numbers of chairs. I sat just behind the group of residents.

The chairs were placed in a rough circle. Residents sat in similar positions at both meetings although most of them were assisted to the meetings by the staff and were directed where to sit. The more able residents tended to sit on one side of the room, interspersed amongst the care staff, with staff placing the more dependent residents closer to the manager. The chairperson sat amongst the residents, with the aim of giving the residents a feeling of equality, although it made it difficult for some residents to see the chairperson clearly.

There were a number of comments from the residents that they were unable to hear, partly due to extraneous noise, and to the chairperson speaking very quietly.

4. Resources

The chairperson was provided with a book in which to write the minutes. The hostel secretary later typed them. No other specific resources were provided for the meeting.

5. Timing

The meetings were held on the second Thursday of each month, at 11:00am. This was scheduled immediately before morning tea. Both meetings were held when scheduled, but each was running 20 minutes late due to the lateness of the manager. The first meeting lasted only 10 minutes and the second meeting lasted 25 minutes. The meetings were short because there were very few issues raised.

6. People on the Committee

6.1 Numbers.

Eight females and four males attended each meeting, and this comprised every person in that area of the hostel. It was just assumed by staff and residents that all would attend. All of the three care staff who worked in the area also attended, along with the manager. The lodge manager acted as the chairperson at the first meeting and the manager acted as chairperson at the second meeting.

There were enough people present to carry out in depth discussions although this did not occur. This was because there were not enough residents competent enough to participate without considerable help.

Residents were reminded individually of the meeting by the staff and were assisted to the meetings.

6.2 Chairperson.

The chairperson was either the hostel manager or the lodge manager, depending on who had more topics to raise on the day. However, when the lodge manager acted as the chairperson, the manager still spoke a great deal which made it rather confusing for the residents to know to whom they should address their issues. Having both of these people at the meetings was quite good however, as the lodge manager knew the residents very well and the manager had the authority to make decisions and give immediate answers. Both of them tried to stimulate discussion but ended up adopting more of an informative role due to the lack of resident input.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were very informal and really served more of a social role than as a decision-making forum. The meetings were conducted very loosely according to an agenda. It was the aim of the lodge manager to have the meetings as informal “ . . . *as I don't want to stress them out*”.

The committee had minutes, which were taken by the chairperson. No residents were provided with a copy of the minutes and they were kept mainly for the hostel records. The minutes were not accurate, as issues that were raised by residents in the meetings were not included.

7.2 Order of meeting.

The residents arrived before the meeting, and most were assisted to the meeting by the staff. The manager arrived late to both meetings. The meetings began with the manager and the lodge manager deciding who would chair the meeting. The minutes of the last meeting were read, the manager and lodge manager raised any issues that they had, and then the chairperson went around the room and asked each staff member and resident whether there were any topics that they would like to raise. At the end of the meeting, everyone was thanked for his or her attendance and morning tea was then served.

The chairperson took lengthy minutes of the meeting and this led to long periods of silence.

7.3 Resident participation.

The majority of residents did not participate in the meetings. The same three residents spoke at each meeting. One lady fell asleep at both meetings and was not really aware that there was a meeting. All of the residents were given equal respect when they were speaking. The staff members also participated in the meeting as it was also designed as a forum for them to have their say.

7.4 Topics discussed.

The chairperson raised most of the topics in the meetings. However, they were more in the way of information issues than problems to be discussed.

Each of the residents and staff was asked individually whether they had any topics to raise. In both meetings, it was the manager who asked this, even though she only acted as the chairperson in meeting two. A problem was that the manager would often get sidetracked. Consequently, three residents were not asked and two were asked twice. The manager would say, "*NAME, is there anything that you'd like to bring up?*" and often the resident didn't hear, and each time the manager replied, "*There's nothing you'd like to bring up?*" When these people said "*No*", she replied, "*Good*". One lady was not asked either time, but instead the chairperson said, "*NAME looks very comfortable in her chair*". This lady was quite dependent.

The issues raised by residents were one food complaint; request for bread, and salt and pepper with all meals (meeting one); praise for the singer at a function; a request for an electric blanket; and praise about how lucky the residents were in this hostel in comparison to others (meeting two).

The only issue raised by a care staff member was to thank the residents and staff for their hospitality in her work experience there.

The issues raised by the chairperson were the discussion of five activity issues; information about the shop opening hours; an explanation regarding accreditation; fundraising; and thanks to the residents for their participation in the sing-a-long.

The topics that were talked about at the meeting involved a lot of praise for the hostel and its staff by the residents, and of the residents by the chairperson. For example, the residents thanked the staff for various activities and for putting up the Olympics display. The staff thanked residents for attending the activities and for helping clean up after meals.

There were no issues that were discussed in depth.

7.5 Meeting similarities and differences.

The two meetings were very similar.

8. Outcomes

The responses to the comments made were generally that the chairperson would “... sort something out”. No specific answers were given.

The outcomes of the topics raised by residents were one food complaint (manager joked with the resident and it was ignored), and a request for an electric blanket (chairperson, “*I’m sure we can sort something out*”, not raised again). The only topic that led to some discussion was the request for bread and salt and pepper with all meals. A staff member contradicted what the resident said, saying “*K (manager) it’s on the table all of the time*”. The resident replied, “*I’m sorry, it’s just a suggestion*” and was told by the manager to ask the kitchen staff for bread at each meal. She replied that she didn’t want to, as they were always too busy. The issue was not minuted and was left unresolved.

Neither of the issues that were raised at meeting one were followed up at meeting two. In the minutes of meeting one, it read, “*There were no resident issues*”.

At the end of the meetings, all of the residents seemed happy although a small number of residents were either asleep or weren’t really alert enough to be aware that there was a meeting.

9. Member Interaction.

The residents appeared to be a close group, probably because as it was such a small hostel area, all residents lived close together and performed all of their daily activities as a group. The staff and residents also knew each other well. It was unclear whether residents were supportive of each other's views as few of them spoke at the meetings. There were no interruptions while the speaker was talking.

9.1 Verbal communication.

The chairpersons called people by their first names and obviously knew each of the residents well. They responded well to comments and always tried to maintain a positive feel in the meetings. The manager spoke to some residents in a slightly child-like way and to others more like adults, depending on the abilities of the residents. The residents responded to her as if speaking to a friend but also as one in an authoritative position.

9.2 Non-verbal communication.

Both of the chairpersons had open stances. They sat behind a desk to lean on while writing the minutes. They looked into the eyes of each of the residents who was talking and smiled and joked with them. They were very enthusiastic when residents spoke, as this did not happen often.

10. Communication Within the Organisation

If issues were raised in the meetings, the manager would address the issue and would later visit the resident to discuss any solutions between the meetings. I am not sure whether this actually occurred all the time, but it was based on the manager's belief that 1 month was too long for more dependent residents to wait to be given an answer.

There was no need for issues to be passed to management, as the manager was able to address all of the issues that were raised.

11. Culture

The hostel tried to give the residents a say about issues, but this was difficult, as many residents were either incapable of, or not interested in, having control. It may have been the case that the care staff did not allow the residents a level of control that the manager would have liked for them. This was indicated by the fact that residents were happy to raise issues at the meetings, such as the request for bread and salt and pepper, but did not want to raise them with the relevant staff members.

One problem was that the manager took the views of the staff over the residents when discussing this topic. This took a great deal of control away from the residents and indicated a problem with having a large number of staff present at resident meetings. The residents also seemed slightly hesitant to criticise staff.

The residents seemed happy and made a number of comments about how fortunate they were to be living in this hostel. One of these comments was that at other facilities, the residents had to get breakfast for themselves, whereas staff provided it for them there.

This may indicate that the residents did not desire a high level of independence. The staff also thanked the residents often so the culture appeared to be one in which both staff and residents were satisfied with hostel life.

Hostel M

This lodge was part of a large hostel but on a separate site. It consisted of fully self-contained units where there was no interaction amongst the residents unless they wished to participate in group activities that they organised. There were no staff, although the nursing home staff were available in case of emergencies. There were 20 residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was established as "*It is their hostel. They should help run it*". The major function of the meetings appeared to be to hear issues that related to this particular lodge of the hostel, and to find ways to address these issues. There seemed to be an overall emphasis on acting in the residents' best interests.

2. Type of Committee

The committee was officially named the "*Residents Committee Meeting*". The meetings appeared to be formal, with written formal rules of which people received a copy when they were elected on the committee. There were also elected representatives.

3. Setting

The meetings were held in a very large communal hall. The area was quite dark as only one of the lights was switched on. It was also cold and felt too large and impersonal for such a small meeting group. The area was not really private as there were no doors to

shut and anyone walking into the adjoining lounge room could hear the meeting. The only interruptions were three mobile phone calls each meeting for the manager. There was no clock in the room.

The seats were lightweight plastic chairs that were comfortable, easy to move, and easy to get in and out of. There were adequate numbers of chairs, positioned around a small table. The chairperson sat at the head of the table and the other members just sat anywhere around the table. The residents and staff were mixed in together. I sat around the table, but pulled my chair slightly away from the group. There were no problems with people being able to see or hear.

4. Resources

No specific resources were provided for the meetings. The minute-taker was provided with stationery and the hostel secretary later typed and distributed the minutes.

5. Timing

The meetings were held once every 2 months, at 9:30am on a Monday. Both meetings were held when they were scheduled and they started on time. At meeting one, the staff member who oversaw that area of the hostel was not present but the chairperson said, "*It's 9:30. It's best that we get started*". The meetings lasted 1 hour each. The length of time for the meetings was appropriate, with nobody losing interest or concentration, and the meetings were constructive for their duration.

6. People on the Committee

6.1 Numbers.

There were elected residents on the committee, who had initially volunteered and were then formally elected at the AGM. There were five residents on the committee, with one woman and two men attending meeting one and two women and three men attending meeting two. This represented an average of 20% of the residents in the lodge. The hostel manager, the lodge manager, the maintenance man, and a management representative, who was the chairperson for the meeting, were all present. While the residents were only just the majority, they were the main voice heard at the meetings.

A memo was sent out 1 week prior to meetings to remind all participants. However, this was not done prior to the second meeting and thus one resident was not aware that it was on. The lodge manager rang him at the start of the meeting to remind him and he arrived 5 minutes later. There were enough people that discussions could be carried out in depth and there was a very good mix of different people and positions. This meant that there were no issues that needed addressing that were outside the capabilities of the group.

6.2 Chairperson.

The chairperson was a representative from the management committee. If he was unable to attend the meeting, another management representative would act as the chairperson. He was very business-like in his approach to the meetings and ran the meetings very well. He indicated to me that he had prior experience in running

meetings. He acted as a leader in the committee, urging the members to reach solutions and then making the final decision if needed. He made sure that the meetings ran smoothly and that everyone spoke about appropriate topics in the right section of the meeting.

