Personal autonomy for older people living in residential care: an overview

Vivien Rodgers and Stephen Neville
Massey University

Abstract

Autonomy has significance for everyone, including those in long-term residential care. This article looks at the concept of autonomy particularly in relation to the population of older persons living in residential care settings. It examines the values underpinning the exercise of personal autonomy and notes how an individual's autonomy may be enhanced or restricted. The implications for gerontological nursing practice are outlined and suggestions offered as to how personal autonomy for older persons living in residential care may be preserved and promoted.

Key Words: Personal autonomy, residential care, older people, gerontological nursing.

Introduction

Increasingly people are living longer, with more and more reaching their ninth and even tenth decade. New Zealand's population, like that of the rest of the world, is ageing. As this phenomenon continues there will be a correspondingly dramatic increase in the proportion of the population aged 65 years and over (Statistics New Zealand, 2006). This trend will result in a greater proportion of the population being at risk of health and well-being issues (Neville, Keeling & Milligan, 2005). Therefore, it is likely that a concomitant increase in numbers of people living in residential care settings will occur.

For most people admission to residential care is not an eagerly anticipated milestone. According to 2001 data, approximately 25,100 people over the age of 65 years, live in residential care (Ministry of Health, 2004). The decision to move into a residential care facility is frequently related to changes in personal circumstances, for example, deteriorating health, illness and the loss of a significant other whether that be a spouse, partner or caregiver. Frequently deteriorating health and associated illnesses equate with increasing dependence on another person. Older adults often fear that an illness or disability may lead to a loss of independence (Eliopoulos, 2005). Personal autonomy is central to the notion of independence.

The focus of this article is to provide an overview of the concept of personal autonomy related to older people who live in residential care settings in New Zealand. The intention is to offer a synoptic overview rather than to be exhaustive. It is hoped that this will be sufficiently telling to lead gerontological nurses to critique their practice with older adults. The synopsis begins with an overview of the concept of autonomy, followed by an analysis of attributes and limitations associated with personal autonomy. The notion of personal autonomy is then presented within the context of residential care. Finally, the implications for gerontological practice are outlined and suggestions for promoting personal autonomy in older adults living in residential care settings are outlined.

Autonomy--The Concept
The word 'Autonomy' is derived from the Greek words 'autos' meaning 'self' and 'nomos' meaning 'rule', translating literally into the term 'self-rule' (Johnstone, 2004). Applied to practice the concept refers to exercising individual choice, freedom of will, and assuming responsible for one's own behaviour and/or self. Agich (2004, p. 6) defines autonomy as:

... equivalent to liberty ... self-rule, self-determination, freedom of will, dignity, integrity, individuality, independence, responsibility, and self-knowledge; it is also identified with the qualities of self-assertion, critical reflection, freedom from obligation, absence of external causation, and knowledge of one's own interest ....

In this definition the meaning of autonomy is wide ranging, therefore formulating a precise definition becomes problematic. Consequently the meanings associated with the concept should be viewed as context dependent.

Autonomy is considered not only as a state to strive for but also a fundamental human right. In 1991, the United Nations General Assembly fought for and adopted a set of principles for older people. These principles were further developed by The International Federation of Ageing (IFA) who recognised and promoted the concept of autonomy in older populations through 'The Declaration on the Rights and Responsibilities of Older Persons' (Age Concern New Zealand, 1992). The concept of autonomy is inherent in each of the IFA rights; independence, participation, care, self-fulfilment and dignity. Age Concern New Zealand (Glasgow, 2005) upholds these rights claiming that successful ageing is based on autonomy with the assertion that older populations must be able to make their own decisions about their lives.

Beauchamp and Childress suggest that "autonomy typically refers to what makes a life one's own; viz. that it is shaped by personal preferences and choices" (1994, p. 58). In this statement, these authors reflect 18th century philosopher Immanuel Kant's belief that autonomy alone gives people respect, value and proper motivation. People who are able to make choices and express these command the respect of others. When a person expresses a particular preference, they are saying in effect, "This is my belief; this is what I want, based on that belief; this is me and because I have value in and of myself, I am worth being listened to". Respect, in this context is internalised as self-worth. Together, respect and self-worth bring dignity to the life of all people, regardless of their physical or economic circumstances. Dworkin asserts that "what is valuable about autonomy is that the commitments and promises a person makes be ones he view as his, as part of the person he wants to be, so that he defines himself via those commitments" (1988, p. 26).

Autonomy based on statements of rights has the positive effect of providing protection of life, liberty, expression and property, against such forces as oppression, unequal treatment and the arbitrary invasion of privacy (Beauchamp & Childress, 1994). In order to exercise 'a right', individuals must be in a position to determine by choice what others may do or need not do as far as the individual is concerned. The possession of that right, if valid, constrains others from interference when that right is being asserted (Beauchamp & Childress). A major difficulty with this position is in its application where there are communal interests involved.

Dworkin (1988) alludes to the internal conflict of an emphasis on rights when he proposes that individual rights cannot be overridden for the advancement of social interests, the purpose of the
right being to constrain the community from acting at the expense of the individual. He admits that conflict arises when public utility claims are highly significant in the community and as such these negate the individual's ability to exercise what they consider to be their individual right (Dworkin). This scenario is frequently present not only in residential care settings but in all health care settings, where organisational needs are privileged over the rights of the individual (Neville, 2005).

Personal Autonomy

Personal autonomy, a concept originating from the moral ideal of autonomy, is a term used interchangeably with patient autonomy and as a concept is frequently utilised by nurses (Moser, Houtepen, & Widdershoven, 2007). Beauchamp and Childress (1994) assert that the following four points are integral to personal autonomy: (a) being free from the controlling influence of others (b) being free from limitations that prevent meaningful choice (c) being free from inadequate understanding and (d) being able to freely act in accordance with a self-chosen plan. In light of the points raised by Beauchamp and Childress, there appear to be two essential conditions to personal autonomy, those of liberty (independence from controlling influences) and agency (capacity for intentional action).

It follows that diminished autonomy is experienced when an individual is either controlled by others (e.g. institutions or other external constraints), or incapable of acting on the basis of the individual's own plans or desires due to some internal constraint. Actual autonomy or acting in an autonomous manner (which can be by degree) requires that the individual is acting intentionally with understanding and without a controlling or constraining influence being exerted. For any action to be autonomous there should then be a substantial degree of understanding and freedom from constraint, coercion and/or deception (Eliopoulos, 2005; Stanley, Blair, & Gauntlett Beare, 2005).

Burkhardt and Nathaniel (2002) assert that underpinning personal autonomy is an environment that encourages independence and freedom of choice. These authors argue that the following fundamental elements are necessary for the successful promotion of personal autonomy: (a) respect (b) the ability to direct and determine personal goals (c) the capacity to be involved in a decision-making process and (d) the freedom to act on any choices made (Burkhardt & Nathaniel). Failure by nurses to promote independence and freedom of choice is a direct threat to personal autonomy.

Orem's (2001) theory of self-care is a well known and widely used nursing conceptual framework. According to Orem, self-care is a human function where individuals act for themselves on the basis of deliberation i.e., deliberate action. Moser et al. assert that deliberate action "... is always self-initiated, self-directed and self-controlled" (2007, p. 359). Therefore personal autonomy is not diminished by the inability to independently perform self-care. Rather, what is important is the individual's ability to direct the procedure required for self-care (i.e. delegation of authority to others to perform tasks that the individual cannot perform independently).