

## Quality of Nursing Home Care: Family Members as Extended Consumers

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### Methodology

This qualitative study involved interviewing family members of 25 nursing home residents to gain an understanding of how family members as extended consumers perceive their roles and describe quality expectations and perceptions of nursing home quality life and care. Emerging themes provide insight into needed training for nursing home administrators and staff and suggest a need for quality assurance policy evaluation.

Improving the quality of life and care in nursing homes is a continuing challenge in this country where nursing homes remain the dominant form of publicly financed long term care. Much of the focus on improving quality of care in nursing homes has been on physical settings, staff credentials and ratios, types of facilities, policies and procedures and funding mechanisms. While all of these factors are important components of a quality of care system, "family" as an extended consumer has typically received less attention. Few studies have explored the roles that family members of residents might play to improve the quality of life and care in nursing home settings (Bowers, 1988). While a majority of studies have analyzed quality from a nursing home administrative/staff perspective, or residents' respective, analyzing quality from a family perspective also seems essential.

The purpose of this qualitative pilot study was to gain an understanding of the roles that family members assume and family perceptions of quality of life and care to provide insights into improving nursing home quality of life and care. Brubaker's Triadic Relationship (1987) model provided the conceptual framework for this study and suggests that family and nursing homes as institutions interact to affect a dependent older family member's well-being along several dimensions. The overall research questions for this study included: 1) How do families as caregivers of the institutionalized elderly interact to impact the quality of life and care for a resident?; and 2) What major themes do families emphasize as they talk about quality of life and care?

Three metropolitan nursing homes agreed to participate by allowing access to family members. Nursing home settings ranged in size from 125 to 500 residents and represented private pay, Medicaid and Medicare beds. Invitations to participate in the study were mailed to 90 family members listed as "first contact" in resident's records. Family members representing 25 nursing home residents participated in 1-2 hour semi-structured interviews.

Family members were asked to describe: 1) nursing home placement decision process and context; 2) roles and involvement in resident's life; 3) expectations and perceptions of quality of life and care. Interviews were audiotaped and thematic analysis was conducted by two independent coders to identify emerging themes.

From 1-5 family members identified themselves as caregivers of a resident and volunteered to participate in each family interview. Primary caregivers were mostly daughters (15), followed by sons (8), daughter-in-laws (4), nieces (3) and spouses (3). Secondary caregivers included grandchildren (11), daughter-in-laws (7), and sons (8). Caregivers ranged from 31 to 81 years of age. Family visits varied from less than once a week to 2 times per day. Residents of the nursing homes ranged in age from 64-97, were mostly mothers of primary caregivers, and had been a resident of the current nursing home from 2 months to 8 years.

### Findings

#### Family Involvement in Quality of Care

Family members engaged in two major types of involvement to ensure quality of care: 1) preservative, and 2) technical care. The major purpose of preservative care was to assist in meeting the social, emotional, and economic needs of family members. Family members consistently talked about five major reasons they are involved in preservative care: 1) to maintain family connectedness; 2) to maintain the resident's dignity; 3) to help the resident maintain control over the environment, 4) to manage the resident's financial affairs for financial independence; and

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5) to serve as an advocate for the family member and other residents. Technical care involvement focused on meeting the physical needs of the resident with the purpose of maintaining and improving the resident's health and well-being.

#### Family Perceptions of Quality of Care

A majority of families indicated overall satisfaction with the quality of life and care the resident was receiving. Only 20% of the families were searching for other care or were very frustrated with the current quality. Even though families expressed overall satisfaction with the care, they also identified quality concerns which often frustrated and angered them. Staff and administrative problems such as short staffing, inconsistency in staff, poor attitudes, and work overload resulting in poor technical and preservative care were consistently mentioned as the most frequent quality concerns by all families. Additional concerns focused on a lack of communication among staff, the resident, and family members; a lack of trust regarding care the residents might receive and a felt need to monitor the care; failure of staff to maintain resident's dignity and control over the environment; and discouraging or preventing families to maintain connectedness.

Family caregivers consistently emphasized that quality of care could be strengthened through changes in policies and procedures as well as attitudes and practices of individuals. Specifically: 1) have staff provide both technical and preservative care; 2) make available activities for both the resident and family members; 3) improve staff, family and resident communication; 4) provide personal home-like environments; and 5) raise expectations and encourage family and volunteer involvement.

#### Conclusions and Implications

Family members feel that they play an integral and critical role in improving a resident's quality of life and care. Most families were convinced that residents who did not have involved family members had a lower quality of life and care. While other studies have found family members to focus on meeting social and emotional needs of residents, few have suggested the major role that family members play in assisting in economic needs or in the overall role of advocacy and monitoring quality of care. Overall, family members were pleasantly surprised at the quality of care experienced given their expectations. Family expectations for quality of care were not always met and concerns focused on gaps in technical and preservative care. Family members learned to negotiate and balance roles and involvement in an unfamiliar bureaucracy where expectations were not often verbalized.

The results have implications for: a) nursing home administration and staff training and education, b) nursing home regulation and policy, and c) future research on perceptions of quality

care and family involvement. Nursing home administrators and staff should be knowledgeable about how to develop policies and programs to orient, support, and develop family members as an important resource in collaboratively providing quality technical and preservative care.

#### References

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