7. Meeting Process

7.1 Agenda and minutes.

There was no agenda although both meetings followed similar formats. The manager took the minutes of the meeting. Everyone was provided with a copy of the minutes approximately 1 month after the meeting. Most people brought their copy to the meetings. A copy was not made available to other residents in the hostel. The minutes included adequate details, including the person to take action and the completion date for the action. The minutes provided at meeting one were spaced out well, with numbered points, although the writing was too small (size 10 font). The minutes provided at meeting two had no spaces between points, and the points were not numbered, although the writing was a better size (size 12 font).

7.2 Order of meeting.

Most members, as well as the chairperson, arrived at the meetings approximately 5 minutes early. The head of the area was running late at meeting one and one resident was late for meeting two as he had only just been notified of the meeting. The meetings started on time and were conducted in a reasonably formal format. The chairperson asked if there were any apologies, read the previous minutes, which were passed and seconded, addressed any business arising as each topic was raised, and then asked each

person whether there were any issues that they would like to raise. After this, the members were thanked for their attendance and the chairperson closed the meeting.

The members appeared to have an understanding of the rules of the meeting although the chairperson did remind the residents a couple of times to raise issues in the appropriate section. There were no formal voting procedures undertaken. A number of times, the manager started talking socially about things, as this is what she encouraged in the meetings that she ran in the other areas of the hostel. The chairperson often cut her short saying, "*Let's try and stick to the point*" and "*Let's get this meeting back on track*". The chairperson closed the second meeting while people were still chatting socially but said to them, "*I'll close the formal meeting now*", and implied that they could continue their conversations after the meeting.

7.3 Resident participation.

All committee members participated to a reasonable degree at both meetings. The other members listened to them while they spoke. The residents' views were quite strongly presented as they supported each other. All people, except the maintenance man, listened to the views of the residents and appeared to realise that the aim of the meeting was to address resident issues and concerns. The maintenance man was quite defensive when issues were raised by the residents and staff, and did not seem to subscribe to the belief that the residents' views were of most importance. Instead, he seemed to feel that he had too much work and that resident suggestions were merely increasing his workload.

7.4 Topics discussed.

A number of residents raised issues, as did the hostel manager and the lodge manager. The chairperson did not raise any issues but guided their discussion. Twice during the meeting, a resident in the 'business arising' section raised a new issue and the chairperson told them to raise it again in the 'new business' section. Each person was asked individually by the chairperson whether they had ". . . *any complaints*" and all topics were raised in this section.

The issues raised were relevant to all members of the hostel and were often raised on behalf of other residents. They were mainly focused on problems that had arisen in the hostel, with most of them centred on maintenance issues.

The issues that residents raised in meeting one were: thanks to the bowling club for their fundraising; query why articles from this hostel were never in the newsletter; request for the hostel to type party invitations; suggestion for inter-hostel bowls meets; one resident retired from the committee; criticism that the bingo club was the only fundraiser in the hostel; a complaint about a noise in the ceiling; and new curtain clips were needed.

The issues that were raised by residents in meeting two were: a number of phone problems; difficulties with using the new water heater; problem with fountain pump being noisy at night as it was clogged; suggestion to send a memo to residents about a cheap phone call option available; cement pavers lifting and dangerous; water pipe banging; request for gardening; suggestion for battery operated lights in each room for blackouts; a problem with the rats; and a request that residents don't grow creepers on their fences.

The manager indicated that the retaining wall needed fixing; rats were a problem again; query whether everyone enjoyed the newsletter; and information given about the upcoming Christmas show.

The lodge manager explained the need to use the maintenance book; said that the parking was not an issue any more; asked for suggestions on how to keep the creek in the grounds of the hostel clean; and said there was a need for replacement curtains in communal area.

7.5 Meeting similarities and differences.

The two meetings were reasonably similar in their agenda, format, and the content discussed. However the second meeting had a different feel, as there were some very tense moments between the maintenance man and the other meeting members. The resident who had raised this maintenance issue felt bad about causing problems and one of the other residents was angry at the maintenance man's response.

8. Outcomes

The chairperson was very results-focused and strived for a solution to each issue. At the end of each discussion, he reiterated the conversation and the solution that had been reached. He was also keen to name the person who would be responsible for the implementation of the solution.

All suggestions made were noted and discussed. It was decided that some were best left up to the residents of the lodge rather than the manager and staff on the committee interfering. For example, an issue raised by the residents concerned the bingo club

being the only contributor to fundraising. It was obviously an issue that created a degree of ill feeling in the hostel, and the manager acknowledged that it was a problem but said, "*You can't interfere*". The chairperson concluded that things would be left as they were until a specific problem arose.

There were a few times when the views of the residents and the staff differed, and the chairperson ensured that it was the views of the residents that were given the greatest weight. For example, the lodge manager and the hostel manager told the chairperson that illegal parking was not a problem any more. All of the residents disagreed so the chairperson encouraged a discussion about possible solutions.

Some of the maintenance issues that were raised were not followed up quickly. After the lodge manager reiterated to the residents that they must use the maintenance book, the maintenance man seemed to use this as an excuse for his slowness. When a comment on maintenance was made by a resident, the staff and the maintenance man would say, "*Have you put it in the book?*" to the resident. However, it often turned out that they had put it in the book and the issue had been ignored by the maintenance man.

In meeting two, the manager discussed the slowness of addressing maintenance issues. When the maintenance man replied to an inquiry about whether the path had been fixed, he simply said, "*Where do you start and where do you finish?*" The manager replied, "*Well I think that needs to be done*". There was another issue that the maintenance man had failed to address and he replied, "*I thought K (the resident) said that he would fix that*". The manager said, "*You know that is not what was decided*". A resident later in the meeting raised another maintenance issue and they all sided against the maintenance man. He said, "*It doesn't matter what I do. It's always my fault*". There was a heated discussion and the hostel manager said that she would talk to him after the meeting.

The resident who raised the issue apologised and said, "*I hope I didn't cause any problems*".

The outcomes to the issues that were raised by residents in meeting one and their recorded progress in meeting two, where appropriate, were: thanks to the bowling club for their fundraising (manager to send thankyou letter, meeting two–reported as ongoing); query why articles from this hostel were never in the newsletter (told that need a volunteer, resident to organise, meeting two–reported as resolved); request for hostel to type party invitations (lodge manager to organise, meeting two–reported as resolved); suggestion for inter-home bowls meets (residents told that their responsibility, meeting two–not raised); one resident retired from the committee (minuted); criticism that the bingo club was the only fundraiser in the hostel (discussion, cannot interfere); a complaint about a noise in the ceiling (maintenance man to follow up, meeting two–not done); and new curtain clips needed (maintenance man to follow up, meeting two–reported as completed).

The outcomes of suggestions that were made at meeting two were: a number of phone problems (maintenance man to look into); difficulties with using the new water heater (memo sent out with instructions); problem with fountain pump being noisy at night as clogged (maintenance man to look into); suggestion to send memo to residents about a cheap phone call option available (memo to be sent by manager); cement pavers lifting and dangerous (maintenance man to look into); water pipe banging (maintenance man to look into); request for gardening (put in gardening book); suggestion for battery operated lights in each room for blackouts (manager to purchase some and send memo giving resident the opportunity to purchase them); a problem with the rats (manager to ring council); and a request that residents don't grow creepers on their fences (told that this was up to each resident's preference).

Although the solutions were agreed upon, some of the actions were slow. For example, it was decided in meeting one that the manager would send thank you letters to the bowling club but this had not been done by the next meeting, which was 2 months later.

At the conclusion of the meetings, most of the residents appeared to be happy with the meetings. There was tension, however, between the manager and the maintenance man after meeting two.

9. Member Interaction

The residents on the committee were supportive of each other and spoke like friends before and after the meeting. They were supportive of each other's views verbally, agreeing with the comments that the other residents made, and non-verbally through their encouraging and interested body language. The residents tried, to some degree, to form a communal voice. The speaker was shown respect when they were speaking, with no one interrupting. There were no comments or issues that offended the residents.

9.1 Verbal communication.

The chairperson used people's names when necessary although usually he didn't have to as everyone was in such close proximity. He spoke in a slightly business-like tone and seemed a little impersonal. However, he was encouraging of residents' viewpoints being heard. The chairperson did not raise any issues but was a very good facilitator of conversation and stimulated the finding of solutions. He spoke to all people in the meeting with a similar tone of voice.

9.2 Non-verbal communication.

The chairperson had an open stance, turning his body to face the person who was talking, with an interested expression on his face. He looked into the eyes of the person who was talking and seemed to make a particular effort to take an interest in what the resident was saying.

10. Communication Within the Organisation

The resident committee members reported back the decisions of the committee to the other residents by speaking to them in their own time. Committee members raised issues on behalf of other residents, with residents approaching the representative before the meetings. The resident representatives also went around the hostel before the meeting to see what needed doing. The information from the meetings was passed to management via the chairperson, if necessary. Feedback was provided on issues at the next meeting.

11. Culture

There were obviously significant problems between the maintenance man and the manager as discussed earlier in this report. This seemed detrimental to the meetings, as residents were wary of raising issues for fear of causing unrest. There was some tension between the residents, with disputes over fundraising. There were also some conflicts concerning the roles of the staff at the hostel. The residents would have liked them to organise a few activities but the manager said that it was up to the residents. One of them replied, "*These places are different now. People come here to rest*". Another issue raised was a query about what to do if there was a blackout and whether this

would be an appropriate time to ring the nursing home. The manager replied, "*Just do what you would do in your own home. Wait it out*". The resident said, "*Old people are different. They're scared*".

Hostel N

This was a lodge area of a hostel, designed to accommodate residents who were capable of living relatively independently in an apartment style room, but who were still provided with meals. There were no full-time staff in the area except a cook. Each resident had access to the staff in the nursing home in case of emergencies. There were 30 residents in the lodge.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed “ . . . to encourage resident participation in lifestyle and care programs”. The aim of the meetings appeared to be accepted by the residents as a forum for any shortfalls in the environment or the care programs to be highlighted to the chairperson (manager) so that she could address them. The manager agreed with this in part but also wanted the residents to be more independent. For example, the residents raised the issue of the doors not being locked at night and the manager said that they should work out between them who would do it. The aim of the meetings was stated at the start of the first meeting as: “*It’s important that you have your say . . . now is the time to bring it up at the meetings so that it is written up in black and white*”.

2. Type of Committee

The committee was officially named the “*Residents Meeting*”. All residents who lived in this area of the hostel were invited to attend.

3. Setting

The meetings were held in the communal dining area, which was of an adequate size. The room was not private, as it was the only passageway from the front door to half of the residents' rooms. The room was close to staffing areas as it adjoined the cook's office and also the office that was used by the staff members on duty. It also adjoined the kitchen, which made it quite noisy. The chairperson brought her dog with her but this did not prove to be distracting. The temperature of the room was comfortable. There was no clock in the room.

The seats were padded dining chairs and there were no complaints that they were uncomfortable. There were adequate numbers of chairs. There was easy access for wheelchairs and walking frames.

The chairs were arranged by the residents in a semi-circle, with the chairperson seated out the front. It was a good arrangement to promote discussion although it did present the chairperson in a very dominant role. Nevertheless, this was the choice of the residents.

The men at the meetings sat together on one side of the room. One lady who couldn't hear sat next to her friend who could explain to her what was happening. She was the only resident who couldn't hear although this was not a function of the meeting but a result of her having hearing problems. She still liked to attend the meetings though. All residents could see as they were close to the chairperson.

4. Resources

The chairperson was provided with a book in which to write the minutes. The hostel secretary later typed the minutes. There were no other resources provided.

5. Timing

The meetings were held roughly once every 3 months, on a Friday at 9:30am. The manager indicated that this time was not particularly convenient for her but it was the time that the residents suggested. During the first meeting, the residents requested that the meetings be held monthly, although this did not eventuate. Meeting one was held when scheduled and meeting two was delayed 2 weeks due to accreditation. Both meetings started on time as the chairperson made a special effort to arrive on time. She said, "*They get very cross if it starts late*". All residents were in the room waiting for the meeting to start at the scheduled time. The meetings both lasted for 1 hour.

6. People on the Committee

6.1 Numbers.

Six women and three men attended meeting one and seven women and three men attended meeting two. This was approximately 32% of the residents from that lodge. Very similar people attended both of the meetings. The chairperson was the manager and she also took the minutes. Staff members used to attend the meetings although this was stopped at the request of the residents. There was an appropriate number of people at the meeting, as all people were able to have their say and topics could be discussed in some depth if the need arose. Residents were not assisted to the meetings by staff, as

this was not necessary. Residents were reminded of the meeting by a memo that was sent out by the manager 1 week prior to the meeting. The residents also reminded each other.

6.2 Chairperson.

The chairperson was the manager. She asked the residents whether they would like to chair the meetings after a formal request was put forward for this by one resident. However, when asked at the meeting, the other residents said that it was better if she did it. She also took the minutes of the meetings. The chairperson did not need to stimulate conversation, as residents were forthcoming with comments. She did however, encourage solutions to be found and made the final decision when one needed to be made.

7. Meeting Process

7.1 Agenda and minutes.

The meetings had no agenda but followed a loosely structured format of going through the previous minutes and then raising any new business.

The meetings had minutes recorded by the chairperson. She commented that "*I don't usually take minutes at meetings so I forget what to do*" (in reference to the fact that she forgot to record those people who were present at the previous meeting). The minutes were reasonably detailed, and had a section for the name of the person who would address the issue. The size of the writing was adequate (size 14 font) but the points

were close together and not numbered and so were hard to follow. Residents were provided with a copy at meeting one but not at meeting two.

7.2 Order of meeting.

All residents arrived at the meetings early and the chairperson arrived on time on both occasions. The meetings began with the chairperson recording those people present, and then in meeting one, she reviewed the format and the purpose of the meetings. In both meetings, the chairperson read the minutes of the previous meeting. As each of the issues was read, any business arising from the issue was also addressed at this point. The chairperson then asked the residents *“Is there anything that anyone would like to bring up?”* at which point suggestions were made and discussed. The meeting was then declared closed.

There were no formal voting procedures. Instead, the most easily heard opinion seemed to be accepted as consensus. This was a problem in a couple of issues because while the chairperson was writing down suggestions, she missed the main gist of the conversation and so took the last comment heard as the decision that was made.

There was a large number of interruptions to the meetings as the manager’s mobile phone rang seven times over the course of the two meetings.

7.3 Resident participation.

All of the residents participated at both meetings. One resident, who was shy about raising issues, contributed by writing a formal letter to the manager who then raised the

points at the meeting. Another lady, who could not hear well, made quiet comments to her friend who then presented her point of view to the meeting.

The chairperson did not particularly have to encourage resident participation at the meetings, as all residents seemed happy to comment on issues. All comments were listened to equally by the chairperson although she missed a couple of minor points while she was writing the minutes.

7.4 Topics discussed.

In the section for residents to raise issues, there was no obvious encouragement necessary by the chairperson. All of the residents were capable of raising issues and were confident enough to speak up. Only occasionally, when a couple of residents had not provided any input into a conversation and the chairperson was trying to reach an agreement, she would ask these residents individually what they thought.

Topics were raised by a number of residents. The topics raised were generally suggestions that the residents felt would be of benefit to all of the residents at the hostel. The chairperson raised relatively few issues and raised them only after the residents had raised all of theirs.

The chairperson encouraged residents to put any suggestions in the suggestion box so that they could be raised at the next meeting. She suggested that this would stop them being forgotten in the intervening 3 months.

The chairperson was neither particularly positive nor negative when suggestions were raised but treated them all in a more formal manner. Making encouraging comments in

response to raising issues like some chairpersons in other hostels did would have seem patronising to such a capable group of residents. For example, when the residents raised some food issues, she said, *“Food always comes up as an issue. I’ll arrange a meeting with the nutritionist so all of the residents can come. I’ll let you know the time and date”*. However, at the end of the meeting, she did say, *“Thanks for coming and being prepared to speak up. Everyone appreciates those who can act as spokespeople. It helps residents and staff know what you want”*.

The speakers were shown respect by the other residents and by the chairperson although they were interrupted on a number of occasions by mobile phone calls. Sometimes this interrupted the flow of the conversation. There were also long periods of silence while the chairperson took down notes in the minutes and this also led to some comments being missed while minutes were being recorded.

The topics raised by residents in meeting one were: food issues; passage globes needed fixing; one resident’s light globe had broken; need for path edging; request for a chair and hand rails in corridor; problems with phone calls not getting through; the residents were not happy with the new bread supplier; the wheelie bins had not been emptied; query about the prices of the apartments; and the paving bricks were uneven and causing falls.

In meeting two, residents raised the issues of: problems with the screen doors; ants and rats were a problem again; request for more staff help in their lodge; request for an information book for new residents; the need for an extra wheelie bin; the shower head in one lady’s bathroom was cracked; food not hot on Fridays; request for one lady’s carpets to be cleaned; complaint about the inconsistency of electricity supply; inquiry whether residents were allowed to use candles; request for copy of instructions for the

air-conditioners; inquiry when the hairdresser visits; request for blinds on the windows; and a request for larger dinner plates.

The chairperson raised the issues of a review of the meeting format; a complaint by residents of a staff member had led to a review of staff (meeting one); changes to unit names; washing machine purchased; and the introduction of a new gardener (meeting two).

7.5 Meeting similarities and differences.

The two meetings were similar except that minutes were only supplied at the second meeting. The meeting was more formal when minutes were provided and this made it easier for the progress of the meeting to be followed.

8. Outcomes

For the small maintenance problems that were raised, the chairperson asked the residents whether they had “ . . . *put it in the maintenance book?*” On each occasion, the resident had not and the chairperson said, “*You must write it in the book. You can’t just tell someone or it will be forgotten. It must be in the book*”. However this was a system that was obviously not working as residents continued to raise issues that were appropriate to put in the maintenance book but hadn’t been.

There were some conflicts as to who should address the outcomes of some of these issues. The chairperson wanted the residents to do this to maintain their independence, in line with the aim of this hostel. She wanted them to act as they would in their own homes. However, the residents were more inclined to want deficiencies to be addressed

by the chairperson. For example, the residents wanted different stoppers on the chairs. The chairperson replied that there was no funding so that the residents would have to raise the money and organise this themselves.

The progress of issues raised in one meeting were then raised again at the next meeting, with their discussion taking up the bulk of the meeting. However, at meeting two, six of these issues were overlooked as the chairperson did not realise that the minutes went over on to the reverse side of the paper. Many of the topics were also not minuted from meeting one.

Usually the chairperson would listen to the comments made by the residents and ask some clarifying questions, as she was not entirely aware of some of the procedures that occurred in this area of the hostel. If the residents had not suggested a solution, she would often encourage them to do so. For example, when some residents said that there was a need for a light above the door and other residents said that there was no such need, she replied, *“What would you like to do? I’m guided by you people”*.

The problem with the outcomes of many of these topics was that residents were given a solution only at the next meeting or told that it was still being looked into. The length of time between meetings could sometimes make change a very long process.

The outcomes of the issues raised in meeting one were: food issues (chairperson will invite nutritionist, meeting two–not raised); passage globes need fixing (meeting one–minuted, meeting two–maintenance said checked and all worked); one resident’s light globe had broken (put in maintenance book, not minuted); request for chair and hand rails in corridor (denied–*“We’re not looking for that type of presentation yet”*, minuted, not raised at meeting two); need for path edging (minuted–currently being reviewed,

meeting two—reported as ongoing); problems with phone calls not getting through (put in maintenance book, not minuted); the residents were not happy with the new bread supplier (minuted, not raised at meeting two); the wheelie bins have not been emptied (chairperson to tell maintenance man, meeting two—reported as resolved); query about the prices of the apartments (chairperson to find out, meeting two—not raised); and the paving bricks were uneven and causing falls (minuted, meeting two—not raised).

The outcomes of meeting two were: problems with the screen doors (told to write in maintenance book); ants and rats were a problem again (chairperson to ring council); request for more staff help in their lodge (denied); request for an information book for new residents (will be done by February); the need for an extra wheelie bin (minuted); one shower head was cracked (resident told to write in maintenance book); food not hot on Fridays (residents told to tell cook); request for one lady's carpets to be cleaned (told to write in maintenance book); complaint about the inconsistency of electricity supply (currently being addressed); inquiry whether residents were allowed to use candles (told not allowed to); request for copy of instructions for the air-conditioners (minuted); inquiry when the hairdresser visits (will be in new book); request for blinds on the windows (already being looked into); and a request for larger dinner plates (minuted).

At the end of the meetings, all residents were happy and talkative. They seemed to have a feeling of importance as a result of the meeting.

9. Member Interaction

The residents at the meetings knew each other quite well and were friendly as a group. They were generally supportive of each other's comments. There was one case where

all of the residents disagreed with one lady's suggestion for a light above the keyhole to the main door, but they disagreed politely, without personal criticism: "*I'm sorry K (manager), but I really don't find it a problem*". Nevertheless, the lady seemed a little offended that no one agreed with her.

9.1 Verbal communication.

The chairperson called all residents by their first names. She raised issues but not until after the residents had aired their opinions. The issues she raised were more common interest rather than major points. She did not really respond to comments but just let the discussion follow its natural course. She then encouraged a solution to be found if necessary. She treated the residents as adults for whom she had a lot of respect. They treated her similarly.

9.2 Non-verbal communication.

The chairperson sat at the front of the room, as that was the way the residents had set up the room. She listened carefully to what each resident said and always looked interested. One problem was that, as she was looking down to write the minutes, some comments were missed. She was also unable to maintain eye contact during these times. She used a tone of voice used when speaking to business associates.

10. Communication Within the Organisation

Most of the time, the chairperson said that she would follow up on the issues. She minuted the topics raised and then looked into them. Some of the issues were passed to maintenance to be dealt with, and some of the more major issues were referred to the

management board for a decision. The outcomes of these decisions were then raised at the following meeting.

Residents made some requests on behalf of other non-attending residents in the hostel. There was no way for the meeting contents or outcomes to be communicated to the other residents in the hostel, as there were no minutes. Instead the residents who attended the meetings verbally relayed the decisions made at the meetings to the other non-attending residents.

11. Culture

As mentioned earlier, the chairperson was keen for residents to have their own community with minimal staff input. She would have liked them to address some issues themselves, such as who would lock the doors at night, and to raise funds for upgrades to furniture if needed. However, the residents wanted to rely on the staff more. There was a request for more staff help, and a resident requested staff help in gaining interest for resident activities. She was told that that was not their responsibility. The manager strongly tried to encourage their independence and denied the request for chairs in the corridor and handrails. Residents thought that this would be beneficial but the manager did not want to encourage this level of dependence.

On the other hand, there were certain rules that the residents had to abide by, such as the strict policy that had banned candles throughout the hostel.

Hostel O

When I approached the manager for permission to attend the meetings, she stressed that the residents must be asked permission first. The chairperson asked at the next meeting and the residents agreed. The hostel had 18 male and 23 female residents and was for ex-military men and women.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed as she "*recognised the need*". The chairperson emphasised at the start of the first meeting that the purpose of the meetings was to "*. . . let residents have their say about issues that concern them*". This was after I spoke to her about my research, however, and this may have prompted this comment. The major function of the meetings appeared to be to hear grievances and to find solutions to them, clarify queries, and impart information that was relayed from the manager to the residents, via the chairperson.

2. Type of Committee

The committee was officially named the "*Residents/advocate meeting*". All residents at the hostel were able to attend the meeting. The meetings were conducted formally and this seemed to be the intention of the chairperson. Voting procedures were undertaken correctly with a show of hands when a decision couldn't be reached, with majority rules. The chairperson tried to adhere to a formal structure although the residents seemed unsure about the conduct of meetings and often raised topics in the

wrong sections. Furthermore, there was a lot of extraneous and irrelevant talk, which resulted in the meetings being slightly less formal.

3. Setting

The meetings were held in an adequately sized activity room. The room was bright and welcoming as it was filled with activities, games, posters, and notices. While the room was close to the front desk and the manager's and activity coordinator's offices, the chairperson made sure that the door was shut so that the area was private. The room was quiet and free from distractions or interruptions. There was no clock in the room.

The seats were lightweight and comfortable. However, there were not enough chairs at either of the meetings, with three residents at each meeting sitting on the chair of their walking frame and two residents went into the dining room to get a chair. In meeting one, the chairs were positioned in a circle by the chairperson, with hers forming part of the circle. However, there were problems with the chairs being placed too closely together. This made it difficult for residents to get in and out of their chairs. The chairs were put in five rows at meeting two with the chairperson out the front. She stated that on that day, she had less time to arrange the seats before the meeting. I sat at a nearby table behind the group of residents.

The seating arrangement was much more conducive to discussion in the first meeting with the chairs in a circle as any quiet comments made by one resident to another were heard and responded to by the chairperson. In the second meeting, the seating arrangement seemed to encourage a high amount of small group discussions. Residents seemed to make an effort to sit with the same people each time.

There were complaints by two people at each meeting that they couldn't hear due to other people talking. One resident who had trouble hearing in previous meetings was invited by the chairperson to sit closer to her so that he could hear.

4. Resources

No specific resources were provided for the meeting. The minute-taker (a family member) provided her own stationery. The chairperson was responsible for typing and distributing the minutes.

5. Timing

The meeting was held once every 2 or 3 months, depending on how busy the months were. For example, the December meeting was postponed until January because there were a lot of activities planned in December. They were held at 11:00am on a Friday. Both meetings were held when scheduled although both meetings started 15-20 minutes late. This was because the chairperson went to collect some residents who usually attended the meetings but had not yet arrived. The meetings lasted 75 minutes and 60 minutes. The length of time for the meetings was too long, especially at the first meeting with residents appearing to be losing both interest and concentration. Despite this, no residents left the meetings early. The meeting agenda was accordingly shortened for the second meeting with the accreditation standards not read out verbatim, as was usual, but instead only an overview was given. The meetings were not entirely constructive as there was a lot of chatting between the residents, and often the chairperson found it difficult to regain control of the meeting, particularly in meeting one.

6. People on the Committee

6.1 Numbers.

Ten women and five men attended meeting one and nine women and four men attended meeting two. This comprised approximately 34% of the hostel's residents. Similar residents attended both of the meetings. The chairperson was a resident's niece, the activity coordinator attended if available, and a family member took the minutes. No staff were present at the meetings, although when I returned a year later, the manager had begun to attend the meetings at the request of the residents.

There were also two guest speakers, with the cook and the manager attending meeting two at the invitation of the chairperson and the residents. This was to enable them to address some issues that had arisen in the previous meeting. There may have been too many people in attendance because it turned into a number of discussion groups with several small conversations taking place.

Residents were not assisted to the meetings nor were they reminded by staff members. Instead the meetings were advertised in the newsletter and the chairperson collected any residents who needed reminding.

6.2 Chairperson.

The chairperson was the niece of one of the residents who volunteered following a request by the manager. There was no provision for a replacement chairperson but the meeting date was set by the chairperson for a time suitable to her. The chairperson had no formal experience in running a meeting.

In both meetings, the chairperson adopted a role of stimulating conversation rather than a true leadership role. She did not offer her opinion but listened to the opinions of the residents and then reiterated what she thought they meant. She treated the residents as people whom she respected and she could learn from. The only flaw was that she enabled the extraneous talking to get a little out of control, perhaps as a result of her not wanting to control the meetings too much.

7. Meeting Process

7.1 Agenda and minutes.

The meetings had an agenda that the chairperson had put together for her own reference. The agenda was simple and outlined issues to be raised at the meeting. No residents approached the chairperson with issues for the agenda. None of the committee members were provided with a copy of the agenda. The agenda included previous minutes, business arising from previous minutes, occupational health and safety issues, accreditation standards (one explained at each meeting), policies (one read at each meeting), food, employee issues, care issues, activities, other business, the date of the next meeting given, and close the meeting.

The committee had minutes, which were taken by the activity coordinator at the first meeting and by one of the resident's daughters at the second meeting. Each committee member was provided with a set of minutes approximately 1 month after the meeting. The chairperson delivered these to each of the attending residents' rooms and also to the other residents who usually attended the meetings. Copies were also left on a table in the entrance to the hostel. A copy was not provided at the meeting and no residents had brought a copy with them to the meeting.

The size of the minutes was large enough for elderly people to read (size 14 font) although the minutes were a little crowded, with very little space between points. The minutes included adequate information regarding the people who had attended the meetings, and the details of all of the items discussed, although no deadlines for action or names of people to address certain issues were included. The minutes included the names of the people who had made the suggestions.

7.2 Order of meeting.

Everyone arrived at the meetings approximately 5 minutes early and the chairperson arrived just after the meetings were due to start because she had been talking with the manager. Three residents came to meeting one before it was due to start and saw that there was no chairperson and left. One commented "*One thing you soon learn is that everything is running late around here*".

The meetings started 15 minutes late. They began with the names of those present noted by the minute taker and the chairperson welcoming everyone. The minutes of the previous meeting were read at both meetings, with the chairperson stating "*It is important that we verify that they are correct*". On both occasions they were passed and seconded. The meetings then followed the agenda as detailed earlier. The meetings were conducted in a reasonably formal format, following the order set out in the agenda. Nevertheless, the meetings did not have a formal feel about them as they seemed a bit beyond the chairperson's control and the residents did not seem to fully understand the agenda.

7.3 Resident participation.

There was a large discrepancy between the participation of the residents at the two meetings. At meeting one, 10 people contributed a substantial amount to the meeting and at the second meeting, only five people talked, mostly only making minor comments. In meeting one, there were a large number of discussions regarding the food and the chairperson was very responsive to them. In the second meeting, the cook came to talk about the food issues raised and was very critical of the residents' criticisms. For example, *"It says in the minutes that there's no variety. My goodness, that's terrible"*. The residents then agreed that there was enough variety. The cook also ignored a number of comments that were made by the residents, instead stating *"We do a lot of things for you. You don't know how lucky you are"*. The chairperson did not stop these comments, as she also seemed to be intimidated by the cook. The cook's attitude seemed to stop them from making suggestions for the rest of the meeting. Despite the chairperson continually asking, *"Is there anything at all anyone would like to bring up at the meeting?"* very few issues were raised.

7.4 Topics discussed.

The topics that were raised in the meetings were raised in appropriate sections by the chairperson, as outlined in the agenda. For example, when the food section was raised in the agenda, the chairperson would ask, *"Are there any comments or issues in relation to food?"* and then residents would raise any issues that they thought of. If no issues were raised, the chairperson would ask questions such as, *"How was tea last night?"* or *"Has the meat been any more tender?"* to encourage discussion. The chairperson raised issues on behalf of comments that she had heard residents make between the meetings and also on behalf of the manager.

All of the comments made by the residents were acknowledged by the chairperson and treated as valid and important. A large number of the topics raised were ones that were of concern to particular individuals, such as one lady didn't like cold custard and another resident didn't receive their television guide that week. The comments were entirely focused on criticism, with no praise involved.

The topics that were raised by residents were 12 food complaints; request for meals to be served in the communal dining room once per week (they were usually served in each lodge's kitchen area); request for name tags for staff; options for when alcohol could be served; new laundry cup needed; request for 10-pin bowls and billiards; request for a table cover for the pool table; request for a chair in the carpark; and the TV programs were arriving too late. Only two of these issues were raised in the second meeting, and both were food issues in response to queries from the cook.

The chairperson raised the issues on behalf of the manager, being: residents need to be understanding of, and kind to each other; there will be a practice fire alert; new hostel brochure to be issued soon; description of accreditation standards; staff issues; residents using too much washing powder; laundry load sizes too big; must clean lint filter in drier; and residents need to set the tables later at night so that the cleaners can clean them. The manager attended meeting two and raised the issues of a special dinner; new vegetable garden; employee issues; need to keep walkways clear; and the pathway was completed.

In-depth discussions were carried out in the areas of: food (resulting in the cook being invited to attend the meeting); whether meals would be served in the main dining room (resulted in a survey); when alcohol should be served (resulted in a majority-rules vote);

and the need for a table cover for the pool table after repeated requests (chairperson said, "*It has not been forgotten but the manager is still too busy*").

There was some mention of the rules of the hostel, with the chairperson relaying a request from the manager for residents to be nice to each other and outlining the revised rules for setting the tables.

7.5 Meeting similarities and differences.

The two meetings were similar in formality and agenda but there was more resident participation in the first meeting, perhaps as a result of the seating arrangement in a circle. The presence of the cook may also have intimidated the residents in meeting two. There was a high level of dissatisfaction evident at both meetings.

8. Outcomes

The chairperson was very good at encouraging discussions to find resolutions to raised issues. Solutions or answers were given to all of the issues or queries that were made. Usually the chairperson would note the issue and tell the residents that she would find out and get back to them. If the issue required a discussion, the chairperson encouraged discussion, and then the decision was noted. The manager was then approached with all of the queries or suggestions and an answer was given at the next meeting.

Some of the answers to suggestions were rejected, such as the request for the front desk to be attended on weekends. The chairperson said at the next meeting that the finances of the hostel would not allow this. The residents seemed satisfied that their suggestions were followed up and an answer was given. One area that was a problem was food.

The chairperson noted the food issues in meeting one and invited the cook to meeting two to address these issues because *“she knows what goes on better than me”*. The cook did not agree with any of the suggestions and made the residents feel bad. The other area that caused a problem was the issue of the pool table cover, which was ongoing and was put off merely as a result of the staff being too busy. This item had been on the agenda for 8 months.

There were two comments that showed that some residents didn't believe that the meetings would achieve anything. One man, when asked for his opinion replied, *“I don't have to talk. It makes no difference anyway”*, and another lady said, *“There's no point in making comments as I'll just have to get used to it as it is”*.

The chairperson was very strict on the fact that the solutions must come from the residents. For example, when residents raised the issue of when alcohol should be served, the activity coordinator said, *“I think that it works well at the moment. Let's leave it at that”* but the chairperson replied, *“No, the decision is up to the residents”* and then encouraged a discussion and a vote on the topic.

At the conclusion of the meetings, particularly meeting two, most of the residents did not appear to be happy, seemingly as a result of the high levels of personal criticism of each other and disagreement over issues. Despite the best efforts of the chairperson, there were four comments heard that the meetings were *“a waste of time”*, one comment that *“It wasn't a real meeting but just a whinge”*, and two comments that *“It was the first meeting I have come to and I wouldn't come again”*.

The specific outcomes of the meetings were: 12 food complaints (meeting one—raised and minuted, meeting two—cook attended meeting and ignored requests); request for

meals to be served in the dining room once per week (meeting one–raised and decided a survey would be taken, meeting two–survey results given); request for name tags for staff (meeting one–raised, meeting two–staff notified); options for when alcohol could be served (meeting one–raised and voted, resolved, meeting two–reiterated solution); new laundry cup needed (meeting one–raised, meeting two–had been obtained); request for 10-pin bowls and billiards (meeting one–raised, meeting two–reported that all enjoyed them); request for a cover for the pool table (meeting one–raised again, meeting two–not forgotten but still too busy); request for a garden seat in the carpark (meeting two–raised and will be taken to management); and TV programs arriving too late (meeting two–raised and will be delivered earlier). The latter two issues were the only ones raised at meeting two.

9. Member Interaction

The residents at the meetings were not particularly friendly as a group. Each person had one or two people that they talked with before the meeting started. They were not particularly supportive of each other during the meetings as there were a lot of divided interests. There was much argument, especially over the issue of whether alcohol should be served with the meals once a week. Eventually a vote was taken and the people who lost the vote seemed very bitter. There were a lot of rude comments or criticisms of other residents while they were speaking, usually made by one resident to the person next to them, *“She’s only been here four months and she’s already complaining”*, and *“I’m satisfied, what’s their problem?”*

The speaker was shown respect by the chairperson when they were speaking but was interrupted a lot by other residents. A lot of talking occurred while people were

speaking with a male resident saying “*shut up*” on a number of occasions. The chairperson did nothing to stop this extra talking.

9.1 Verbal communication.

The chairperson used people’s first names or surnames according to the preferences of the residents. She spoke in a very respectful way and was diplomatic. She responded to comments positively and treated any comment as important. She repeated the comments of a number of residents to clarify that she had understood correctly.

9.2 Non-verbal communication.

The chairperson had a very open stance and faced each resident as they talked. She had a look of interest and concern on her face and listened carefully to what was said. She maintained eye contact at all times.

10. Communication Within the Organisation

The chairperson had a meeting with the manager after the resident meetings, to discuss the issues that were raised. The manager then got back to the chairperson with the answers, which were conveyed to the residents at the next meeting.

There were some problems with aspects of communication within the organisation. For example, a decision was made in the meetings that residents would like yoghurt twice a week in their fridges. The manager approved this, so the cook purchased it but the carers rarely put it in the fridges. The cook assumed that it was not wanted because it

went off, so she stopped ordering it. When the residents asked the carers, they said it hadn't been ordered and when they asked the cook, she said it was the carers' fault.

There were also some conflicts between the chairperson and the activity coordinator, with the chairperson focussing on the residents' needs and the activity coordinator seeming to be more concerned about the time the implementation of changes would take her. This conflict was actually quite beneficial to the residents, however, as a compromise and a decision was usually reached.

11. Culture

There was obviously a lot of dissatisfaction amongst the residents in the hostel in general and this carried over into the meetings. The meetings were focused on criticism and there was much conflict between the residents. It seemed that the effective running of the meeting by the chairperson, with a lot of focus on empowering the residents, was not enough to overcome this. While residents were given a large say and a lot of respect in the meetings, and made to feel that their needs were important, once another staff member was involved the problems started to show. For example, when one resident said that he was new and never knew what was on and where, the chairperson said that a notice could be sent around. The activity coordinator replied, "*I don't have an endless amount of time in the day*" and so the chairperson did it instead. The cook's reactions were another example of the way that the resident's suggestions were dismissed within the hostel.

Hostel P

When I approached the manager for permission to attend the meetings, she did not ask the residents but instead checked with the activity coordinator. The manager commented that “*It would look good to the government to show that we are open to outside suggestions*”. The hostel had 13 male and 24 female residents. It was designed to accommodate people of Croatian, Ukrainian, and Belarusian background.

1. Aims and Goals

In the initial survey (as detailed in Chapter 2), the manager indicated that the committee was formed for “*. . . consultation and (as) part of the quality improvement process*”. The aim of the meetings appeared to be to make decisions, to support each other, and to give honest opinions about issues. The residents were encouraged by the chairperson a number of times to raise, or comment upon, any issues that they felt were important.

2. Type of Committee

The committee was officially named the “*Hostel P Residential Group*”. All residents at the hostel were able to attend the meetings. The meetings were informal, consisting of an open forum for suggestions, comments, or criticisms.

3. Setting

The meetings were held in the communal lounge area, which was a room where all residents from the three nationality areas could congregate. The room was comfortable and had a very homely and welcoming setting. The room was reasonably quiet, but was

not private as the doors were left open. The chairperson told me that she did not want to shut the doors as she wanted all residents to feel free to enter the meeting. One resident came to read a book in the room before the meeting started, but left when she realised the meeting was on. The room was away from staffing areas and was free from distractions. There was no clock in the room.

The seats were all lounge chairs, with the area being set up like a lounge room in a private home. The seats were comfortable, but some people had difficulty getting out of the chairs because they were so deep and soft. This did not seem to concern anyone though, as the residents simply helped each other out of the chairs. There were adequate numbers of chairs. The chairs were positioned in a rough circle, merely as this was how the room was set up anyway. Two new respite residents chose to sit behind the other residents on footrests as they commented to the chairperson that "*We don't want to talk at the meeting. We just wondered what happened at the meetings*". All of the other residents sat close together.

There were no problems with residents being unable to see or hear. The chairperson spoke loudly and clearly and one resident reiterated what was said a couple of times to another lady who was having problems with her hearing aid.

The chairperson, and the Ukrainian and Croatian interpreters, sat at the front of the group behind a table. The two nationalities sat near their respective interpreters, and all of the other residents sat in their favourite seats. There was easy access for wheelchairs and walking frames.

4. Resources

The chairperson was provided with paper to write the minutes. The minutes were then handwritten by the chairperson rather than typed. No other resources were provided.

5. Timing

The meetings were held once every month, on the first Friday of the month. They were scheduled to be held straight after lunch, at approximately 1:15pm. At about 1:10pm, residents in the lunchroom were reminded that there was a meeting on in 5 minutes. Both meetings were held when they were scheduled with meeting one starting on time and meeting two starting 10 minutes late. This was because a staff member went to remind residents in one of the lunchrooms where they hadn't yet been reminded. The meetings lasted 90 minutes and 55 minutes. The length of time for the meetings was far too long, especially in meeting one. The cook came to meeting one to talk about the new menu and went through each of the food options. The residents were enthusiastic at the start of the discussion but towards the end, comments such as, "*The menu must nearly be at the end*" started arising. Seven people left before the meeting was over, commenting, "*I've got a sore bottom*" and "*I can't sit any longer*". The meetings were constructive for their duration, with no extraneous chat by the chairperson or residents.

6. People on the Committee

6.1 Numbers.

Fifteen women and two men attended meeting one and seven women and two men attended meeting two. This was approximately 46% and 24% of the residents at the

hostel. Approximately one-third of the people who attended meeting one also attended meeting two. The chairperson was the activity coordinator. There were also two interpreters present. The cook was one of the usual interpreters but, when she was invited as a guest speaker, another volunteer was used to interpret. At meeting two, a new volunteer who was acting as a resident representative on the management board was also invited to attend the meeting.

There were enough people in attendance to carry out discussions in depth. Despite the relatively small numbers of Ukrainian (three) and Croatian residents (two) at the meetings, their views were strongly represented. This was a result of the effort by the chairperson to include them, and their interpreters providing them with a strong voice.

Residents were assisted to the meetings by staff if requested, although the residents who attended the two meetings were mainly a very able group and needed little assistance. Residents were reminded of the meetings at lunch immediately prior to the meeting, and also in the weekly newsletter.

6.2 Chairperson.

The chairperson was the activity coordinator at the suggestion of the manager. The manager felt that it was not a good idea for residents to run the meetings themselves as there might be issues of favouritism. She also felt that it was inappropriate for her to chair the meetings.

The chairperson did not raise topics, with residents doing it instead. They needed no encouragement to do this so it worked well. The chairperson used her role to keep encouraging people to speak up and to give honest opinions. She reiterated that

"You're entitled to get what you like", and she made sure that everyone had a say on each topic, and she also summarised the discussions and followed up on the solutions.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were very informal, with no agenda. At meeting one, the minutes of the previous meeting were not mentioned, but at meeting two they were read out.

The chairperson took minutes and a handwritten version was posted on the noticeboard for people to read. They did not include the names of people who had made the suggestions. No one indicated that they had read them and no one seemed to mind that they weren't provided with minutes. There were formal voting procedures, with a show of hands and majority rules.

7.2 Order of meeting.

The residents arrived at the meetings immediately after lunch. The chairperson was already there as she had her lunch in the room in case people arrived early. Each time a person walked in, the chairperson would greet them by name and have a little chat with them. Meeting one began with the cook being welcomed to the meeting to discuss the new menu, as this issue had been raised at the previous meeting. Residents were encouraged to *"Speak up about whether you like the sound of a meal or not. This way we'll get the menu right and if you don't like them later, you can come to me and tell me"*.

A number of times throughout this meeting, the chairperson reminded residents to have their say, with such comments as, *“Please be honest and tell J (the cook) what you think”*, and *“If there are problems, come and tell me. I’d rather hear it from the horse’s mouth”*.

Residents were then invited to make any suggestions, the chairperson made a few suggestions and invited comments, and then the meeting ended with the chairperson thanking everyone for coming to the meeting, after which everyone clapped.

Meeting two was just as informal, although the minutes from the previous meeting were read, and any issues were reported on after each point in the minutes. The rest of the meeting followed a similar format to the first with an open forum for comments.

7.3 Resident participation.

All people participated in meeting one and all but the two respite residents contributed to meeting two. They had indicated to the chairperson that they didn’t want to contribute verbally to the meeting. Five people contributed the majority of comments to each meeting.

All residents were given the same degree of attention by the chairperson when they spoke at the meetings. If a conversation occurred in which some people had not participated, the chairperson would ask them specifically for their opinion on the matter. The interpreters spoke to the residents of their nationality and the chairperson would ask, *“What do our Ukrainian residents think?”* and the interpreter would speak up for them.

7.4 Topics discussed.

There was no real method to the way that topics were raised in the meetings. Residents raised their issues first by saying, "*Excuse me K*" to the chairperson, and then stating what they would like to say.

The chairperson and the interpreters encouraged the residents to be honest when commenting on topics, "*Please be honest about whether you like the meals or not*" to which residents replied, "*But it's very hard to cook for four nationalities*". The chairperson and the staff wanted the meetings to be forums where residents felt comfortable about making honest criticisms or giving opinions on issues. The residents seemed reluctant to be critical however, as they appeared to believe that the staff did such a good job, and they felt so close to them that they didn't want to criticise them.

Residents' opinions were treated with high regard and their expertise was often called upon. For example, the cook asked the residents how they cooked various dishes so that she could try to do it the way that they were used to. All residents appeared to be excited about giving their opinions on this matter.

Ten issues were raised by residents, three by the chairperson, and two by the cook on behalf of other residents' comments to her. The issues raised by residents were: a request for earlier tea; request for guest speakers at the meetings; a concert put on by residents (meeting one); request for hot custard for one resident; praise for chairperson's idea for shopping trips; praise regarding two dishes that were particularly enjoyable; a request for raisin toast; a query about how often soup is being served; and a request for Chinese take-away (meeting two).

The chairperson suggested a monthly lunch in the dining room and asked the opinions of the residents, described the format of an upcoming function, and checked to see if it was okay to change the time of one activity. She raised these topics by saying, "*I would like to suggest What do you think?*"

The cook mentioned that one resident said that the liver was too thick and what did others think, and that one resident said that the cinnamon on the cakes reminded her of the war and would it be okay if it was put in a separate shaker instead.

At the end of each discussion, when the chairperson was satisfied that each person had had his or her say, she would summarise what was said and the decision that had been made.

The residents were very reasonable in their requests and tried not to be too demanding of staff. The staff were very accommodating of the requests and thus most of the suggestions could be solved.

7.5 Meeting similarities and differences.

The two meetings had a very similar feel, with both being positive and all residents and staff seeming to enjoy the meetings and the company of the others there. The main difference was that at meeting one, which ran over time because the cook had so many things to talk about, there were a few comments that the meeting was long and some people left. They did this apologetically though. The minutes of the previous meeting were only read out to the group at meeting two.

8. Outcomes

No comments were ignored, but instead all were noted and some form of conclusion or solution was given. When a resident inquired about the menu, the cook was invited to the next meeting, opinions were taken, it was trialed for a month, and then she came back to the next meeting and asked for comments. The request for an earlier tea was voted on and changed. The request for a concert resulted in the chairperson speaking to the other residents to see what they thought, but she reported back at the next meeting that they didn't like the idea. The chairperson indicated that she had spoken to the resident who suggested the idea between the two meetings and she understood. The lady who requested the hot custard was told "*Sure, that's easy*" and the request was implemented immediately. All food changes were implemented, with the request for raisin toast receiving the reply, "*Sure, I'll organise it*" and it was implemented that weekend. The request for Chinese takeaway resulted in the decision that the residents and chairperson would raise funds for it by holding a raffle, to be organised that week.

The only request that was ongoing was a request for staff members to be guest speakers at the meetings. The chairperson asked the resident who made the request if she would mind putting it off until after accreditation, to which the resident agreed.

At the end of the meetings, all residents were very happy and stayed back to talk to one another and to the chairperson. One resident commented, "*What a lovely meeting*".

9. Member Interaction

The residents and the staff who attended the meetings seemed to be a very tightly knit group. All residents spoke to each other before the meeting started, and when someone

walked into the room, they would all say "*Hello NAME*". They all chatted about one another's family and the residents of each nationality knew enough English to be all able to talk together.

Residents were very supportive of each other during the conversations, with no personal criticisms or complaints heard. The speaker was shown respect by the staff and the residents, and everyone listened when people spoke at the meetings. Each of the different nationality residents was interested in what the others were saying and when one of them had trouble expressing their thoughts in English, other people commented "*Yes, that's right*" or "*You're doing well*".

Residents were polite when they addressed the chairperson saying, "*Excuse me K . . .*" when there was a break in conversation. There was obviously a close relationship between the staff and the residents, and the whole group was referred to as "*we*" or "*us*" rather than making a distinction between the two groups.

9.1 Verbal communication.

The chairperson called people Mr or Mrs followed by their surnames, or by their first name, depending on residents' individual preferences. She responded to comments positively and made residents feel that their comments were justified. She spoke in an adult-like manner to the residents and often asked for their personal opinions and advice on various matters.

9.2 Non-verbal communication.

The chairperson sat behind a table so that she could lean on it to write the minutes. She listened carefully to what each resident said and always looked interested. The only problem was that she looked down to write the minutes and was therefore unable to maintain eye contact at all times.

10. Communication Within the Organisation

There was no formal process of following up the issues raised at the meetings. The chairperson just told the residents at the meetings she would find out. There was no formal way for a solution to be relayed back to the committee residents, other than at the next meeting. However, through the chairperson's efforts, this system worked. She found the answer to any queries immediately and then reported back to the individual who made the request, between the two meetings. The whole group was then informed at the next meeting.

11. Culture

Although these meetings were not run formally to any agenda and did not follow many conventions of normal meetings, such as minutes, they were very successful. Everyone enjoyed the meetings and this seemed to be a result of the overall culture of the hostel. The chairperson told me that the manager had an "*unlimited*" budget allocated to food and activities, as these seemed to be areas that the residents found most important. In the discussions of the meals, it was stressed to residents that there were four choices, and all the sauces were separate and if they didn't like anything, they could request something else and the cook would make it.

The residents made a number of comments that indicated that they knew how lucky they were and they seemed very appreciative of the efforts of the staff. For example, they thanked the chairperson for her efforts in taking them on the shopping trips, to which she replied, "*I really enjoy it*".

Group activities were held 3 days a week, with one-on-one activities held with the activity coordinator on the other 2 days. These involved the residents requesting what they would like to do. For example, one man did gardening in the vegetable plot, one man went to McDonalds, and one lady had cooking sessions where she cooked one of her favourite recipes.

The focus on individual choices may have stemmed from the fact that there were four different nationalities living there and they all had different needs and preferences to be catered for. The residents were very aware of the needs of the other nationalities. For example, when corned beef was raised as an option for the menu, one lady said, "*Do the others like that though?*"

Hostel Q

When I approached the manager for permission to attend the meetings, she felt no need to ask the residents. The hostel had 50 residents.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed for “*communication*” although this comment was not expanded upon.

The chairperson did not state the aim of the meetings at any stage during them. However, it was obvious that both the chairperson and the residents felt that this was a forum to make complaints to the chairperson. In each section, the chairperson would emphasise criticisms. For example, “*Nursing care, any complaints?*”

2. Type of Committee

The committee was officially named the “*Residents meeting*”. All residents at the hostel were able to attend the meeting. The meetings were conducted formally in accordance with an agenda.

3. Setting

The meetings were held in the sitting area right next to the entrance of the hostel, dining room, main walkway, and staff offices. The area provided the only passageway between the front door and half of the residents’ rooms. The area was not private, was very noisy, and did not provide an area where residents could comfortably discuss

issues without fear of other people hearing. The room was bright, the temperature was comfortable, and there was a clock on the wall.

The seats were a combination of lounge chairs and dining chairs. There were no instances where a resident was observed to find it difficult to get in or out of the chairs. At both meetings there were insufficient seats initially and eight residents had to fetch chairs from the dining area to sit on. The chairs were positioned in a rough circle due to the fact that this was how the room was normally set up. Those people who got dining chairs, had to form a row behind the other chairs and thus the passageway of people through the room was between the dining chairs and the lounge chairs. This obstructed the view of some residents.

There were problems with some residents being unable to see as they were sitting behind other chairs. These people were also heard complaining that they couldn't hear, so one resident who could hear, relayed the messages to the ones who couldn't. I was positioned in this back row and I also found it difficult to hear.

The chairperson and the manager (at the first meeting only) sat out the front of the group in quite dominant positions. The residents tended to sit with a small group of their friends each time.

4. Resources

The chairperson was provided with paper to write the minutes and the secretary later typed them. No other specific resources were provided for the meetings.

5. Timing

The meetings were held once every 2 months, on a date arranged by the activity coordinator (chairperson). They were held at 11:00am on a Monday. Both meetings were held when scheduled and they both started on time. The meetings lasted 25 minutes and 40 minutes. The length of time for the meetings was adequate with no residents losing concentration or leaving early. The meetings were constructive for their duration, with no extraneous chat by the chairperson or residents.

6. People on the Committee

6.1 Numbers.

Twelve women and two men attended meeting one and nine women and two men attended meeting two. This comprised approximately 25% of the residents at the hostel. Similar residents attended both of the meetings. There were enough people present to carry out discussions in depth, although there was only a small number of men. The chairperson tried to compensate for this by specifically asking, "*Well what do the men think?*"

A local council member was invited to attend meeting one, although she made no specific contribution to the meeting.

Residents were not assisted to the meetings nor did staff members remind them. Instead the meeting date was put on the minutes of the previous meeting which was available for all to read in the newsletter of weekly activities.

6.2 Chairperson.

The chairperson was officially the manager, although the activity coordinator usually chaired the meetings as, in the words of the manager, "*I'm usually just too busy*". The manager told me that she had a lot of experience in being on committees, but the activity coordinator had no such experience.

In meeting one, the manager dominated the meeting despite the activity coordinator acting as chairperson. She emphasised to the residents how lucky they were and did not really welcome any suggestions. In meeting two, the activity coordinator chaired the meeting better, noting suggestions, checking that she had got the right meaning from the residents, and making them feel as though comments were welcome.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were conducted in accordance with a formal agenda, which outlined the areas for discussion but did not detail specific issues. None of the committee members were provided with a copy of the agenda. The agenda followed the outline of: adoption of the minutes of the previous meeting, business arising (food, cleaning, nursing care, special events), and new business (food, cleaning, nursing care, special events).

The committee had minutes, which were taken by the chairperson. At meeting one, no copies of the minutes were given. Instead one copy was passed around although nobody read it. Minutes were left out at dinner the night before the second meeting, although most of the residents indicated that they were not aware of this, and so had not

read them. A copy was not provided at the meeting and no residents brought a copy with them to the meetings. When the chairperson took the minutes, a number of issues were missed and there were frequent periods of silence while she was noting down the comments that were made. It did, however, give her an opportunity to clarify what was said, "*Now, let me get this in order*", and re-read the suggestions to the residents as she was writing them down.

The size of the minutes was a little small for elderly people to read (size 12 font). The minutes were also hard to read because a lot of decorative pictures were included that were placed in the middle of sentences. The minutes were very brief and included only very minor details of what was discussed. Their content and format was one more fitting for a bright and cheerful newsletter. No formal voting procedures were used.

7.2 Order of meeting.

Everyone, including the chairperson, arrived at the meetings approximately on time. Both meetings started 5 minutes late as the chairperson went to get a copy of the minutes. The meetings were conducted in a format following the order set out in the agenda. One resident, who raised an issue in the incorrect section of the agenda, was told to "*Raise it later in the meeting*", although both the chairperson and the resident forgot about this.

The meetings began with the chairperson passing around a piece of paper and pen for all residents to write their names, as a way of noting who was present. She welcomed the manager at meeting one and at meeting two said, "*I'll be the chair because the manager has a meeting*". The minutes of the previous meeting were not read at either meeting, even though most of the residents had not read or received the minutes. Although

business arising was written on the agenda, the progress of issues from the previous minutes was not addressed at either meeting. The meetings then followed the agenda as detailed earlier. Each resident was asked individually at the end of the meeting, "*NAME, are you happy?*" or "*NAME, you're happy aren't you?*" while the chairperson pointed at them with a pen. The chairperson then gave the date of the next meeting, closed the meeting, without comment in meeting one, and in meeting two by asking, "*Is everyone happy if I close the meeting?*"

7.3 Resident participation.

While only 4 out of 11 residents contributed to the first meeting, all residents did so in meeting two. Not all residents were given the same attention when they spoke at the meetings. In meeting one, the chairperson ignored one lady who spoke quite a lot. For example, when she asked, "*Is that the Mayor?*" about the visitor, the chairperson said, "*Be quiet and don't bother her*". Other comments that she made were talked over. The manager attended this meeting and acted in a very authoritarian manner. The activity coordinator (chairperson) also seemed to be in an intolerant mood and this seemingly reduced the residents' desire to participate in meeting discussions.

The participation at meeting two was much higher. This seemed to be helped by the fact that the manager was not present and all residents and the activity coordinator were in an excited mood. This seemed to be a result of the staff hosting a surprise dinner and performance for the residents the previous evening. Everyone was talking about this prior to the commencement of the meeting and this feeling seemed to carry over into the meeting.

7.4 Topics discussed.

The topics that were raised in the meetings were raised in sections by the chairperson, as outlined in the agenda. The way that each of these topics was approached differed between meetings one and two. In meeting one, the chairperson asked, "*Are you all happy with your nursing care?*" to which all replied together, "*Yes*" and the chairperson said, "*Well done, that's great*". In meeting two, the chairperson asked "*Nursing care. Any complaints?*" There was no answer, so she said, "*Okay, no complaints*" as she wrote it down.

The comments were mainly focused on criticism, except where residents were asked to make a comment about an activity that they had done so that the comment could be noted in the minutes. The manager in meeting one raised all but two of the topics. In meeting one, the question that was asked by a resident was dismissed without discussion and she was made to feel bad for asking. No answer was given to the query that was made. The topics raised by residents in meeting two were all acknowledged and noted, with 10 topics in total.

The residents raised issues concerning a request for an alternative food option if they didn't like the meal; a request to be able to purchase stamps (meeting one); six food complaints; a missing hot tap in one lady's room; request for hangers in the laundry; request for the keyboard player to return for another concert; and a request for a bigger bus for activities.

The manager raised the issues of accreditation and the rules about toaster use (meeting one), and the chairperson raised the issues of suggestions for activities; gave information on the snack vendor being moved; the introduction of massages to the

hostel; and where to hold the Olympics activities (meeting two). No discussions were carried out in any depth.

There was some mention of the rules of the hostel, with the manager explaining the rules about using toasters in the hostel. She relayed this message in a way that sounded like a teacher telling off their students.

Residents were told a number of times how lucky they were at the hostel. The manager spoke about the accreditation and thanked residents for “ . . . *speaking so well to the government people and letting them see what a wonderful hostel you are provided with*”. They were also told how lucky they were with the food that they received. It was also emphasised a number of times how hard the staff worked, for example the party “ . . . *was just one of the many things that staff do for you in their own time*”.

There were a number of distractions in both meetings, with staff standing and chatting nearby, and one staff member came over to talk socially to the chairperson during the meeting.

7.5 Meeting similarities and differences.

The two meetings were very different in their feel, their content, and the contribution by residents. Meeting one had low resident input and focused on staff telling residents certain rules and saying how lucky they were with what they were provided with. Meeting two had more resident input, everyone was much happier, and the chairperson was in a more positive and accommodating mood.

8. Outcomes

In meeting one, no solutions to requests were suggested. In reply to a resident request to have an alternative meal option if they really didn't like a meal, the chairperson said, "*We can't go and make 30-odd separate meals*". Another resident requested an opportunity to buy stamps and was told "*You might be able to soon*", but no further information was given regarding how or when this might be possible.

In meeting two, all of the suggestions were noted and the chairperson generally told the residents that "*I will find out*". The request for a keyboard player at a concert was accepted, with the chairperson saying she would organise it. The issue of where to hold the Olympic activities was solved, the time, date, and place of the bus trip was decided, and the lady with the missing hot tap was told that maintenance would be notified.

The problem with the issues raised at these meetings was that in meeting one, they were ignored altogether, meaning that residents might have been reluctant to raise issues again. At meeting two, where the chairperson said that she would look into the raised issues, there was no formal method to follow this up. There was a section in each agenda to address business arising from the previous minutes, but this was not utilised.

At the end of the meetings, there was a very different feel amongst the residents. The residents appeared impartial or slightly despondent following meeting one but were very talkative after meeting two, continuing to talk about the party the night before.

9. Member Interaction

The residents who attended the meetings did not seem like a close group. Before the meetings, four residents were sitting and waiting but none were talking to each other. However, when more residents arrived, it became apparent that there were a number of small groups of friends who functioned in an amicable way during meetings. There was one quite loud lady present, however, who the other residents were critical of, with one resident saying reasonably loudly, "*She always thinks she can just take over these meetings*". This was in reference to the same resident who staff ignored.

During the discussions in meeting one, residents made a few critical comments regarding comments or suggestions by others, such as, "*What is she on about?*" During meeting two, there were no personal criticisms and everyone seemed to be very friendly towards one another. There was a slight hint of male versus female conflict in meeting two, although this was largely stimulated by the chairperson. She stated that as the activities were usually set up for the women, the men could choose this time where the bus trip would go. One lady commented "*But they chose last time*", to which the chairperson replied, "*Well, we all had fun, let them have another go*".

The speaker was shown respect when they were speaking, by the chairperson and by the other residents, except towards the one lady mentioned earlier. All were quiet and looked towards the person who was speaking.

9.1 Verbal communication.

The chairperson called all people Mr or Mrs followed by their surnames. The communication in meeting one was very intimidating and in meeting two it was more

encouraging. The chairperson used a slightly bossy tone of voice in meeting one, with a more friendly tone adopted in meeting two. Comments were ignored or suggestions were denied in meeting one and in meeting two, suggestions were repeated back to the residents to clarify what was said.

9.2 Non-verbal communication.

The chairperson had a closed stance in meeting one but a more open stance in meeting two. Neither the manager nor the chairperson looked at residents interestedly when they spoke in meeting one. The chairperson maintained eye contact at some times in meeting two but not when she was looking down to write the suggestions in the minutes.

10. Communication Within the Organisation

There was no formal process to follow up issues raised at the meetings. The activity coordinator just said that she would find out and there was no formal way for this solution to be relayed back to the residents. The manager did not seem to regard the meetings as overly important as she attended so infrequently, even though she was officially the chairperson.

Non-attending residents did not provide any formal input into the meetings and the only mention of other residents' opinions was when one lady said, "*A few of us were talking last night and we thought we didn't like the fish*".

11. Culture

The general feeling of the hostel and the mood of the chairperson largely impacted on the effectiveness of resident participation and the chairperson's responses in the meetings. There were some inconsistencies whereby residents could complain about food at some times, and if the staff were having a bad day, nothing was done. However on a different day, the residents' suggestions were more likely to be listened to. Residents also seemed to have little real control because major issues were not raised at the meetings and if they were, they were dismissed.

Hostel R

When I approached the manager for permission to attend the meetings, she felt that it was beneficial and did not ask the residents. The hostel had 40 residents and was designed primarily for people of Italian descent.

1. Aims and Goals

In the initial survey (detailed in Chapter 2), the manager indicated that the committee was formed “*to improve communication to and from residents*”. The chairperson did not state the aim of the meetings at any point. The main aim of the meetings appeared to be to hear grievances and for the manager to impart any information to the residents.

2. Type of Committee

The committee was officially named the “*Residents and Relatives Meeting*”. All residents at the hostel were able to attend the meeting, as were their families. The meetings did not have a formal agenda but followed some formal meeting procedures.

3. Setting

The meetings were held in a large activities room. The room was bright and welcoming and it was filled with activities, games, posters, and notices. The room was close to the manager’s office. There was a lack of privacy as there were no doors to close. It was also the main walkway between some of the residents’ apartments and the main hostel building, which meant that it was not particularly quiet either. There were also three announcements over the PA. The temperature of the room was comfortable, although

on a colder day it would have been cold, as there were double electric doors that kept opening and closing. There was a clock in the room.

The chairs were lightweight dining chairs, which were comfortable, and easy to get in and out of. There was an adequate number of chairs. The chairs were left as they were positioned in the room, and they were all positioned at a table. There was a row at the front, with chairs on each side, facing each other. There were then three rows of tables placed at right angles to this table, but behind it. Chairs were on either side of these tables. The chairs were positioned in a capital W shape, but at right angles. The seating arrangement was very poor as many people had their backs to others.

The Italian residents sat at the front near the chairperson and were very loud and dominant. The other residents who sat further away, tended to be the English speaking residents and the deaf residents.

Not everyone could see the chairperson because of the positioning of the chairs. This also made it difficult for residents who were further away to hear. This resulted in residents telling each other what was said, which then escalated the level of the noise. The problems with hearing were compounded by the fact that the manager had a very quiet voice. I had trouble hearing her and I was sitting just behind her, to one side. There was easy access for wheelchairs and walking frames as the tables were situated so far apart.

4. Resources

No specific resources were provided for the meeting. The minute-taker was provided with stationery and the secretary of the hostel later typed the minutes.

5. Timing

The meeting was held once every 3 months, at 10:30am on a Friday. Both meetings were held when scheduled. Meeting one started on time and meeting two started 20 minutes late as the chairperson was running late and many residents were still arriving. The meetings lasted 70 minutes and 50 minutes. The length of the meetings was too long, with residents losing concentration and interest. This was especially evident amongst the English-speaking residents. The meetings took so long because each statement made in English was translated into Italian, then discussed in both languages. There were some conversations with the deaf residents who also were translated for. The meetings had moments when they were constructive and then moments when there was just general chat amongst groups of residents.

Two residents left early and two arrived part way through meeting one. One resident arrived late at meeting two.

6. People on the Committee

6.1 Numbers.

No family members attended either meeting, and it was left up to the residents rather than the hostel to invite them. Twelve women and six men attended meeting one (six English-speaking, two deaf residents) and 11 women and seven men (seven English-speaking, one deaf resident) attended meeting two. Similar residents attended both of the meetings. This comprised 45% of the total residents at the hostel. The chairperson was the manager at meeting one and in her absence, the activity coordinator chaired meeting two. There was also a translator for the deaf residents present. The activity

coordinator interpreted for the Italian residents. The activity coordinator took minutes at meeting one and the hostel secretary took them at meeting two.

There were enough people present to carry out discussions in depth. This did not occur, however, and it was the views of the Italian residents that were mostly heard. Residents were assisted to the meetings by staff, they were reminded by a message over the PA system, and those more dependent residents were reminded individually.

6.2 Chairperson.

The chairperson was officially the manager and she acted in this role at meeting one. In the manager's absence at meeting two, the activity coordinator acted as the chairperson. Neither indicated that they had any formal experience in running meetings. The manager wanted to adopt this role and felt that residents were incapable of doing it and would feel that one resident was being favoured over the others.

In both meetings, the chairperson adopted a leadership role, reading the minutes, asking for comments, and raising a number of issues.

7. Meeting Process

7.1 Agenda and minutes.

The meetings were conducted with some formality and although they did not have an agenda, both meetings followed the same format.

Minutes were taken at the meetings and were provided to the residents at the following meeting. The writing was too small to be easily read (size 10 font). The minutes were very detailed and included an account of the full discussion that occurred on each topic, who said what, and the outcome that was reached. They included the names of the people who had made each of the suggestions.

For example:

“NAME 1 informed residents that Hostel R has introduced a No lift/No injury policy. . . NAME 2 asked “You are on the ground, what do you do? NAME 1 stated that residents would wait for assistance the same as always. NAME 3 asked . . . ”

There were no formal voting procedures.

7.2 Order of meeting.

Most residents arrived at the meetings either approximately 5 minutes early or on time, and the chairperson arrived before the meeting was due to start at meeting one and a little late at meeting two because she was collecting some residents. The meetings were conducted in a reasonably formal way. Both meetings went through the minutes of the last meeting, the business arising from the last meeting, and new business where the chairperson raised any issues first and then residents were able to raise any new issues. The residents were asked individually in meeting one whether they would like to raise any issues. Meeting one was declared closed, although the timing of this was a little early as another issue was raised so the meeting was then closed again. Meeting two was not declared closed, but instead all of the residents were thanked for their attendance.

One man raised an issue in the wrong section and was told to raise the issue later but he had forgotten by then. The chairperson responded "*It can't have been very important then*". The chairperson at meeting one did not control the meeting well but in meeting two, she ensured that everyone was quiet when others spoke, saying "*Silence*".

At the end of the meetings, the Italian residents were quite excited and spoke with each other and the activity coordinator. The other residents appeared bored and restless as the meetings were very long and drawn out.

7.3 Resident participation.

There was quite a low level of participation at the meetings, for the numbers who were in attendance. Four residents spoke at meeting one and eight residents spoke at meeting two. In each case, these people were all Italians except one.

The participation was higher amongst the Italians, perhaps because the activity coordinator, who everyone seemed to get along well with, was Italian and spoke a lot in this language. The Italians also sat at the front of the meeting room near the chairperson, and so they were able to participate more easily. It was unclear whether they chose to sit at the front so that they could participate or whether their participation was a result of their seating position. They were quite noisy and dominant, perhaps as a part of their culture, and this may have intimidated the English-speaking residents. Participation was higher at meeting two, probably due to the fact that the activity coordinator chaired the meeting rather than the manager, with the activity coordinator having a better rapport with the residents.

7.4 Topics discussed.

The Italian residents raised most of the topics in both meetings. The topics were focused on criticism and while this was not specifically encouraged, all accepted that this was the focus of the meeting.

Residents were asked by the chairperson, "*Has anyone got anything they'd like to bring up?*" The topics raised by residents at meeting one were: request for cleaning to include under one resident's bed; request by one resident for others to raise issues at meeting and not after; man's clothes been left in drier by staff for 2 days; staff come too late in the mornings; suggestion for an activity; and spiders around the hostel. Topics raised at meeting two were: the doors and windows were not opened by staff in the activities room when the activity coordinator was away; request for afternoon tea on Sundays; an inquiry about the cost of a personal alarm; and a request for a Coke machine.

The chairperson asked the residents individually at the first meeting, "*NAME, any problems?*" No residents raised topics in this section, partly because the residents were happy to raise issues in the other section and partly because it appeared that they were not entirely comfortable around the manager.

The chairperson raised the topics of: the need to shut the toilet door when in use; a new policy; call police if boys seen around hostel; lock units when out (meeting one); if residents are sick, they must tell staff and not just family; and only to use call bells in emergencies (meeting two). The activity coordinator spoke about suggestions for activities, ones that had passed and upcoming ones, in both meetings.

There were some discussions of the rules in the hostel, such as the need to shut the toilet doors, and new policies in place.

7.5 Meeting similarities and differences.

The two meetings were similar in formality and agenda but there was more resident input at the second meeting. There was also a better feel at the second meeting as the residents seemed to relate better to the activity coordinator and she did not give dismissive answers to their suggestions.

8. Outcomes

There was a great problem with the solutions given to issues in both meetings. In meeting one, the manager often did not understand the comments, as they were either in Italian or signed by a deaf resident. When they were interpreted for her, she would comment, "*Oh, I see*" or "*I understand*", but in reference to understanding the comment. She would overlook the issue of actually giving an answer or solution to the issue.

In meeting two, the manager wasn't present and when this happened at meetings, the activity coordinator told the residents that their issues would be postponed until the manager attended the next meeting. She gave some answers where possible but where they needed to be postponed, the problem was that the meetings were 3 months apart.

In meeting one, the outcomes of suggestions were: the request for cleaning under the bed (chairperson "*okay*", not minuted); clothes in the drier for 2 days (chairperson "*oh, okay*", minuted, meeting two asked and resident said that it was better); complaint that

staff come too late in the mornings (chairperson told interpreter *"Tell him he's very lucky if they come at 9:30, because they've got a lot of work to do"*, not raised in meeting two as resident not present); suggestion for activity (activity coordinator to look into it); and problem with spiders (chairperson *"I'll look into it"*, meeting two, chairperson stated that cleaners had fixed the problem).

In meeting two, the outcomes of suggestions were: the doors and windows were not opened by staff in the activities room when activity coordinator was away (chairperson *"We'll speak to S (manager) and perhaps she can get the carers to do it"*); request for afternoon tea on Sundays (postponed, minuted); inquiry about the cost of a personal alarm (answer given); and a request for Coke machine (chairperson, *"Good idea. I'll look into it"*).

The chairperson at meeting one often defended the hostel when it was criticised, dismissing the comments made by the residents. She commented a number of times, *"You're very privileged"* and *"You're very fortunate"*.

9. Member Interaction

The residents were friendly amongst their own groups but there was little interaction between the cultures. During the meetings, the interaction amongst the members could easily have been misconstrued by a non-Italian observer as being aggressive and argumentative. However, it became clear that this was merely how they interacted, as they all seemed friendly with each other and happy with the meeting. They treated each other as one would a family member. This is one instance where cultural differences need to be recognised when observing meetings.

The speaker was shown respect when they were speaking by the chairperson and by the other residents. There was no extra talking.

9.1 Verbal communication.

Neither chairperson addressed people by name, as this was unnecessary because they spoke up without needing to be addressed. The chairperson at meeting one seemed quite rude at times when she spoke to the residents, and her tone of voice was similar to that of a teacher telling off students. Her responses to comments often included no actual answer, and when there was an answer, the suggestion was often dismissed. For example, when a resident commented about the poor cleaning, she replied, "*They do a good job*" and left it at that. She was also quite critical at times. She spoke very quietly and a number of residents had problems hearing her.

The chairperson at the second meeting treated residents more like family and spoke to them as such. She was respectful but also argumentative at times with the Italian residents. This was not detrimental to the meeting, however. She was not critical in any of her comments.

9.2 Non-verbal communication.

The chairperson at meeting one sat down to speak and, as a result, many residents could not see or hear her. She appeared interested in the comments of the residents. The chairperson of the second meeting stood up to talk so that all could see and hear her. This was not threatening, however, but meant that everyone became more involved in the meeting.

10. Communication Within the Organisation

The manager obviously had the final say on suggestions that were made. If she was at the meeting, she often gave the answer immediately. If she was absent, the suggestions were noted and then the manager addressed them at the next meeting at which she was present. The outcomes of suggestions were only given at the following meeting.

11. Culture

The residents appeared to have little real control at the hostel, as the manager often dismissed any issues that were raised in criticism of the hostel. There was also quite a lot of talk about the rules that the residents must follow.

The culture of the hostel also seemed to be divided between the English-speaking and Italian residents. There seemed to be some conflict between the two nationalities, with comments such as, "*Why is some food for the non-Italians? There are more of us*". These two groups did not relate at the meetings either. It appeared that the views of the non-Italians were not often heard.

There was not a close relationship between residents and other staff, and there were a number of criticisms of staff by the residents. The manager defended them in each instance and told the residents that they worked very hard.

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